



IOM DISPLACEMENT TRACKING MATRIX
COVID-19 PERCEPTION SURVEY- OVERALL FINDINGS
SURVEY ANALYSIS: MARCH 2022

Introduction

Thailand has been fighting COVID-19 longer than any country in the world except China – after isolating the virus on January 13, 2020. Thailand’s public health priorities in 2020 focused on limiting the spread of COVID-19, reducing morbidity and mortality associated with the virus and maintaining essential health services for the population. Vaccination offers Thailand another mechanism to combat COVID-19. The Ministry of Public Health (MoPH) is planning to immunize between 50-80% of persons living in Thailand against COVID-19 in 2021. This is planned out in phases as doses of vaccine will initially be limited. Healthcare workers, other essential workers, the elderly and those with chronic medical conditions have been prioritized for vaccination. Clear and accurate communications around the benefits and safety of the vaccine will be critical as immunization is extended to the general population, including migrant populations. Monitoring the progress of COVID-19 immunization will also be important to support policy and safety. This project aims to protect the health of people living in Thailand by strengthening communications for and monitoring of mass immunization campaigns against COVID-19.

Methodology

The questionnaire tool was a collaborative effort between IOM’s Displacement Tracking Matrix (DTM), Migration Health Department (MHD), World Health Organization (WHO), UNICEF and World Vision Foundation. The survey was individual level survey with random sampling. Population of interest were all migrants in Thailand. We aimed for a 50:50 balance between female and male respondents. Twenty-five enumerators from DTM, World Vision Foundation Thailand and Sister Foundation collected data in different locations.

Geographic Coverage

Tak, Ranong, Chanthaburi, Trat, Rayong, Chonburi and Greater Bangkok.

