COVID-19 VACCINE PERCEPTIONS OF CAMBODIAN AND MYANMAR MIGRANTS IN THAILAND

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

APRIL 2022

The findings, interpretations and conclusions expressed herein do not necessarily reflect the views of IOM or its Member States. The designations employed and the presentation of material throughout the work do not imply the expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

Publisher: IOM Thailand
18th Floor, Rajanakarn Building
3 South Sathorn Road, Bangkok 10120 Thailand
Tel.: (+66) 2-343-9300
Fax: (+66) 2-343-9399
Website: thailand.iom.int

For further information:
DTM Thailand
Email: DTMThailand@iom.int

CONTENTS

LIST OF FIGURES, TABLES AND MAPS

Figures

Tables

Maps

INTRODUCTION

The COVID-19 pandemic continues its worldwide spread, threatening health of the population and disrupting healthcare delivery globally, with over 430 million cumulative cases and 5.9 million deaths.[1] As of 3 March 2022, WHO reported 2,958,162 million confirmed cases and 23,070 deaths in Thailand, and more cases are continuously being detected.[2] Vaccination offers Thailand another mechanism to combat the pandemic. COVID-19 vaccination in Thailand started on 28 February 2021, and 124,396,024 doses have been administered; 20,804,363 (29.9% of the population) are triple vaccinated as of March 4 2022[3]. Thailand's public health priorities in 2021 focused on providing enough coronavirus vaccines for all Thai and non-Thai nationals who reside in Thailand[4].

As a mass inoculation program begins, migrants, irrespective of their legal status, face a new set of challenges and vulnerabilities. The stringent movement restrictions and temporary disruption of many income-generating activities due to the COVID-19 situation have already posed a significant burden on migrants employed in formal and informal sectors. With vaccination being made mandatory at the workplace and inequalities in coverage of COVID-19 vaccination due to limited or no access to government's vaccination schemes, inadequate social services, gaps in access to healthcare services, insufficient information of COVID-19 vaccines as well as fear of being arrested or deported exacerbated pre-existing challenges for the migrant communities.

However, the extent to which these challenges and vulnerabilities affected Cambodian and Myanmar migrant communities were unknown. It was also unclear whether migrant communities were receiving sufficient information about the COVID-19 vaccine or if they had access to the resources which would allow them to make informed decisions required for effective protection and prevention. To fill this data gap and inform response planning, IOM initiated a data collection exercise to generate information on the COVID-19 vaccine perceptions of Cambodian and Myanmar migrant communities in Thailand.

IOM's Displacement Tracking Matrix (DTM) initiated data collection in November 2021, which was undertaken in Ranong, Tak, Chanthaburi, Trat, Rayong, Chonburi, and the Greater Bangkok area. The survey focuses on four thematic areas: 1) Migrant profiles; 2) COVID-19 vaccine perceptions; 3) Access to COVID-19 vaccine information; and 4) Socio-economics situation.

The findings serve to better understand attitudes and perceptions on COVID-19 vaccination, gauge the prevalence of vaccine acceptance among migrant communities in Thailand, and better understand the reasons for vaccine hesitancy. Additionally, the findings can be used to predict the trends about future vaccine uptake among these migrant communities and, consequently, develop strategies to improve acceptability and inform policy and possible responses to flatten the COVID-19 infection curve. Data collected can also serve as a reliable baseline to explore different aspects of other COVID-19 related issues to prevent, detect, and respond to public health events.

---

1. Covid19.who.int. 2022. WHO Coronavirus (COVID-19) Dashboard. [online] Available at: <https://covid19.who.int/table> [Accessed 4 March 2022].

2. Covid19.who.int. 2022. Thailand: WHO Coronavirus Disease (COVID-19) Dashboard With Vaccination Data. [online] Available at: <https://covid19.who.int/region/searo/country/th> [Accessed 4 March 2022].

3. COVID-19 Info Center, Thailand, [Accessed 4 March 2022].

4. Ddc.moph.go.th. 2022. Corona Virus Disease (COVID-19). [online] Available at: <https://ddc.moph.go.th/viralpneumonia/eng/index.php> [Accessed 4 March 2022].

EXECUTIVE SUMMARY

Migrant Profiles

A total of 4,431 respondents were surveyed for this assessment, of whom 64 per cent identified themselves as Myanmar nationals and 36 per cent as Cambodian nationals. Females (53%) represented the majority of the sample population. A higher proportion of respondents were married (68%), and more than half of respondents reported that they have children (69%). The average household size is 3.6. On average, 41 per cent of respondents have completed primary education. More than half of the total respondents reported residing in Thailand for more than nine years. A majority of respondents reported being employed (78%) on a daily wage basis (63%). Agricultural (18%), construction (15%), and manufacturing (15%) were the most commonly reported sector of employment. Pink card (31%) was the most common type of document respondents held.

COVID-19 Vaccine Perception

Overall, 18 per cent of respondents reported that they or someone in their household tested positive for coronavirus. Cambodian respondents (26%) reported higher rates of COVID-19 infection compared to Myanmar respondents (13%). The highest percentage of respondents who reported testing positive for COVID-19 were working in the manufacturing sector (19%). Almost half of the total respondents (49%) reported being very concerned about getting COVID-19. Sixty-seven per cent of respondents were fully vaccinated at the time of the survey, 15 per cent received one dose, and 18 per cent were unvaccinated. The majority of vaccinated respondents are between 35 and 44 years. Myanmar respondents accounted for 60 per cent of vaccinated respondents. Almost half of the unvaccinated respondents (42%) did not have any education. The majority of unvaccinated respondents (40%) worked in agriculture, while 68 per cent of those who received at least one vaccine dose worked in construction. One in two unvaccinated respondents reported having no documents living in Thailand.

