Original Article *นิพนธ์ต้นฉบับ*

Balancing on a Wire: Self-care among Thai Immigrants in Washington D.C.

Somkuan Hanpatchaiyakul*
Jureerat Kijsomporn*
Henrik Eriksson**

**Praboromarajchanok Institute for Health Workforce Development, Ministry of Public Health, Thailand*
***Mälardalen University, Sweden*

Abstract This qualitative study focused on the experiences of Thai immigrants settling in the District of Columbia, Washington D.C.. Data included indepth interviews in February - June 2005. The results suggest that most immigrants did not have health insurance. This posed the question how they coped when they developed an illness? The results showed they relied on self-care practices such as buying drug, using traditional Chinese medicine or acupuncture, visiting a Thai doctor, and having medicine sent from Thailand. Hospital-based care was sought only in severe illness. Without health insurance, they were forced to pay for their treatment in instalments. The Thai immigrants' experiences with the US health care system were often positive. For example they felt the doctor-patient relationship was often very good. The doctor provided more information to patients than those in Thailand, such as explaining the cause of their illness, laboratory result, treatment, and practice. They also felt that in the US patients could share their opinion with the doctors, who allowed more time to communicate with patients and that patient records were well managed. The health personnel were also rated highly and as friendly and providing good patient care. The participants felt the worst parts of the US health system were 1) doctors could not make decisions for their patients; 2) the cost of health care in the US was too high. Recommendations emerging from the study include: 1) Thai immigrants, agencies of the Thai Government and some Thai organizations, such as temples, should share their resources, for example: 1) to establish foundations for emergency case; 2) to strengthen health education and information among Thai Immigrants; 3) to encourage Thai people living abroad to form a stronger network so they can access important health-related information.

Key words: **Thai immigrants, health, illness, health insurance, life experiences, US health care system**

Asian Diaspora and Thai immigrants within US

Asian and Pacific Islander Americans (APIAs)* were one of the fastest growing populations in the U.S. In 1999, the APIA population was estimated at 11 million representing 9.5 percent of the total population. In comparison, Hispanics represent 11 precent and African Americans 12 percent of the total population. By 2020, the APIA population is estimated to almost double to 20 million. Questions that emerge in relation to the growing APIA diaspora are therefore

*APIAs are citizens of Chinese, Filipino, Asian Indian, Korean, Vietnamese, Japanese, Cambodian, Pakistani, Laotian, Hmong, Thai, Taiwanese, Indonesian, Bangladeshi, Malaysian, Gaumanian, Samoan, and other Asian or Pacific Islander heritage (U.S. Census Bureau, 2001).

important to address. For example there has been stated that immigration and high fertility rates are the primary factors in the rapid growth of the APIA population[1]. APIA immigrants also represent a relatively large portion of the low-income workers. Female householders without a spouse represent 32 percent of the immigrants into the United States and have an annual income below $25,000. Single male householders represent 24 percent of the immigrants and have annual incomes below $25,000[2]. These immigrants tend to lack access to employer-sponsored health insurance coverage because they are working in low-wage, part-time jobs and have language barriers[2,3].

Looking specifically at the number of Thai immigrants living in the US it was 91,275 in 1990 and increased to 112,989 persons by the year 2000,[2] and become 300,000 with either legal or illegal identities[4]. In 2000 the number of Thai Immigrants in Washington D.C. was approximately 211 persons: 127 females and 84 males[2]. This relatively small population represents as variety of Thai workers who have come to America as legal and illegal immigrants. With this prompt growing Thai diaspora in the US, several aspects of their incorporation and access in American society become more critical. For example, the health, illness, self care and coping skills of Thai immigrants and how they survive as a minority ethnic group in a new country is important if effective and responsive health services are to be delivered to this group.

Health insurance in the United States can be classified as public and private. Individual, employer, and employee can directly buy private insurance. Public insurance is available for older person who are 65 years old and older, disability, and those at certain level of the federal poverty level[5] over one quarter of Americans between the ages of 18-64 do not have any health insurance. The Communicable Disease Control released a new study showing 59.1 million Americans do not have health insurance and even worse, the people, who cannot afford it, are increasingly members of the middle class[6]. Additionally, health insurance may not provide immigrants access because of a language barrier. The community is very important for relationship and communications between physicians and patients. As such, physicians can be aware of beliefs, illness and health of patient through verbal exchange[7].

