

The Role and Potential of Migrant Health Volunteers during the Coronavirus (COVID-19) Pandemic

Patreeya Kitcharoen

Department of Health and Society, Faculty of Social Sciences and Humanities, Mahidol University

Abstract

The purpose of this research was to study the working processes and supporting strategies. (empowerment) of public healthcare technical or the medical personnel and the roles and the duties of the migrant health volunteers (MHVs) during the situation of the epidemic of the Covid-19 in Thailand. This research was the qualitative research by using in-depth interview with three informants from the public healthcare technical at Samut Sakhon Hospital by using the purposive sampling, and using a focus group with the 6 MHVs includes the content analysis. The results of the research can be summarized as follows: Firstly, it was found that the working process and the supporting strategies (Empowerment) which were consisted of 1) The proactive work by visiting the target groups 2) Working on the health promotion 3) To create the training courses for MHVs to gain the in-depth information on health problems of the migrant populations 4) To create the collaboration and the pride to MHVs. 5) To use the technology and the innovations for collecting the data of the migrant population's health. The second issue could be summarized the roles and the duties of MHVs which were as follows: 1) To be a caretaker and report on health information of migrant population to medical personnel; 2) To be a person to transfer the knowledge on disease prevention to migrant population; 3) To be an intermediary or interpreter in communication between medical personnel and the migrant populations.

Keywords: Public healthcare, migrant health volunteers, the medical personnel, equality and fairness

According to the rapidly growing the world's economy, that effected on many countries in term of economic prosperity in industrial business and includes the Thailand's economic as well (Fuentes-Mellaa, et al, 2020). Thailand has developed a lot of new industrial business sectors, so the rapid restructuring of the country's economy is causing Thailand's growing demand for migrant workers (Pholpirul & Rukumnuaykit, 2010). The "migrant workers" or "Foreigner labor" is a phenomenon caused by the movement of labor from one country to another (Moyce & Schenker, 2018). It is characterized by interactions with another society or culture through employment. This kind of movement occurs in almost every region of the world, especially in the modern era where communication is not an obstacle to human travel as in the past. Moreover, the factors including economic, social, political and cultural changes rapidly and more complexity. It can be said that "migrant workers" is a phenomenon caused by the "Globalization Capitalism" in the case of Thailand cross-

border migration between two bordering countries, namely Thailand-Myanmar, Thai-Laos, Thai-Cambodia and Thailand-Malaysia (Sricharoen, 2020). The phenomenon has occurred from the past to the present (Migrant Working Group, 2007). It is show that, the migrant workers are a social phenomenon that effect on the social changing. The economy and culture of a modern world is more complex and difficult to control increasingly. (Jordaan, 2017).

According to information from the Bureau of Foreign Workers Administration Department of Employment, Thailand has the migrant population of 1,476,841 in December 2016, increasing to 2,062,807 in 2017 and 2,120,546 in 2018 respectively. The numbers appear to show that the trend is increasing every year with the country's economic growth. Therefore, the economic sectors need to recruit migrant workers enter the country to become a production force in the industrial sector and the agriculture sector, which is an important part of the economy (Harkins, 2019). Samut Sakhon

province is one of the provinces in Thailand with rapid economic growth, whether it is an industrial or fishery industrial (Parks, 2012). The migrants whether they are Lao, Khmer, Myanmar, or Morn (Paguan) nationals, have a large number of the migrated to live for working as a laborer in Samut Sakhon, whether entering legally or not legal. (Vanpetch & Sattayathamrongthian, (2019).

The health promotion and the disease prevention among migrant workers is an importance issue, especially in the dimension of the human rights aspect. At present, there are many migrant workers enter to work in Thailand (Kesornthong, et al, 2017). The impacts of that will affect to Thailand health care system. For example, when the sick migrant workers are admitting to the hospital, it will be the workload of health personnel and it also affects the provision of public health services to Thai people (Shoj, et al, 2020). Furthermore, if migrant workers are contagious disease and they were not obtained treatment promptly, it would be at risk of spreading the disease to the community. Therefore, it is the responsibility of the relevant agencies, that must integrate to solve the problem (Seventer & Hochberg, 2017). Moreover, to prevent the spread of contagious, the burden of the country's health care system and to prevent the Thai population who may be affected by contagious disease from migrant population, also prevent the spread of the contagious disease in migrant community. In addition, according to the Universal Declaration that human rights of the United Nations which has been stipulated that the health care is the duty of the individual, as well as striving for knowledge and appropriate guidelines for improving one's health, family and community in order for the community to live happily (Universal Declaration of Human Rights, 2022). The state is the supporter of the human rights law. In which the migrant populations must be treated equally and not discriminated against in the provision of basic public health care as Thailand has ratified the international covenant on economic, social and cultural rights (International Covenant on Economic, Social and Cultural Rights-ICESCR).