Almost all the respondents (96%) who are unvaccinated were aware of the availability of vaccines in Thailand. Although a higher proportion of the respondents were willing to receive the vaccination when one became available, almost one-third of unvaccinated respondents were hesitant or refused to get vaccinated against COVID-19. Vaccine willingness differed between male and female respondents, with male respondents (35%) reporting that they are hesitating or less willing to be vaccinated. A relatively higher rate of hesitation and refusal to be vaccinated against COVID-19 were found among Myanmar respondents (20%) compared to Cambodian respondents (5%). Respondents who worked in construction (82%) were more likely to get a vaccinate when one becomes available, while almost half (49%) of the respondents who worked in wholesale retail and trade indicated a hesitancy or unwillingness to vaccinate. Respondents who are not willing to receive the vaccination reported that the COVID-19 vaccine is unnecessary because they are already healthy (45%), and concerns regarding pre-existing chronic disease (39%) are some of their primary reasons for not wanting to get vaccinated. On the contrary, the most commonly reported reasons for vaccine acceptance were the effectiveness of vaccination in preventing COVID-19 (57%), a mandatory vaccination policy by employers (42%), and resuming travel (41%).

Access to COVID-19 Vaccine Information

The main sources of information about COVID-19 vaccines, reported by respondents, were family or friends (66%), word of mouth (50%), and employers (34%). Seventy-two per cent of the overall respondents reported that COVID-19 vaccine information and communication materials are not being distributed in their areas, while 23 per cent reported receiving the materials from the Thai government (61%) and NGOs, CBOs, or UN (31%). The information being distributed mainly covers COVID-19 prevention measure and hygiene (86%), COVID-19 vaccine registration and eligibility details (32%), information about the vaccine (17%), and vaccine safety and potential side effects (17%).

Among respondents who reported receiving the materials, almost one-third reported that information is difficult to understand due to their inability to read the written information provided. A majority (79%) of the respondents ranked their ability to read Thai at the lowest level of the scale. Types of COVID-19 vaccine information reported by respondents as being most needed were COVID-19 vaccine safety and potential side effects (54%), information about the vaccine (48%), and information about what to do before, during, and after getting the COVID-19 vaccine (36%).

Socio-economic situation

Almost one in two respondents were being paid equal to or above the lowest minimum wage of 315 THB. A slightly higher proportion of females (52%) represented the majority of the respondents who earned less than minimum wage. Cambodian respondents were more likely to be paid equal to or above minimum wage than Myanmar (69% versus 36%). Almost half of the sample (43%) reported being in debt at the time of the interview.

© Anat Duangchan/IOM

Picture 1 - Migrant workers Chanthaburi province

Picture 2 - Migrant arrives at Saphan Pla pier in Ranong province

METHODOLOGY

The Displacement Tracking Matrix (DTM) is a set of tools and methodologies which enable systematic and regular collection of primary data, analysis and dissemination of population movements, human mobility and forced migration (both internal and cross-border). Originally designed to serve the humanitarian community during crises, DTM has also been implemented to respond to the COVID-19 crisis.

The questionnaire tool was a collaborative effort between IOM's Displacement Tracking Matrix (DTM) and Migration Health Department (MHD), World Health Organization (WHO), United Nations Children's Fund (UNICEF), and World Vision Foundation of Thailand (WVFT). This study analyzes data collected between 11 November 2021 and 13 February 2022 in 10 provinces. The population of interest were Cambodian and Myanmar migrants who reside in Thailand, irrespectively of their legal status. The survey was an individual level survey with random sampling, and findings are generalizable at a 90-95 per cent confidence level and 5 per cent margin of error for most of the provinces. In pockets of migrant communities, individuals from every third household were surveyed to ensure the sample was randomized.

A total of 2,944 surveys were collected with Myanmar migrants and, 1,770 surveys collected with Cambodian migrants. The respondents were 18 years and above. The combined sample population of the two nationalities consists of 4,714 respondents, of which 285 surveys were removed from the analysis due to quality issues. The perception survey conducted at select provinces were designed to collect and compile structured data to increase the overall understanding of attitudes and perceptions on COVID-19 vaccination, gauge the prevalence of vaccine acceptance among migrant communities in Thailand, and to better understand reasons for vaccine hesitancy. The analysis of the survey data will follow the structure of the pre-designed thematic areas as outlined in Table 1.

Table 1 - Thematic Areas

1	2	3	4
Migrant profiles	COVID-19 vaccine perceptions	Access to COVID-19 vaccine information	Socio-economic and challenges posed by COVID-19

Geographical Scope

For the purpose of this assessment, data was collected across 10 provinces which were selected based on the statistics on the number of registered migrant workers in Thailand[5], and previous studies of DTM's Flow Monitoring Surveys studies of Myanmar and Cambodian migrants published in 2020.[6,7] At the level of district or municipality, the location were selected based on DTM operation presence.