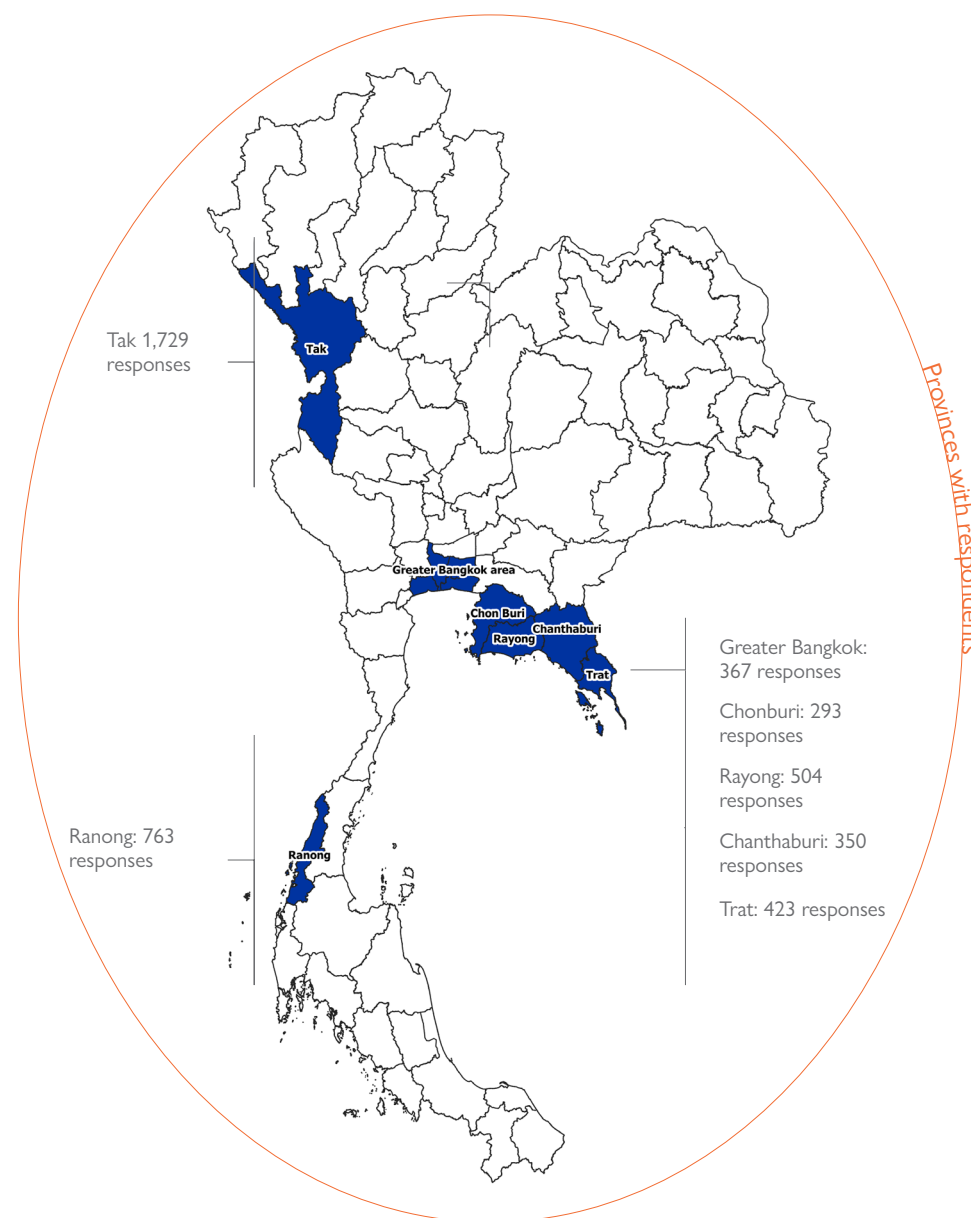
Primary data collection period

Data was collected from 11th November 2021 till 13th February 2022.

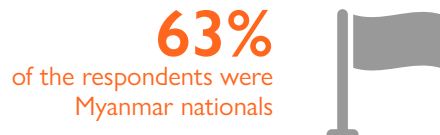
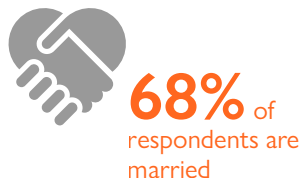
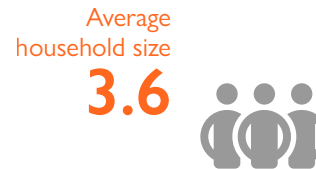
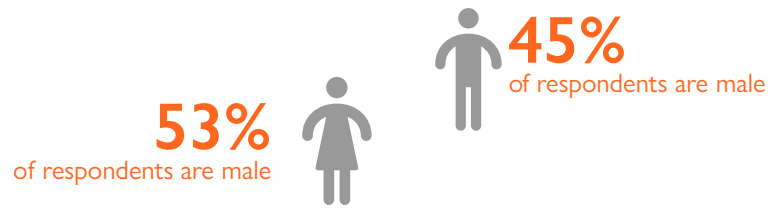
Limitations

Biases due to self-reporting may exist. Certain indicators/questions may be under-reported or over-reported, due to the subjectivity and perceptions of respondents (especially “social desirability bias”— the documented tendency of people to provide what they perceive to be the “right” answers to certain questions). These biases should be taken into consideration when interpreting findings.

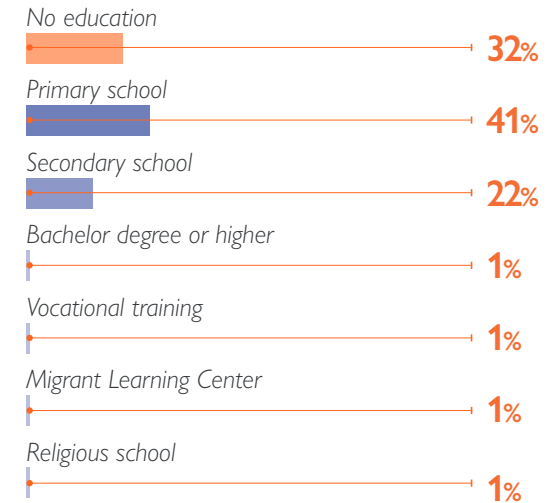
Provinces where survey was implemented- 4,429 surveys