Self care and health care concerning immigrants

Self care support has a crucial enabling value and plays a central part in the practical and theoretical parts of Health Care and the Health Care process. Orem[8] has provided a theoretical system for research related to epistemological foundations that for long have been used to conceptualize individuals self care and the self care process in research. The most important contribution of Orem[8] in this discourse was that she recognized and conceptualized self-care as an excluding practice that defined as active management of one's health and/or illness[8]. This view is important but also very complex, because as Denyes, Orem and Bekel[9] have stated, it refers to "*the individual, the self, as both the agent of action (the one acting) and the object of action (the one acted upon)*". Within this self care definition, self care practices can be recognized throughout the life-span as a human regulatory function in everyday life to maintain health and avoid illness. Within immigrant groups and low income groups self-care strategies play a crucial role in maintaining reasonable health within the financial limits. For example Thai people in the District of Columbia, and probably throughout the whole Thai diaspora in the US, usually visit the Thai temple for Buddhist religious ceremonies. Buddhists believe that monks are a representation of Lord Buddha. Accordingly, Buddhist monks are deeply revered.[10] If a Buddhist has a social or psychological problem, they might confer with monks for advises on self care strategies and coping

strategies in everyday life.

Nevertheless, the health care system and health insurance in the US is very complex. Health insurance in the United State is a combined roles of public and private. Any individual, employer, and employee can directly buy private insurance. Public insurance is available for older person who is 65 years old and older, disability, and those at certain level of the federal poverty level.[5]

Almost 15 percent of American people cannot access health services because they do not have health insurance.[11] Non-skilled labor, part-time workers and workers in low-wage jobs who migrated to America also do not have health insurance because their employers do not sponsor such coverage. Also, these immigrants struggle with the language and limited information on the health service system in the U.S.[12] Just making an insurance claim is often confusing; especially when English is not the person's first language. Sometime immigrants are confused about how to access health insurance. Furthermore, almost all of health insurances in the US, except for the elderly, are provided by private corporations and are regarded to be very expensive.[13]

Additional to the question of health care coverage, immigrants and non-citizens also found it difficult to access the health care system.[14] More than one-half of low-income immigrants lacked health insurance in 1995.[2] In 2002, 2.4 million citizens of the United States were uninsured.[7] This figure is believed to underestimate the real number of uninsured persons, particularly among immigrants and low-wage earners. However, when compared to the total U.S. population, APIAs are less likely to have health insurance.[15] This poses the question how these immigrants use self care strategies and in what way they access health care services when they develop an illness requiring medical care.

The present study explored and described the experiences of Thai Immigrants in the District of Columbia concerning their self care strategies and their relation to the health care system in the U.S.

Methods

This study collected data in February to June 2005 and employed in-depth interviews with Thai people who lived in the District of Columbia (Washington D.C.).[16] Thais attending the Buddhist temple in D.C. where many Thai immigrants attended ceremonies and social functions were recruited to be participants in this study. Some participants were also recruited through networking or by a "*Snowball*" sampling technique.[17] The participants were asked to contact their friends and relatives who would be willing to share their experiences on the U.S. health system.

Participants were purposively selected based on their willingness to share his/her experiences after informant consent was obtained. The inclusion criterion for participants selection was they were not married to an American citizen and did not have health, medical, or nursing training in the US.

Semi-structured interviews with open-ended questions were carried out by the first author.[16] The main questions were related to the participants' health experiences in the US health system and how they coped with illness. The first question was "could you please describe your health experiences since you have been in America and how do you cope with illness". If some of their answers were not clear, the follow-up questions were used to probe for clearer answers. Each interview took about 45 minutes. Most participants were only interviewed once.

All the interviews were conducted in Thai by the first author whose first language is Thai. Interviews were audio-taped then transcribed in Thai. Interview contents were translated into English. These data were cross-checked by the interview data.[18] A case-by-

case narrative analysis was conducted according to the outline of Sandelowski.[19] As rich and full descriptions of the participants' daily lives were desired in this study the transcribed protocol from the interviews were analyzed with a narrative and descriptive approach compliant with their stories about self and health care. The first step was to approach and analyze the entire text as openly and in an unprejudiced manner as possible. The second step was to reduce the transcribed interviews to questions of who, what and where related to the aim of the study. The final step of the analysis was to examine the patterns referring back to a new representation focusing on self-care and health care representations in the participants' lives.