---

5. Doe.go.th. 2021. Statistics on the number of registered migrant workers. [online] Available at: <https://www.doe.go.th/prd/assets/upload/files/alien_th/b6ab7ae510c3f3f104f077c00a8b4206.pdf> [Accessed 6 October 2021].

6. Münstermann, M., 2020. Flow Monitoring Surveys: Insights into the Profiles and Vulnerabilities of Cambodian Migrants to Thailand (Round Two). Bangkok: IOM Thailand, p.11.

7. Bruni, V., 2020. Flow Monitoring Surveys: Insights into the Profiles and Vulnerabilities of Myanmar Migrants to Thailand. Bangkok: IOM Thailand, p.14.

The locations where data collection was implemented are:

Cambodian migrant communities:
• The districts of Laemsingh, Khlung, Tha Mai, and Mueang in Chanthaburi province;
• The district of Khlong Yai in Trat province;

Myanmar migrant communities:
• The districts of Mueang Ranong and Kra Buri in Ranong province;
• The districts of Mae sot and Pob Phra in Tak province

Cambodian and Myanmar migrant communities:
• The districts of Mueang Rayong and Klaeng in Rayong province;
• Pattaya City in Chonburi province; and
• Bangkok, Nonthaburi, Samut Prakan, Samut Sakhon provinces in Greater Bangkok area.

Locations of data collection are identified on Map 1 (p. 7).

Data Collection Implementation

Enumerators were deployed to districts of interest to collect data using a close-ended survey tool. Data for the survey was collected by 25 enumerators from DTM, WVFT, and the Sisters Foundation recruited and trained by IOM staff. Fifty-two per cent of enumerators were female, 40 per cent were male, and 8 per cent were Trans female. In order to establish a positive relationship and sense of trust with the local population, as well as to avoid difficulties due to language barriers between respondents and interviewers, IOM only recruited local residents who have institutional knowledge of the areas of interest, the target population as well as ability to speak proficiently in Myanmar or Khmer languages. A day-long training was organized for enumerators for each province to familise them with data collection protocols and the questionaire tool. Throughout the data collection period, one-on-one mentoring was provided to enumerators by the DTM office team based out of Bangkok. The survey data was collected using the KoboCollect application. The KoboCollect application automatically uploads completed surveys online. This makes it easier to monitor daily data entries and target compliance. For data collection in the Greater Bangkok area, DTM adopted the method of phone surveys to reach migrant communities residing in this area. Seventy-nine respondents were interviewed through phone surveys administered by three enumerators.

Sample Size

The official statistics from the Office of Foreign Workers Administration under the Department of Employment, report only the number of registered migrant workers. The team, therefore, preferred to calculate the target sample size using an unknown population, with a 90 to 95 per cent confidence level and a 5 per cent margin of error.

Table 2 - Sample Size Overview

Provinces	Target sample size	Actual number of respondents
Tak	273-385	**1,729**
Ranong	273-385	**763**
Rayong	273-385	**504**
Trat	273-385	**423**
Greater Bangkok Area	273-385	**367**
Chanthaburi	273-385	**350**
Chonburi	273-385	**293**
TOTAL	**273-385**	**4,429**

DATA LIMITATIONS

This data analysis only provides information on those Cambodian and Myanmar migrants who live in the districts of Mueang Ranong and Kraburi in Ranong province; districts of Mae sot and Pob Phra in Tak province; districts of Laemsingh, Khlung, Tha Mai, and Mueang in Chanthaburi province; district of Khlong Yai in Trat province; districts of Mueang Rayong and Klaeng in Rayong province, Pattaya City in Chonburi province, and in Greater Bangkok area at the time of the assessment. This data does not provide information on migrants who reside in any other location or at any other point in time. This is important to underline, as perceptions and vulnerabilities of Cambodian and Myanmar migrants may have changed over time due to factors such as access to information, access to national government's vaccination, and mandatory COVID-19 vaccination policy.

Additionally, biases due to self-reporting may exist. Certain indicators or 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 specific questions. These biases should be taken into consideration when interpreting findings.

Nonetheless, findings and perceptions of Cambodian and Myanmar migrants gleaned from this study can inform future research efforts on the COVID-19 related issues; evidence-based programmes in migrant communities; and COVID-19 awareness-raising and information sharing programming carried out by governments, stakeholders, and organizations operating in the country. The findings can also shed some light on the recent characteristics of Cambodian and Myanmar migrants, who comprise the largest migrant population in Thailand.