Thailand has established a health care system for foreign workers by the two health insurance systems, 1) the social security system by the

Social Security Office and 2) an annual health insurance system by the Ministry of Public Health. These cover migrant workers who are not in the labor registration system, such as their families, dependents and children (Tangcharoensathien, et al, 2017). The 2013 data, it was found that migrant workers entered the social security system which still couldn't cover all of them, that is to cover less than 50 percent. On the other hand, the annual health insurance system coverage was less than 63% (excluding groups without registered status due to lack of the data) (ThaiHealth Working Group, 2013). In addition, it was found that migrant workers' access to health services in the health insurance system faced barriers to communication in different languages and problems in accessing quality the health services (Loganathan et al, 2019).

Besides, to the problems with the epidemic situation that occurred with migrant workers in the area, there has problems in the promotion, prevention and control of disease (Khanna, 2020). Migrant workers who was treated for tuberculosis from Myanmar and came across to work in Thailand, some are not completely cured and there is a chance to spread the disease among migrant workers together (Charoensook, et al, 2018). Meanwhile, health workers have struggled with tracing migrants who live in camps because they often have to relocate. This cause of the difficulty to control the disease. Moreover, Community workers also have difficulty communicating with migrant workers, for example most workers are unable to read drug labels, campaign banners and medical advice in written language. As a result, most migrants do not have access to medical services and information necessary for their treatment and protection from various ailments (Sakulsri, 2020). moreover, the situation of the COVID-19 epidemic reflects the problem of being unable to read and write (illiterate), resulting in the vulnerability and awareness of the COVID-19 epidemic situation among the migrant population (Estrela, et al. (2020).

Therefore, it is a duty and responsibility of the Ministry of Public Health to promote access to health services for the migrant workers which, the important measure is to allow the foreign citizens to take part in taking care of their own health according to the public health guidelines

(Kunpeuk, et al, (2020). To create the participation of the foreign populations is to create Migrant health volunteers (MHVs) who are non-Thai nationals who are voluntarily selected from communities or villages to participate with Thai primary health care work and have passed the training according to the training course (Suvarnathong, et al, 2021).

Therefore, the MHVs is responsible for the health care of the alien population. This can be expanding the scope of health services for the migrant population to be able to take care of their own health effectively. The developing a standard training course for MHVs must be an appropriate course, which are the problem and the need for the migrant populations for health care. According to primary health care guidelines that, aiming to develop the MHVs to be knowledgeable, the ability to practice concrete health care and to be a role model and a medium for awareness the migrant populations in the community to be more aware of self-care for health. Moreover, MHVs has the duty to transfer knowledge and provide necessary public health services, health promotion in the disease prevention, medical treatment and rehabilitation in foreign communities by using appropriate technology. They must be coordinate those services by working with public health in the area to survey information, find patients and those at risk of various diseases in the foreign population (Kosiyaporn, et al, 2020).

The epidemic situation of the Covid-19 virus in late 2020 to early 2021, with the epicenter of the outbreak at the Central Shrimp Market in Tambon Mahachai, Muang District, Samut Sakhon Province. It found that a large number of infected people, 90% of them were Myanmar workers (Rajatanavin, et al, 2021). However, the MHVs were Plays an important role in public health operations to manage the spread of the COVID-19 by searching for those who are at risk of infection, follow quarantine the infected person. and to educate people on how to prevent infection in foreign populations in Samut Sakhon Province. The MHVs will coordinate with local health officials which this phenomenon was be the "Samut Sakhon Model". Thus, the researcher focused on studying the role and potential of MHVs in the situation of the epidemic of the COVID-19 in Samut Sakhon Province.

