

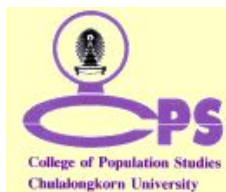
# Health Concerns of 'Invisible' Foreign Domestic Maids in Thailand

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**Mika Toyota**



ASIAN METACENTRE  
FOR POPULATION AND SUSTAINABLE DEVELOPMENT  
ANALYSIS



HEADQUARTERS AT ASIA RESEARCH INSTITUTE  
NATIONAL UNIVERSITY *of* SINGAPORE

**Dr. Mika Toyota** is a Postdoctoral Research Fellow at the Asian MetaCentre for Population and Sustainable Development Analysis, National University of Singapore. She is a social anthropologist whose research interests include transnational networks, gender and migration, tourism development, the geopolitics of borderlands and the changing family in Asia. She has conducted long-term field research (1994-1997) on transnational ethnic minorities in borderlands between Thailand, Burma and China. She obtained her PhD in Southeast Asian Studies from the University of Hull, United Kingdom in 1999 and subsequently lectured at the same university for three years.

The author of 16 academic articles in English and Japanese, her recent publications include “Contested Chinese identities among ethnic minorities in the China, Burma and Thai Borderlands” published in *Ethnic and Racial Studies*, March 2003, and “Migrants’ vulnerability and health risks in Asia” published in *Asian and Pacific Migration Journal*, August 2004. Her forthcoming publications include “Subjects of the nation without citizenship: the case of ‘hill tribes’ in Thailand”, in Will Kymlicka and He Baobang (eds.) *Multiculturalism in Asia: Theoretical Perspectives* (Oxford University Press) and “‘Burmese’ housemaids as undocumented workers in Thailand”, in Brenda S. A. Yeoh, Shirlena Huang and Noorashikin Abdul Rahman (eds.) *Contemporary Perspectives on Asian Transnational Domestic Workers* (Marshall Cavendish).

She has presented 38 papers at international academic conferences around the world since 1993. She is currently engaged in a number of projects that examine the human security of border minorities; informal networks among female transnational migrant workers; Thai labour migration to Taiwan and Japanese ‘long-stay’ retirees in Southeast Asia.

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# Introduction

Of late, the health of migrants has become a matter of considerable concern among the public, the academic community and to some extent, among policy makers in Southeast Asia. NGOs as well as academics have begun to press governments to recognize migrants' basic rights and provide proper health services for them in various ways. Changes in some government's policies reflect this pressure. For instance, Thailand - a country that has been trying to regulate migration since the mid-1990s - has obliged migrants to register with official bodies and has at the same time also taken steps aimed at safeguarding their health.

After Thaksin came to power in early 2001, the government took a more lenient stance with respect to migrants and also said it would seek to provide health care to all on a truly humanitarian basis. The sentiments are fine but how will it all work in practice? This paper suggests that although the recognition of rights and provision of health services constitutes an indispensable basis for the improvement of migrants' health, formal arrangements are far from sufficient in themselves and might even create new obstacles to improving migrants' health.

The reasoning is this. First, recognition of rights is inevitably accompanied by a definition of migrants' status and this can be variable, even capricious. While the government may grant rights to some migrants, it may define the presence of others as 'illegal' at the same time and hence, categorise them as candidates for deportation. This problem is particularly acute in the case of those who cannot easily acquire legal recognition, such as foreign domestic maids, whose experience is the subject of this paper. Second and more importantly, migrants' health is affected more by their immediate environment and everyday lives rather than by grand designs at the macro political level. Enunciating policies that fail to come into effect positively at the grassroots level are unlikely to be of much value.

Based on my long-term field research on Burmese domestic maids who have migrated to Thailand, this chapter aims to show how migrants' vulnerabilities to health risks are shaped not only by the lack of appropriate policies but by their 'invisibility' in everyday life. By 'invisible', I mean the situation where domestic maids work and live in individual households but on the basis of informal off-the-record arrangements. The nature of their situation is that they live atomised lives and consequently cannot come together easily to form groups to represent their interests and voice their concerns. At the same time, whilst being largely invisible within the community, they are also invisible to the state and therefore cannot be easily covered by state provisions, nor receive the benefit of them.