Picture 3 - Migrant workers prepare fishing equipment in Chanthaburi province

© Anat Duangchan/IOM

GEOGRAPHICAL SCOPE

N

LAO PEOPLE'S DEMOCRATIC REPUBLIC

VIET NAM

MYANMAR

Tak

THAILAND

Greater Bangkok area

Chon Buri

Rayong Chanthaburi

Trat

CAMBODIA

Ranong

Number of valid surveys
- 293
- 350
- 367
- 423
- 504
- 763
- 1729

0   100   200   300   400 km

MALAYSIA
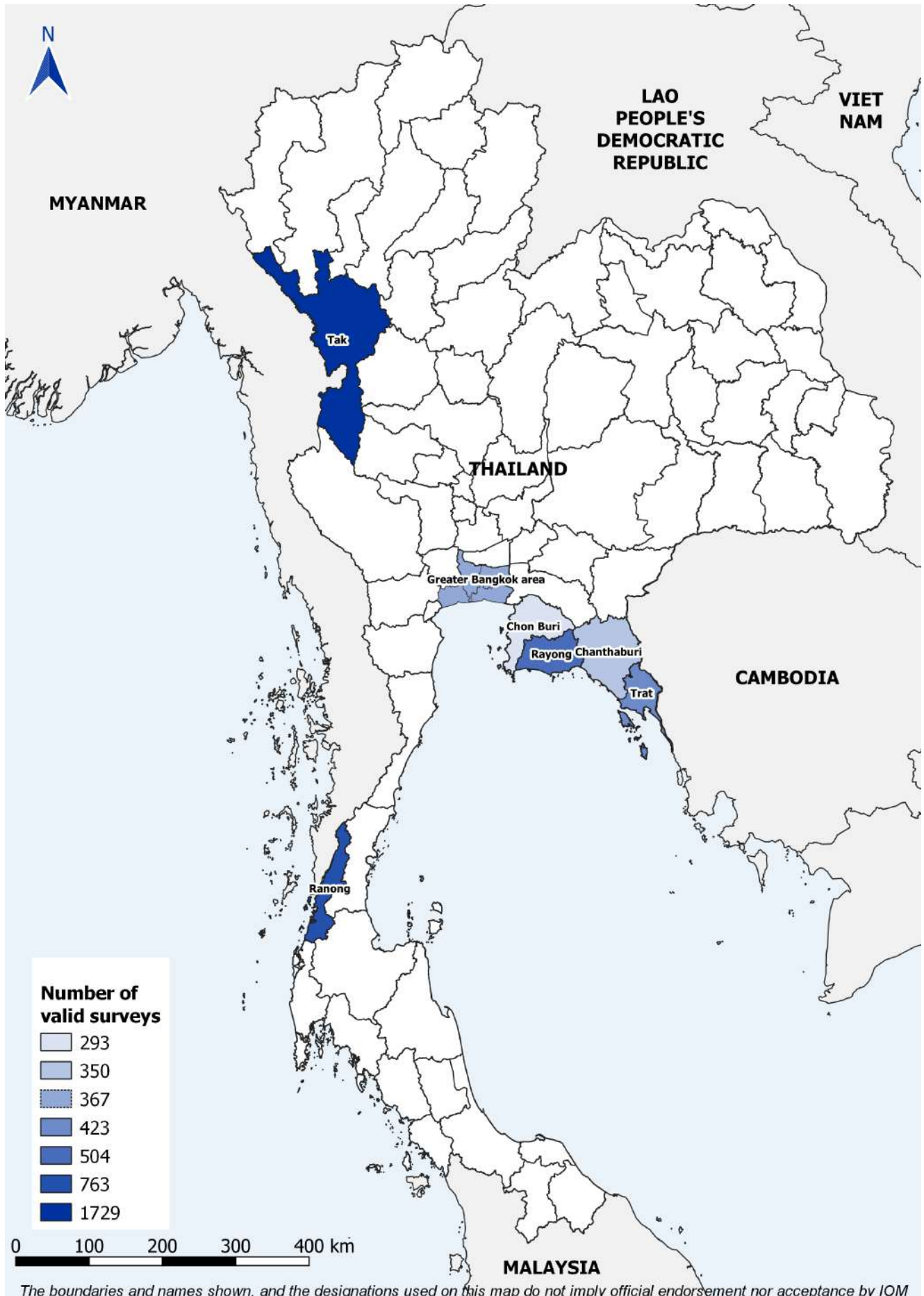
The boundaries and names shown, and the designations used on this map do not imply official endorsement nor acceptance by IOM

8

DATA ANALYSIS

The 4,431 surveys were analyzed by DTM using R. Findings overall, by nationality, by provinces, gender of responses are available. Cross tabulations of data with different variables were tested. The shortest path for the survey path was traced to understand the average time required to complete one survey, and based on that; the data cleaning was conducted.

THEMATIC AREA 1 - MIGRANT PROFILES

Figure 1 - Share of Respondents by Sex

4,429 Respondents

2,340 (53%) Female

1,984 (45%) Male

105 (2%) Other
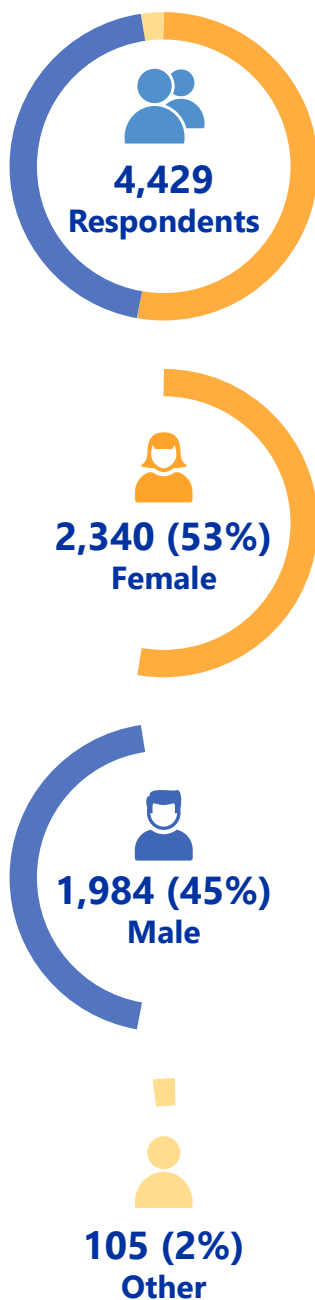
Figure 2 - Population Pyramid
Note: 2 per cent reported their gender as "Other", and identified themselves as LGBT.