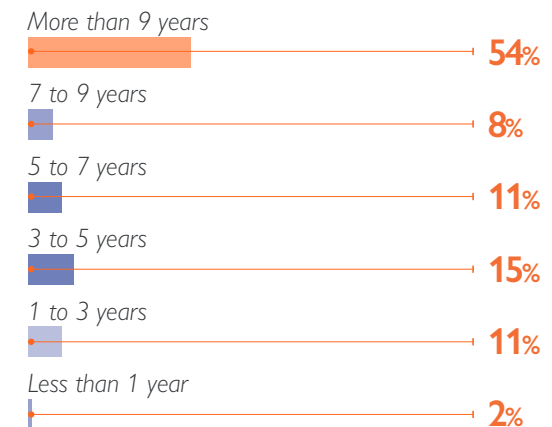
Demographics of respondents



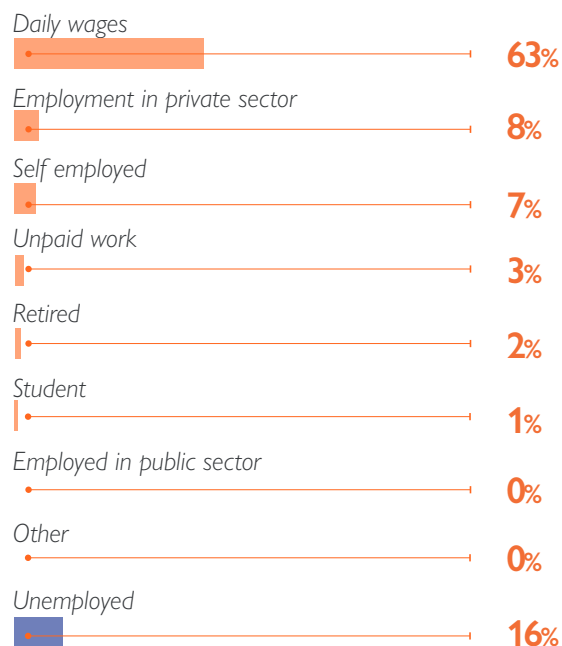
Highest level of education reported by respondents



