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Comparison of Knowledge, Attitude, and Behavior of Reproductive Health Between Thai and Immigrant Women Workers in Factories in Samut Sakhon, Thailand

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Background: Immigration of women workers from neighboring countries into Thailand to work in factories, usually have poor knowledge, attitude, and misbehavior on reproductive health. This can cause problems of reproductive health in Thai society.

Objective: To compare the knowledge, attitude, and behavior of reproductive health between Thai and immigrant women workers.

Methods: This analytic study compared 107 Thai and 107 immigrant workers in factories in Samut Sakhon, Thailand. All participants were recruited by purposive sampling. Data was collected by self-administered questionnaires which included personal characteristics, knowledge, attitude, and behavior related to reproductive health. Statistical tests were performed to analyze association between variables.

Results: Thai workers were older than immigrant workers (31.3 ± 9.5 years vs 25.3 ± 5.1 years; $P < .05$) and more marriage (84.1% vs 72.0%; $P < .05$). Compare with immigrant workers, Thai women workers had finished secondary school or lower (51.4% vs 36.4%; $P < .05$), earned more than ฿15 000 per month (38.3% vs 3.7%; $P < .05$), owned their own house (15.0% vs 0%; $P < .05$), paid for their own healthcare (23.4% vs 11.2%; $P < .05$), and used private hospitals for healthcare services (40.2% vs 17.8%; $P < .05$). Thai workers had significantly better levels of knowledge and attitude ($P < .001$). However, immigrant workers were found to have better levels of reproductive health behavior (70.1% vs 68.2%), especially in terms of the number of sexual partners, and a good level of pregnancy-related reproductive behavior (97.4% vs 84.3%), particularly in the practice of exclusive breastfeeding for 6 months or more.

Conclusions: Thai workers had more knowledge, attitude, and behavior of reproductive health than immigrant workers, despite their better attitude and behavior in terms of the number of sexual partners and the practice of exclusive breastfeeding 6 months or more.

Keywords: Reproductive health, Immigrant women worker

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Introduction

Reproductive health is a condition of well-being of the mind and body as a result of the process of responsible reproduction of both men and women, enabling them to live harmoniously in society.[1]

Reproductive health includes family planning, maternal and child health (MCH), sex education, limiting the incidence of abortion, adolescent sexual health, cervical cancer screening, AIDs (acquired immune deficiency syndrome) and sexually transmitted diseases (STD), care of infertile couples, and post-reproductive care, in addition to care of the elderly.

Reproductive health affects the live of men and women from conception to birth, through adolescence to eventually old age. To maintain a good reproductive health, people need access to accurate information and advice about family planning and their choice of contraception. When they decide to have children, women must have access to services that can help them to have a quality pregnancy, safe delivery and a healthy baby.[2]

In the past decade, there has been an increasing number of immigrants into Thailand from neighboring countries due to socioeconomic differences. Immigrant women come from countries where poor quality health is common. Many of them have little information regarding health matters, and tend to be poorer and less well-educated than their counterparts in Thailand. Their health status may be further compromised by the stress of adjusting to a new country, violence and sexual exploitation. If immigrant women cannot speak Thai, she is more likely to encounter problems accessing health care. Low-pay and exploitation also have an impact on immigrant women and their families. Discrimination and racism from health-care providers also added to cultural and linguistic barriers. Their tenuous legal status and numerous barriers also limit access to health care services and legal representation from the host country.[3]

Evidence indicates that reproductive health problems which immigrant women face in Thailand are very similar to issues that immigrant women face worldwide. Women from Cambodia, Laos and Myanmar often face problems relating to pregnancy, delivery, and unmet needs for contraception. In addition, they are more likely to have more abortions compared to Thai women.[4] This study aimed to compare knowledge, attitude, and behavior of reproductive health between Thai and immigrant women workers.

Methods

Participants

This study was approved by the Human Research Ethics Committee of Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand, No. MURA2019/899 on September 16, 2019.

The letters of recommendation issued by the Graduate School, Mahidol University were sent to the executive officers of factories in Samut Sakhon, Thailand, asking for their permission and cooperation with the research.

Daniel's formula[5] was used to calculate the sample size using a contraceptive rate of 80% among Thai women.[1] Of 107 Thai and 107 immigrant women workers in factories in Samut Sakhon, Thailand were purposively recruited into the study.