Maids are not a new subject in migration studies or human rights research. Substantial research, for instance, has been carried out on Filipino maids in a wide variety of settings and countries (see for example Cohen, 1999; Constable, 1997; Cheng, 1996; Ehrenreich and Hochschild, 2003; Heyzer and Wee, 1994; Parreñas, 2001; Piper and Roces, 2003). Filipino maids have been particularly studied partly due to their accessibility and the relative ease of communication with them. The majority of Filipino maids can speak English and are relatively well-educated. Also, they have established organised support systems using Christian networks and NGOs and are thus 'visible' as a group to the larger society and as such, can make their concerns on any particular issue heard when necessary (cf. Law, 2002; Wee and Sim, 2003). By contrast, foreign domestic maids in Thailand are much less studied despite the fact that they are one of the most vulnerable groups in this form of employment anywhere in the region. Their invisibility is the result of a variety of things, not just the twilight nature of their legal status and employment, but it also reflects the prevailing perception of maids in Thailand. Any attempt to improve the health status of foreign domestic maids in Thailand needs to be conscious of these factors. It has to take account of the social context within which they work and the way they are viewed.

The chapter will start with a brief description of who the subject group of my research is, and points out the peculiar position of the domestic maids from Burma in Thailand as ‘embedded strangers’. The chapter then looks at the way Thai policy regarding foreign workers has developed since 1997 and explores the question: why does the health status of Burmese domestic maids remain vulnerable despite progress in government regulation and health service provision? This in turn leads to spelling out how and why domestic maids remain invisible and, regardless of official efforts remain without access to the services provided through formal institutions.

In pursuit of the answers to these questions, I conducted intensive ethnographic fieldwork over a three-year period in the late 1990s in the borderland region between Thailand, Burma and China. In addition, I also carried out a survey of ethnic minorities from Burma working in the northern part of Thailand, mainly in Chiang Mai. This survey elicited 1,647 responses (790 males, 857 females) and though it covered a wide range of questions and was not exclusively about health, it provides valuable information on the general situation of migrants. This was then followed up by 20 semi-structured interviews (12 domestic maids and 8 employers) in January 2003, based on which key informants who had health problems were selected for further in-depth life history interviews in March 2004.

## Embedded Strangers

The booming textile industry and commercial sector in the 1970-90s increased alternative employment opportunities for Thai women. Domestic drudgery was never the preferred occupation for rural Thai females, so when opportunities for better work in more 'modern' occupations became available, they took them (Paitoonpong, Plywej and Sirikul, 2002). This left a gap in the domestic service market which was soon began to be filled by migrants from neighbouring countries. According to official statistics, the number of registered foreign housemaids increased rapidly. Starting from 34,283 in 1996, the number more than doubled to 82,389 by 2001 (ACIRW, 2002). This accelerated after the 1997 economic crisis due to the increasing demand for substitute cheaper imports to replace home-grown maids. Within the total inflow of foreign domestic maids to Thailand, migrants from Burma made up approximately 80 per cent.

Although most of the foreign migrants from Burma are perceived as 'Burmese migrants', many of them are not necessarily 'Burman' in the strict sense, but come from various ethnic backgrounds. Burma is a mosaic of ethnic groups. There are Shan, Karen, Arakanese, Kachin, Chin and Mon etc. In all they comprise roughly 30 per cent of the total population. Many of these so-called 'Burmese' migrants in Thailand are in fact of this ethnic stock and belong to the border region. The Burmese authorities do not accord proper legal rights to their ethnic minorities and the hardships and discrimination visited upon them by the authorities are prime reasons why so many of them are forced to flee the country. Among the inhabitants of Shan state, many are Tai-speaking. Others are people whose kinship networks spread across a wide region that includes parts of China, Burma, Laos and Thailand. Prior to the demarcation of national territories which accompanied the establishment of the modern state, people - not only marginalised minorities but also Tai speaking people - flowed freely across the region. The fact that they have ethnically diverse backgrounds (Mon, Karen, Shan etc.) and may speak different languages does not necessarily mean they are distinct from Thai people as the study of Caouette, Archavanitkul and Pyne (2000) notes. Historically, the Thai state was not defined by geographical boundaries. The current population of Thailand is an outcome of historical movements of peoples of diverse ethnic backgrounds, including Mon, Shan and others, across ill-defined and shifting borders. Hence, once these 'Burmese migrants' intermingle with the Thai proper, they are physically difficult to distinguish. Furthermore, these historical movements have established trade networks and kinship alliances that transcend the current national borders, and this in turn contributes to facilitating the contemporary mobility of persons across the formal borders (cf. Toyota, 2000).