Most of the previous papers focused on many areas in this issue, for example, the first one, Khwanriang, Sukhampha, Vaisamruat studies in the title of "Local women village health volunteers' information behavior during the COVID-19 pandemic in Mueang Chiang Mai District, Chiang Mai". The article aimed to explore the health information behavior of the local women village health volunteers (VHVs) in preventing, keeping surveillance, and controlling the COVID-19 pandemic in Chiang Mai Province. (Khwanriang, et al, 2021). The second one, Kosiyaporn and other authors studied in the title of "Health Literacy and Its Related Determinants in Migrant Health Workers and Migrant Health Volunteers: A Case Study of Thailand, 2019". The objective of this study was to explore the factors associated with health literacy in MHWs and MHVs in Thailand. This study suggested that a higher education level should be used as a criterion for recruitment of MHWs and MHVs. Accessing to the interactive health information like health professionals should be promoted as the main source of the information to ensure better health literacy among MHWs and MHVs (Kosiyaporn, et al, 2020). The third one, Taderera studied in the title of "Community health volunteers and their role in health system strengthening in peri-urban areas: A qualitative study of Epworth, Zimbabwe" The aim of this study was to provide more research attention on the community health workers and their roles in the pursuit of universal health coverage in resource-limited peri-urban areas, the focus of which was Epworth, Zimbabwe. The results revealed that the community health volunteers were the important resources in the strengthening health systems in resource-limited peri-urban areas (Taderera, 2019). The fourth one, Chatio, Akweongo studies in the title of "Retention and sustainability of community-based health volunteers' activities: A qualitative study in rural Northern Ghana" This study explored factors affecting retention and sustainability of community-based health volunteers' activities in a rural setting in Northern Ghana (Chatio & Akweongo, 2017). The fifth one, Tanthanapanyakorn, and other authors studied in the title of "Effective Role of Village Health Volunteers (VHVs) in Response to the COVID-19 Pandemic Emergencies in Thailand". This study included a discussion of the critical role VHVs played in the control, prevention, and monitoring of the Covid-19

pandemic in Thailand. The outcomes of the study indicated that VHVs were important in efficiently managing, preventing, and monitoring the Covid-19 pandemic from 2020 until the present (Tanthanapanyakorn, et al, 2021). The sixth one, Chung, Hazmi, Cheah studied in the title of “Role Performance of Community Health Volunteers and Its Associated Factors in Kuching District, Sarawak” The objective of this study was to assess the role performance among KOSPEN community health volunteer in Kuching district, and its associated factors (Chung, et al, 2017). The seventh one, Betron, and other authors studied in the title of “Should female community health volunteers (FCHVs) facilitate a response to gender-based violence (GBV)? A mixed methods exploratory study in Mangalsen, Nepal”. Nepal was testing the feasibility of having female community health volunteers (FCHVs) play a formal role in identifying GBV survivors, and referring them to specialize the services at health facilities. This study followed 116 FHCVs in Mangalsen municipality who attended a one-day orientation on GBV (Betron, et al, 2021). The eighth one, Chatio, Welaga, Paul, Tabong, Akweongo studied in the title of “Factors influencing performance of community-based health volunteers’ activities in the Kassena-Nankana Districts of Northern Ghana”. This study assessed the level of performance and factors that affected the performance of health volunteers’ activities in Northern Ghana. In conclusion, the results suggested that higher educational status of health volunteers was more likely to increase their performance (Chatio, et al, 2019). The last one, Parajuli and other authors studied in the title of “Role of Female Community Health Volunteers for Prevention and Control of COVID-19 in Nepal”. This study presented the role of FCHVs for the prevention and control of COVID 19 in Nepal (Parajuli, et al, 2020).

The current study attempts to fill this gap in the literature by focusing on firstly, the working processes and the supporting strategies (empowerment) of the public healthcare technical or the medical personnel, and secondly, the roles and duties of the migrant health volunteers (MHVs) during the situation of the epidemic of the Covid-19 in Samut Sakhon province.

Method

Participants

1) In-depth interview with three key informants by using purposive sampling who had the following qualifications: 1.1) The public healthcare technical or the medical personnel who worked at Samut Sakhon Hospital 1.2) A person with at least one year of working experience in the area 1.3) Be responsible for the training course for Foreign Public Health Volunteers (Public Organization)

2) A focus group with the 6 migrant health volunteers (MHVs) by using purposive sampling and snowball sampling who had the following qualifications: 2.1) being over 18 years old 2.2) being of Burmese nationality 2.3) residing in the district. City, Samut Sakhon Province 2.4) Being a Foreign Health Volunteer (Public Organization) who has passed the Foreign Health Volunteer Training Course (Public Organization) 2.5) A person who performs duties in the area during the epidemic situation of the COVID-19 since March 2020.

Measure

The semi-structured interviews were used for creating the tool by extracting the issue from many theories such as, the migrant workers theory, the public health concept, the health system concept, the health vulnerability concept, the migrant health volunteers (MHVs), and related studies.

The interview was divided into two section; the first section was about the key informants’ characteristics, and the second section was about the roles and duties of both informants’ groups.