Measurement

Data were collected from self-administered questionnaires. Close-ended questionnaires consisted of 4 parts, as follows: personal characteristics, knowledge, attitude, and behavior of reproductive health of women workers.

Knowledge of reproductive health consisted of 21 questions, with 1 point awarded to correctly answered questions. The level of knowledge was categorized into 2 levels, namely 'poor' and 'good', using 60% criteria of total scores. Scores of 13 or more were classified as 'good'.

There were 20 questions about attitude toward reproductive health, of which 6 were positive and 14 negative. Levels of attitude were classified into 5 categories, according to Likert's scale, as follows: strongly agree, agree, uncertain, disagree, and strongly disagree. Positive questions were awarded scores of 5, 4, 3, 2, and 1, respectively, while negative questions were awarded scores of 1, 2, 3, 4, and 5, respectively. The total score for attitude was 100. Level of attitude towards reproductive health was classified using the criteria of 60% into 2 levels, 'poor' and 'good'. A score of 60 or more indicated a 'good' level.

Questions about reproductive health behavior were divided into 2 parts, as follows: general behavior (6 questions), and pregnancy-related behavior (5 questions). The 'good' behavior included the practice of contraception, non-promiscuous sexual activity, cervical cancer screening, and exclusive breastfeeding 6 months or more, which were each awarded a score of 1. The total scores were 6 points each for general behavior and 5 points each for pregnancy-related behavior. A level of 60 percent or more was used as the cutoff point for good behavior.

Translation of the questionnaires was provided for immigrant workers, and translators were also provided for illiterate immigrant workers, who are unable to read or write. The questionnaires certified correct translation by experts.

The validity of questionnaires was evaluated and improved by 3 experts in reproductive health. Reliability questionnaires were evaluated in a pilot study of 50 women workers in a factory that had the same characteristics as the selected population, for which Cronbach's alpha coefficient for reliability of questionnaires was calculated, 0.85 for knowledge, 0.80 for attitude questions, and 0.91 for reproductive health behavior questions.

Statistical Analysis

Analysis of the data was performed by statistical program, SPSS version 20.0 (IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Crop; 2011). Descriptive analysis of data using frequency, mean, percentage, standard deviation (SD), chi-square test, and Fisher exact test was used to analyze the associations between variables, with the significant level of .05 ($P < .05$).

Results

The personal characteristics of Thai and immigrant women workers were significantly different. The average age of Thai women workers was 31.3 ± 9.5 years, compared with 25.3 ± 5.1 years of immigrant women workers. Thai women workers were statistically significant older than immigrant women workers. Thai women workers were more married, had finished a bachelor's degree program, earned an income less than ฿15 000 per month, owned their own house, paid for their own health care, and used private hospitals for healthcare services. All were significantly different ($P < .001$) (Table 1).

Of 84.1% of Thai women workers had a good level of knowledge compared to 65.4% of immigrant women workers. The difference was statistically significant ($P < .001$). The level of general reproductive health behavior was not statistically significant difference between Thai and immigrant women workers, but immigrant workers had significantly better practices of pregnancy-related behavior ($P < .05$) (Table 2).

Items of knowledge which are significant differences, Thai women workers had significantly better knowledge than immigrant workers about: The use of intrauterine devices (IUDs) and implants for contraception, exclusive breastfeeding, antenatal care, and tetanus toxoid vaccination during pregnancy. In other areas, Thai women also had significantly better knowledge about the use of condoms to prevent STD, and cervical cancer screening ($P < .05$) (Table 3).

Items of attitude with significant difference between Thai and immigrant worker were investigated. Thai women workers significantly agreed more with adultery, contraception as a cause of divorce, contraception as only women responsibility only, sexual education

and the use of MCH handbook. In addition, more Thai women workers agreed with the benefit of sexual activities at an early age and dissented with cervical cancer screening. On the contrary, immigrant workers agreed more about a leave of absence from work during pregnancy, more expenditure during pregnancy and exclusive breastfeeding 6 months or more ($P < .05$) (Table 4).

