HEALTH SEEKING BEHAVIORS AND ACCESS TO HEALTH SERVICES OF SHAN MIGRANT WORKERS IN HANG DONG DISTRICT, CHIANG MAI PROVINCE

พฤติกรรมการแสวงหาและการเข้าถึงการบริการด้านสุขภาพของแรงงานไทยใหญ่ ในตำบลสันผักหวาน อำเภอหางดง จังหวัดเชียงใหม่

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ABSTRACT

The objectives of this descriptive study were to describe the health seeking behaviours and access to health services of Shan immigrant workers in sub-district of San Phak Wan, Hang Dong District, Chiang Mai Province. Data was collected by a questionnaire in March, 2017. Percentage, mean and Chi-square were used to determine the association between personal characteristics and barriers to health service access.

The results found that the majority of the sample were male 61.9 % and aged between 30-39 years 38.1%. Most of them came from various cities in Shan state with unspecified origins of birth. Buddhism 44.8% denominated as their religion, and 89.5% did not attend formal schooling. 65.7% were married and had a household member of 3-4 persons. 43.1% had been working in Thailand for 3-4 years at the time of data collection. 49.7% held a working visa. 84.4% were registered with the labour department. 84.4% worked as construction workers. 60.8% regularly bought medicines from local pharmacists. The more reported barrier to health service access was long waiting queue. While personal factor had no relationship to access to health services.

KEYWORDS: Health Seeking Behavior, Health Services Accessibility, Shan Migrant Workers

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บทคัดย่อ

การศึกษาพฤติกรรมการแสวงหาและการเข้าถึงการบริการด้านสุขภาพของแรงงานไทยใหญ่ในตำบลสันผักหวาน อำเภอหางดง จังหวัดเชียงใหม่เป็นการศึกษาเชิงพรรณนา มีวัตถุประสงค์เพื่อศึกษาพฤติกรรมการแสวงหาและการเข้าถึงบริการด้านสุขภาพของแรงงานไทใหญ่ ในตำบลสันผักหวาน อำเภอหางดง จังหวัดเชียงใหม่ เก็บข้อมูลจากกลุ่มตัวอย่าง จำนวน 181 คน ระหว่างเดือนมีนาคม พ.ศ. 2560 โดยใช้แบบสอบถาม วิเคราะห์ข้อมูลโดยใช้ค่าร้อยละ ค่าเฉลี่ย และทดสอบความสัมพันธ์ระหว่างปัจจัยส่วนบุคคลกับอุปสรรคในการแสวงหาและการเข้าถึงการบริการด้านสุขภาพโดยใช้การทดสอบไคสแควร์

ผลการวิจัยพบว่า กลุ่มตัวอย่างส่วนใหญ่เป็นเพศชาย ร้อยละ 61.9 มีอายุระหว่าง 30–39 ปี ร้อยละ 38.1 ส่วนใหญ่มาจากเมืองต่าง ๆ ของรัฐฉาน แต่ไม่ได้ระบุภูมิลำเนาเดิม ร้อยละ 44.8 นับถือศาสนาพุทธ ร้อยละ 89.5 ไม่ได้เรียนหนังสือ ร้อยละ 42.0 กลุ่มตัวอย่างส่วนใหญ่แต่งงานแล้ว ร้อยละ 65.7 จำนวนสมาชิกในครอบครัว 3–4 คน ร้อยละ 43.1 กลุ่มตัวอย่างเข้ามาทำงานในประเทศไทย 3–4 ปี ร้อยละ 43.1 โดยมีหนังสือเดินทางข้ามประเทศ ร้อยละ 49.7 และจดทะเบียนแรงงานอย่างถูกต้องตามกฎหมาย ร้อยละ 84.4 ส่วนใหญ่ทำอาชีพก่อสร้าง ร้อยละ 60.8 กลุ่มตัวอย่างเลือกใช้บริการร้านขายยาในพื้นที่เป็นประจำ ส่วนใหญ่อุปสรรคของการเข้าถึงบริการด้านสุขภาพ คือ ระยะเวลาของการรอที่ยาวนาน ขณะที่ปัจจัยส่วนบุคคลไม่มีความสัมพันธ์กับการเข้าถึงบริการด้านสุขภาพ

คำสำคัญ: พฤติกรรมการแสวงหาบริการด้านสุขภาพ, การเข้าถึงบริการสุขภาพ, คนงานไทใหญ่

Introduction

The United Nations (UN) defines an international migrant as anyone who changes his/her country of usual residence and the most socially significant migrations can be found within or between developing countries in Asia and Africa. In the International Migration Report 2015, it mentioned that the number of international migrants worldwide has continued to grow rapidly over the past fifteen years reaching 244 million in 2015, up from 222 million in 2010 and 173 million in 2000 and nearly two thirds of all international migrants live in Europe 76 million or Asia 75 million. A dramatic number of migrant workers simultaneously increases the social and health related issues globally (United Nations, Department of Economic and Social Affairs, 2016; International Migration Report, 2015).