Ethical considerations

This study was approved by the Institutional Review Board for the Social and Behavioral Science at University of Virginia. The participants were given consent forms in Thai/English and both verbal/written information about the right to decline participation and withdraw at anytime and that their anonymity would be protected

Results

The key informants comprised fifteen Thai people: ten females and five males living in Washington D.C.. Five were married, four were divorced, and two were single. The participants ranged in age from 30 to 69 years (mean 48.13). The main purpose for coming to America was job opportunity with high earnings and have a higher standard of living than in Thailand. Some participants migrated to Washington D.C. with their employers who were American living in Thailand. Many Thai immigrants rented rooms from Thai homeowners, but some already had a family in the U.S. with whom they could stay. Seven participants owned houses. Most participants were low incomes. Earning their living as housekeeper, waitress, baby sitter, construction worker or clerk. The mean number of years living in USA was 10.07, ranging from 7 months to 25 years. Even though their English was not good, they were able to travel independently using public transport anywhere in USA. Some had cars because it was convenient for them to go to work. Some had two or three jobs a day. For example, Ta (here, and elsewhere, real names are not used) was 40 years old. He had won an American green card in the lotto in Thailand. In Thailand every two years the U.S. embassy has a lotto and gives out about 15,000 green cards but only those people who know how to find and fill out the application have a chance of emigrating. Ta came to America for three months and said, "*I need a car because time in America means money. Living in America, having a car is very important when you are interviewed for a job. The employer always asks you about a driving license and having a car.*"

1. Tolerate to work and pain without voice

The participants' motivation for migrating to America was the opportunity to earn a much higher income. One participant, Nang; said:

"*While I lived in Thailand I looked after cows and buffalos in the field each day. I didn't see a future for me. But here it is like the flip over of a palm of my hand. I can buy a car and share money with my sister to buy a house. Sometimes I can send money to my parents in Thailand, too"*.

Even though, her job was babysitting and cooking, she, like many others, was able to work hard and sent money to Thailand to buy pieces of land, a house and a car. Rin said:

"*My job is housekeeping. I work from eight o'clock in the morning until three o'clock in the evening. I get $100 per house and usually clean three houses a week. I sent money to my son to buy land and*

a car for me [in Thailand]. Now I have one hundred rai [1 acre = 2.5 rai] in Sa-Keaw province"

Of working abroad, Thai immigrants aimed to earn money for getting extra property security objects such as house, land, and car yet leaving out a stability guarantee of their lives such as health insurance. In their perception the health insurance in the United States was very complicated. Most of the participants did not have health insurance because their employers did not provide it, and the cost of health insurance was too expensive for them. Also, they did not understand insurance documents and it was difficult to access and got the health insurance policy. Nang, 36 years old babysitter, shared her experiences.

"It is difficult, because my English is not good, to explain my illness to the doctors. Sometimes, I want to see specialists. They need referral document and I don't know who will sign for me? And where was their offices? I'm a part time worker, so I don't have time to search."

The monk also said that *"I cannot speak English. The head of monk in this temple paid health insurance for us. The insurance sales man frequently comes to the temple to collect money. Sometime he needs the head of monk's signature on the health insurance document; he signed it even though he didn't understand the content of paper because he could not read English. However, we have not used the health insurance."*

The Thai immigrants had language barrier. They were babysitters. Some looked after many children and sometimes pushed strollers up-and down-hill. Some worked as house keepers, waitresses, and labours. They worked so hard but some employers taking advantage on their wages.

Nun was 30 years old and came from the Northeast of Thailand. She was a baby sitter coming to the US with an American couple caring for their three children. They hired her $ 1,100 a month. As a live-in maid she not only took care the three children but also cleaning, washing, and cooking. After working for six months they reduced her salary to $1,000 and in the next year it would be $800. They said that Nun was provided with room and board and the next year their children would grow up and be going to school. If Nun did not accept this rate they would send her back to Thailand. She needed money, thus she needed to stay here. Sometime she had headache, fever, and vomiting for a week. Unable to work she rested in her room, taking medicine such as anti-pyretic drug and antibiotic drug for a day. She said, "*I take antibiotics when I know that I will have a sore throat. I just take for one day before meals. I don't take the drug continuously because it will not work on the disease. If I took it when I was ill later, I would not get better in a couple of days but it would take too long a time*." She bought the thousand tablets of drug such as antibiotic, anti-histamine, antipyretic, and balm from drug stores in Thailand. She relied on herself, nobody took care of her.

Many pains or injuries were related to their hard physical work. For example, one participant was a cook. She stood most of the time to stir food and developed muscle pains. As Sri explained:

"I had health problems when I was a cook. I stand to stir the food all the time because there were many orders all at once. I had inflammation in my legs and body pain. I felt tired. I bought medicine at CVS [a pharmacy], lay down and rested my arms and my legs, and massaged myself with Thai balm [brought from Thailand]."

Thus they toiled at work in order to earn a living.

2. Self-care Strategies

1) Home remedy sought

Most of participants' illnesses were allergies, back pain, migraines, stomach ache, and muscle pain.