Items of behaviors with significant differences between Thai and immigrant worker were determined. An analysis of women who had a history of pregnancy/delivery, found that they had significantly more sexual partners than immigrant workers. More immigrant women practice exclusive breastfeeding 6 months or more than Thai women workers ($P < .05$) (Table 5)

Table 1. Personal Characteristics of Thai and Immigrant Women Workers

Characteristic	No. (%)			*P* Value*
	Total (N = 214)	Thai (n = 107)	Immigrant (n = 107)	
Age, y				
< 26	96 (44.8)	42 (39.3)	54 (50.5)	< .001
26 - 33	71 (33.2)	24 (22.4)	47 (43.9)	
≥ 34	47 (22.0)	41 (38.3)	6 (5.6)	
Marital status				
Single	47 (22.0)	17 (15.9)	30 (28.0)	< .05
Married	167 (78.0)	90 (84.1)	77 (72.0)	
Education				
Secondary school or less	94 (43.9)	55 (51.4)	39 (36.4)	< .05
High school or more	120 (56.1)	52 (48.6)	68 (63.6)	
Monthly income, ฿				
≤ 15 000	169 (79.0)	66 (61.7)	103 (96.3)	< .001
> 15 000	45 (21.0)	41(38.3)	4 (3.7)	
Residence				
Apartment or work facility	198 (92.5)	91 (85.0)	107 (100.0)	< .001
Own house	16 (7.5)	16 (15.0)	0 (0)	
Health insurance				
Universal coverage or social security	14 (6.5)	82 (76.6)	95 (88.8)	.01
Own pay	200 (93.5)	25 (23.4)	12 (11.2)	
Medical service				
Government hospital	152 (71.0)	64 (59.8)	88 (82.2)	< .001
Private hospital	62 (29.0)	43 (40.2)	19 (17.8)	

* The correlations were determined by using chi-square test with a significant level of .05 ($P < .05$).

Table 2. Level of Knowledge, Attitude, and Behavior About Reproductive Health Between Thai and Immigrant Women Workers

Level	No. (%)			*P* Value*
	Women Workers			
	Total (N = 214)	Thai (n = 107)	Immigrant (n = 107)	
Level of knowledge				
Poor (0 - 12 point)	54 (25.2)	17 (15.9)	37 (34.6)	< .001
Good (13 - 21 point)	160 (74.8)	90 (84.1)	70 (65.4)	
Level of attitude				
Poor (0 - 59 point)	52 (24.3)	15 (14.0)	37 (34.6)	< .001
Good (60 - 100 point)	162 (75.7)	92 (86.0)	70 (65.4)	
Level of behavior in general reproductive health				
Poor (0 - 3 point)	66 (30.8)	34 (31.8)	32 (29.9)	.77
Good (4 - 6 point)	148 (69.2)	73 (68.2)	75 (70.1)	
Level of behavior of pregnancy-related**				
Poor (0 - 2 point)	9 (10.1)	8 (15.7)	1 (2.6)	.04
Good (3 - 5 point)	80 (89.9)	43 (84.3)	37 (97.4)	

* The correlations were determined by using chi-square test with a significant level of .05 ($P < .05$).

** The number of pregnancies was 89 workers (51 Thai women and 38 immigrant women).

Table 3. Items of Significant Difference in Knowledge About Reproductive Health Between Thai and Immigrant Women Workers

Question	No. (%)			*P* Value*
	Women Workers			
	Total (N = 214)	Thai (n = 107)	Immigrant (n = 107)	
Family planning				
IUD is a permanent birth control method.	161 (75.2)	88 (82.2)	73 (68.2)	< .05
The contraceptive implant can prevent pregnancy for 2 years.	111 (51.9)	72 (67.3)	39 (36.4)	< .001
Mother and child health				
Meaning of exclusive breastfeeding	144 (67.3)	83 (77.6)	61 (57.0)	< .001
Early antenatal care if mother has complication.	146 (68.2)	89 (83.2)	57 (53.3)	< .001
Tetanus toxoid vaccination is recommended for all pregnant women.	170 (79.4)	95 (88.8)	75 (70.1)	< .001

Table 3. Items of Significant Difference in Knowledge About Reproductive Health Between Thai and Immigrant Women Workers (Continued)

Question	No. (%)			*P* Value*
	Women Workers			
	Total (N = 214)	Thai (n = 107)	Immigrant (n = 107)	
STDs, HIV				
Condom provide protection from STD.	186 (86.9)	102 (95.3)	84 (78.5)	< .001
Cervical cancer screening				
Single women over 35 years of age remain at risk of cervical cancer.	126 (58.9)	71 (66.4)	55 (51.4)	.03
The cervical cancer is a sexually transmitted disease.	153 (71.5)	87 (81.3)	66 (61.7)	< .001
Cervical cancer screening is easy.	123 (57.5)	73 (68.2)	50 (46.7)	< .001

Abbreviations: HIV, human immunodeficiency virus; IUD, intrauterine device; STDs, sexually transmitted diseases.