According to the study of the International Labor Organization (2015),

migrant workers account for 150.3 million of the world's approximately 232 million international migrants. Globalization, demographic shifts, conflicts, income inequalities and climate change will encourage ever more workers and their families to cross borders in search of employment and security. Migrant workers contribute to growth and development in their countries of destination, while countries of origin greatly benefit from their remittances and the skills acquired during their migration experience. Yet, the migration process implies complex challenges in terms of governance, migrant workers' protection, migration and development linkages, and international cooperation. The International Labor Organization (ILO) works to forge policies to maximize the benefits of labor migration for all those involved.

Migration in Thailand

Transnational migration and trans-border migration are well-known phenomenon in Thailand. Chinese traders and laborers are said to be the early and largest immigrant groups who arrived Thailand in the 18th and 19th centuries. From the Bangkok Census in 1909, it was reported that 162,505 Chinese migrants settled in the capital other nationalities from neighboring countries or Western countries came and settled in Thailand for various reasons such as spreading Buddhism or Christianity, trading, merchandising, education, etc. Due to the economic development of Thailand, foreign laborers are in demand for the abandoned or low skilled jobs by the local people, such as fishing, factories, construction, domestic work, entertainment, agriculture, etc.

Migration in Chiang Mai

Chiang Mai, the second largest province of Thailand has 1.6 million (1,678,284) population and holds 200,000 migrant workers from Myanmar. Myanmar is a neighboring country to Thailand and Chiang Mai is bordered by Shan State of Myanmar in the North East. Shan ethnic groups from Myanmar migrant to Chiang Mai because of its economic, geological location, culture, language and dialect similarity between Thai and Shan language, the main reasons for the flow of emigration from Myanmar into Thailand, and their intent is to reside or settle as permanent residents/citizens or take up an employment for a better life and job opportunity in Thailand.

A number of restrictions and complications causes misunderstanding, language barriers, discrimination, registration costs, legal documentation, and other expenses are the most significant problems of the migrants from Myanmar, particularly Shans (Suwanvanichkij, 2008). Registered

migrants are covered by the Compulsory Migrant Health Insurance Scheme. However, a significant proportion of registered and unregistered migrants deny their rights to access the Thai health system. In 2004, 2005 and 2006, more than half of the registered migrants did not collect their health cards, even though the card was entitled for them to access the Thai health system (Pearson et al., 2006 ; Archavanitkul et al., 2007) because employers and migrants did not understand the system (Pearson et al., 2006). The outpatient utilization rate for registered was lower than the rate for Thais. It seemed, most migrants would only seek health care from hospitals when they were seriously ill (Srithamrongsawat, Wisessang, and Ratjaroenkhajorn, 2009).

Literature Review

Migrant Workers Health Issues

Growing international migration was also thought to be the greatest factor contributing to the rise in the cases and changes observed in the epidemiology of TB in the developed world (WHO, 2001). In China, migrants had made a major contribution to China's industrial development and economic growth, but they faced a variety of public health and social problems (Song, 2006). Concerns for migrants' health had been centered on the consequences of dangerous working conditions with high occupational health risks, poor living conditions with crowded housing, and limited access to clean water and sanitation (Hu, Cook, & Salazar, 2008 ; Li et al, 2009)

According to Choy (2011), migrant workers in Singapore were commonly exposed to several occupational related diseases such as occupational skin diseases, occupational lung diseases, toxin exposure, noise induced hearing loss, and work related musculoskeletal disorders amongst others. Migrants, largely from South Saharan Africa (SSA), represented a considerable proportion of AIDS and HIV reports in European Union, especially among heterosexual and mother–to–child transmission (MTCT) infections (Del Amo et.al, 2011).