If they had a minor illness, they would buy medicine and treat themselves. Furthermore, many of them liked to call relatives in Thailand and asked them to send them some medicine. In Thailand, prescriptions are not necessary, thus anybody in Thailand can access to medication themselves. The cost of medicine is much cheaper in Thailand than in the US. In addition, sometimes their friends, who had the same illness, offered medicine to them and suggested the kind of medicine and where to buy it. Yot was a 56-year-old construction worker who had back pain. He thought that he had stone in his kidney. He called his family to send kidney cleaning drug from Thailand. He said:

"I had a back pain; I thought that there was stones in my kidney. I wanted to clean my kidney so I took a kidney cleaning drug. After that my urine became blue in color. It made me feel better"

They shared source of medicine and personal experiences with friends and family. Participants who could speak English with U.S. pharmacists bought their medicines locally.

2) Fly to Thailand

Thai participants who had green cards if they did not have an emergency illness or needed to see a dentist, put off visits to a doctor, until they visited home and could be treated at a hospital in Thailand. A visit to a public hospital in Thailand costs-about 30 Baht which is less than a dollar. Jam was 47 years old, waitress who stated that,

"When I visit my family in Thailand, I usually go to hospital to cure any illness I have and I visit the dentist. I save a lot of my money."

Jam was able to buy the ticket to Thailand and be treated there cheaper than she would have been to in the US. She also was able to see her family.

Because medicine in the US is so expensive some participants went to Thai temple to practice Yoga, meditatation, and practice 'Thichee' (a kind of meditation that involves moving hands and arms while stepping forward and backward and controlling your breath). They believed these practices would make them healthy.

3) Alternative medicine

In Southeast Asia, the over 5,000 year-old traditional Chinese medicine is getting more popular. It has played an important role in Thailand for a long time (People's Daily Online, 2000). Many Thai people have been cured by Traditional Chinese medicine. For this reason, they recognized it and believed that it could cure their illnesses.

One Thai immigrant had chronic back pain and visited a Chinese doctor for acupuncture treatment which improved her condition. This story was shared with her friends. Since it was also cheaper and easier to access, many Thai people in this community liked Chinese medicine.

Other participants saw a Chinese doctor for Chinese medicine. The doctor detected disease by touching the patient's pulse (*Mor-Mae*). The cost of treatment was about $80 per visit. They said that it was convenient for them to see the Chinese doctor because it was not necessary to make an appointment and on a first come first serve basis.

4) Thai doctor's clinic

Some Thai immigrants could not communicate with health personnel, when they went to hospital in the US. For this reason, several participants said that they liked to visit the Thai doctors when they were sick. Thai doctors could clearly understand Thai people in the US. As Jai shared her experience,

"I went to see the western doctor. We didn't understand each other. I was afraid he would be bored by me, but Thai doctor I can give him more detail. Whatever symptoms I have, I can tell the doctor. Some clinic with first come first serve system, it's very convenient for me. He gives a good health service. He prescribes better medicine so I visit him whenever I am ill."

More frequently participants would preferred Thai doctors who can treat them and made them feel better. Most participants did not only go to the clinic for medical treatment but also for checkups. For example, Sri, who was a 53 year old cook and a babysitter, reported that when she was a cook, she worked too hard, stood in what she called at 'strong position' all the time and stirred food for 12 hours a day.

"*This job exhausted me. My muscle was inflamed and felt stiff. I went to temple to share my symptoms with friends. Many told me about many medicines and doctors. I tried to buy a lot of medicines both balms and tablets, but they did work* (*Long Ya Lai Toa Thae Mun Mai-Thook*). *After that, I went to visit a Thai doctor. Many of Thai doctors here, I can tell everything to them. We can understand each other as if I were in Thailand. It was not necessary to use modern technology, so I didn't visit a western doctor. For western doctors, it's hard to tell them about my illness. Once, I had severe stomach ache. I visited a western doctor with my friends who can speak English. I paid a lot of money. I paid in instalments. I can not fly to Thailand because I don't have a green card. The doctor asked me how much about a down payment? And how can I pay? They usually were paid by check they don't like cash*".

However, 996 Thai doctors worked in the United States and the Thai citizens amounted to 91,275 in the year 1990.[25] This represents a ratio of numbers of Thai doctor to Thai people at 1:92.

5) Call 911

If they have severe illness, Thai immigrants shared their experiences with the US health care system with each other. For instance, they learned from each other that they can call 911 when they need emergency care, even though they didn't have health insurance. They learned to pay in instalments for the hospital service when they had serious health problems. But they were living without a safety net.

