

“Sex (Gender) and the city”: Differences in the rural-to-urban migration experiences of young Thai men and women

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Introduction

Rural-to-urban migration constitutes a growing proportion of the internal migration flows in Thailand, and it has become increasingly common for young Thai women to migrate from rural to urban areas (Guest 2003). A transformation of the labor force structure in Southeast Asian countries resulted from government policies supporting export-oriented development. An increase in female migration has been associated with this economic development strategy that is particularly conducive to female labor force participation (ESCAP 2002, Jones 1993). Expanded employment opportunities in the industrial and service sectors increased the demand for young female labor in urban areas (Lim 1993, Phongpaichit and Baker 1995). Thailand is no exception. There, females dominate rural-to-urban migration streams, particularly among rural migrants to Bangkok (Guest 2003).

While financial considerations have been found to motivate rural-to-urban migration for both men and women, other reasons for migration differ by gender. For example, according to the *1980 Population and Housing Census*, the most common reasons for rural-to-urban migration for both men and women were economic; however, females were more likely than males to migrate for family-related purposes. Specifically, one-third of women moved to accompany a member of their household, while only 15% of men cited the same reason (Pejaranonda, Goldstein and Goldstein 1984). There is also evidence to support a gendered influence of contextual factors on migration. Curran, et al. (2005) find that social capital, in terms of cumulative migration experience of men and women at the household and village levels, has different influences on migration propensity for men and women in those households and villages.

Just as factors related to migration propensity differ by gender, the migration experience and its consequences may also differ for men and women. Because economic aspirations and employment prospects are primary motivations for migrants, economic and employment outcomes are often key considerations among the consequences of migration. There are clear gender differences in the types of occupations taken up by migrants to Bangkok. More women than men work in clerical, sales and service positions, while administrative, transport, production and agricultural jobs are male dominated (Tangchonlatip, et al. 2006). Gender-based occupational segregation has implications for both economic and non-economic outcomes for male and female migrants. For example, salary and benefits, nature of the work, and

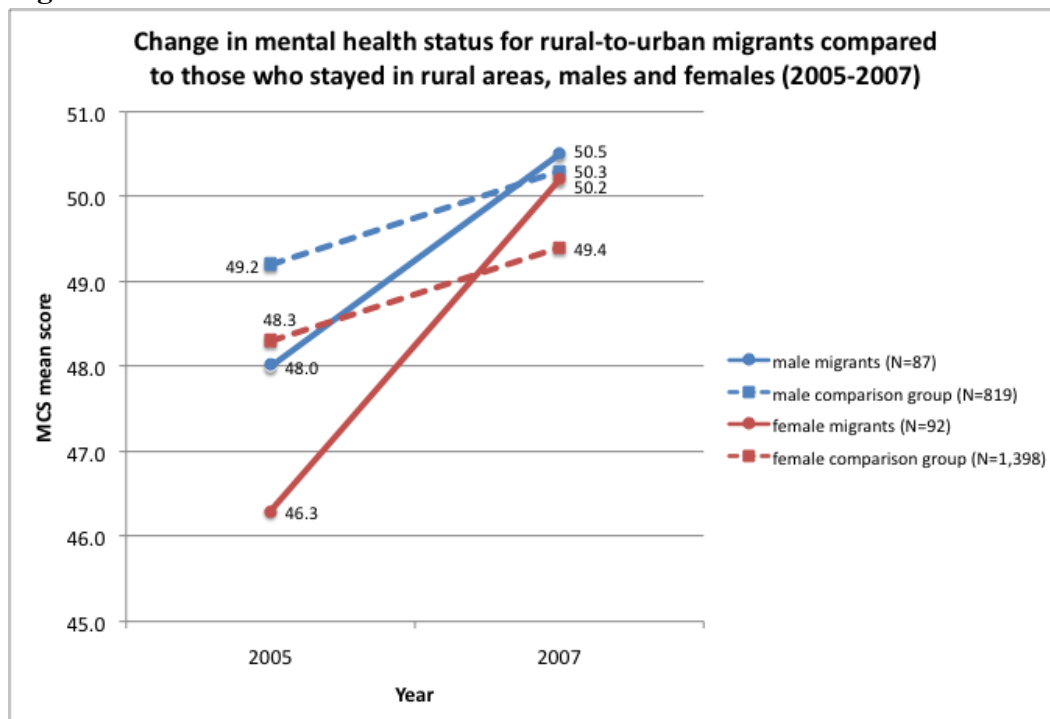
occupational hazards vary by type of occupation and therefore may differentially affect men and women.