	FEMALE	MALE
60+	3%	1%
50-59	6%	5%
40-49	12%	9%
30-39	16%	15%
20-29	15%	14%
18-19	1%	1%
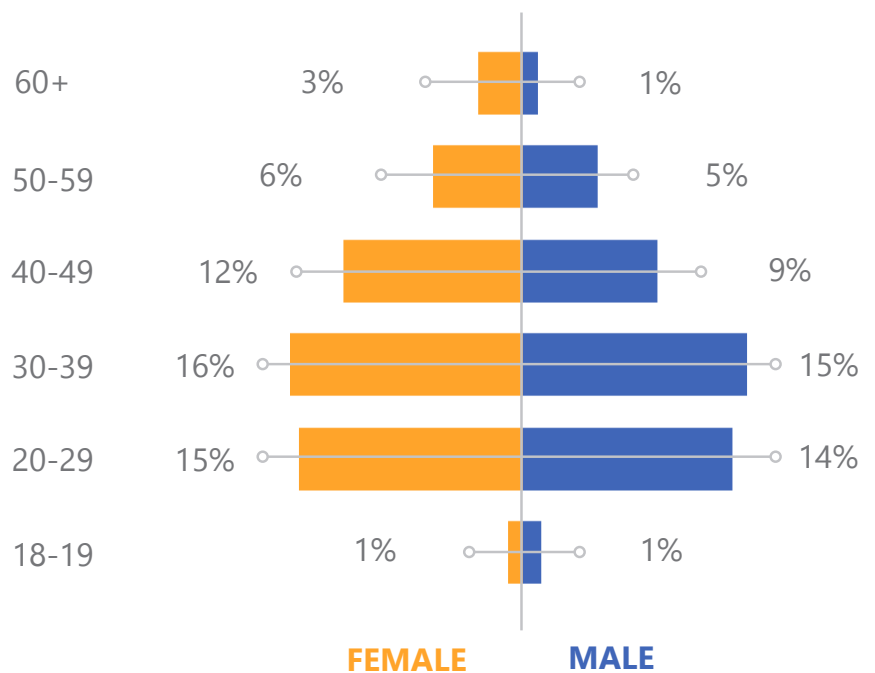
To assess the COVID-19 vaccine perception, there are several factors associated with COVID-19 vaccine hesitancy and acceptance that must be considered. One of the identified factors included demographic characteristics, which could ascertain the perception of COVID-19 vaccination among migrant populations in Thailand.

During the data collection, the enumerators visited 4,800 households, 4,417 of them agreed to be interviewed. On this number, 285 surveys were not considered as they did not pass the criteria defined for the data cleaning. Thus we were able to perform the analysis on 4,429 surveys. The sample consists of 2,340 females (53%), 1,984 males (45%), and 105 respondents were identified themselves as third gender (2%). Ninety-six per cent of the respondents fell between the age of 18-59 years, and four per cent fell under 60 and above years.

