Original Article

Role of Social Support in Improving Quality of Life among Myanmar Women Migrant Workers in Central and Northern Thailand: Implications for Community Nursing

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Abstract

Background: Social support and quality of life (QoL) are crucial for the well-being of individuals. Myanmar women migrant workers in Thailand represent a vulnerable population, yet there are limited studies on social support and QoL among these migrants.

Methods: This cross-sectional study investigated associations between social support and QoL among Myanmar women migrant workers in central and northern Thailand through multistage sampling using a structured questionnaire. Social support was measured using the Medical Outcome Study Social Support Survey, and QoL was assessed using the WHOQOL-BREF. Multiple linear regression was analysed to find the association between social support and QoL, adjusting for sociodemographic variables.

Results: Among 575 participants, they had an average overall social support score of 61.73 ± 16.47, with low support = 24.35%, moderate support = 46.43%, and high support = 29.22%. The average overall QoL score was 90.54 ± 13.23. Higher social support was positively associated with QoL (B = 4.781 for moderate support and B = 9.721 for high support, $p < 0.01$). Higher education and easier access to emergency finances were also positively associated with QoL.

Conclusion: Tailored social support interventions are recommended to enhance QoL among Myanmar women migrant workers in Thailand. Community nurses play a critical role in these interventions by providing education, facilitating access to resources, and fostering supportive networks.

Keywords: Social support, Quality of life, Myanmar women migrant workers, Thailand, Community nursing

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Introduction

A migrant worker is "a person who migrates from one country to another intending to be employed other than on her own account."[1] Thailand has an estimated 4 to 5 million international migrant workers, including approximately 2.3 million from Myanmar, the largest migrant worker population.[2-4] Among them, about 1.5 million are women, predominantly residing in central and northern Thailand, significantly contributing to the country's economic growth.[5-7] Despite their contributions, many Myanmar migrant workers, particularly women, are employed in low-skilled sectors and receive wages below the minimum standard.[4]

Quality of life (QoL) is a multidimensional concept that reflects an individual's perception of their physical health, psychological well-being, social relationships, and environmental circumstances.[8] It is frequently used to assess well-being in vulnerable populations, such as migrants and refugees.[9-11]Social support, comprising tangible, emotional, and affectionate support, as well as positive social interactions, acts as a buffer against stress, enhances coping mechanisms, and fosters resilience.[12] This, in turn, positively influences life satisfaction and well-being.[9,13,14]

Previous studies highlight that Myanmar women migrant workers face numerous challenges, including discrimination, exploitation, and limited access to essential services, which can adversely affect their QoL.[15,16] Research underscores the importance of social support in enhancing QoL among migrant populations, with positive social relationships significantly improving QoL.[9,10,14,17] However, studies specifically addressing the social support and QoL of Myanmar women migrant workers in Thailand remain limited.

This study aims to investigate the associations between social support and QoL among Myanmar women migrant workers in central and northern Thailand. By identifying the impact of social support on QoL, our findings are expected to provide valuable insights for community nursing. These insights can inform targeted interventions and policies to improve the well-being of Myanmar women migrant workers, addressing a crucial aspect of nursing education and practice by enhancing the understanding of social determinants of health in migrant populations.

Methods

Study area and population

This study used multistage sampling method with the first stage – selection of provinces with estimated higher populations of Myanmar migrant workers at by purposive sampling(Table 1),[5] and the second stage – recruitment of participants in each province by a snowball sampling method. This approach was effective given the irregular migration patterns and lack of population data. The study included female migrants who were 18 years or older, of Myanmar nationality, had resided in the study areas for at least one year, and were employed in Thailand. Women who met these criteria and were willing to participate were included, while those in Thailand for reasons other than work or who did not complete the interview were excluded.

Sample size

The sample size for this study was determined based on the analysis of continuous data using multiple linear regression. A pilot study was conducted to assess the QoL of Myanmar women migrant workers in Thailand. The sample size calculation considered a small effect size of 0.05, a power of 0.9, 12 predictor variables, and a significance level of 0.05.[18]The calculated sample size was 448 participants. After adding 25% of non-response rate, the sample size became 560 participants.

Measurement tools

Social support was measured by the Medical Outcome Study (MOS) Social Support Survey,[12] which has been validated and widely used in previous studies measuring social support. It includes 19 items across four domains: emotional, tangible, affectionate, and positive social interaction. As all items are positively phrased, higher scores indicate greater social support with responses of 1 = none of the time, 2 = a little of the time, 3 = some of the time, 4 = most of the time, and 5 = all of the time. Each domain score was calculated as mean of subscale items and overall score was determined by summing item scores. Since our data had non-normal distribution, the median

score was calculated and the data was categorized into three groups: low support (≤ 25th percentile), moderate support (25th percentile - 75th percentile), and high support (≥ 75th percentile).This instrument had high inter-item reliability(Cronbach's α = 0.92) in this study.