Some of them went to the emergency room at night and they had serious problem such as dizziness, severe vomiting, and fatigue. They had to wait too long for the doctor. Jam said

"*I had a severe vomiting that night. My husband took me to the ER. I was vomiting several times and the nurse gave me a container, that's it. While I was waiting for the doctor I vomited again and again until I slept because I was tired and felt better, and then the doctor came to see me*."

Nu said that

"*They usually treated the patients who had injuries and accident first and then they would treat the patient who had severe sickness*."

Most of them said they brought the elderly and their children to emergency room, especially at nights. They also shared experience on how to get a rapid health service at the emergency room, that was by calling 911. If they went to hospital by the ambulance, they would get treatment in emergency room first.

6) To obtain health information

There were many sources of health information in the US. Those who understood English could get health information by watching TV, listening to the radio and searching in the internet. But most of them who do not understand English would obtain health information from people at the temples and read the Thai newspaper in America named "Choa Krung".

3. Experience in the US health service

When would they go to the hospital? Whenever they had a serious health problem they tried self care but that did not help much. They would seek a hospital service only when it was absolutely necessary as the cost of health service in hospital was very high, according to Sri.

"*I had a stomach ache. I went to hospital with my friend who spoke English. It costed me about $800*

for the treatment. I had to pay by installments of $100 a month."

The case was similar to that of Rin, who was a housekeeper and earned three hundreds dollars a week. She had a severe stomachache and went to a hospital. It cost her more than $1,000. She said she also paid in instalments.

"*I don't want to wait until it becomes too critical. When I have a severe pain I will go to the hospital even though I don't have so much money. I have to take a good care of my body because my body cannot be replaced once it is damaged but I can always find more money after spending it*."

Regarding their experiences in the hospital service, the relationship between doctors and patients was very good as the doctors were usually communicating well with them and also provided them with comprehensive information. They shared their experience that the doctor clearly explained to them about their illness, the result of laboratory, analysis and practice. In addition, they felt comfortable that that health service in the hospital was equally provided, to all patients regardless of their backgrounds. That was different from the case of Thailand where there was discrimination by the health personnel. In many instances the patients who had high status and/or were rich were given a priority, according to Jam.

"I like America. Here everybody is given an equal opportunity for service without discrimination."

The doctor allowed more time for talking with patient. He/she also listened to the patient's opinions as compared to the doctors in Thailand who did not listen much to their patients and did not allow a sufficient time.

"*Doctors in Thailand don't allow time for the patients' questions. They also don't listen to the patients' opinions and don't explain so much. They might think that even if they explained to us, it would be unlikely that we would understand the complicated health and illness issues*."

On the other hand, they said that doctors in Thailand normally acted superior than the American doctors as they made decisions on their own and suggested to the patients how to take care of themselves. That was different from the American doctors who usually gave extensive information to the patients and made decision together. But if the patient did not care, the doctor would not mind it, Jam explained,

"*The American doctors are usually not very decisive on the methods of treatment. For example, I asked him about possible side effect of the prescribed medicine which could cause cancer. His answer was positive. And I repeated the question. Then I said I didn't want to take it. The doctor said "up to you". The Thai doctors are not like that. They would not be reluctant to direct the patients what to do, if they believe it is good for patient. That's how it should be*"
According to May the reason could be that,

"*The American doctors are afraid that the patients may sue them, if they take a wrong decision*."

In the American health service, the database system was very good. This made it easy for them to keep tract of patients who needed continuing treatments.

"*The officers in the hospital are keenly concerned about their patients. They regularly call me at my house to follow up. Even when I am not at home they would leave a message at answering machine*."

The last, the health personnel in the hospital were very nice and closely took care.

"*I once delivered my baby. When I was in the delivery room, both the nurse and the doctor closely took good care of me. There was something monitoring me like graph. When the graph rose up, they told me to push. They had an interpreter in the room too*."

In their experience, the worst thing about health service in the US was the high costs. Many bills for treatments and doctor fees were presented when the patient was admitted or visited the doctor at the

hospital. When Jim delivered her son, there were many kinds of bills issued to her, including the cost of the photographer who took photographs of her baby. She said that "*Health service in America is a business and too expensive. Everything is costly*."

Discussion

The result showed that the everyday life of the Thai people living abroad is like walking on a thin wire; like an acrobat doing balancing act on a wire, holding only balancing bar without safety net underneath. Their self care strategies are an important part of this balancing act. Through the lens of Orem's[8] conceptualized self-care management, as the self as being both the agent of action (the one acting) and the object of action (the one acted upon), vital understandings of this balancing act can be addressed. Therefore it was argued that Orem's self care theory can be recognized as a valuable tool to further explore and understand the self care activities that are available for immigrants dispersed in Asian Diasporas in western context and especially within the US. The result shows that self care practices can be recognized throughout the daily life among the immigrants and its most function in everyday life is to maintain health and avoid illness and the cost connected to it. The self-care strategies play a crucial role in maintaining reasonable health within the financial limits and are also connected to social dimensions and information systems within the Asian Diaspora.