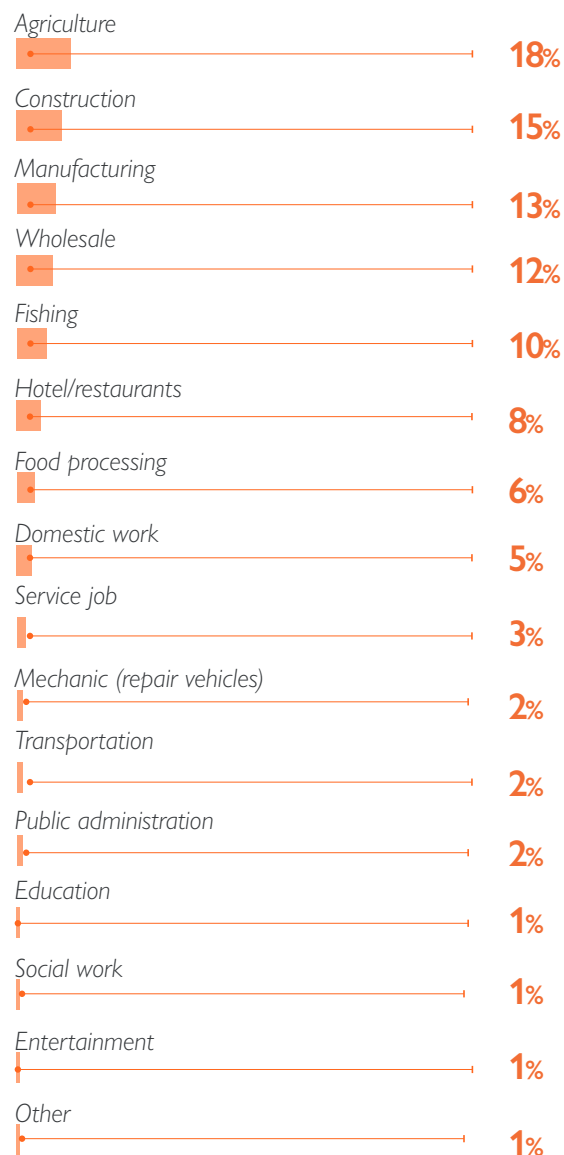
Residing in Thailand



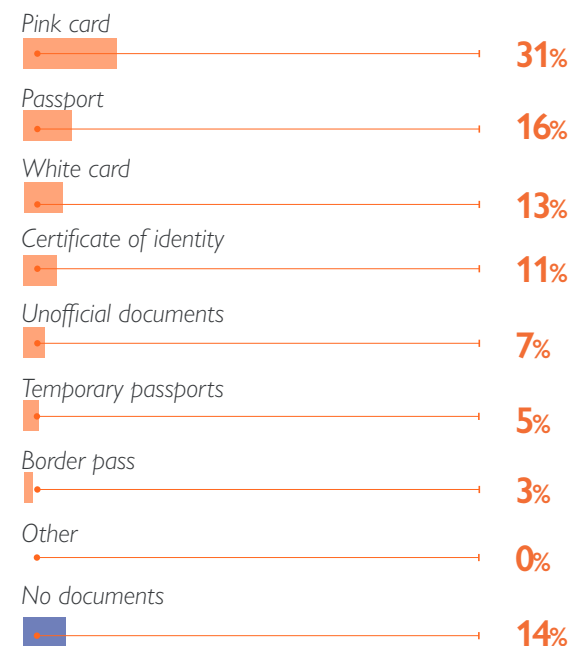
Employment status



Work sector†



Documentation‡



Respondents were asked to report on their employment status and overall, daily wage was the highest reported, followed by employment in private sector and self employment. 16% of the overall respondents reported not being employed. Respondents who were employed at the time of data collection were further asked to report on the sector they worked in, and agriculture was the sector mostly reported, followed by construction and manufacturing. The primary sector of employment changes for the two different nationalities. Agriculture continued to be the primary sector for Myanmar nationals (23%) whereas fishing was the primary sector for Cambodian nationals (22%).

Respondents were asked to report on types of documents they possess to reside in Thailand, and the most commonly reported document was pink card, followed by passport, white card and certificate of identity. Fourteen per cent reported not having any documents. Noticeable difference was observed between the two nationalities. Higher proportion of Cambodian nationals (49%) possessed pink card compared to Myanmar nationals (21%). On the other hand, higher proportion of Myanmar respondents had unofficial documents whereas none of the Cambodian respondents reported possessing unofficial document. Similarly, higher proportion of Myanmar respondents (20%) reported not having any documents compared to Cambodian nationals (4%).

† This question was only asked to respondents that reported being employed.

Respondent or family member contracted COVID-19

18% of respondents reported they or someone in the family got COVID-19

82% of respondents reported neither they nor anyone from the family got COVID-19

Higher proportion of Cambodian respondents (26%) reported they or someone in the family got COVID-19 compared to Myanmar respondents (13%).

Vaccine status of respondents

- 1 Fully vaccinated (67%)
- 2 One dose (18%)
- 3 Not vaccinated (15%)

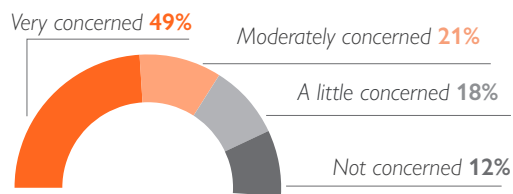
Higher proportion of Myanmar respondents (20%) reported not being vaccinated compared to Cambodian respondents (7%).

Underlying medical conditions

- 1 Yes, have medical condition (22%)
- 2 No, don't have medical condition (77%)
- 3 Do not want to answer (1%)

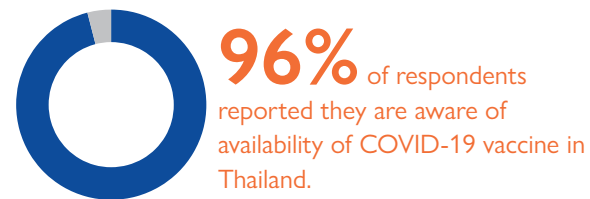
Higher proportion of Myanmar respondents (24%) reported having underlying conditions compared to Cambodian respondents (15%).

Concerns about COVID-19



Higher proportion of Cambodian respondents (69%) reported being very concerned to Myanmar respondents (38%).

Vaccine availability†



Reporting was identical for both Cambodian respondents (96%) and Myanmar respondents (96%).

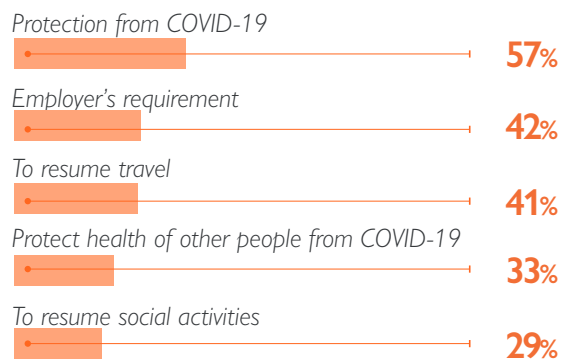
Willingness to get vaccinated†

- 1 Yes, willing to get vaccinated (68%)
- 2 No, not willing to get vaccinated (18%)
- 3 Not sure (14%)

Higher proportion of Cambodian respondents (93%) reported being willing to get vaccinated compared to Myanmar respondents (63%).