* The correlations were determined by using chi-square test with a significant level of .05 ($P < .05$).

Table 4. Items of Significant Difference in Attitude Towards Reproductive Health Between Thai and Immigrant Women Workers

Attitude Towards Reproductive Health	Mean (SD)		*P* Value*
	Women Workers		
	Thai	Immigrant	
Family planning			
Adultery is good for your sex life.	3.53 (1.31)	2.85 (1.55)	< .001
Contraception is a cause to divorce.	3.66 (1.16)	3.09 (1.41)	< .001
Contraception is only women responsibility.	3.85 (1.23)	3.19 (1.55)	< .001
Sexual education reduces unwanted pregnancy rates, abortion rates, and STDs rates.	4.26 (0.94)	3.94 (1.24)	.04
Use of MCH handbook.	4.15 (1.09)	3.80 (1.28)	.04
Maternal and child health			
Breast milk is the best nutrition for babies during the first 6 months of life.	2.07 (1.20)	3.84 (1.19)	< .001
Leave of absence from work when being pregnant.	3.21 (1.32)	3.62 (1.62)	.04
Case during pregnancy is expensive.	1.76 (0.96)	2.93 (1.61)	< .001
STDs, HIV			
Early experience in sexual activity will help your sex life.	3.73 (1.21)	3.10 (1.50)	< .001

Table 4. Items of Significant Difference in Attitude Towards Reproductive Health Between Thai and Immigrant Women Workers (Continued)

Attitude Towards Reproductive Health	Mean (SD)		*P* Value*
	Women Workers		
	Thai	Immigrant	
Screening cervical cancer			
Cervical cancer screening is embarrassing.	3.71 (1.32)	3.29 (1.68)	.04
Using speculum for pelvic examination is horrible.	3.57 (1.10)	3.17 (1.41)	.02
Too busy to go for cervical cancer screening.	3.64 (1.27)	2.94 (1.60)	< .001

Abbreviations: HIV, human immunodeficiency virus; MCH, maternal and child health; STDs, sexually transmitted diseases.
* The correlations were determined by using chi-square test with a significant level of .05 ($P < .05$).

Table 5. Items of Significant Difference With Reproductive Health Behavior Between Thai and Immigrant Women Workers

Reproductive Health Behavior	No. (%)			*P* Value*
	Women Workers			
	Total (N = 214)	Thai (n = 107)	Immigrant (n = 107)	
Number of sex partners				
0 - 1	197 (92.1)	90 (84.1)	107 (100)	< .001
≥ 2	17 (7.9)	17 (15.9)	0 (0)	
Exclusive breast feeding ≥ 6 mo**				
Yes	23 (25.8)	8 (15.7)	15 (39.5)	.01
No	66 (74.2)	43 (84.3)	23 (60.5)	

* The correlations were determined by using chi-square test with a significant level of .05 ($P < .05$).
** The number of pregnancies was 89 workers (51 Thai women and 38 immigrant women).

Discussion

Personal characteristics of immigrant women workers were significantly different from Thai women workers. Thai women workers were older, and more were married, better educated, had better economic status, owned their own home, and paid for medical coverage. These results were in accordance with the study of Moe,[6] who studied unmet reproductive health needs and use of family planning methods among Myanmar immigrant women in Samut Sakhon, Thailand. This study found that immigrant social life featured a low educational background, and a restricted and relatively narrow community network. Immigrant women also had poor knowledge of their legal rights and reproductive health, and were prone to risk from communicable diseases.

Thai women workers had a better level of attitude towards reproductive health, but when considering each attitude item, immigrant women workers had a significantly better attitude towards promiscuous sexual activity, concepts of contraception, concepts of exclusive breastfeeding, rest during pregnancy, and cervical cancer screening.