Although many of my informants have little formal education, they are linguistically adept, being generally bilingual or trilingual. If they do not already speak Thai when they arrive, they tend to learn it fairly quickly, a fact that has impressed many employers. Another factor in their favour is cultural proximity. Cultural proximity is an important reason why Thai households prefer girls from these minority ethnic groups to be their maids rather than Burmans proper. Girls from these ethnic groups are perceived to be physically and culturally kindred and, reflecting the stereotyped images instilled through the media and Thai national history school textbooks. While Burmese are presented as 'wicked' and 'dangerous', they are held by comparison to be more 'innocent' and 'docile'. Employers will often say that Thais cannot trust those Burmese. Other employers based their preference for having ethnic minorities as domestics on the ground that they are more 'obedient', 'hard working' and 'easier to handle' than locals. 'They do not waste time gossiping with neighbours or flirting with men the way Thai girls do'.

The perception of these migrant maids is strangely ambivalent. They are 'the other', 'outsiders' and 'strangers', but at the same time they are 'the familiar', strongly embedded in

the Thai local life. This point can be clearly demonstrated by comparing them to foreign migrant workers in other occupations such as fishing, construction and factory work; who do not have the same chance to mix with Thais. My field-work clearly shows that migrants working in such occupations acquire the Thai language more slowly and less fluently than maids do. Yet curiously, while the language barrier is rightly identified as one of the major problem in foreign migrant workers accessing public health services (Isarabhakdi, 2004), there is no evidence to show that domestic maids with their much more proficient Thai utilise government health services any more than other migrants. In order to get to the heart of this and understand why the embeddedness of the 'strangers' in the local society does not lead to better access to formal services, we need to examine how the formal institutions work in practice.

## Paradox of Migration Regulation

Aware of the value of cheap labour provided by migrants in fuelling the economic 'miracle' in Thailand in the 1980s and 90s, the Thai authorities initially adopted a laissez-faire attitude towards them and turned a blind eye to the legality of their status and the manner in which they had entered the country. Labour recruitment was largely organized by the private sector through informal channels, with minimal involvement on the part of the state. However, the economic crisis in 1997 brought this casualness to an abrupt end. In order to safeguard jobs for Thai nationals in the tougher economic climate the authorities began to enforce regulations on undocumented migrants and soon began to detain and deport them on an increasing scale. According to the statistics of the National Security Council (NSC), 319,629 were arrested in 1999 and in the following year 444,636. At the same time more than 1,000 employers who continued to hire undocumented workers were arrested and punished.

As a result of the change in official policy people who had for timeless generations been moving freely back and forth across the frontiers found themselves stigmatised as 'illegal migrants' and 'aliens'. Domestic maids were particularly affected by the change. In the registrations carried out in 1998, 1999 and 2000, no direct category was provided in the official list of occupations for domestic maids. At a stroke, the large number of foreign maids in the domestic service sector in Thailand became 'illegals'. With the shortage of locals for these positions, this number could only grow.

In a move to remedy this situation, Prime Minister Thaksin – upon assuming office in early 2001 - took the decision to open a process for the registration of all illegal migrants in all areas and occupations residing in Thailand since August 28, 2000 or before. Accordingly, all illegal migrants already residing and working in Thailand were asked to report to the Royal Immigration Police and up to the end of October 2001, they could apply for temporary work permits from the Ministry of Labour and Social Welfare (MOLSW). 562,527 illegal workers (79.83 % Burmese, 10.38% Laotian and 9.8% Cambodian) in total responded to this opportunity and registered. This time, the occupation categories included that of 'domestic maid' as a permissible pursuit for migrant workers. While the state now acknowledged domestic maid as a legitimate occupation, the general negative perception that it was just a polite term for servant remained unchanged. This attitude has deep roots. Having an unpaid live-in servant is a long established practice in Thailand. The particular nature of the employer-maid relationship harks back to patron-client patterns operative in the days of the 'bond-servant' during the pre-colonial past. (Aung Thwin, 1983; Kelly and Reid, 1998; Koizumi, 2000; Loos, 1999; Reid, 1983a; 1983b; Reynolds, 1999; Terwiel, 1983; Watson, 1980a; 1980b). Tellingly, most of the foreign domestic maids interviewed used the term *chao-nai* (master/mistress) when referring to their employers. Equally, often employers did not recognize 'domestic maid' as a formal occupation at all and were quite unaware that they needed to go through an official procedure to register it, including accompanying their workers to the district office to fill out forms. As the procedure requires the accompaniment of the employers domestic maids could not register by themselves. This has thus created room for brokers to exploit foreign domestic maids.