† This question was asked to respondents who reported not vaccinated for vaccine status

Top 5 reasons for willingness to get vaccinated (4,212 responses)†



Top 5 reasons for vaccine hesitancy (217 responses)†

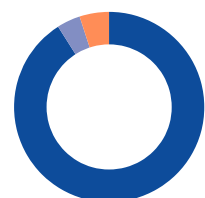
- 1 Already healthy (45%)
- 2 Have chronic disease (39%)
- 3 Side effects (17%)
- 4 Interaction with other medication (9%)
- 5 Not enough information (6%)

Difference can be observed between Cambodian respondents and Myanmar respondents on primary reasons for willingness to get vaccinated. For Myanmar respondents, protection from COVID-19 was the highest reported reason, however, for Cambodian respondents COVID-19 situation being bad in the area was the highest reported.

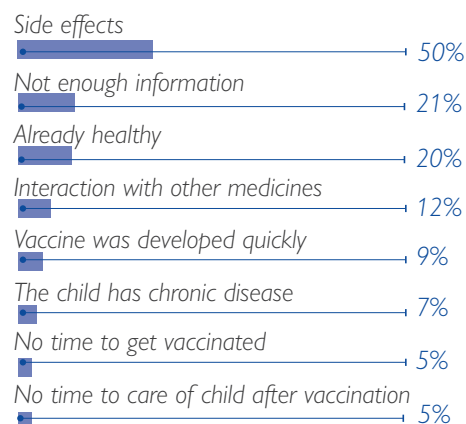
Similarly differences are noticeable for hesitancy to get vaccinated. For Cambodian respondents, side effects (88%) was the highest reported reason for hesitancy whereas for Myanmar nationals it was being already healthy (46%).

Vaccinate children (3,055 responses) † †

Top 8 reasons for hesitancy to get children vaccinated (274 responses)†



91% of respondents reported they are willing to get their children vaccinated, whereas 4% reported they are not willing and 5% reported they are not sure



Slight difference can be observed in the response between Myanmar (89%) and Cambodian (94%) nationals in the willingness to vaccinate their children

For both Cambodian respondents (88%) and Myanmar respondents (40%), side effects continued to be the highest reported reason for hesitancy to get their children vaccinated. Higher proportion of Cambodian respondents (225) reported not enough information on vaccine compared to Myanmar respondents (18%).

† Respondents could select more than one options

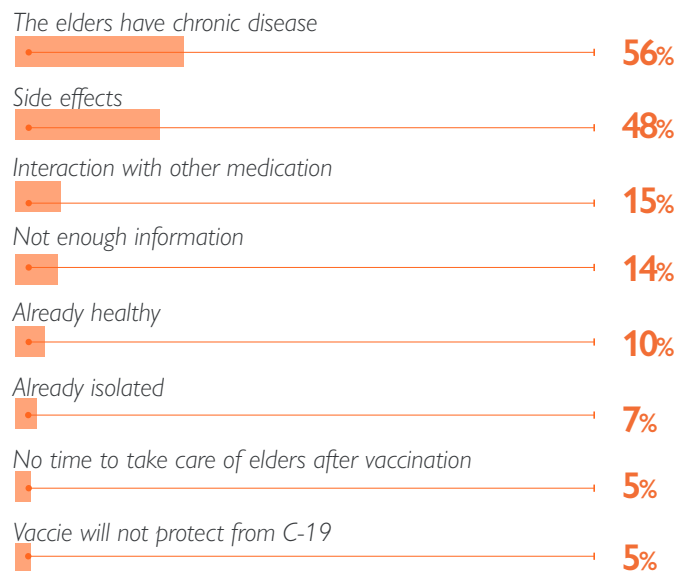
† † This question was only asked to respondents who reported having children

Vaccinate elderly



57% of respondents reported they are willing to get their elderly vaccinated, whereas 2% reported they are not willing and 2% reported they are not sure and 39% did not have elderly parents

Top 8 reasons for hesitancy to get elderly vaccinated†



† This question was asked to respondents who reported not sure or not willing to get their elderly parents vaccinated. Respondents could select more than one option.