Changes in physical and mental health are potentially important consequences of migration. Research on migration and health mainly focuses on physical health outcomes, while considerably less empirical work has examined the impacts of migration on mental health. The complexity of the migration experience, in terms of motivations for and consequences of migrating, lends itself to a multitude of gender differences. As such, migration may also have different effects on health for men and women, and the processes through which migration impacts physical and mental health status may also be gendered. In this paper, we examine gender differences in factors associated mental health status for male and female rural-to-urban migrants.

Research Objectives

In previous work on the health impacts of rural-to-urban migration on young adults in Thailand, we observed a significant increase in mental health status for rural-to-urban migrants relative to their counterparts who stayed in the rural origin villages. Although both male and female migrants experienced this improvement in mental health status, the change was more pronounced for females (see Figure 1), and the coefficient was statistically significant for female migrants but not for males in multivariate models that controlled for selection effects (Nauman, et al. 2011).

Figure 1



The purpose of this paper is to investigate features of the migration experience that may affect the mental health status of female and male rural-to-urban migrants. By examining gender differences, we aim to provide a better understanding of the improved mental health status observed for female migrants. We employ a mixed methods approach to address the following specific objectives:

1. To identify factors associated with changes in mental health status for female and male rural-to-urban migrants in Thailand;
2. To describe key themes in the migration experiences of rural-to-urban migrants particularly pertaining to aspects of the experience that may impact mental health status; and
3. To compare and contrast the migration experiences of male and female migrants with particular focus on factors associated with changes in mental health status.

Data & Methods

This study includes both quantitative and qualitative components. The quantitative data are from a longitudinal survey that was conducted in Kanchanaburi province, located on the western border of Thailand, and in urban destination areas. Baseline data were collected in 2005 through a household-based census of 80 rural villages in Kanchanaburi province. Because migration is typically undertaken during young adulthood, the sample for this study includes the 18 – 29 year olds who were enumerated in the initial census. A follow-up census was conducted in 2007, and those who remained in the rural study sites in Kanchanaburi were re-interviewed there. The 2217 individuals re-interviewed in rural Kanchanaburi comprise a comparison group of young adults who remained in the sending areas. Those who migrated to urban areas, including Metropolitan Bangkok, Nakhon Pathom and Kanchanaburi City, during the two-year period between survey waves were re-interviewed at destination; these 179 individuals constitute the sample of rural-to-urban migrants, our primary group of interest. The survey collected information on socio-demographic characteristics, migration history, physical and mental health status, social support, perceptions of city life, and many other measures.

Health status was measured using the Short-Form 36 (SF-36) Health Survey, which is a widely-used and highly-regarded instrument for assessing functional health and well-being. The SF-36 is particularly well-suited for this study as it was designed to detect variations in health status within generally healthy populations. Consisting of 36 questions with scaled response options, the SF-36 is an easily administered and concise way of measuring self-assessed health status. The SF-36 comprises validated and standardized psychometric scales that measure eight specific dimensions of physical and mental health status, including: physical functioning; role limitations due to physical problems; role limitations due to emotional problems; social functioning; general mental health; vitality; bodily pain; and general health perceptions. These scales are computed such that higher scores indicate better health status. Two summary measures – a mental health component summary (MCS) score and a physical health component summary (PCS) score – are computed by aggregating data from the eight subscales. Change in MCS from pre- to post-migration is the principle outcome of interest for this paper.