The results contradict the study of Chaibarn et al[7] who studied attitudes and beliefs about contraception and the contraceptive behavior of migrant workers in the upper Northern provinces of Thailand. This study indicated that immigrants had moderate attitudes and beliefs towards contraception. The immigrant workers had negative beliefs regarding contraception in terms of its effects on increased body weight, sexual dysfunction from sterilization, and sexual pleasure reduction from the use of condoms. However, there was no comparison of attitude and belief with Thai women in the same area. In 2006, assessment of Thai-Burma border reproductive health by the Women's Commission for Refugee Women and Children found that there were traditional and cultural beliefs supported by ethnic minority leaders, such as the belief that use of condom promotes promiscuity.[8]

The level of behavior in general reproductive health of Thai and immigrant women workers was not significantly different. A reproductive health survey by National Statistics Office (NSD) in 2006 found that the contraceptive prevalence rate among immigrants in Thailand was 80.1%. The rate has increased noticeably among Myanmar immigrant in Thailand and nearly reached the contraceptive prevalence rate among Thai women.[9] In terms of other reproductive health behavior, immigrant women workers were better than Thai women especially in terms of number of sexual partners. It was in accordance with the theory of biological and psychological components of sexuality. Sexuality is affected by society and culture.

Socioeconomic status and education also influence sexual attitudes and behaviors. Examples of these influences include that low-income individuals often thinking and acting differently from middle-class individuals. They were more likely to engage in sexual intercourse at an earlier age, and having children outside of marriage. In this present study, the age at which women experience their first act of sexual intercourse was not significantly different between Thai and immigrant women workers. Educational levels also seem to influence sexual behavior. For example, people with a higher education masturbate more, and people with at least a college education have more sexual partners than those who do not attend college.[10]

Techasrivichien et al[11] studied changes in sexual behavior and attitudes across generations and gender among a population-based probability sample from an urbanized province in Thailand. This study found strong evidence of a decline in the age of sexual initiation, a shift in the type of their first sexual partner, and a greater rate of acceptance of adolescent premarital sex among younger generations. The study highlighted profound changes among young Thai women as evidenced by a higher number of lifetime sexual partners compared to older women. In contrast to the significant gender gap in older generations, sexual profiles of young Thai women have evolved to resemble those of young men.

Aurpibul et al[12] compared patterns of sexual behavior in lowland Thai youth and ethnic minorities attending high school in rural Chiang Mai, northern Thailand. This study found a substantially higher proportion of lowland Thai engaging in risky sexual behaviors when compared to ethnic minorities.

Significantly more immigrant workers practice exclusive breastfeeding 6 months or more than their Thai counterparts. Laisiriruangrai et al[13] studied the prevalence of exclusive breastfeeding among Thai women at 3, 4, and 6 months at the Bangkok Metropolitan Administration Medical College and Vajira Hospital. The results indicated low rates of exclusive breastfeeding at 3, 4, and 6 months due to a limited duration postpartum absence from work and limited time of breastfeeding. Also, Pitikultang et al[14] studied the prevalence and factors related to 6-month exclusive breastfeeding among Myanmar immigrant mothers having a child

aged up to one year and living in Samut Sakhon, Thailand. The prevalence of 6-month exclusive breastfeeding was found to be significantly higher than Thai women, and it was postulated that the difference was due to economic factors because breast milk is the cheapest and easiest method for feeding a young child.

Correlation among knowledge, attitude and practice was not always linear and positive.[15] It was affected by socioeconomic and environmental status. For example, Thai women workers had a better knowledge of sexual activity, but in practice, they had a more promiscuous and sexually active lifestyle, as shown by the number of sexual partners. Providing only knowledge may not improve attitudes and practices of reproductive health in some areas. Socioeconomic and environmental status should also be improved accordingly.

Conclusions

The characteristics of Thai and immigrant women workers were found to be significantly difference. Thai women workers were older, more married, less educated, had better economic status, more owning house and more own pay for medical expenses. Immigrant women workers who had better attitude and behavior of reproductive health in terms of the number of sexual partners and the practice of exclusive breastfeeding 6 months or more.