Figure 3 - Share of Respondents by Nationality

1,617 (36%)
Respondents

Cambodian

834 (52%)
Female

687 (42%)
Male

96 (6%)
Other

2,812 (64%)
Respondents

Myanmar

1,506 (54%)
Female

1,297 (46%)
Male

9 (0%)
Other

Figure 4 - Marital Status

5%
Widowed

5%
Divorced

22%
Single

68%
Married

Total

6%
Widowed

5%
Divorced

24%
Single

65%
Married

Cambodian

4%
Widowed

5%
Divorced

19%
Single

72%
Married
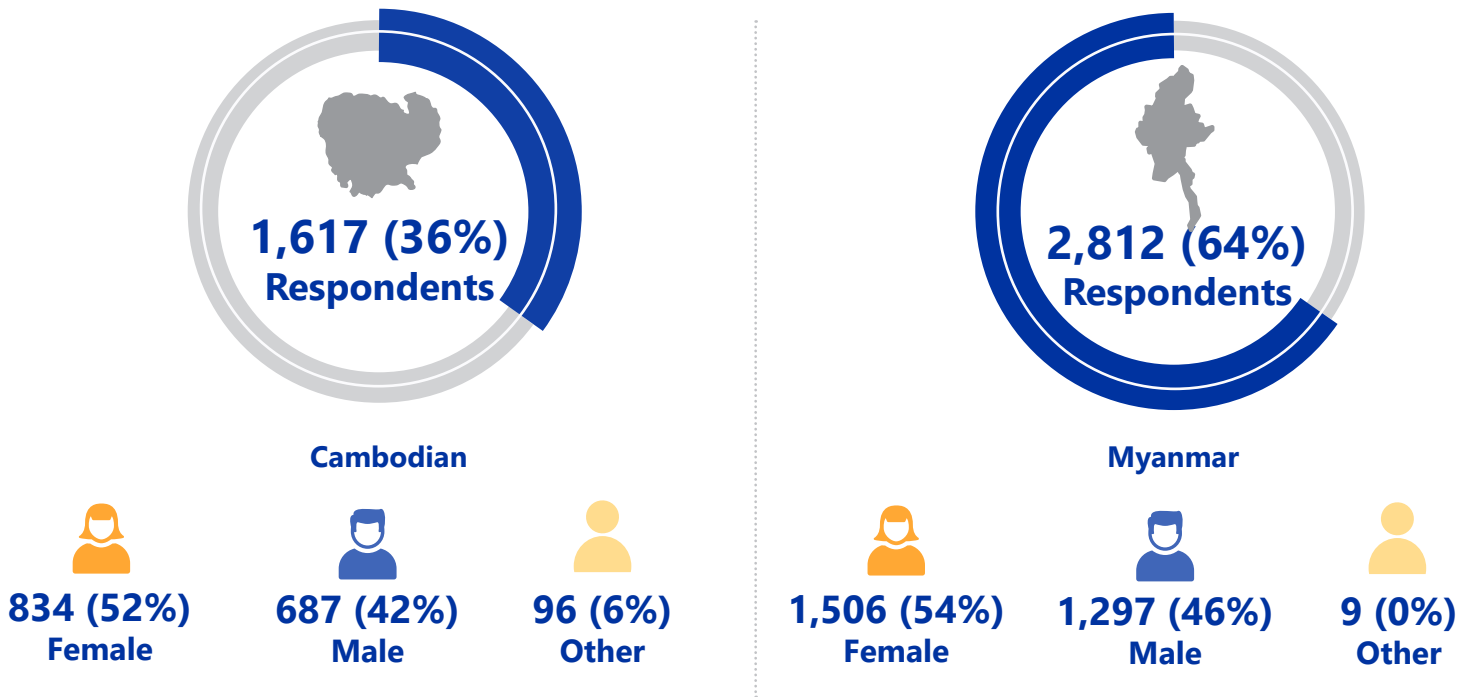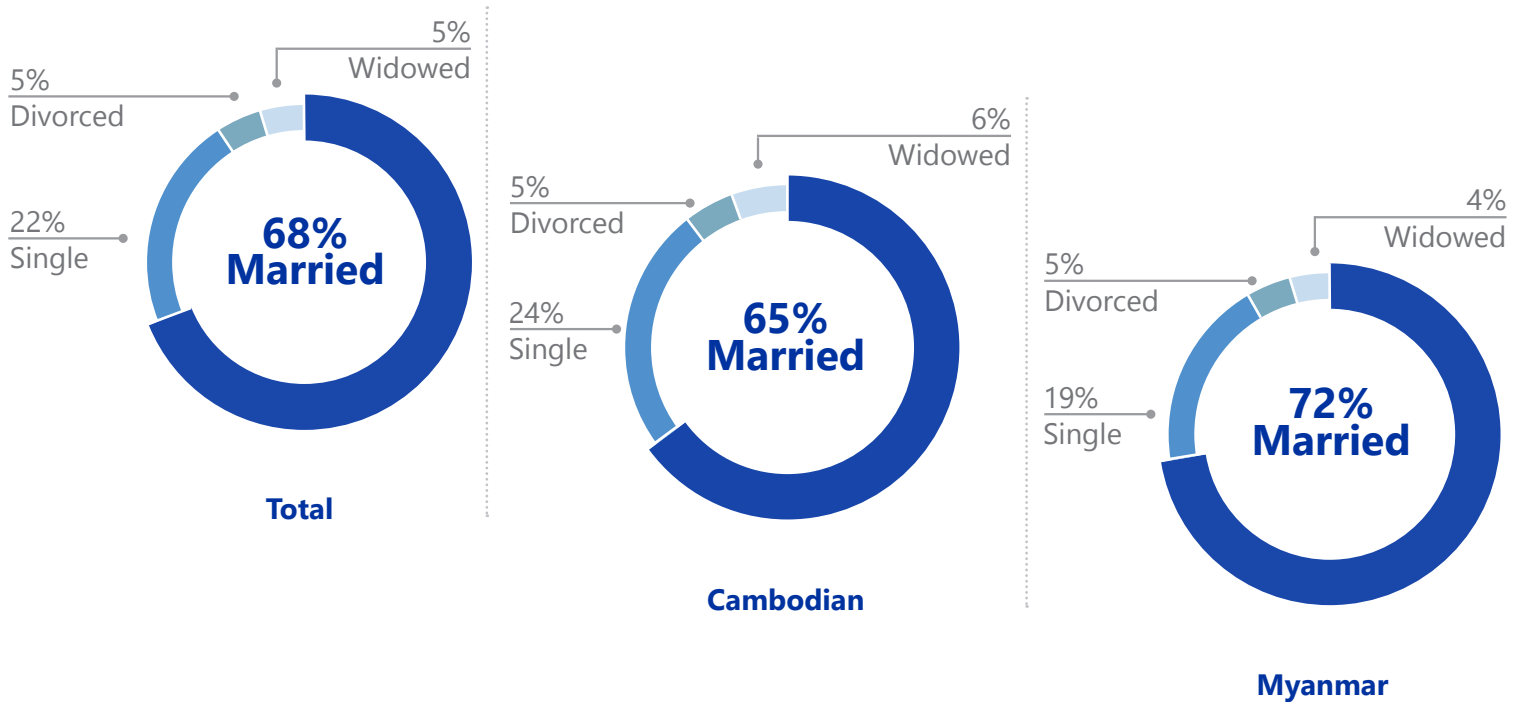
Myanmar

Sixty-four per cent of the sample identified themselves as being of Myanmar origin, and 36 per cent identified as being of Cambodian origin. Females represented the majority of both Cambodian (18%) and Myanmar (34%) sample groups. For both groups, the majority reported being married (Cambodian: 65%, Myanmar: 72%). Twenty-four per cent of Cambodian and 19 per cent of Myanmar migrants reported being single respectively. Overall, 68 per cent of the respondents reported having children.