Data Analyses

The data obtained from in-depth interviews and group discussions were analyzed by content analysis and discussion of the results of the study.

Results

The results of the research can be summarized as follows: Firstly, the working processes and the supporting strategies (empowerment) of the public healthcare technical or the medical personnel, it was found that the working

processes and the supporting strategies (Empowerment) consists of 1) The proactive work by visiting target groups which related to the key informant A who indicated that “Proactive health promotion was allowed us to reach more communities with the migrant population”. For example; Many migrants didn’t want to see the doctor. “Sometimes, we will ask him, did he want to get for HIV test? This will help us to find that someone is at risk to have HIV/AIDS infectious. They will receive treatment and to prevent the transfer of the HIV/AIDS to his spouse”. 2) Working on health promotion of the migrant population in the dimensions of the prevention, treatment, and rehabilitation which related to the key informant A who indicated that “We take care of the Migrant population by doing the health promotion, prevention, control, treatment and rehabilitation health”. “We help everything we can, so that they will have better good quality of life. We didn't think about the difference in race, class, we never.” 3) To create the training courses for the MHVs to gain the in-depth information on health problems of the migrant populations which related to the key informant C who indicated that “Creating MVHs group, this allows us to recognize the health problems of the migrant populations in the community. These volunteers will promptly inform the information to the staffs immediately” 4) To create the collaboration and the pride to the MHVs which related to the key informant B who indicated that “No matter what nationality was, there was always a volunteer spirit”. “The important thing was to make everyone felt proud to be part of the team by having the team shirts and the green hats which was the symbolize of the team”. 5) Using the technology and the innovations for collecting the data of the migrant population’s health which related to the key informant C who indicated that “The innovation helped to smooth operation between the staffs of the hospital and the MHVs”. “The hospital developed an application on a mobile phone to enable the health care staff to communicate the information from the field where they visited to the hospital”. “The MHVs reported the information in Burmese language, and the system translated the information for the staffs into Thai or English”. “This innovation was developed during COVID-19 last year and is now being used across the country”.

Secondly, it could be summarized the roles and duties of the migrant health volunteers (MHVs) that were as follows: 1) To be a caretaker, and reported on the health information of the migrant population to medical personnel which related to the key informant G who indicated that “We provided the information of the patients within our community”. “We wanted to learn more. After learning, it's worth sharing. I would like to help”. “It was tired, but when the patient was healed, it turned the exhaustion into joy. We were so proud of ourselves that we could do it.” 2) To be a person to transfer the knowledge on the disease prevention to the migrant population which related to the key informant E who indicated that “When I could read and write, they also gave the knowledge about the health, for example, the knowledge about how to take care of our health”. 3) To be an intermediary or the interpreter in the communication between the medical personnel and the migrant populations which related to the key informant F who indicated that “The work of the MHVs was indefinitely. We wanted to keep learning if they opened the new training courses. The teacher would teach us again. We also came to help as the interpreters”.

Discussions

The findings of this study were consistent with previous research that related to the topic in this research which can be described following the research issue which were as follows;

The result from the first objective found that the working processes and the supporting strategies (empowerment) of the public healthcare technical or the medical personnel consisted of 1) The proactive work by visiting target groups which related to the research of Bindl and Parker in the title of “Proactive work behavior: Forward-thinking and change-oriented action in organizations”, and they conducted a review of proactive work behavior including with considering the definitions and different types of proactivity (Bindl & Parker, 2011). 2) Working on health promotion of the migrant population in the dimensions of the prevention, treatment, and rehabilitation. This finding related to the work of Abbas, Aloudat, Bartolomei, et al in the title of “Migrant and refugee populations: a public health and policy perspective on a continuing global crisis”. This

article focused on the key emerging public health issues around migrant populations, and their interactions with host populations (Abbas, et al, 2018). 3) To create the training courses for the MHVs to gain the in-depth information on health problems of the migrant populations which related to the research of Artwanischakul in the title of “The development of a training course for Health Volunteers to be competent in Tuberculosis”. This course was therefore suitable to train public health volunteers to have the competent in screening and finding new patients to provide the continuous care of the patients at home. This will help alleviate the workload of health personnel to a certain extent (Artwanischakul, 2021). 4) To create the collaboration and the pride to the MHVs. This finding related to the work of Vanderstichelen, Cohen, Wesemael, et al in the title of “Perspectives on Volunteer-Professional Collaboration in Palliative Care: A Qualitative Study Among Volunteers, Patients, Family Carers, and Health Care Professionals”. The results of this study provided that the volunteers were at the front line of the palliative care provision, and therefore collaborate intensely with nurses. In particularly, in the issue of dedicating the palliative care services. The presence and availability of nurses was found to be crucial for volunteers, both for support and to achieve integration through collaboration (Vanderstichelen, et al, 2019). 5) Using the technology and the innovations for collecting the data of the migrant population’s health. This result related to the work of Graham, Ostrowski, Sabina in the title of “Population health-based approaches to utilizing digital technology: a strategy for equity”. The results showed that digital technologies may be one tool for addressing health disparities and improving population health by increasing individuals' access to health information (Graham, et al, 2016).