At the same time, Thai authorities also imposed certain regulations regarding migrants' health as part of a covert attempt to control migration. Migrants were made to undertake a medical exam as a pre-condition of applying for a work-permit. Poor health could debar employment. But the intent, good and bad, of the health requirement was largely undermined in practice. Because purchasing health insurance was entirely in the hands of employers, the decision on whether or not to obtain it was left to them and the employers normally kept migrants' health insurance cards. Most of the housemaids whom I interviewed

in fact had no idea of the procedure for applying for insurance or whether it would be of any use to them. The medical check costs 1,000 Baht (24 US\$). Few employees are willing to pay this and when they do, the fee is normally deducted from the maid's salary which does not please the latter. Not surprisingly then, there is an understandable reluctance to obtain insurance. For the maid, it is an added expense while from the view of the employer it is an unnecessary luxury. Their view is that the maid should be healthy in the first place. Those obtaining them should ensure that. It is the agent's fault if a maid turns out to be unhealthy and they should be prepared to accept their responsibility and find a replacement. For the employer, changing a maid is much preferable to having to put up with a sick one. Health insurance does not meet their need.

So, for these and other reasons, the formal regulations on migrants' health status did not work. Paradoxically, they even pushed more migrants underground. The attempt to control migration in the guise of improving health created distrust towards such state. It jarred with both employers and employees. The rising numbers of local businesses and households seeking to cut costs by hiring more low-wage illegal foreign workers from neighbouring countries refused to cooperate. The whole phenomenon of unauthorised migration continued and added to the existing culture of clandestine hiring and the invisible.

The limited achievement of the government initiative can also be explained by the limited access to the information and therefore low awareness of the availability of public services among the domestic maids. Most housemaids whom I have interviewed did not feel confident about going to the clinic or hospital by themselves. Many of my informants have never been to a hospital. Most of them were from rural areas in Burma where only small health stations are available. The idea of going to a government hospital was simply too scary. According to a study of Caouette *et. al.* (2000), 38 percent of the female migrants from Myanmar had never received any formal schooling. Among the informants I interviewed, many of them had problems in writing and reading Thai. Of course they had had little or no opportunities to learn about health care through the formal education system. Instead, the rudiments of primary health care were informally imparted by their parents or older relatives and friends. Some had certain limited knowledge of herbal medicine but they did not know how to get the ingredients in Thailand. When they become ill, the employer would usually buy them whatever medicine they require from the local drugstore. Unless it was something really obviously serious, they would not take them to the hospital. In any case, bad health was something a maid would tend to hide lest it led to her being fired. Besides, another reason for disguising it, treatment would be more expensive without insurance. However, all these things provide only part of the explanation for the deficit in health care. In order to understand more fully why domestic maids still cannot access public health services despite existing institutions and fairly lenient policies, we must examine the immediate social milieu where the maids work and live.

## Being ‘Invisible’

The gap between formal institution and domestic maids’ everyday lives starts with problems with the category of employment. While government policies are primarily employment-based (migrants need work permits to be employed and employers are obliged to provide welfare to employees), domestic maids commonly work without any formal contract. Housemaids are introduced through the informal networks of the family, relatives, friends and/or acquaintances through work, community or private maid agents. There is no application procedure or formal contract between employer and employee which would determine the wage, length of working hours, working conditions etc. Furthermore, working as a housemaid is the starting job for most young uneducated foreign female migrants. Some start working as housemaids as early as eight years old. (If a girl is below 14, she may be hired together with her older sister.) In most cases, they start working as housemaids during their teenage years, between 15-19 years old, usually before marriage. However, Thai migration control policy tries to ensure that they are registered for work purposes and have a work permit. Consequently, those who are under the age of 15, who are legally not eligible to work, dare not try to register or even be identified. When girls under 15 years old work, their work cannot be properly acknowledged in practice because their employment is considered illegal. These girls are not perceived as employees (*look-jang*) by the employer but as servants (*kon-chai*) or child servants (*deg-rab-chai*). The employers justify themselves by claiming that they protect these girls by providing free food and shelter, for which the girls do domestic chores in return. Pay may hardly feature at all in the arrangement. An informant told me she received only 500 baht for a whole year’s work.