In Chiang Mai, AIDS was found to be the most common disease in Shan migrants reported to Thai health authorities (WHO Thailand, 2005), and Tuberculosis was identified in the nation–wide health examination of migrants, conducted in 2014 by the Thai Ministry of Public Health, as the most common disease of concern among migrants. Since, migrant workers' health issues were being raised up around the world and the well–being of Shan migrant workers in San Phak Wan sub district, Hang Dong district in Chiang Mai, was equally important as other foreign migrant workers. Chiang Mai had not

only provided a wider variety of opportunity, goods and services to dwellers, but it had also created a widening of the gap between migrants and local residents.

Health Seeking Behaviours of Migrants

Health seeking behavior was 'not even mentioned' in widely used medical textbooks (Steen and Mazonde, 1999). There was growing acknowledgement that health care seeking behaviors and local knowledges needed to be taken seriously in programs and interventions to promote health in a variety of contexts (Price, 2001; Runganga, Sundby and Aggleton, 2001). Reasons for health seeking behaviors were varied among individuals in times of ill health (Thomas & Borrayo, 2014). Health behavior was an action taken by a person in maintaining, attaining or regaining good health and preventing from illness and diseases. Health behavior was also a reflection of a person's health beliefs. Since migrant workers had different jobs and lifestyles, they might have different health seeking behaviors, different access to health care providers or services in their location. When they suffered from major or minor health problems, diseases in relation to health, one's health seeking behavior and utilization of health care services were important to receive immediate treatment. However, they had a number of underlying factors and challenges that prevent them from accessing health care services.

Access to health services of migrants

Registered migrants in Thailand were covered by the Compulsory Migrant Health Insurance Scheme and Government Health Services according to the National Health Plan by the Thai government. Such health care services could be accessed by the registered migrants with the cost of 30 Baht in order to improve the health status of the migrant workers in the Kingdom of Thailand. On the other hand, there was a large number of unregistered migrant workers who could not be able to get this health service benefit from the government like registered migrant workers. Therefore, such unregistered migrants had difficulties to receive medical care from the government health providers.

Factors associated with health service access in general

In the study of Apornpisan and Chachawanchanchonakit (2015), attitude towards health care services and the health policy of transnational workers were found to have a positive relationship with the access to health services by Myanmar transnational workers in the Thai seafood processing industry in Samutprakarn. Lee (2014) studied health seeking behaviours and barriers of male foreign workers in Singapore, had discovered

general sickness, being illegal immigrants, fear of losing jobs for taking sick leave were the main factors of limiting access to health care providers or services although most of them were willing to receive medical care. Financial issues in terms of high medical expenses, lack of insurance coverage, and income indicated that migrant workers in Beijing were discouraged from accessing appropriate medical care for their health (Peng et al., 2006).

Factors associated with health service access in migrants in particular

Myanmar migrant workers in Ranong province, Thailand were willing to go to the healthcare centers but they were concerned about travelling time to the health care providers, doctors' fees, and they did not understand the health insurance coverage and benefits information, which were the main barriers to access health services (Aung, Pongpanich, and Robson, 2009). Language barrier, being an illegal immigrant, and financial problems were the main obstacles for the Myanmar migrants in Kanchanaburi and those who had legal documentations still preferred to go to the nearby drug store, believed in traditional medicine or treat by themselves (Isarabhakdi, 2004).

Research Objectives

1. To describe the Socioeconomic status of Shan migrant in Sub – District San Phak Wan, Hang Dong District, Chiang Mai Province.

2. To describe the health seeking behavior and the barriers in access to health service of Shan migrant in Sub – District San Phak Wan, Hang Dong District, Chiang Mai Province.

3. To describe the factors related with the barriers in access to health service of Shan migrant in Sub – District San Phak Wan, Hang Dong District, Chiang Mai Province.

Population and Samples

Population of this study was the Shan migrant workers of the age between 18 to 60 years, from Sub–District San Phak Wan, Chiang Mai Province, Thailand, working in a various industry. Approximately 340 Shan migrant workers lived in this area. However, the actual number was not mentioned in the municipality official website. Therefore, the researcher went to meet the community leaders for more information and conducted face to face interview with the camp leaders and Shan migrant workers.

Sample size was calculated based on the formula of Krejcie and Morgan (1970), and 181 respondents of working age were required to collect data from five zones by using random sampling method.

Zone 1. New Concept camp, there were 50 Shan migrant workers.

Zone 2. In Ton Ho Soi (1) camp, there were 55 Shan migrant workers.