We analyze data for the rural-to-urban migrants to determine what factors are associated with changes in mental health status. The key independent variables for our analyses¹ are based on the following perceptions of city life:

- Urban life is freer than rural life
- Urban people work harder than rural people
- People who move to the city make a lot of new friends
- Urban people are more lonely than rural people
- People who move to the city get help from friends
- Earning income in urban areas is easier than in rural areas
- People who move to the city have free time to learn new things

These items were measured pre- and post-migration with dichotomous response options: agree or disagree. The first set of analyses examines relationships between perceptions of city life measured post-migration (*i.e.*, when migrants were living in urban areas) and change in mental health status. We then analyze the relationship between changes in perceptions of city life from pre- to post-migration and change in mental health status. For this second set of analyses, the independent variables represent four possible response combinations for each item: disagree before and after migration (the reference category); agree before and after migration (“agree – agree”); disagree before migration and agree after (“disagree – agree”); and agree before migration and disagree after (“agree – disagree”). We use linear regressions, run separately for female and male migrants. Multivariate regression models control for age, marital status, level of education, and employment status.

For the qualitative component of the study, in-depth interviews were conducted with 12 male and 12 female young adults who had moved from the rural study sites in Kanchanaburi to Metropolitan Bangkok. The overall purpose for collecting qualitative data was to better understand life changes related to the migration experience, focusing on the benefits and consequences of rural-to-urban migration. The discussion guides address the decision to migrate; living arrangements; differences between life in the village and life in the city; social relationships; health changes; benefits and challenges of living in the city; and new opportunities that come with migration. The transcripts of these interviews were coded and analyzed for key themes in the migration experiences of men and women. In this paper, we present results that pertain to factors associated with changes in mental health status.

Results

In the longitudinal survey, the gender composition of the rural-to-urban migrant group is approximately evenly divided: 51.4% females and 48.6% males. Both before and after migration, rural-to-urban migrants reported better physical health status than those who remained in rural Kanchanaburi. This finding is consistent with the healthy migrant hypothesis, which suggests that migrants are typically a healthier subset of the population, relative to the average health status of their non-migrating peers (Palloni and Morenoff 2001). Both groups experienced a

¹ In preliminary analyses, other independent variables (such as measures of social support) were examined, but were not significantly associated with changes in mental health status.

slight decline in physical health status over time, but we did not find evidence of a migration effect on physical health status (Nauman et al. 2011).

The results were strikingly different for mental health. Prior to migration, those who subsequently moved to urban destinations reported worse mental health status than those who stayed in rural Kanchanaburi; however, post-migration mental health status was comparable to that of the rural comparison group. Rural-to-urban migrants experienced a greater improvement in mental health status than those who did not move. While the same pattern was observed for both males and females (see Figure 1), the results were only significant for females (Nauman et al. 2011). This suggests that rural-to-urban migration has a positive effect on the mental health status of female migrants. In light of this finding, we examine gender differences in factors associated with changes in mental health status for rural-to-urban migrants.

Demographic characteristics rural-to-urban migrants in the sample are presented in Table 1. The mean age was 21 years old in 2005 and 23 years old in 2007 for both females and males. Most of the migrants were single both before and after migration, and marital status did not differ significantly by gender. The majority of migrants were employed after moving to the city, although a higher proportion of males than females were employed (76% vs. 61%, $p<0.05$). More males than females were employed prior to migration as well (67% vs. 48%, $p<0.01$). Before migrating, 41% of females were students, compared to only 26% of males ($p<0.05$). After moving to the city, 29% of female migrants and 22% of males were students (not a statistically significant difference). Most of the migrants had achieved a secondary or higher level of education. Post-migration, a higher proportion of males had secondary education (51% vs. 33% of females, $p<0.05$), while a higher proportion of females had undergraduate or higher education (45% vs. 29% of males, $p<0.05$).

The percentages of male and female migrants who agreed with each of the seven items measuring perceptions of city life are shown in Table 1. Before moving to the city, more males than females agreed with the following three statements:

- People who move to the city make a lot of new friends (81% vs. 70%, $p<0.10$)
- People who move to the city get help from friends (62% vs. 41%, $p<0.01$)
- People who move to the city have free time to learn new things (72% vs. 58%, $p<0.05$)

After moving to the city, there were no significant differences by gender for these three items. After migrating, a higher proportion of males than females agreed with the statement, “Urban people work harder than rural people” (39% vs. 26%, $p<0.05$).