Most of the foreign housemaids in Thailand are live-in and hardly leave the house. Their illegal status prevents them from visiting public places, and this includes health service facilities, for fear of being caught by the police. Consequently, in contrast with say Filipino maids in Hong Kong or Singapore, there is no obvious gathering place for foreign housemaids. The only way to make contact with foreign domestic maids in Thailand is to visit individual houses. This inaccessibility makes it impossible to estimate the precise number of foreign domestic maids or make any overall assessment of their working conditions.

According to my informants, many of them have no day-off. They are not allowed to receive visitors or to make phone calls and many of them have no means of communicating with the outside world. Hardly any support networks have been established by NGOs in either the country they come from or where they go to. Since there are no other social security arrangements available, the employer is the only social security provider for housemaids. This vulnerability helps explain the hardworking and obedient character alluded to earlier, which is fondly thought of as innate by Thai employers. Their marginal and illegal status renders the domestic maids ‘embedded’ in, but also confined to household life.

Being confined, domestic maids often face health problems in isolation with little support from the outside. The following three cases help illustrate how maids’ physical and mental health problems become invisible:

## **Case Study 1 (Michu, Female, Worked as a Domestic Maid from 14 to 19 Years Old)**

The first case study is that of a young woman who died of AIDS after working as a domestic maid for 5 years in Thailand. She had a sexual relationship with her Thai employer who also died of AIDS. She was born as the second child - elder sister, herself and younger brother. Her father died when she was still young. Her elder sister was working in Thailand and sent money back home occasionally to help the family. When she was 14 years old (1999), she felt that she should join her sister. It was a rather simple choice for her as there were no other jobs available in her Burmese village. Going to Thailand was an established practice, especially among young women. She made contact with a broker in the village by herself and asked him to arrange for her to work as a domestic maid in Thailand. He did so and she gained employment with a family who ran a small restaurant in Northern Thailand. The wife was the main manager of the restaurant and the husband had a job elsewhere. They had a baby boy and the wife's mother was living nearby. Michu's task was to look after the baby under the supervision of the wife's mother. Michu spent most of the time inside the house and improved her Thai by watching TV.

After a year or so, the husband lost his job, became unemployed and started spending more time at home playing with his son. With the husband at home, the mother-in-law came to visit less often than before. While the husband went out in search of a job sometimes, he was not very successful and Michu felt sorry for him. One day, the husband bought Michu new clothes and asked her to try it on. It was nicely wrapped and she was happy to be given it. However, she realised the next moment what this meant. She was faced with the sexual demands of her employer. Michu felt that the situation was very awkward as she did not want to get involved in such a relationship with her employer but she was not brave enough to shout or stop him. She said she was scared to look at him and closed her eyes, lying like a dead fish. Taking advantage of Michu's vulnerable position, the employer's sexual demands continued. Although the wife did not seem to know exactly what was going on, she condemned him for lying about drinking whiskey in the house and failing to find a job. Over time, the wife-husband relationship worsened and sometimes the husband did not return home. Michu felt sorry for the wife when she heard her crying.

The husband became ill and the wife asked Michu to look after him. However, his illness worsened and he died. It was only at his funeral that Michu was informed that he had died of AIDS. She knew that AIDS is a deadly dangerous infectious disease, a disease that everyone was in fear of, but she did not know what it was or anything about its transmission and progression. She was worried that he might have infected her. Michu thought she should go to a clinic to have an AIDS test but she was scared of hearing the result. She could neither tell her health concerns to the man's wife nor was confident enough to go to the hospital alone. Up to this point, Michu had been basically healthy, never having any serious health problems during her stay in Thailand and had never been to a clinic or hospital. Working as a domestic maid at home was not a strenuous job and never having to worry about food or clean water, she felt that her health was definitely generally better in Thailand. Michu told me that she was a skinny girl when she arrived but she had put on weight during her stay in Thailand. She was only ill for a few times but she quickly recovered with a few tablets. When Michu left, the wife thanked her for having looked after her husband until the end and gave her 50,000 Baht (US\$1204) as the accumulated salary of 5 years. Michu thought she should go back home and give this money to her family. Her main concern, however, was to find out about the state of her own health condition, so she contacted a friend in Mae Sai.