The WHOQOL-BREF was used to measure the QoL. This instrument is validated across diverse populations and has demonstrated robust psychometric properties. It consists of 26 items that assess four domains: physical health, psychological health, social relationships, and environment. Each item is rated on a 5-point Likert scale, reflecting participant's perceived QoL over the past two weeks. The raw score of overall QoL ranges from 26 – 130. Domain scores were calculated and transformed to a score of 0 – 100, higher scores indicate a better QoL.[19] Cronbach's α of this tool was 0.89 in this study.

Data Collection

The researcher and five female native Myanmar research assistants, each with at least a bachelor's degree and experience conducting research in this population, collected data province by province throughout 2023. The research assistants received standardized training on research protocols, cultural sensitivity, research ethics, and interview techniques before data collection. We collaborated with local Myanmar migrant organizations to recruit the participants. Each participant received a brief explanation of the research, and we obtained verbal informed consent. Participants were then screened and interviewed face-to-face in a private, safe location, ensuring confidentiality.

Statistical analysis

The outcome variable was "QoL", a continuous variable. The main independent variable was "social support," categorized as low, moderate, and high. Sociodemographic characteristics of the women: age, education level, marital status, occupation, area of residence, monthly income, alcohol drinking, access to emergency finance, duration of living in Thailand, had husband/partner or not, and husband/partner's characteristics: education level and occupation were included as covariates.

Categorical variables were described by frequency and percentage (%). Continuous variables were described by mean and standard deviation (SD). Multiple linear regression was analysed to investigate the associations between social support and QoL, adjusting sociodemographic covariates. Assumptions of linear regression: linearity, homoscedasticity, normality of residuals, and the absence of multicollinearity, were checked and no issue was found. This study used a two-tailed significance level (α) of less than 0.05.Data analyses were conducted by STATA version 17.0 (Stata Corporation, College Station, Texas, USA).

Results

Sociodemographic characteristics of the participants

There were 575 Myanmar women migrant workers. The average age was 32.6 years old, with 34.61% having a primary school education and 8.35% having college or university education. Most women were employed in manual labour (88.87%) and 45.91% were married. Access to emergency finances varied from easy (34.78%) to very difficult (20.35%). Details in Table 2.

Social support

The average score for overall social support was 61.73 ± 16.47, with 24.35% reporting low support, 46.43% moderate support, and 29.22% high support. The average domain scores were 3.14 ± 0.93 for emotional support, 3.36 ± 1.03 for tangible support, 3.40 ± 1.15 for affectionate support, and 3.32 ± 1.10 for positive social interaction(Table 3).

QoL

The average score for overall QoL of the women in this study was 90.54 ± 13.23. For each domain, the average score was 68.06 ± 14.97 for physical health, 58.93 ± 17.23 for psychological health, 64.74 ± 16.61 for social relationships, and 58.40 ± 14.13 for environment(Table 4).

The association between social support and QoL

There were significant associations between social support and QoL. Women who reported moderate social support had a 4.781 higher QoL score, and those with high social support had a 9.721 higher QoL score compared to those with low social support. Women with a college or university

education had a 7.788 higher QoL score than those with no education. Compared to women who found emergency finance very difficult, those who found it difficult, easy, or very easy had higher QoL scores. The scores were 3.151 for difficult, 4.835for easy, and 8.577 for very easy (Table 5).

Table 1: Study area of this study

Regions of Thailand	Provinces
Central region	Bangkok
	Samut Sakhon
Northern region	Tak
	Chiang Rai

Table 2: Sociodemographic characteristics of the participants (n=575).

Sociodemographic characteristics	Number	Percentage
Age (years)		
Mean (SD): 32.60(9.28)		
Education level		
No education	42	7.30
Primary school	199	34.61
Middle school	171	29.74
High school	110	19.13
College or University	48	8.35
Postgraduate	5	0.87
Marital status		
Single	182	31.65
Cohabiting	85	14.78
Married	264	45.91
Divorced or separated	27	4.70
Widowed	17	2.96
Occupation		
Unemployed	49	8.52
Manual	511	88.87
Non-manual	9	1.57
High-level Professionals	6	1.04
Area of residence		
Bangkok	222	38.61
Samut Sakhon	157	27.30
Chiang Rai	89	15.48
Tak	107	18.61
Monthly income (THB)		
Less than 9,000	270	46.96
9,001–18,000	290	50.43
18,001–27,000	11	1.91
Above 27,000	4	0.70
Alcohol drinking		
Never	385	66.96
Occasional	186	32.35
Frequent	4	0.70
Regular		
Emergency finance		
Very difficult	117	20.35
Difficult	150	26.09
Easy	200	34.78
Very easy	108	18.78
Duration of living in Thailand (year)		
Mean (SD): 5.66 (4.82)		
Currently have a partner		
No	125	21.74
Yes	450	78.26
Had ever had partner		
No	25	4.35
Yes	550	95.65
Education level of partner/husband (n=550)		
No education	47	8.17
Primary school	151	26.26
Middle school	179	31.13
High school	141	24.52
College or University	29	5.04
Postgraduate	3	0.52
Occupation of partner/ husband (n=550)		
Unemployed	53	9.22
Manual	478	83.13
Non-manual	13	2.26
High-level Professionals	6	1.04

Table 3: Social support among the participants (n=575).