The results of linear regression analyses, presented in Tables 2 and 3, reveal gender differences in associations between perceptions of city life and changes in mental health status. The results are summarized in Figure 2, which lists the perceptions associated with females’ mental health status in the red column and with males’ mental health status in the blue column.

Figure 2. Perceptions of city life associated with changes in mental health status of female and male rural-to-urban migrants

FEMALES	MALES
<ul style="list-style-type: none"> • People who move to the city make a lot of new friends • Earning income in urban areas is easier than in rural areas • Urban people are more lonely than rural people • People who move to the city have free time to learn new things 	<ul style="list-style-type: none"> • Urban life is freer than rural life • Urban people work harder than rural people • People who move to the city get help from friends

For female migrants, a change in the perception that “people who move to the city make a lot of new friends” is associated with improved mental health status. Women who disagreed with the statement before migrating but agreed after moving to the city experienced a significant increase in mental health status, relative to those who disagreed with the statement before and after migration (see Table 3). In the qualitative interviews, some women indicated that friendship helped alleviate loneliness and fears about living in the city. For example, a 21-year-old university student said, “I’m always surrounded with friends. We talk and stay up until after midnight. I don’t have time to feel lonely.” A 20-year-old university student and part-time dental assistant said, “It’s easy for me to make friends. It did not take too long to get close to people in the apartment building. So I did not feel afraid.” These findings suggest that making new friends may help mitigate some potential detriments to mental health, such as loneliness and fear, that migrants might experience as they adjust to living in the city.

The perception that it is easier to earn income in the city is associated with an improvement in mental health status for female migrants (see Table 2). Finances were the most prominent theme in the in-depth interviews, so it is not surprising to find an association with mental health status. Every respondent, both male and female, talked about money. The two main points offset one another: Income is higher in Bangkok, but living expenses are also much higher than in Kanchanaburi. However, the male and female perspectives were different. While the men acknowledged that they earned more money in Bangkok, they placed a lot of emphasis on working long hours and having very little free time. In contrast, women focused on having better employment opportunities in Bangkok, both in terms of quantity and types of jobs. A 19-year-old female factory worker said, “There are more jobs available in Bangkok than in Kanchanaburi. In Bangkok, there are many factories. It’s easy for us to find jobs and money.” This qualitative evidence provides a possible explanation for why we observe an association between the

perception that it is easier to earn income in the city and improved mental health status for female migrants but not for males.

Although females experienced a net improvement mental health status from pre- to post-migration, the perception that “urban people are more lonely than rural people” is associated with a decline in mental health status (see Table 2). There was only a brief mentioning of loneliness in most of the qualitative discussions. Despite limited information on this topic, a gender difference was evident. All of the female interviewees who were asked if they ever felt lonely since moving to the city said that they did sometimes. A 20-year-old university student said, “When I’m home, I see my mother and sister whenever I turn my face. Here, I don’t know who to talk to. It’s a bit boring and lonely.” The male migrants’ responses were mixed: some said they never felt lonely in the city and others said they had felt lonely sometimes. Collectively, these quantitative and qualitative findings suggest that loneliness may afflict women more than men when they move to the city.

The perception that “people who move to the city have free time to learn new things” is associated with an increase in mental health status for female migrants (see Table 2). In the qualitative interviews, women expressed a sense of empowerment in learning how to live on their own in the city. For example, a 22-year-old university student said, “I’ve learned the new world, how to live my new life. In Kanchanaburi, I live my life differently. My parents watch what I do. In the outside world, I have much more freedom.” Furthermore, the qualitative information suggests that women derive self-esteem and confidence from learning about life in the city. A 19-year-old factory worker said, “In the past, I never had confidence in doing everything. After having been through experiences and living with [urban] people, I have more confidence... I’m not afraid of going anywhere. I am not afraid to think and do.” Although a few of the male interviewees mentioned “learning new things” as a benefit of moving to Bangkok, they did not elaborate on this topic.