When I met Michu in Mae Sai in January 2003, she was 19 years old and she looked perfectly healthy. In a little over a year later however, I was informed by her friend, Ami, that she had found that she was HIV/AIDS positive and had passed away. Ami told me how little Michu knew about HIV/AIDS and sexually transmitted diseases and how naive she was despite having lived in Thailand some five years. According to Ami, girls from Burma usually do not know anything about condoms. Because Michu had not been allowed to use the telephone, she was completely segregated from the outside world and had little opportunities to make friends, exchange information, or learn about the health risks relating to sexuality. On the other hand, Ami who came from the same village with as little knowledge learned how to protect herself from sexually transmitted diseases fairly quickly because she worked at a massage parlour and soon learnt about these things from fellow workers.

Thai's public health policy has been fairly successful in its commitment to HIV/AIDS prevention by promoting condom use among sex workers and their clients. Also, there are various outreach programmes organized by NGOs working on the problems of trafficking among women and children. But the target group has always been the visible ones such as sex workers and/or female factory workers. Their efforts unfortunately do not reach the invisible domestic maids whose work places are dispersed across private houses. On the face of it, Michu's friend, Ami might be perceived to have a higher risk of contracting a sexually transmitted disease than Michu who worked in the supposedly safer domestic sphere. However, as the story shows, a domestic maid can be as equally vulnerable to the danger of HIV/AIDS, particularly because condoms are less frequently used in the domestic than in the public space in Thailand.

## Case Study 2 (Mio, Female, Worked as a Domestic Maid for 18 Years)

Mio was brought up by her relatives as she had lost both her parents when she was a child. When she was nine years old, she was brought to another family who was involved in border trade between Burma and Thailand, and whose family members were spread across the border between Burma and Thailand. She first lived in Tacheleik, a border town across from Mai Sai in the Shan state, Myanmar, and then moved to Mae Sai, one of the major border crossing towns in the upper north of Thailand. They provided her food and shelter and in return she helped them by doing domestic chores such as cleaning the house, washing dishes, washing, ironing clothes and carrying out inventories of the stock of goods. It was a kind of patron-client relationship rather than an employer-worker one. There was no formal contract between this family and Mio. Mio occasionally received some money as a gift rather than as wages. As Mio is quick with figures, she was brought to another relative's house in Chiang Mai when she was 16 because they needed a shop assistant.

A man, named Atu, who is also originally from Burma started chatting her up. Although she knew he was not really a trustworthy person, she did not mind being flattered as it provided some diversion from what was otherwise a fairly monotonous existence. Then, without the employer's approval, Mio started having sexual relationships with him. Mio became pregnant and when her employers found out, they were not only furious because of her shameful misconduct behind their backs but also because they regarded Atu as an unreliable play boy.

The employers urged Mio to have an abortion as soon as possible. They told her they would take her to a Burma-China border town where the abortion service is available. They added that if she did not have an abortion, she would have to leave their house. When Mio consulted her boy friend, he agreed that an abortion might not be a bad option. Mio was rather disappointed to hear this. Atu told her to make decision by herself and that if she was kicked out of the house she could stay with him. Mio thought of her age, she was already 27 years old then. She was scared of having an abortion and afraid that she might never have a chance to have a baby if she missed this opportunity. As she had always lived and worked under the employer from childhood, she thought that it was time for her to experience standing on her own feet and leading her own life by establishing her own family. When Mio told her employer what she had decided, the employer was not happy. They told her that they had offered to help (to take her to have an abortion) but she had rejected it. She could now leave and would not be allowed to come back even if she needed help in the future. It was Mio's decision and she had to bear the responsibility. Mio received 10,000 Baht (240US\$) upon departure after working for them for 11 years.