Social support	Number	Percentage
Overall social support score		
Low	140	24.35
Moderate	267	46.43
High	168	29.22
Mean (SD): 61.73 (16.47)		
Domains		
Emotional support		
Low	156	27.13
Moderate	248	43.13
High	171	29.74
Mean (SD): 3.14 (0.93)		
Tangible support		
Low	146	25.39
Moderate	224	38.96
High	205	35.65
Mean (SD): 3.36 (1.03)		
Affectionate support		
Low	141	24.52
Moderate	203	35.30
High	231	40.17
Mean (SD): 3.40 (1.15)		
Positive social interaction		
Low	140	24.35
Moderate	219	38.09
High	216	37.57
Mean (SD): 3.32 (1.10)		

Table 4: QoL of the participants (n=575).

	Mean ± SD	minimum – maximum	Q2 (Q1 – Q3)
Overall QoL	90.54 ± 13.23	30 – 129	91 (81 – 99)
Physical health	68.06 ± 14.97	0 – 100	71.43 (60.71 – 78.57)
Psychological health	58.93 ± 17.23	0 – 100	62.50 (50.00 – 70.83)
Social relationships	64.74 ± 16.61	8.33 – 100	66.67 (58.33 – 75.00)
Environment	58.40 ± 14.13	6.25 – 100	59.38 (50.00 – 68.75)

Table 5: The association between social support and QoL by multiple linear regression.

Factors	Unstandardized		Standardized	P-value	Collinearity	
	B	SE	Beta		Tolerance	VIF
Social support						
Low	Ref.					
Moderate	4.781	1.405	0.179	0.001	0.566	1.77
High	9.721	1.573	0.332	<0.001	0.540	1.85
Age (years)	-0.068	0.071	-0.048	0.335	0.637	1.57
Education level						
No education	Ref.					
Primary school	2.916	2.474	0.104	0.239	0.199	5.04
Middle school	3.747	2.615	0.128	0.153	0.195	5.14
High school	3.390	2.820	0.099	0.230	0.229	4.36
College or University	7.788	3.547	0.158	0.029	0.300	3.34
Postgraduate	6.993	17.820	0.045	0.695	0.121	8.26
Marital status						
Single	Ref.					
Cohabiting	-0.759	2.113	-0.021	0.720	0.476	2.1
Married	-1.511	1.689	-0.057	0.371	0.390	2.56
Divorced or separated	-3.189	2.761	-0.052	0.249	0.780	1.28
Widowed	6.504	3.628	0.084	0.074	0.704	1.42
Occupation						
Unemployed	Ref.					
Manual	0.699	2.235	0.017	0.755	0.548	1.83
Non-manual	4.524	6.758	0.043	0.503	0.378	2.65
High-level Professionals	-14.495	11.252	-0.103	0.198	0.243	4.11
Area of residence						
Bangkok	Ref.					
Samut Sakhon	0.844	1.432	0.028	0.556	0.688	1.45
Chiang Rai	0.387	1.726	0.011	0.823	0.693	1.44
Tak	1.589	1.776	0.046	0.371	0.587	1.7
Monthly income (THB)						
Less than 9,000	Ref.					
9,001–18,000	1.881	1.229	0.071	0.126	0.736	1.36
18,001–27,000	3.686	4.226	0.039	0.383	0.793	1.26
Above 27,000	11.332	10.737	0.063	0.292	0.444	2.25
Alcohol drinking						
Never	Ref.					
Occasional	-2.125	1.202	-0.074	0.078	0.880	1.14
Frequent	7.056	6.409	0.045	0.271	0.936	1.07
Regular						
Emergency finance						
Very difficult	Ref.					
Difficult	3.151	1.585	0.104	0.047	0.569	1.76

