



Issue 2: August 2005

“Once I have made enough money...I will go home.” *Holding on to elusive hopes in Mae Sot*

(Mae Sot, Tak) When asked about their plans for the future, a common refrain among migrants working at the border in Mae Sot is, “Once I have made enough money...I’ll go home.” What does it take to get to that point, though?

Migrants in Thailand, and especially those in Mae Sot District in Tak Province, face numerous obstacles in reaching their life goal. Low wages and unfair treatment, work-related health conditions including injuries (and incidents of rape or physical abuse), and even possibly becoming infected with HIV/AIDS are just some of the potential setbacks that lie along migrants’ route to successfully returning home with their dreams intact.

The Draw of Mae Sot

Mae Sot is a primary border town with Burma and is characterized by a Burmese flavor, including a strong Muslim presence in addition to Burmese and Karen groups. Mae Sot sits directly across from its sister border town of Myawaddy, separated by the Moei River, which is easily crossed by a “friendship” bridge as well as at numerous other unofficial points by boat, or by foot during the dry season.

Limited work opportunities, low pay, and an oppressive political atmosphere in Burma encourage thousands of migrants from all parts of Burma to enter Thailand at Mae Sot. They come from: Rangoon, Mawlamyine, Magwe, Bago, Rakhine, Lashio, Pew, Tangu, Thanbyzywe... Some stay on the Myawaddy side and work as day laborers on the Thai side, while many others find work in Mae Sot (there are also those who stay until they can find an agent who will transport them further

into the country). Although there are work opportunities in agriculture, construction and small shops in the Mae Sot area, most of those who stay on the Thai side find work in factories.

Since Mae Sot was designated a “Special Investment Promotion Zone” by the BOI (Board of Investment), providing companies special tax benefits to encourage investment, over 200 factories have located in the Mae Sot area. Most factories are export-oriented garment factories, but there are also furniture and ceramics factories present.

The export garment industry, in particular, suffers from cutthroat competition, which has been amplified by the recent lifting of quotas allowing China unrestricted access to international markets. Since labor is the most flexible production cost, laborers constantly bear the brunt of competition in the form of low wages and demanding work conditions. Accordingly, Mae Sot’s location at the border appears to be a calculated part of its status as a “Special Investment Promotion Zone,” as there is always a ready supply of desperate Burmese migrants available as a workforce.

Mae Sot’s Workforce

In 2004, over 124,500 migrants, including dependents, registered under the state’s general registry (TohRoh 38/1) in Tak Province – second only to Bangkok (203,488). In Tak, only around half of those registered (60,564) received work permits. It is estimated that the actual number of migrants living and working in Tak Province may be over 200,000, when including dependents. (Estimated by government agencies and NGOs)

The 200 or so factories in Mae Sot vary in size. Some of the smaller factories have less than one-hundred workers, while the larger ones employ anywhere from a couple of hundred to a couple of thousand people, and the largest factory is known to have over 3,000 workers.

It is estimated that approximately 95 percent of those working in factories at Mae Sot are migrants from Burma, and that women constitute seventy percent of the work force. (Arnold, 2004) In one factory, over 600 of the 965 workers are women; in another garment factory, there are 300-400 workers, with only about fifteen men. Women are on average between the ages of 18 and 25 years old, and most are single even though some married couples live and work together in factories.

Toiling for a Pittance

The work and living conditions vary from factory to factory, as does the pay scale. Since work is often found through word of mouth, those going into garment factories must take a gamble on where they end up. As one 19 year old woman from Rangoon put it, "working in this factory isn't good, but I will stay. I am afraid of changing factories, because I don't know whether word of higher wages is just a rumor."



One of the larger garment factories dotted throughout Mae Sot.

Generally, wages in factories are low. Although the legal minimum wage is 135 Baht per day in Tak Province, and overtime is officially 25 Baht per hour, migrants do not see this kind of money. After deductions for room and board, most migrants working in factories get an average of 60-70 Baht a day (less than USD\$2).