Atu's place was located on the outskirts of Chiang Mai. The toilet and wash room are situated outside and shared by many people; the place was not hygienic. Mio lost weight after moving to Atu's place as a result of constant vomiting. Atu spent most of the day working from morning till late night. Mio was alone most of the day feeling sick and lying in bed. She was so sick that she thought she should go to see a doctor but she did not have legal documentation and was afraid of being arrested and/or deported. She wanted to get information regarding pregnancy but she could not read Thai in spite of the fact that she had lived in Thailand for over fifteen years and could speak Thai fluently. There was no telephone in Atu's house. Neither was there public transport and without that or a motor bike, it was impossible for her to go anywhere. Mio asked Atu whether he could take her to a doctor but he told her that he did not have enough money. Although he had a work permit and medical insurance, the medical insurance would not cover his wife. To help her, he

bought some pills for her at the market. They did her little good. She did not get better, instead her condition steadily worsened and she started suffering acute pain. Mio then received information from Atu's friend that there was a small Shan clinic in Fang district (about 150 km away from Chiang Mai). The doctor was from Burma and would look after patients for free. Mio asked Atu whether he could take her there but he told her that he had to work every single day and could not afford to take a day off. Mio could hardly move and lay in bed almost the whole day. She felt lonely and that Atu did not really care about her or what she was suffering. Mio also felt deeply sad when she heard that her former employer had said that she was an ungrateful person who had returned evil for good.

Three months earlier than the due date, she gave birth with the help of a midwife in the house. It was an extremely tiny baby, not yet fully developed and not able to cry at birth. Mio felt intensely sorry to see the new born baby barely surviving.

### **Case Study 3 (Alo, Male, Worked as a Domestic Maid for 10 Years)**

While the majority of domestic maids are female, the occupation is not confined to females. As the recent study by Phlainoi (2002) indicates, 22.6% of the child domestic workers in Bangkok are boys. Boys too can become the victim of sexual abuse by the employer as the following case shows.

Alo's natal village was at the border zone between Burma and Thailand. The border was unmarked and people living in the area used to cross freely back and forth as if the boundaries did not exist. The village was occasionally visited by some thrill-seeking foreign trekkers and by Thai visitors. Among such tourists was a British man who came to his house several times and became a friend to his father. His father died when he was nine years old and the mother looked after the two children (his elder sister and himself) on her own. After a long absence this British man, Mark, suddenly visited the home again and asked the mother whether he could take Alo down to Chiang Mai to stay with him. According to Mark, it was already promised by Alo's father that Mark would look after Alo as a godfather. He told the mother that Alo could stay at his house in Chiang Mai and work for him. Since working in the field or looking after water buffalo would not lead Alo anywhere, his mother was pleased to hear of this new job and encouraged Alo to go. Alo decided to work for him. He was just 14 years old then.

The work Alo had to do was to buy him his meals from the market and look after the garden at his house. Mark bought him a motorbike so that Alo could take Mark anywhere he needed to go. Alo was also allowed to go out as long as it did not conflict with his duty to buy the food on time. It was a relatively easy job and Alo was happy exploring Chiang Mai on his new motorbike. What he did not know, however, was the fact that Mark was gay and particularly partial to slender young boys. This soon became apparent when Mark started asking Alo to take off his clothes when he was at home.

The demands became sexual. When Alo could not take the demands any more, he ran away. But he could not tell his situation to anyone as he did not know how to explain things. At the same time Alo did not want his friends to know what he had done. Alo went back to his natal village. His mother was pleased to see him and was grateful that he had brought some money back home. Alo was told that no one knew where his sister was after she had gone to work in Bangkok and how much his mother relied on him. Alo's mother was thankful to Mark for looking after her son and providing him with a regular income. Alo could not tell his mother that he wanted to stop this work. He also realised that he could not earn as much by doing other jobs as he has rather limited education. So he had to go back to work for Mark.

These three cases show clearly that the boundary between employment relationship, household relationship and sexual liaison is very blurred. None of the above cases involved violence or any self-evident criminal conduct, but the confinement and the invisibility of the maids as persons and labourers, render them open to be taken advantage of.

It should not be thought that the informal work relationships that the domestic maids find themselves in are always abusive and exploitative. The employers I have interviewed believe that the work environments of domestic maids are usually healthier and safer than that of a factory or the sex industry. Some employers think that they too 'protect' their charges from deportation or other possible abuses. They are sympathetic to their 'poor', 'docile' foreign housemaids.