The result from the second objective found that the roles and duties of the migrant health volunteers (MHVs) during the situation of the epidemic of the Covid-19 in Samut Sakhon province consisted of 1) To be a caretaker, and reported on the health information of the migrant population to medical personnel which related to the research of Moghaddam, Allahverdipour, Musavi, et al in the title of “Why People Choose to Volunteer? Women Health Volunteers’ Activities, Reasons for

Joining and Leaving”. It was found that women health volunteers were the link between people and healthcare workers. They played an important role in health education activities, following up families under coverage, and updating the demographic data (Moghaddam, et al, 2019). 2) To be a person to transfer the knowledge on the disease prevention to the migrant population. These finding related to the work of Öhlander, Boström, Pettersson in the title of “Knowledge Transfer Work: A Case of Internationally Mobile Medical Professionals”. This article addressed the relationship between highly skilled international mobility and knowledge by focusing on knowledge transfer work. The professionals also developed, and made use of knowledge transfer skills, such as the ability to observe, analyzed and adjusted to the cultural differences between the workplaces, the healthcare systems or the academic systems, as well as the ability to translate the knowledge to make it relevant and viable in the specific context (Öhlander, et al, 2020). 3) To be an intermediary or the interpreter in the communication between the medical personnel and the migrant populations which related to the research of Hunter-Adams, Rother in the title of “A Qualitative study of language barriers between South African health care providers and cross-border migrants”. The results revealed that effective communication is a prerequisite for quality care (Hunter-Adams & Rother, 2017).

Compliance with Ethical Standards

Ethical Standards

1) The researcher was referred to an expert to obtain the key informants. The researcher would be referred from the medical personnel and the public health officers at Samut Sakhon Hospital, Samut Sakhon Province who was assessed that those key informants had qualifications that match the criteria set by the researcher. The researcher did not choose the data provider. To prevent violation of the data provider's rights.

2) The key informants had the right to choose to participate, or not to participate in the research without affecting medical treatment. The key informant was the participant who had the full right to ask the questions. Moreover, they would be acknowledging the benefits of

research including the risks of research before making a decision, and had the right to choose in participate in this research. The group of key informants who were the migrant workers who played the role of MHVs in that area, if they chose to participate, or not to participate, it would not affect your access to the medical services in any way. However, the participating would not receive any special privileges because it provided the information for the research studies. On the other hand, if any key informants decided not to participate in the research, they would not be disqualified or reduce the quality of medical services. Therefore, the informants could make the independent decisions without any reward. It was the compelling factor in the decision to participate in this research.

3) The researcher took into account in the right to choose the respondents' questions. The researcher respected the human rights. Therefore, the researcher did not force, or use the power to make the key informant feel insecure. The researcher would endeavor to clarify the objectives of this study by explaining the interview guidelines. The interview conditions must be completed, and asked for the permission to inquire about the willingness to provide the information every time before collecting the data. The researcher would discuss with the key informants in order to feel them to be more comfortable and trusty. Then, processing into the step of the in-depth interview or focus group. Furthermore, throughout the interview, if the informant wished to end the interview, or desired to leave this research, they were able to decide to act according to their needs at all times without coercion or obstruction.

4) The researcher had the guidelines for the confidentiality of the information providers in order to protect the privacy rights, especially in the sensitive issues, for example, the information might affect the people around the key informants who felt uncomfortable about the issues that could be offensive from the society. Therefore, in order to maintain the confidentiality of the information provider. The researcher would not use his real name, address, telephone number, any other information that may identify an individual. The researcher used only the general information such as, gender, age, marital status, income, education, family

relationships, etc. Furthermore, the interview location or information channel, the informants could be freely elected. The researcher needed to prepare, and assessed the security of the data provider as well. All information was stored in the researcher's personal computer which there was a code lock. The researcher was the only one who can access this data set.

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