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Easy	4.835	1.537	0.173	0.002	0.517	1.93
Very easy	8.577	1.888	0.246	<0.001	0.532	1.88
Duration of living in Thailand (year)	-0.007	0.119	-0.003	0.951	0.828	1.21
Currently have a partner						
No	Ref.					
Yes	2.305	1.871	0.067	0.219	0.533	1.88
Education level of partner/husband						
No education	Ref.					
Primary school	2.655	2.457	0.089	0.280	0.231	4.33
Middle school	1.847	2.434	0.065	0.448	0.213	4.69
High school	0.994	2.571	0.033	0.699	0.220	4.54
College or University	-2.632	4.124	-0.044	0.524	0.327	3.06
Postgraduate	-4.065	17.160	-0.022	0.813	0.174	5.75
Occupation of partner/ husband						
Unemployed	Ref.					
Manual	0.307	2.146	0.008	0.886	0.530	1.89
Non-manual	-1.482	5.569	-0.017	0.790	0.388	2.58
High-level Professionals	9.790	8.702	0.076	0.261	0.340	2.94

Notes: (F (36, 513) = 3.56, Prob > F = 0.001, R-squared = 0.1997 and Adj. R-squared = 0.1435)

Discussion

Our study identified the extent of social support and level of QoL among Myanmar women migrant workers in central and northern Thailand. Additionally, we investigated the associations between social support and QoL among these women.

Social support encompasses moral and material assistance, provided by individuals within a social network which can enhance an individual's self-esteem, improving their ability to cope with negative emotions, and improve their mental health, thereby contributing to a better QoL.[20] Myanmar women migrant workers in this study reported higher scores of social supports in affectionate and tangible support. Varying levels of social support were also found among migrant workers in China.[9]Similarly, a study among migrants in Singapore found that social support varied significantly, related to socioeconomic conditions.[21]However, Myanmar migrant workers in Thailand often face challenges accessing social protection programs due to legal status, language barriers, and lack of awareness. Improving awareness is crucial to facilitate access to social support services for this vulnerable population.[22]

The average overall QoL in this study was 90.54 ± 13.23, similar to previous studies among Myanmar migrant workers in Thailand.[17, 23] It is higher than the QoL reported among migrant workers in Bangladesh (78.9 ± 9.7).[24] However, our domain scores were lower than the domain scores of female migrant domestic workers in Singapore.[25] Variations in results across studies are in fluenced by the contextual and sociodemographic characteristics of the populations. In our study, Myanmar women migrant workers generally had a moderate to higher QoL compared to those in Bangladesh, though their domain scores were lower than those in Singapore.

Confirming the researchers' hypothesis, the findings showed a significant positive association between social support and QoL: higher social support was associated with better QoL. This aligns with previous studies among migrant worker populations, including Myanmar workers in southern Thailand and migrant workers in China, which found that good social relationships were associated

with better QoL.[9,10,14,17]Social support encourages healthier behaviours, buffers the adverse effects of stress, and increases social interactions, which help reduce negative emotions and promote better utilization of healthcare services resulting in better wellbeing.[26,27,28] These phenomena demonstrate how social support can enhance QoL.

In this study, higher education was associated with a higher QoL, consistent with previous research among migrant workers.[29] Higher educational attainment often leads to better job opportunities, higher income, and improved working conditions, which significantly contribute to enhanced QoL. Educated individuals tend to have better knowledge and practices regarding health and wellness, contributing to better health outcomes.[30] Education also fosters critical thinking and problem-solving skills, valuable in overcoming migration challenges.[31] Additionally, easier access to emergency finance was associated with higher QoL, supported by previous findings that higher socioeconomic status positively impacts QoL.[32,33]

Our study demonstrates several strengths. Snowball sampling allowed access to a hard-to-reach group, and we could provide valuable insights on the specific impact of social support on the QoL of Myanmar women migrant workers in Thailand. However, using non-random sampling method may introduce sampling bias, affecting representativeness. The cross-sectional design limits the ability to infer causality between social support and QoL. Additionally, relying on self-reported data may introduce accuracy issues and biases although we maintained participant's confidentiality by encouraging honesty and accurate reporting.

Implications for Community Nurses

Our findings have significant implications for community nurses who play a crucial role in connecting migrant workers with healthcare services and facilitating access to social support programs. Community nurses can educate Myanmar women migrant workers about available social protection programs and advocate for policy changes to address language barriers and legal status. Their role in providing culturally sensitive care and fostering trust within migrants' community is vital for effective implementation of tailored support programs. Accordingly, community nurses can help improve the QoL of migrant workers.

Conclusion

Social support positively affects the QoL among Myanmar women migrant workers in Thailand. Lower education level and difficult financial situations showed negative effects on their QoL. Tailored programs that enhance social support, promote education, and improve access to financial resources are essential. We recommend future longitudinal and experimental studies for in-depth investigations of these relationships.

Declarations

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Conflict of interest: The authors declare that there is no conflict of interest.

Ethical approval: The study was approved by the Research Ethics Review Committee at Chulalongkorn University in November 2022 (certificate of approval No. 221/65).

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