Moreover, this study found that most of the Thai immigrants who were working as laborers did not have any health insurance because all of them had part time jobs and the cost of health insurance is too high for them. The document of health insurance is very complicated for them whose proficiency in English is low. Along this line, previous study[1] showed that among the poor people, the uninsured rate among APIAs (32.3%) was higher than non-Hispanic Whites (28.5 %) and Blacks (28.8%). The other study[12] found that a vast number of these Asian American are either unemployed or working for employers who do not provide health insurance and they cannot afford health care. This finding is consistent with a study of 461 Thai immigrants in Japan, Taiwan, Malaysia, and Singapore, which found 74 percent decided to work abroad to earn a higher income than in Thailand.[20] The poor English proficiency not only effect access to basic health care but also they did not complain when they were taken advantage by employers. Thus, people who live far from the center of the geographic, economic, social, and cultural and education were defined as a marginalized group. Several other studies found that uninsured immigrants delay obtaining needed medical care even when they were sick.[21-24] They did not have a role in any policy at all. In addition, they could not access to resources and benefit from the basic health care. The marginalized groups are seen as a resource for productivity as cheap labor in the production process.

This study also showed the pattern of self-care of the Thai immigrants that if they had sickness they were capable of opting for self-care such as treating themselves with both modern medicine and herb to strengthen their balancing of health care recourses. They bought these drugs such as vitamin, anti-biotic drug, antipyretic drug, analgesia drug, balm, herb inhalation drug from drug store in Thailand. Many pharmacies did not require the prescription. They also bought drug from drug store in the United State. If they were in USA they called relatives requesting them to buy and send drug by post. They usually shared self-care knowledges and experiences with friends and relatives. It consisted of Orem's basic conditioning factor which influenced individuals' engagement in self-care and improvement of their health and well-being.[8]

Moreover, they visited Chinese doctor, Thai doc-

tor at clinic because they could communicate with each other. They choose to go to Thai clinics because of the inability to speak English. Yet the charges are low with good service, deep mutual understanding of the symptom, illness and cultural factors. This finding is related to Dawn's study[26] exploring experience in the health care system from multicultural health care consumers. Dawn's study found that Chinese, Laos, Cambodian, and Thai prefered seeing doctors who spoke the same language. Consequently, they postpone or avoid seeing the western doctors.[27]

Self medicine is encouraged by problems on inaccessibility to health service[28]. In the beginning of their sickness, most of them applied medicine by purchasing medicine at drug stores such as CVS, sharing medicine with their friends, and requesting relatives in Thailand to mail them. The information on medicine was shared by friends including past prescription and personal experiences. Misusing of medicine and sharing of medicine are common finding in Asian people.[29] They apply antibiotics for only a day for prevention, so the misuses of antibiotics have implication on the compounded problem of antibiotic resistance. Pylypa's study[28] was also related to this finding. She described about the information on having an inappropriately short course on antibiotics or stop taking prescribed antibiotics before completing the full course.

In addition, if they got severe illness and in the elective case they bought the airplane tickets to Thailand to visit any hospital either public or private one.

In the serious illness and emergency case, Thai immigrants learned to call 911 to get rapidly emergency treatment.

Thai immigrants' self-care management is the performance of self-care actions by individual to manage their sickness abroad. The goal of self-care management is to remain healthy to cope with their workload by means of self-care with regard to exercise, go to the temple to make merit, buy drugs, visit Thai and Chinese doctors, sharing information with relative and so on. They had ability to perceive and evaluate their needs and have the actual ability to perform self-care action.[8] When effected with severe illness, self-care action leads to an effort to improve their health which drives them to visit health professional in hospital.

Even though health information is now more available over the internet than any other sources but most Thai immigrants who are labourer and workers would rather seek health information by sharing experiences among those with similar symptoms asking for medicines, from friends and family overseas. A study[30] reported that Chinese immigrants who lived in the United States had language barrier. It caused so much anxiety and stress thus they sought health information from nonprofessional sources, such as friends and relative who played the role of social support without any safety net.

Recommendations

This research has provided important insights into the Thai immigrants' experiences in the US health care system and how they coped with their illnesses. Analysis of these health experiences has provided additional explanations on health care behavior of Thai immigrants in the Washington D.C. Thus the Thai immigrants, agencies of the Thai government and some Thai organization such as temple, should share their resources, for example, money for establishing foundations, such as safety net foundation, for providing the members who need emergency care or have the serious problem.