Although we observed an improvement in mental health status from pre- to post-migration for men who moved from rural Kanchanaburi to urban destinations, we did not find evidence that rural-to-urban migration *per se* has a positive effect on males’ mental health status (Nauman et al. 2011). Nonetheless, the quantitative results show that three perceptions of city life are associated with an improvement in mental health status for male migrants but not for females.

The perception that “urban life is freer than rural life” is associated with an improvement in men’s mental health status (see Table 2). Freedom was a very prominent theme in the qualitative interviews. Most female respondents said they have more freedom in Bangkok than they had in Kanchanaburi, mainly because they are no longer supervised by their parents after moving to the city. Some males expressed the same sentiment, such as a 24-year-old university student who said he has more freedom in Bangkok, stating “I can make my own decisions about where to go and what to do.” However, some of the male respondents who were working in Bangkok said they had more freedom in Kanchanburi, because they feel constrained by pressure to work long hours in Bangkok.

A change in the perception that “urban people work harder than rural people” is also associated with improved mental health status for male migrants. Those who disagreed with the statement

before migrating but agreed after moving to the city experienced a significant increase in mental health status, relative to those who disagreed with the statement before and after migration (see Table 3). In the qualitative interviews, men's remarks about working hard were clearly linked with the opportunity to earn more money in Bangkok. A 28-year-old factory worker said, "If I want more money, the only way is to work more." Men expressed positive sentiments toward working hard in the city, because they view it as a means of achieving their financial goals. A 24-year-old airline employee said, "What I like most [about Bangkok] is work... If I want a good future, I must work in Bangkok and save some money before returning to Kanchanaburi."

Results are incongruous for the association between the perception that "people who move to the city get help from friends" and an increase in mental health status for males. A change in this perception from pre- to post-migration is associated with improved mental health status regardless of whether they disagreed before moving and agreed after or vice versa. Moreover, agreeing with the statement both before and after migration is also associated with an increase in mental health status relative to disagreeing both before and after migration.

Discussion

In previous research on the health impacts of rural-to-urban migration in Thailand, we found a positive effect of migration on the mental health status of female migrants; but improved mental health status among male migrants could not be attributed to migration *per se* (Nauman et al. 2011). Motivated by these gendered results, we examined factors associated with changes in mental health status for female and male rural-to-urban migrants. Our findings reflect gender differences in associations between perceptions of city life and migrants' mental health status. We supplement our quantitative results with qualitative evidence from in-depth interviews with rural-to-urban migrants living in Metropolitan Bangkok.

For female migrants, the perception that "people who move to the city make a lot of new friends" is associated with an improvement in mental health status from pre- to post-migration, while the perception that "urban people are more lonely than rural people" is associated with a decline in mental health status. Although these social factors seemingly counteract one another, the magnitude of the positive association for making new friends in the city ($\beta=11.367$; see Table 3) is larger than that of the negative association for perceiving that people are more lonely in the city ($\beta = -5.887$; see Table 2).

The perception that it is easier to earn income in the city is associated with improved mental health status for female migrants, whereas the perception that people work harder in the city is associated with an increase in mental health status for males. Qualitative evidence suggests that men associate working harder in the city with the benefit of earning more money, while women relate better employment opportunities in urban areas to the notion that earning money is easier in the city. These findings highlight gendered perspectives on the opportunity to earn more income in the city than in rural areas.

The quantitative results are more substantial for female migrants than for males. Together with the qualitative evidence, our findings provide some insight into the effect of rural-to-urban

migration on women's mental health status. The factors associated with an improvement in mental health status for female migrants span economic opportunities, social factors, and personal capabilities. Presumably, the fulfillment of these perceived advantages of city life after moving to the city is accompanied by better mental health status.