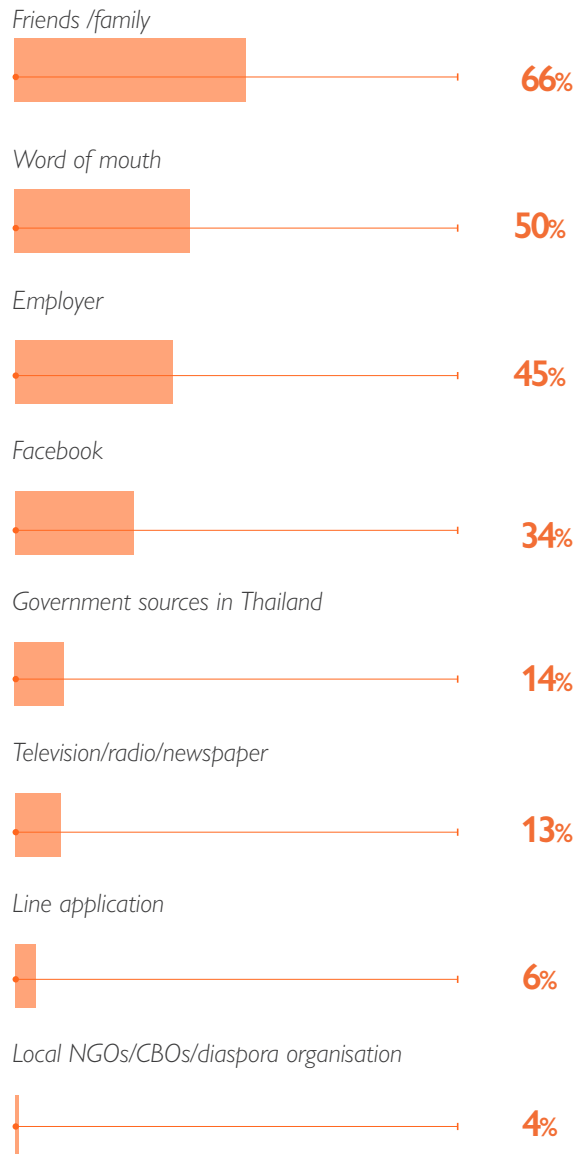
Significant difference could be observed in the response for willingness between Myanmar respondents (47%) and Cambodian respondents (72%).

Side effects was the highest reported reason for hesitancy to get elders vaccinated for Cambodian respondents whereas chronic disease was the highest reported for Myanmar respondents (53%)

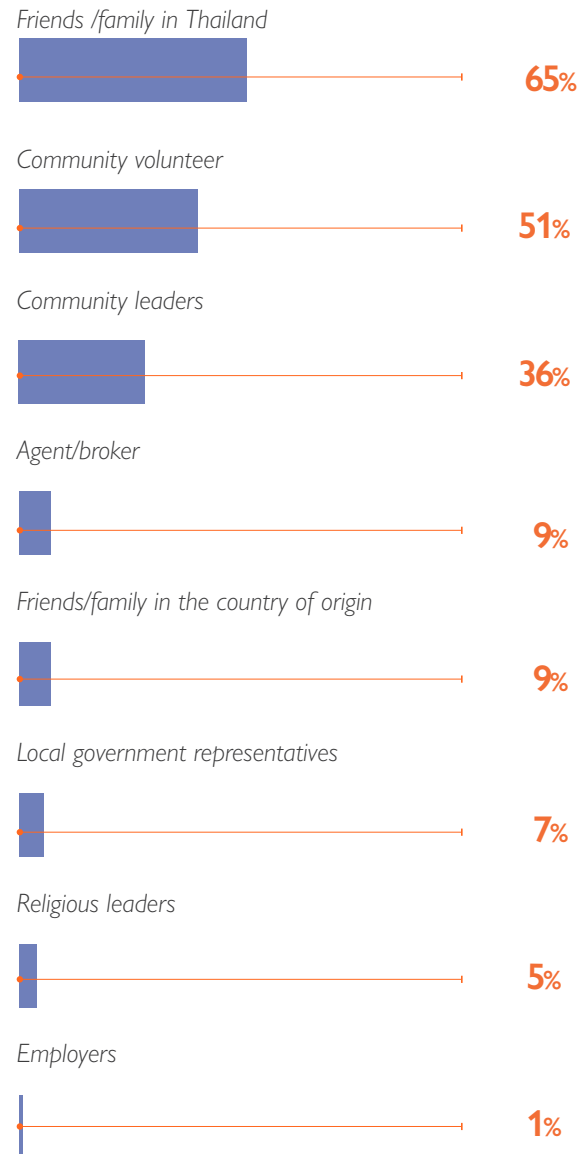


Cambodian migrants in Chanthaburi. IOM, 2022

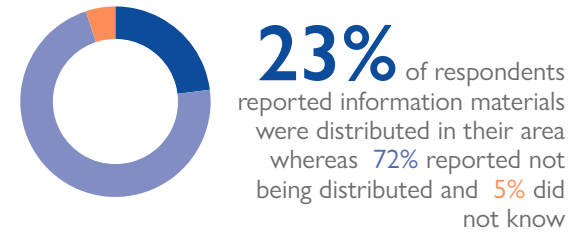
Top 8 source of information on COVID-19 Vaccine