A factory workday usually starts at 8 or 9 am and goes until 9 pm or later with one-hour breaks at 12 pm and 5pm. Overtime, which is mandatory except on Sundays, is considered the time worked after 6 pm and is usually only paid out at 6 Baht an hour (although some

never see overtime pay). The day after payday is the only day they get off per month.

Some women report making around 1,500-2,000 Baht a month (less than US\$40), which they rush to the Myawaddy side of the border on their day off to deposit or remit home.

Life inside the Factories

Living situations are usually arranged in buildings adjacent factories, with single women staying on the top floor, single men living on the next floor, and married couples on the ground floor. There is little privacy as living quarters are often one big room partitioned off by hanging sheets. With the exception of work breaks, there is little opportunity for socializing between men and women, as housing for single women always seems to be on the top floor with penalties imposed on men who try to visit.

Water is limited in factories. Oftentimes, water for washing comes from tanks that draw from a dirty pond that collects run off from the factory. Clean drinking water is provided, however, there is a charge deducted from migrants' wages. None of the migrants who spoke with us complained of excessive amounts of dust, but no one mentioned using any protective equipment either. When it gets hot, these factories become sweltering, and it is reported that a couple of women will faint in a factory each day.

Poor Health and Injury Lurk

Many factories provide their workers with work permits (but not necessarily all factories and not necessarily all their workers), and deduct the cost from the worker's pay. In most factories, the owner is known to keep the original work permit and only give migrants a photocopy, even though migrants are entitled to hold the original, as a form of "insurance" against the worker leaving for another employer. Most factories, however, allow migrants to hold their health card, even though migrants in Mae Sot generally prefer to go to Mae Tao Clinic (Dr. Cynthia's clinic) as a first resort for treatment.

Workers interviewed for this report did not complain about any major health problems affecting them personally. However, one factory was reported to have recently had a rash of diarrhea, possibly cholera, affecting 90 people. Respiratory problems are also

common, and it is known that some people suffer TB, which they can have treated at the hospital without charge.

Work related injuries seemed of greatest concern, especially among those working in a furniture factory. In one case, a man had grazed the tip of his finger off with a saw. He received treatment at the hospital using his 30 Baht health card. The problem was that he had to stop working for a week, and only received 280 Baht compensation for that time. He was lucky though; he knew of another man at the same factory who had four of his fingers severely injured. That man was treated, but he couldn't work for six months, received little compensation from his employer, and now his fingers "aren't the same," making it hard to work.

The Conflict of Pregnancy and Work

Pregnant women are allowed to work in some factories, but are not allowed to work in others, even though they may be allowed to stay on the premises until they give birth. Children, however, are not allowed to stay in the factory, meaning that mothers who wish to continue working must either live outside the factory or have someone else take care of their children once they give birth.

Although access to contraception and condoms is increasing in factories through volunteers trained by organizations like MAP Foundation (a PHAMIT partner), the rate of unplanned pregnancy is believed to be high among migrant women in the Mae Sot area. Most pregnant women are married, but not all; some women have boyfriends in Burma, sometimes just in Myawaddy, who they see intermittently. At the Mae Tao Clinic, one third of women seeking reproductive health services (many coming from the Myawaddy side) had had five pregnancies or more. (Belton, 2003)

The uncertainty and fear of losing one's job due to pregnancy makes migrant women, especially those working in factories, vulnerable to unsafe abortion. In 2004, out of 352 women treated at the Mae Tao Clinic for post-abortion related symptoms, 26 percent had a prior history of abortion, and 13 percent were between the ages of 15 and 20. (Mae Tao Clinic, 2004) More than a quarter of women treated for post-abortion related symptoms had self-induced abortion. (Belton, 2003) Although these numbers are not specific

to factory workers, they point to reproductive health issues among migrant women in the Mae Sot area and the fact that women appear to have limited control over their fertility.