There are several strengths and limitations of this study. A key advantage is the longitudinal study design, which allows us to observe changes in mental health status and perceptions of city life from pre- to post-migration. Previously, we ascertained a positive effect of rural-to-urban migration on women's mental health status (Nauman et al. 2011). In this paper, we assess changes in perceptions of city life from pre- to post-migration, which accounts for potential differences between migrants' expectations about living in the city before they migrated and their actual experiences after moving to the city. We were then able to examine associations between perceptions of city life and changes in mental health status for rural-to-urban migrants in two ways. First, we tested the relationship between post-migration perceptions of city life and changes in mental health status from pre- to post-migration to see if migrants' perceptions, presumably based on their actual experiences since moving to the city, are associated with changes in mental health status (results presented in Table 2). Then we analyzed the relationship between changes in perceptions of city life and changes in mental health status from pre- to post-migration to see if differences between pre-migration expectations and post-migration experiences are associated with changes in mental health status (results shown in Table 3).

A limitation of our analyses is the inability to ensure temporal order between the variables. We cannot assume that changes in perceptions of city life preceded changes in mental health status. Likewise, we cannot attribute causality for associations between these variables. For example, we cannot conclude that a positive perception of city life measured post-migration contributed to an improvement in mental health status. Alternatively, better mental health status after migration may underscore positive perceptions about living in the city. To some extent, employing a mixed methods approach addresses this limitation, because qualitative evidence may provide an indication of whether migrants attribute certain factors to positive or negative feelings would likely affect their mental health status.

Some loss to follow-up is typical in longitudinal research, and it is particularly difficult to avoid when following migrants. Attrition is a key limitation of this study, because of the small sample of rural-to-urban migrants for whom we have pre- and post-migration data. This limits the statistical power of our regression models, which is already reduced by running separate analyses for men and women. As a result, it is more difficult to identify factors that are significantly associated with the outcome of interest.

Table 1. Demographic characteristics and perceptions of city life, measured pre- and post-migration for female and male rural-to-urban migrants

	<i>2005: Pre-migration</i>		<i>2007: Post-migration</i>	
	<i>Females</i> (N=92)	<i>Males</i> (N=87)	<i>Females</i> (N=92)	<i>Males</i> (N=87)
Mean Age	20.9	21.3	23.0	23.4
Marital status				
Single	60.9%	65.5%	51.1%	50.6%
Married	38.0%	29.9%	46.7%	46.0%
Divorced, widowed, separated	1.1%	4.6%	2.2%	3.4%
Employment status				
Employed	47.8%**	66.7%	60.9%*	75.9%
Student	41.3%*	26.4%	29.3%	21.8%
Not working / studying	10.9%	6.9%	9.8%*	2.3%
Education				
None	1.1%	1.1%	1.1%	1.1%
Primary (1-6 yrs), vocational school	20.7%	27.6%	21.7%	19.5%
Secondary (7-12 yrs)	58.7%	57.5%	32.6%*	50.6%
Undergraduate / masters level (13+ yrs)	19.6%	13.8%	44.6%*	28.7%
Perceptions of City Life				
Urban life is freer than rural life.	42.2%	40.2%	45.7%	38.8%
Urban people work harder than rural people.	28.3%	27.6%	26.1%*	38.8%
People who move to the city make a lot of new friends.	69.6% ^b	80.5%	65.2%	72.9%
Urban people are more lonely than rural people.	65.2%	67.8%	75.0%	71.8%
People who move to the city get help from friends.	41.3%**	62.1%	39.1%	49.4%
Earning income in urban areas is easier than in rural areas.	73.9%	71.3%	71.7%	67.1%
People who move to the city have free time to learn new things.	57.6%*	72.4%	48.9%	56.5%

Significance: ^b p<0.10; * p<0.05; ** p<0.01; *** p<0.001 (notation indicates significant difference between females and males at pre- or post-migration)

Table 2. Associations between perceptions of city life (measured post-migration) and changes in mental health status from pre- to post-migration for female and male rural-to-urban migrants