An educational program should be initiated to improve knowledge of reproductive health among immigrant workers, despite their better attitude and behavior in terms of the number of sexual partners and the practice of exclusive breastfeeding 6 months or more

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การเปรียบเทียบความรู้ ทัศนคติ และพฤติกรรมสุขภาพการเจริญพันธุ์ระหว่างแรงงานสตรีไทยและแรงงานสตรีข้ามชาติในโรงงานอุตสาหกรรม จังหวัดสมุทรสาคร ประเทศไทย

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บทคัดย่อ: แรงงานสตรีข้ามชาติจากประเทศเพื่อนบ้านที่อพยพเข้ามาทำงานในโรงงานอุตสาหกรรมในประเทศไทย โดยทั่วไปมักจะมีความรู้ ทัศนคติ และพฤติกรรมด้านอนามัยเจริญพันธุ์ที่ไม่เหมาะสม ซึ่งอาจก่อให้เกิดปัญหาในสังคมไทย

วัตถุประสงค์: เพื่อเปรียบเทียบความรู้ ทัศนคติ และพฤติกรรมสุขภาพด้านอนามัยเจริญพันธุ์ระหว่างแรงงานสตรีไทยและแรงงานสตรีข้ามชาติ

วิธีการศึกษา: การศึกษาเชิงวิเคราะห์ในกลุ่มตัวอย่างแรงงานสตรีไทย จำนวน 107 คน และแรงงานสตรีข้ามชาติ จำนวน 107 คน ในโรงงานอุตสาหกรรม จังหวัดสมุทรสาคร ประเทศไทย โดยการเลือกกลุ่มตัวอย่างแบบเฉพาะเจาะจง เก็บรวบรวมข้อมูลจากแบบสอบถาม ได้แก่ ข้อมูลส่วนบุคคล ความรู้ ทัศนคติ และพฤติกรรมที่เกี่ยวข้องกับอนามัยเจริญพันธุ์ จากนั้นใช้สถิติความสัมพันธ์ของตัวแปร

ผลการศึกษา: แรงงานสตรีไทยมีอายุมากกว่าแรงงานสตรีข้ามชาติ (31.3 ± 9.5 ปี เทียบกับ 25.3 ± 5.1 ปี; $P < .05$) แรงงานสตรีไทยแต่งงานมากกว่าเมื่อเทียบกับแรงงานสตรีข้ามชาติ (84.1% เทียบกับ 72.0%; $P < .05$) มีระดับการศึกษาชั้นมัธยมศึกษาหรือน้อยว่า (51.4% เทียบกับ 36.4%; $P < .05$) มีรายได้มากกว่า 15,000 บาทต่อเดือน (38.3% เทียบกับ 3.7%; $P < .05$) มีบ้านเป็นของตัวเอง (15.0% เทียบกับ 0%; $P < .05$) จ่ายค่ารักษาพยาบาลเอง (23.4% เทียบกับ 11.2%; $P < .05$) และเข้ารับบริการจากโรงพยาบาลเอกชน (40.2% เทียบกับ 17.8%; $P < .05$) แรงงานสตรีไทยมีความรู้และทัศนคติที่ดีมากกว่าแรงงานสตรีข้ามชาติ ($P < .05$) อย่างไรก็ตาม แรงงานสตรีข้ามชาติมีพฤติกรรมด้านอนามัยเจริญพันธุ์ดีกว่า (70.1% เทียบกับ 68.2%) ในแง่ของจำนวนคู่นอนและพฤติกรรมขณะตั้งครรภ์ (97.4% เทียบกับ 84.3%) โดยเฉพาะด้านการเลี้ยงดูลูกด้วยนมแม่อย่างเดียวมากกว่าหรือเท่ากับ 6 เดือน

สรุป: แรงงานสตรีไทยมีความรู้และทัศนคติด้านอนามัยเจริญพันธุ์ดีกว่าแรงงานสตรีข้ามชาติ แม้ว่าแรงงานสตรีข้ามชาติมีทัศนคติและพฤติกรรมดีกว่าในด้านจำนวนคู่นอนและการเลี้ยงดูลูกด้วยนมแม่อย่างเดียวมากกว่าหรือเท่ากับ 6 เดือน

คำสำคัญ: สุขภาพอนามัยเจริญพันธุ์ แรงงานสตรีข้ามชาติ

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