Sex Workers

There are around one hundred or more known sex workers in Mae Sot working freelance or in venues scattered around town. Freelancers are hard to reach, and some are known to cross the border during the day and stay over night. Most of the sex workers are in the age range of 17-28. A majority of the women are of Burmese ethnicity with the rest being a mix of other ethnic groups from Burma.

Only about half of sex workers' customers are migrant laborers - the rest are a mix of well-off Burmese traders and Thais. Due to their low pay, very few laborers are able to visit sex workers in Mae Sot. Most customers are willing to use condoms, which the women receive free at the hospital (supplied by World Vision), but they admit that it is hard to refuse a customer who does not want to use a condom. When sex workers get pregnant, it is usually their regular partner, possibly their husband, who is the father because contraceptive use is low among married couples.

Due to high mobility, sex workers in this area are hard to reach on a regular basis. World Vision, which assists sex workers with transportation and translation for weekly health check-ups at the Mae Sot Hospital, can reach only about half of the women. This makes follow-up for STI treatment inconsistent such as for syphilis, which requires six courses.

Surveillance among sex workers in Tak Province showed HIV rates of 14.8% in 2003, and 4.0% in 2004. (Ministry of Public Health, 2003 & 2004) Although the Mae Sot Hospital does HIV surveillance among sex workers once a year, the results are not available to the women. Moreover, VCT is not available to sex workers through the hospital, leaving many women unaware of their HIV/AIDS status.

HIV/AIDS Changes Your Life

It seems that most migrant workers in Mae Sot find out their HIV status through the ANC (Antenatal Care) clinic at the Mae Tao Clinic. In 2003, out of the 2,435 pregnant women who tested for HIV through Mae Tao Clinic's ANC clinic, 35 women or 1.4 percent tested positive for HIV. (Mae Tao Clinic, 2004)

From there, those who need financial assistance or emotional support are referred to World Vision's PLHA (People Living with HIV/AIDS) support group, where they meet each week to receive powdered milk and a small amount of money for food. "When we have no income, we can still eat good food," said one of the only male members of the group. The group, which is limited to 50 people, is always full, even though another 20 or so families are also in need. The members are mostly women with children and come from both sides of the border.

No one from the group dares reveal their HIV status to anyone in the community but their own family for fear of suffering stigma. This group provides them a safe place to be together and support each other. "In the group I can expose myself, and talk freely about the health problems I am having," said one 39-year-old woman from Mon State (Burmese ethnicity) who has an 8-year-old son and a daughter of nine months. "It is a relief."

Some of the members of the group are peer counselors who provide home-based care to other PLHA in their community. "I want to be productive. Otherwise, I would just stay in the house and get depressed," says one of the lead counselors, a mother of five who has known her HIV status since just before her last

child was born (one year and four months ago). "Besides, I know how they feel."

In Limbo

Unfortunately, it seems that many migrants in Mae Sot find themselves in a state of limbo. Although they are working, they make very little money and face numerous setbacks. One young man from Rakhine State had worked in the seafood industry at Mahachai and had to pay all his earnings to the broker who had gotten him into the country before he was arrested and ended up here. He summed up his experience in Thailand like this, "coming here wasn't a good decision, but I don't want to go back home either." He may not be the only one who feels that way...

- Brahm Press (Raks Thai Foundation)

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Information comes from interviews with World Vision Foundation of Thailand, MAP Foundation and migrant workers at Mae Sot.

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PHAMIT

The Prevention of HIV/AIDS Among Migrant Workers in Thailand Project (PHAMIT), funded by the Global Fund to Fight AIDS, TB and Malaria (GFATM), is a collaborative project of eight NGOs working in partnership with the Ministry of Public Health and local health providers. PHAMIT partners are working in over twenty provinces throughout Thailand to prevent the transmission of HIV/AIDS and improve the quality of life among migrant workers, their families and sex workers.

PHAMIT partners use four main strategies to achieve the project's objectives: focused interventions in the language of migrants; development of health systems for migrants; development and support of migrant communities; and advocacy on migrant-related policies.



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