Encourage Thai people living abroad to have a stronger network so they can access important health-related information. Health problems of the Thai people abroad require the cooperation of the agencies involved. Related organizations should provide knowl-

edge on health and health care for themselves through various media such as website and newspaper.

Related organizations should provide information to Thai immigrants that when Thai people abroad has health problem how they can handle especially in cases without any health insurance.

The local Thai newspaper is popular among the Thai people living abroad. Hence there should be health columns in this newspaper for sharing health knowledge and information. The health education for using antibiotic should be passed on to Thai who misused of antibiotic to avoid both the health hazard and the introduction for antibiotic resistance on society level.

Acknowledgements

I would like to thank Prof.Richard H. SteevesI for giving advice, Pra Jarinth for giving me the information about Thai immigrants in D.C., especially many Thai people in Washington D.C. for their information and their friendly welcome. I would express my gratitude to the committee of Thai temple in D.C. for providing food and accommodation.

References

1. Ro MJ. Overview of Asian and Pacific islanders in the United States and Califonia, series of community voice publication (Cited 2005 Jun 30); Available from: URL: http://www.communityvoices.org/Uploads/m3gfk55hhzyvrn00n4nerbf_200208280 90003.pdf
2. U.S. Census Bureau. Data set: Census 2000 summary file 3(SF3) - sample data. [Cited 2004 Dec 1]; Available from: URL: http://www.census.gov (accessed at 2004 Dec 1).
3. T Reeves, C Bennett. The Asian and Pacific Islander population in the United States: March 2002. [Cited 2004 Nov 2]; Available from: URL: http://www.census.gov
4. Ministry of Foreign Affairs. United States of America. (Cited. 2011 May 23); Available from: URL: http://www.mfa.go.th/web/2388.php?id=266
5. Ivanov LL, Pokhis K. Preventive health care practices of former Soviet Union immigrant women in Germany and the United States. Home Health Care Management & Practices 2010;22(7):485-91.
6. Fox JB. Vital signs: health insurance cover and health care utilization - United States, 2006-2009 and January - March 2010. Morbidity and Mortality weekly Report 2010;59: 1-7.
7. Pear R. Republicans shift focus to helping the uninsured: anger over medicare bill clouds prospects. New York Times 2003;15:25.
8. Orem DE. Nursing: concepts of practice. 5th ed. St Louis MO: Mosby; 1995.
9. Denyes MJ, Orem DE, Bekel G. Self-care: a foundational science. Nurs Sci Q 2001;14:48-54.
10. Jirojwong S, Manderson L. Physical health and preventive health behaviors among Thai women in Brisbane, Australia. Health Care for Women International 2002;23:197-206.
11. Becker G. Deadly inequality in the health care "Safety Net": 'Uninsured ethnic minorities' struggle to live with life-threatening illnesses. Medical Anthropology Quarterly 2004;18(2):258-75.
12. Dhooper SS. Health care needs of foreign-born Asian Americans: an overview. Health and Social Work 2003; 28(1):63-73.
13. Eisenberg M. Foreword. Medical Anthropology Qarterly 2005;19(1):1-2.
14. Kandula NR, Kersey M, Lurie N. Assuring the health of immigrants: what the leading health indicators tell us. Annual Review of Public Health 2004;25:357-76.
15. Laanan FS, Soko SS. Defining Asian American and Pacific islander-serving institutions. New Directions for Community Colleges 2004;127:49-59.
16. Kvale S. Interviews: an introduction to qualitative research interviewing. Thousand Oaks: Sage; 1996.
17. Heckathom DD. Respondent-driven sampling II: deriving valid population estimates from chain-referral samples of hidden populations. Social Problems 2002; 49(1):11-34.
18. Jick TD. Mixing qualitative and quantitative method: triangulation in action. Administrative Science Quarterly 1979;24(4):602-11.
19. Sandelowski M. Telling stories: narrative approaches in qualitative research. J Nursing Scholarship 1991; 23(3);161-6.
20. Chantavanich S, Vungsiriphisal P, Laodamrongchai S. Migration and deception of migrant workers in Thailand. World Vision Thailand in collaboration with Asian Research Centre for Migration. Bangkok: Chulalongkorn University; 2004.

21. Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zaslavsky AM. Unmet health needs of uninsured adults in the United States. JAMA 2000;284:2061-9.
22. Duchon L, Schoen C, Doty MM, Davis K, Strumpf E, Bruegman S. Security matters: how instability in health insurance puts US workers at risk. New York: The Commonwealth Fund; 2001.
23. Hoffman C, Schoen C, Rowland D, Davis K. Gaps in health coverage among working-age Americans and the consequences. J Health Care Poor Underserved 2001;12:272-89.
24. Schoen C, DesRoches C. Uninsured and unstably insured: the importance of continuous insurance coverage. Health Serv Res 2000;35:186-206.
25. Ivey SL, Patel S, Kalra P, Greenland K, Srinivasan S, Grewal D. Cardiovascular health among Asian Indians (CHAI): a community research project. J Interprofessional Care 2004;18(4):391-402.
26. Dawn M B. Experiencing the health care system: insights from multicultural health care consumers. Virginia Department of Health; 2001.
27. Moore E. Issues in access to health care: the undocumented Mexican Resident I Richmond, California. Medical Anthropology Quarterly 1986;17(3):65-70.
28. Pylypa J. Self-medication practices in two California Mexican communities. J Immigrant Health 2001; 3(2):59-75.
29. Pickwell SM. Note from the field health of Cambodian refugees. J Immigrant Health 1999;1(1):49-52.
30. Chen C, Kendall J, Shyu LY. Grabbing the rice straw: health information seeking in Chinese immigrants in the United States. Clinical Nursing Research 2010; 19(4):335-53.

บทคัดย่อ **การดูแลสุขภาพตนเองของคนงานไทยในกรุงวอชิงตัน ประเทศสหรัฐอเมริกา**

สมควร หาญพัฒนชัยกูร*, **จุรีรัตน์ กิจสมพร***, **Henrik Eriksson****
*สถาบันพระบรมราชชนก, **MälardalenUniversity, สวีเดน

วารสารวิชาการสาธารณสุข 2555; 21:423-35.

คนงานไทยที่อยู่ต่างประเทศโดยเฉพาะประเทศสหรัฐอเมริกา เมื่อเจ็บป่วยจะจัดการกับปัญหานี้ได้อย่างไร งานวิจัยนี้ใช้วิธีการวิจัยเชิงคุณภาพโดยการสัมภาษณ์คนงานไทยที่อาศัยอยู่ในกรุงวอชิงตันประเทศสหรัฐอเมริกา จำนวน 15 คน ใช้คำถามปลายเปิดแบบกึ่งโครงสร้าง ผลการวิจัยพบว่าคนงานไทยส่วนใหญ่ไม่มีการประกันสุขภาพ และมีปัญหาการใช้ภาษาอังกฤษดังนั้นจึงเลือกที่จะไปหาแพทย์คนไทยตามคลินิก และแพทย์แผนจีนเนื่องจากสามารถสื่อสารกันได้เข้าใจมากกว่า หากเจ็บป่วยที่ต้องเข้าโรงพยาบาลแต่ยังรอได้จะเดินทางกลับมารักษาที่ประเทศไทย ในกรณีที่เจ็บป่วยมากและฉุกเฉินบางคนใช้โทรศัพท์เรียก 911 ซึ่งเป็นเบอร์ฉุกเฉินเพื่อจะได้รับการรักษาทันที ประสบการณ์ในการรักษาพยาบาลในโรงพยาบาลที่ประเทศสหรัฐอเมริกามีความเห็นว่าบุคลากรในโรงพยาบาลมีสัมพันธภาพที่ดีกับผู้ป่วย แพทย์อธิบายข้อมูลทางการแพทย์ เช่น ผลการตรวจเลือด การรักษา แพทย์มีเวลาให้แก่ผู้ป่วยได้นาน ความคิดเห็นต่อระบบการบริการด้านสุขภาพของสหรัฐอเมริกา ได้แก่ แพทย์ไม่ตัดสินใจทันทีในการรักษาผู้ป่วย ต้องปรึกษาผู้ป่วยก่อนเสมอ ค่ารักษาพยาบาลที่สหรัฐอเมริกาค่อนข้างแพง ข้อเสนอแนะ รัฐบาลควรสนับสนุนคนไทยที่อยู่ต่างแดนให้มีเครือข่ายที่เข้มแข็งสามารถช่วยเหลือกันได้ และเพื่อให้สามารถเข้าถึงข้อมูลข่าวสารที่เกี่ยวข้องกับสุขภาพ หน่วยงานที่เกี่ยวข้องควรจะถ่ายทอดความรู้ในการดูแลสุขภาพด้วยตนเองผ่านสื่อต่าง ๆ เช่นเว็บไซต์และหนังสือพิมพ์

คำสำคัญ: **คนงานไทย, สุขภาพ, การเจ็บป่วย, ประกันสุขภาพ, ประสบการณ์ชีวิต, บริการสุขภาพ, ประเทศสหรัฐอเมริกา**