Zone 3. In Ho Phaklon Tont camp, there were 74 Shan migrant workers.

Zone 4. In Kankanok camps, there were 52 Shan migrant workers.

Zone 5. In Ban Khao Daeng Moo 6, there were 109 Shan migrant workers.

Finding

Part1 Socioeconomics data of Shan migrant workers

Half of the respondents 45.2 percent came from different cities of Shan State and the rest 44.8 percent were from other cities in Myanmar, majority were Buddhists 89.5 percent, and two thirds of the respondents 61.9 percent were male and 38.1 percent female. Regarding the age group 30 to 39 years old were 38.1 percent and 19 to 29 years old were 37 percent which was more than a quarter of the total respondents. People who had been living and working in Chiang Mai for more than 10 years and new comers who were staying less than 4 years were found as 33.7 percent and 33.1 percent respectively. 65.7 percent of the respondents were married, having a family of 3 to 4 members 43.1 percent and 1 to 2 members 37.6 percent living together in Chiang Mai. Nearly half 49.7 percent holding a passport 29.3 percent had a labor card, 19 percent held other documents, however, only a few people held health card and social security card, 0.6 percent and 1.1 percent for each category. Most of them registered 84.5 percent while 15.5 percent was found to be unregistered. In terms of educational background, 42 percent were illiterate, 29.3 percent primary education, 21.5 percent middle school, 6.1 percent high school and only 1.1 percent of graduate. More than half 60.8 percent worked at the construction sites, 18.8 percent were factory workers, 6.1 percent hotel staff, 1.7 percent farmers, and the rest 12.7% worked in other work sectors. Regarding their income, 67.4 percent had an average income ranging from 5,000 THB to 10,000 THB, less than 5,000 THB 29.8 percent, 10,000 to 15,000 THB for 1.7 and only 1.1 percent earned more than 15,000. Most of them 80.1 percent worked less than 9 hours a day while 19.9 percent worked for 9 to 11 hours. While 79 percent were allowed to have a 4 day off per month, 11.6 percent did not have any day off.

Table 1 Top five activities of health seeking behaviors of Shan migrant workers when they got minor sickness

Top five activities of health seeking behaviors	Frequency	Percent
Always Go to Local Drug Store	50	27.6
Often Take western medicine	47	26.0
Sometime Take a rest	36	19.9
Rare Take a rest	29	16.0
Never done Go to factory clinic	50	27.6

From table 1, the top five activities of the Shan migrant workers when they had minor sickness were always going to the local drug store (27.6%), often taking western medicine (26.0%), sometimes taking a rest (19.9%), rarely taking a rest (16.0%), and never going to the factory clinic (27.6%) respectively.

Table 2 Barriers in access to health service of Shan migrant workers

No	Barriers to health seeking service	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
		No (%)	No (%)	No (%)	No (%)	No (%)
1.	Afraid of being absent from work	6 (3.3%)	53 (29.3%)	16 (8.8%)	40 (22.1%)	66 (36.5%)
2.	Afraid of treatment	2 (1.1%)	38 (21.0%)	21 (11.6%)	27 (14.9%)	93 (51.4%)
3.	Complicated medical procedure	3 (1.7%)	60 (33.1%)	18 (9.9%)	42 (23.2%)	58 (32.0%)
4.	Discrimination	3 (1.7%)	48 (26.5%)	34 (18.8%)	30 (16.6%)	66 (36.5%)
5.	Fear of being illegal	1 (0.6%)	24 (13.3%)	38 (21.0%)	35 (19.3%)	83 (45.9%)
6.	Finical problem	1 (0.6%)	27 (14.9%)	18 (9.9%)	72 (39.8%)	63 (34.8%)

Table 2 (Continue)

No	Barriers to health seeking service	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
		No (%)	No (%)	No (%)	No (%)	No (%)
7.	Language barrier	0 (0.0%)	17 (9.4%)	21 (11.6%)	62 (34.3%)	81 (44.8%)
8.	Long distance	3 (1.7%)	29 (16.0%)	17 (9.4%)	55 (30.4%)	77 (42.5%)
9.	Long queue	8 (4.4%)	71 (39.2%)	17 (9.4%)	53 (29.3%)	32 (17.7%)
10.	No free time	1 (0.6%)	42 (23.2%)	35 (19.3%)	45 (24.9%)	58 (32.0%)
11.	No friend accompanying	1 (0.6%)	35 (19.3%)	38 (21.0%)	43 (23.8%)	64 (35.4%)
12.	Not allowed to take leave	0 (0.0%)	23 (12.7%)	24 (13.3%)	59 (32.6%)	75 (41.4%)
13.	Not seriously ill	0 (0.0%)	58 (32.0%)	23 (12.7%)	60 (33.1%)	40 (22.1%)
14.	Poor service	5 (2.8%)	39 (21.5%)	25 (13.8%)	62 (34.3%)	50 (27.6%)
15.	Difficulty of transportation	0 (0.0%)	33 (18.2%)	22 (12.2%)	77 (42.5%)	49 (27.1%)