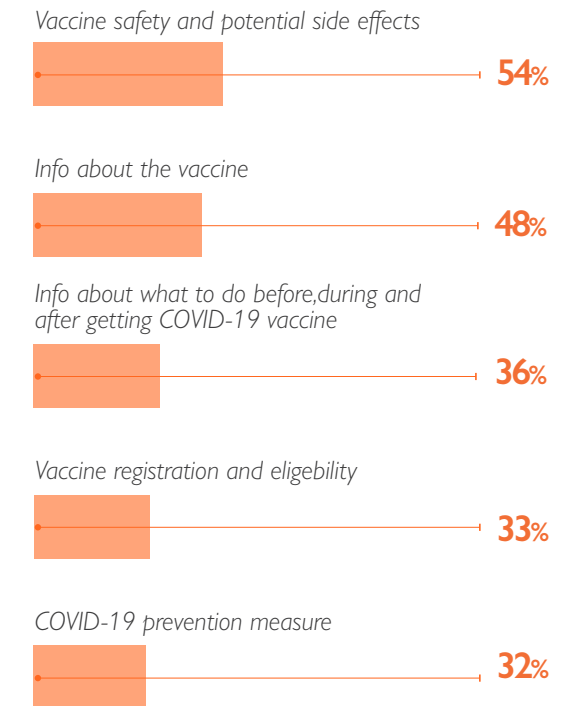
Top 8 word of mouth source†



If information material was distributed in the area of the respondents‡



Kind of COVID-19 information according to respondents missing or not being provided*



† This question was asked only to respondents who reported word of mouth. Respondents could select more than one option

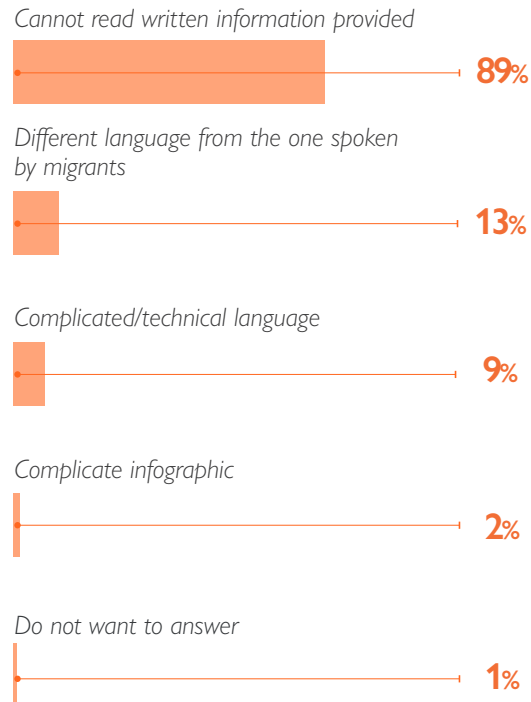
* Respondents could choose more than one option