Figure 5 - Share of Respondents with Children by Nationality

Total 69%

Cambodian 68%

Myanmar 71%

Figure 6 - Average Household Number by Nationality

Total	Cambodian	Myanmar
3.6	3.3	3.7
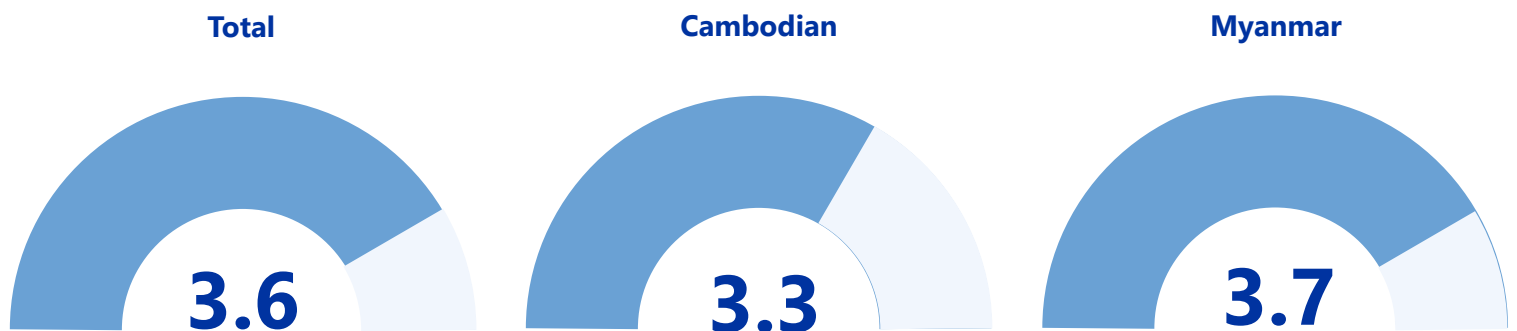
Household size is a benchmark indicator in determining a household's COVID-19 vaccine perception. The likelihood of getting COVID-19 through transmission within a household is high, which is considered one of the primary ways the virus has spread. Overall, the average migrant household size was 3.6, whereas the minimum and maximum records were 1 and 10 persons, respectively. The average household size among Myanmar migrants is slightly higher, with an average of 3.7 compared to 3.3 for the Cambodian migrant sample.

© Anat Duangchan/IOM

Picture 4 - Migrant family in Rayong province

Figure 7 - Education Level by Nationality

● No education ● Primary ● Secondary ● Vocational ● Religious school ● Migrant Learning Centres
● Bachelor's degree or higher

Nationality	No education	Primary	Secondary	Vocational	Religious school	Migrant Learning Centres	Bachelor's degree or higher
Total	32%	41%	22%	1%	1%		1% / 1%
Cambodian	41%	41%	15%	1%			1%
Myanmar	27%	41%	26%	1%	1%	2%	2%
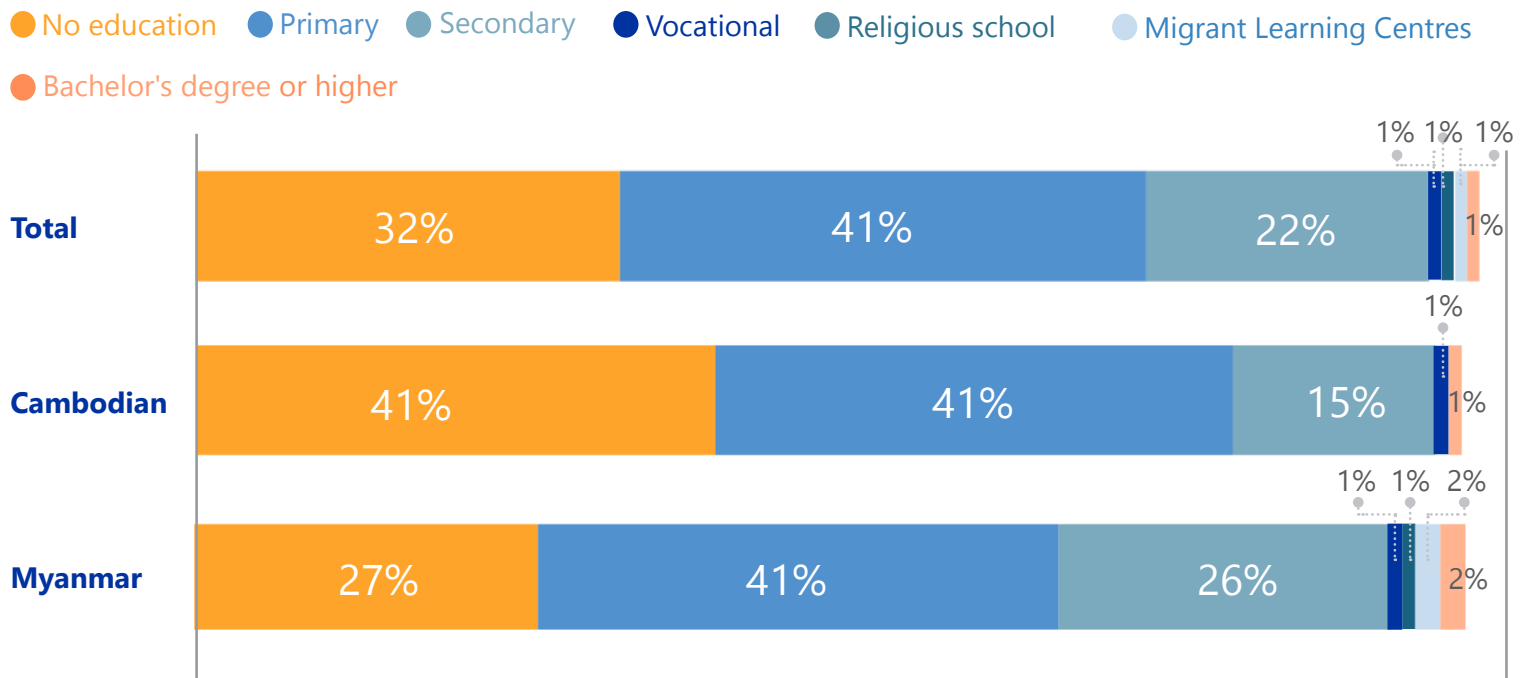
The most commonly reported highest levels of education were primary education (41%) and secondary education (22%). Myanmar respondents were more likely to have completed some level of education as compared to Cambodian respondents (73% compared to 59%), and their education level was generally higher. Overall, 32 per cent of respondents did not have any education. A higher proportion of Cambodian migrants (41%) reported not being educated compared to Myanmar migrants (27%). Overall, only one per cent reported having completed a bachelor's degree or higher levels of education.