From table 2, listed all the possibilities associated to the barriers in accessing health care services of Shan migrant workers. Based on the results of strongly agree and agree percentage, top five barriers were discovered as long queue (43.6%), complicated medical procedure (34.8%), afraid of being absent from work (32.6%), not seriously ill (32.0%), and discrimination (28.2%) accordingly.

Table 3 Satisfaction of accessibilities to health service center of Shan migrant worker.

No	The overall satisfaction of health service.	$\bar{\chi}$	S.D.	Mean interpretation
1.	Nurse and staff	2.51	0.08	Good
1.1	Skill and knowledge	2.45	0.62	Average
1.2	Politeness and friendliness	2.45	0.59	Average
1.3	Kindness and helpfulness.	2.51	0.68	Good
1.4	Readiness to assist	2.44	0.64	Average
1.5	Social communication	2.64	0.67	Good
1.6	Giving information / instruction	2.57	0.66	Good
1.7	Know difficulties and show empathy	2.53	0.59	Good

Table 3 (Continue)

No	The overall satisfaction of health service.	$\bar{\chi}$	S.D.	Mean interpretation
2.	Physician	2.66	0.03	Good
2.1	Professional medical skills	2.71	0.59	Good
2.2	Social communication	2.70	0.62	Good
2.3	Friendliness and kindness	2.65	0.53	Good
2.4	Pay attention	2.65	0.54	Good
2.5	Medical condition and treatment	2.66	0.56	Good
2.6	Know difficulties and show empathy	2.64	0.55	Good
3.	Service	2.58	0.06	Good
3.1	Waiting time to register	2.50	0.62	Good
3.2	Waiting time to see a doctor	2.52	0.56	Good
3.3	Waiting time for check –up (blood test–ray, etc.)	2.52	0.65	Good
3.4	Waiting time at the cashier	2.63	0.57	Good
3.5	Waiting time at the pharmacy unit	2.58	0.60	Good
3.6	Medical service /fees	2.65	0.57	Good
3.7	Location	2.62	0.57	Good
3.8	Cleanliness	2.62	0.58	Good
3.9	Facilities	2.65	0.53	Good
4.	Overall satisfaction	2.58	0.01	Good
4.1	Decision to come to visit again	2.59	0.59	Good
4.2	Decision to recommend to your family and friend	2.58	0.59	Good
	The overall satisfaction of health service Total	2.58	0.08	Good

From table 3, outcome of the satisfaction of accessibilities to health service center of Shan migrant workers in and SD showed as follows:

1. Satisfaction in Physician total of $\bar{\chi}$ = 2.66 and SD 0.03

2. Satisfaction in general service total of $\bar{\chi}$ = 2.58 and SD = 0.06

3. Overall satisfaction on health center total $\bar{\chi}$ = 2.58 and SD =0.01

The results of the overall satisfaction of the health service centers were good except skill and knowledge, politeness and friendliness, and readiness to assist the patients under the category of nurse and staff services towards patients.

Table 4 Factors related to the socioeconomic data barriers of access to health service of Shan migrant workers

No.	Socio economic Data	X^2	Df	P–value
1.	Hometown	45.000	39	0.235
2	Gender	12.750	13	0.467
3.	Age	26.750	26	0.423
4.	Religion	–	–	–
5.	Length of Stay in Chiang Mai	90.000	78	0.166
6.	Marital Status	27.857	26	0.366
7.	Number of Family in Thailand	45.000	39	0.235
8.	Legal Status	56.000	52	0.327
9.	Registration	–	–	–
10.	Education	45.000	39	0.235
11.	Occupation	45.000	39	0.235
12.	Monthly Income	12.917	13	0.454
13.	Working Hours/Day	15.000	13	0.307
14.	Number of Day Off/Month	11.875	13	0.538

From table 4, show that there were no factors related between socio economic data and barriers, because the results show that sample group of this study were in working age, not focus on seriously illness and most of them were registration status, no fear on the illegal status and no finical problem for the health status. In health seeking behaviors for minors illness results most of them going to buy drug store and also taken western medicine. Strongly agree with the long queue barriers and not seriously ill also the reason not access to health service. On the general satisfaction on health center there were all in good results of satisfaction in nurse and staffs, physician and general service and overall satisfaction. So it can be seen there were no affect between the socioeconomic data and the barriers in access to health services.