Most of my informants admitted that it is difficult for them to imagine a better future back home in Burma. They came to Thailand because they could barely survive back

home. Many think that life in Thailand is better and their health too has improved. Some informants noted the easier access to the clean water and attributed their better health to that. Others mentioned that Thailand provides an opportunity for a 'better life'. Since most of the informants never had any other job experience, they do not necessarily perceive being a house maid as 'work' but as their 'life'. Most of them are reluctant to return to the life back home unless the situation changes radically. Although they may miss their friends and family, they are hoping to remain in Thailand.

Within their extremely restricted options (cf. Thambayah *et. al.*, 2000; The Lahu National Development Organisation, 2002; The Shan Human Rights Foundation, 2002; Won 2000), being 'invisible' is sometimes accepted as a survival strategy by the domestic maids themselves. For example, being employed by a single man as a 'rented wife' can seem to be not a bad option as such a 'marriage', if successful, may offer them a better chance of economic and residential security than remaining single and perhaps being sold off to the sex industry to suffer sexual abuses and repeated abortions. As the recent study by Boonmongkon *et. al.* (2003: 195) notes, men who keep a 'rented wife' tend to be 'relatively rich and successful' and older. While their study sees transitory arrangements of this kind as a type of sex work, I have come across instances where these relationships have proven long and stable and produced offspring. Although having a child with the employer may not guarantee a maid Thai citizenship, the registered babies are likely to have a better opportunity for a decent education than they would have back in Burma. An informant mentioned this as a reason for becoming a 'mother' in Thailand. On the other hand, if a woman working in the factory gets pregnant, she would be fired and then deported unless she underwent an abortion immediately. In this way being 'embedded' in household life and remaining invisible to the state and larger society is a means of survival.

## Conclusion

Despite the general welfare status of migrants - that of the domestic maids in particular - becoming a matter of public concern, most research and public discussion is confined to the visible aspects of the matter. Most of the existing work has also been on the visible groups, such as Filipinas. Furthermore, within this focus on visible problems, the ones that received the most attention are the STDs, especially HIV/AIDS (Chantavanich *et. al.*, 2000a; 2000b; Oppenheimer, Bunnag and Stern, 1998) and reproductive health (Caouette *et. al.*, 2000). Equally, the policy suggestions that have been put forward also seek 'visible' solutions through policy instruments and tend to target the supposedly most 'high risk groups', namely, fishermen, sea transport workers and sex workers (Pyne, 1992); are targeted at specific sites in the border provinces where large numbers of foreign migrants are concentrated. This paper however wishes to broaden the field of enquiry and concern by drawing attention to the invisible aspects of the health issue and to a neglected migrant group. It is ironic that despite the fact that foreign housemaids live and work in every part of Thailand and have much closer contact with Thai residents than any other groups, they have been largely ignored in existing health promotion programmes as a group.

A growing number of anthropological studies have called attention to the various structural factors - global inequalities, class, gender and ethnicity - which play critical roles in affecting different groups of population's vulnerability to HIV infection (Parker, 2001; Schoepf, 2001). The more general health conditions of a migrant population are also determined by the combination of these factors. In order to examine the impacts of migration on migrants' health, the mix of socio-political factors affecting migrants' health-seeking behaviour needs to be explored. That is what this chapter set out to do.

I argue that a specific socio-political context consisting of power relations and inequality, constitutes one of the most critical factors in determining migrants' health status. The chapter sought to show the reasons why foreign domestic housemaids in Thailand become 'invisible' and how this socio-political structure makes them one of the most inaccessible group when it comes to bringing them within the scope of public health services and facilities.

Nonetheless, things are improving. The new registration policy introduced in August 2004 will accord registered migrant workers the same welfare benefits as Thais. The registration fee of 3,800 Baht (91 US\$) includes a medical check-up, medical insurance and a work permit. After obtaining a registration card, migrants are entitled to seek health coverage under the Thai national healthcare system. Some of the deficiencies of the previous registration system are thus being rectified. However, if effective humanitarian policies on health care services for migrants are to be developed, simply providing them with greater access to the public health services will not solve all the problems automatically. A social support system is also needed which will outreach to migrant maids, acquaint them with the services and provisions now available, educate and encourage them to take an active part in the maintenance of their own health, backed up by referral to state facilities when necessary.

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