How easy was it to understand distribution material†

Ranking: 5 being extremely difficult and 1 extremely easy

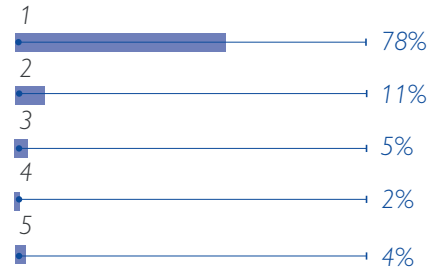


If 4 and 5 ranked above, why was the information hard to understand?*



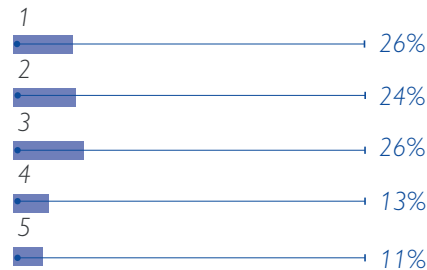
Reading levels of Thai language

Ranking: 1 being extremely difficult and 5 extremely easy



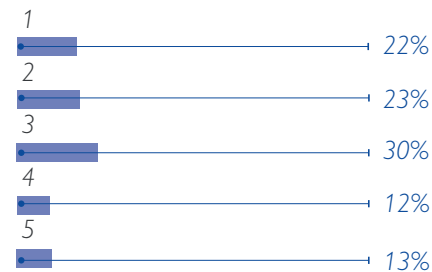
Speaking levels of Thai language

Ranking: 1 being extremely difficult and 5 extremely easy



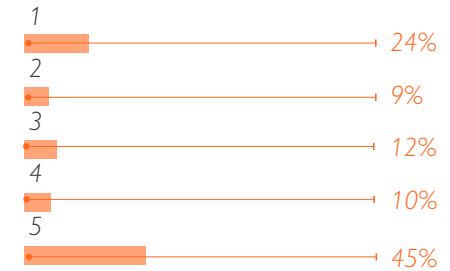
Understanding of Thai language

Ranking: 1 being extremely difficult and 5 extremely easy



Reading levels of Thai language

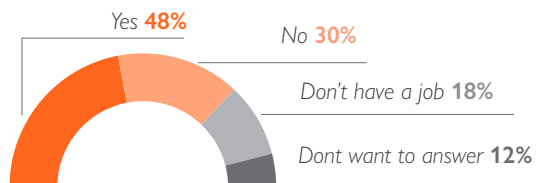
Ranking: 1 being extremely difficult and 5 extremely easy



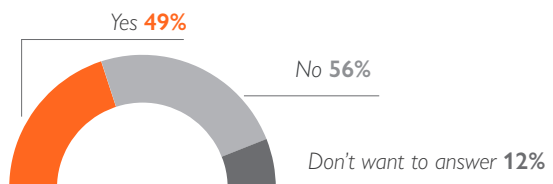
† This question was asked to respondents who reported yes to information eing distributed in their area.

*Respondents could select more than one option.

Daily wage more or equal than 315 THB



In debt?

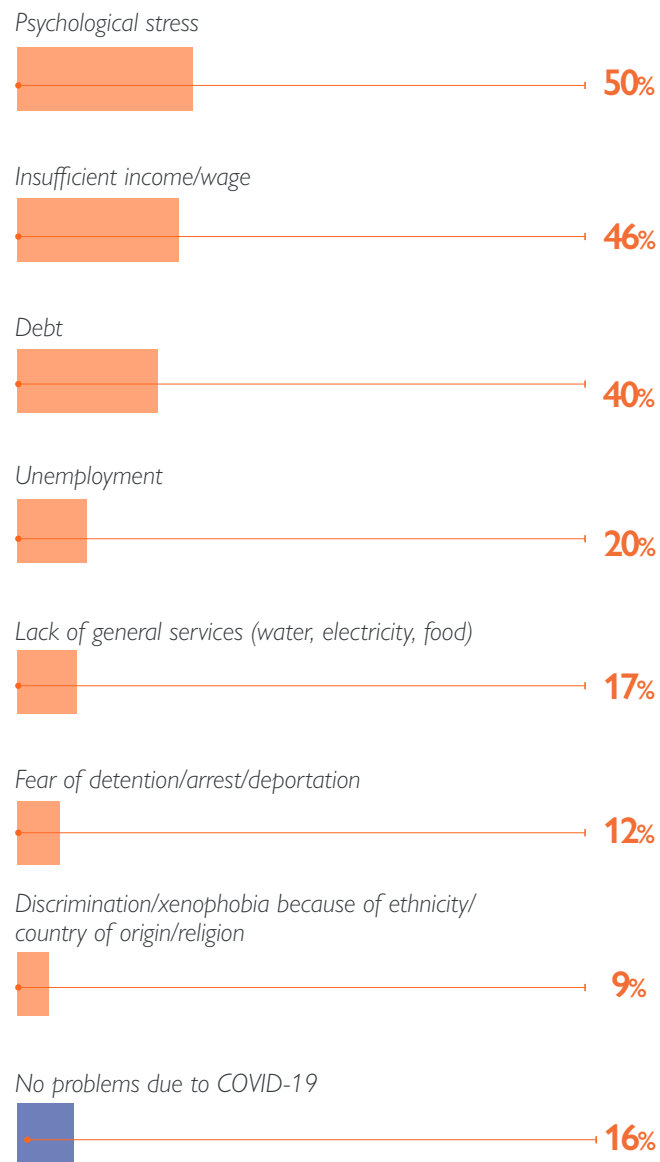


Significant difference could be observed in the response for daily wage between Myanmar and Cambodian respondents. Higher proportion of Cambodian respondents (69%) reported receiving daily wage which was, at the time of survey, more or equal than 315 THB than Myanmar respondents (36%).

No significant differences were observed between the responses of Cambodian and Myanmar respondents for the question on debt.

† Respondents could choose more than one option

Challenges faced since outbreak of COVID-19†



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