Discussions

Regarding to the health seeking behaviors of Shan migrant workers in Hang Dong district, Chiang Mai, it could be concluded that they always went to the local drug store, often took western medicine, either sometimes or rarely took a rest, but they never went to the factory clinic. The main obstacles

for them going to the health care providers were long queue at the hospital or the clinic, be afraid of complicated medical procedure, be afraid of being absent from work, minor sickness, or be afraid of being discriminated by the health care providers. They were highly satisfied with the physicians and hospital facilities, however, their satisfaction with the nurses and other hospital staff were lower compared to the former in terms of skill and knowledge, politeness and friendliness, and readiness to assist the patients.

According to the National Health Plan by Thai Government, registered migrants in Thailand were covered by the Compulsory Migrant Health Insurance Scheme and Government Health Services, and such health care services could be accessed with the cost of 30 Baht. Therefore, a large number of unregistered migrant workers were not entitled to this health care coverage. In this research, half of the respondents were legal and registered, but still not using the government health services and health insurance. It could happen for a few reasons such as respondents were not aware any of the health care services in Thailand and their entitlement, afraid of queuing up for long hours at the health care centers or hospital and absent from work, afraid of being discriminated by the health care providers, or not being ill seriously, educational level and income of the migrants could be other possibilities. Consistent with in the previous studies, general sickness, being illegal immigrants, fear of losing jobs for taking leave (Lee et al., 2014), high medical expenses, lack of insurance coverage, and income (Peng et al., 2010), travelling time, physicians' fees, little knowledge about health insurance coverage and benefits (Aung, Pongpanich and Robinson, 2009), language barrier, being illegal immigrants, and financial problems (Isarabhakdi, 2004), were the main barriers to health care services by the Myanmar migrant workers from different countries.

When compared to those previous studies results, both similarities and differences could be found. Shan migrant workers in Chiang Mai concerned about time since they were afraid of long queue at the hospital. They solved this problem by buying medicines at the local drug stores, taking western medicine and resting at home if they were not seriously ill although they could get a proper treatment at the government health care services as a legal immigrant in Thailand, while the immigrants in other countries were afraid of being illegal aliens. In other studies, being illegal immigrants, losing jobs, language, health insurance and financial problems were the main problems as a migrant worker but those in Chiang Mai had different concerns, and it was also

interesting to know that they never went to the factory clinics even for minor illness. From the conversation with the respondents, the reason of not going to the factory clinic was because of the use of low quality medicines and high medical expenses. They believed in taking western medicines, perceiving as good quality products and an effective way of curing minor illness such as headache, fever, muscle pain, etc. Some of them sometimes took a rest with or without taking western medicines if they were entitled for sick leave at work, while there were some people rarely took a rest at home or go to the health care services since they were daily paid workers, so they preferred buying medicines from local drug store and went to work. Most of them preferred local drug stores since they trusted the pharmacist in terms of giving information and prescription, price and quality of the drugs. In short, it was easy and convenient for them, no service charge, less cost, save time, socializing without taking a day off to travel a long distance or queuing, socializing with unfriendly or discriminating staff, or facing complicated medical treatments.

Conclusion

The main purpose of this research was to find out the health seeking behaviours and access to health services of Shan immigrant workers in sub–district of San Phak Wan, Hang Dong District, Chiang Mai Province and the result described the various activities they used to solve their health care problems and barriers towards the health access. The finding of the study can be applied to improve the health care services for Shan migrant workers including both legal and illegal immigrants. However, the researcher would like to describe some suggestions to extend and improve the findings of this study. Firstly, different ethnic groups of immigrant workers can be included in order to understand the overall health seeking behaviors and differences in how they access to health care facilities. Different approach such as conducting qualitative or focus group interview should be applied to understand more detail about barriers towards health care facilities of immigrant workers

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