<i>Perceptions of City Life</i>	<i>Female Migrants (N=92)</i>				<i>Male Migrants (N=87)</i>			
	<i>Bivariate</i>		<i>Multivariate</i>		<i>Bivariate</i>		<i>Multivariate</i>	
	<i>β</i>	<i>p</i>	<i>β</i>	<i>p</i>	<i>β</i>	<i>p</i>	<i>β</i>	<i>p</i>
<i>Urban life is freer than rural life.</i>	2.101	.358	1.440	.549	5.230	.027	5.523	.027
<i>Urban people work harder than rural people.</i>	-0.582	.823	-0.891	.738	3.288	.167	4.250	.098
<i>People who move to the city make a lot of new friends.</i>	4.919	.038	4.331	.085	-4.139	.112	-4.110	.125
<i>Urban people are more lonely than rural people.</i>	-5.817	.025	-5.887	.029	1.476	.568	1.050	.697
<i>People who move to the city get help from friends.</i>	2.913	.211	2.563	.301	3.309	.153	3.341	.179
<i>Earning income in urban areas is easier than in rural areas.</i>	5.296	.035	5.299	.044	-1.646	.506	-2.709	.311
<i>People who move to the city have free time to learn new things.</i>	5.868	.009	5.843	.012	4.056	.082	4.832	.052

Multivariate models control for age, marital status, level of education and employment status (measured post-migration).

Table 3. Associations between changes in perceptions of city life and changes in mental health status from pre- to post-migration for female and male rural-to-urban migrants

<i>Perceptions of City Life</i>	<i>Female Migrants (N=92)</i>				<i>Male Migrants (N=87)</i>			
	<i>Bivariate</i>		<i>Multivariate</i>		<i>Bivariate</i>		<i>Multivariate</i>	
	β	p	β	p	β	p	β	p
<i>Urban life is freer than rural life.</i>								
Agree – agree	3.869	.204	3.988	.199	5.077	.086	5.567	.072
Disagree – agree	-1.782	.557	-1.913	.535	6.075	.065	6.087	.071
Agree – disagree	-2.937	.357	-3.481	.309	0.093	.977	0.344	.920
<i>Urban people work harder than rural people.</i>								
Agree – agree	1.714	.653	2.282	.565	0.176	.955	1.855	.562
Disagree – agree	-2.282	.492	-1.991	.569	6.956	.019	10.130	.002
Agree – disagree	-0.150	.962	-0.314	.923	1.878	.623	2.579	.502
<i>People who move to the city make a lot of new friends.</i>								
Agree – agree	3.310	.251	2.534	.410	-5.694	.108	-5.408	.144
Disagree – agree	12.325	.004	11.738	.008	-8.063	.105	-8.274	.114
Agree – disagree	-0.244	.948	-1.025	.792	-4.989	.246	-4.233	.347
<i>Urban people are more lonely than rural people.</i>								
Agree – agree	-4.152	.342	-3.492	.446	2.828	.349	2.775	.374
Disagree – agree	-6.600	.152	-6.411	.175	-0.508	.903	-0.467	.916
Agree – disagree	1.119	.818	0.796	.874	0.483	.913	0.584	.899
<i>People who move to the city get help from friends.</i>								
Agree – agree	6.405	.054	5.797	.103	7.054	.022	8.328	.011
Disagree – agree	2.019	.509	2.289	.467	7.566	.044	9.478	.023
Agree – disagree	2.685	.367	1.754	.584	6.465	.041	8.272	.016
<i>Earning income in urban areas is easier than in rural areas.</i>								
Agree – agree	6.758	.052	6.881	.057	-2.978	.413	-3.079	.427
Disagree – agree	7.376	.096	8.209	.076	0.368	.932	0.119	.980
Agree – disagree	2.923	.491	3.034	.493	-1.831	.653	-1.484	.735
<i>People who move to the city have free time to learn new things.</i>								
Agree – agree	6.481	.026	5.791	.069	4.910	.142	5.907	.100
Disagree – agree	6.053	.091	5.795	.126	3.216	.452	4.081	.356
Agree – disagree	1.027	.742	0.596	.857	0.219	.951	0.874	.812

The reference group is those who disagreed before and after migration. Multivariate models control for age, marital status, level of education and employment status (measured pre-migration).

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