Overall, more than half of respondents reported that they have been residing in Thailand for more than nine years (54%), while 15 per cent has lived between five to three years. Eleven per cent has been in Thailand between seven to five years, another 11 per cent between three to one year ago, 8 per cent between nine to seven years ago and two per cent less than one year. The nationality breakdown is almost identical across this variable. It can be observed from the data that a small proportion of migrants moved to Thailand during the COVID-19 restrictions, this is evident from the proportion of respondents that reported residing in Thailand for less than one year as well as between one to three years.

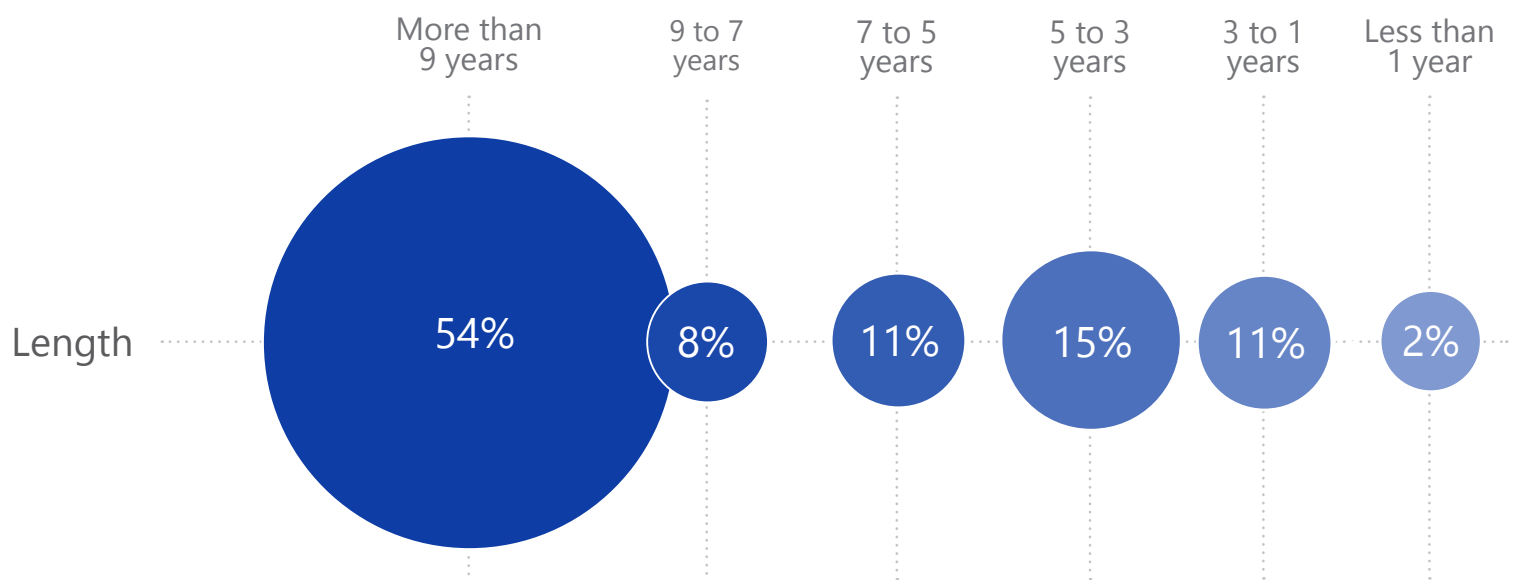Figure 8 - Length of Stay in Thailand

	More than 9 years	9 to 7 years	7 to 5 years	5 to 3 years	3 to 1 years	Less than 1 year
Length	54%	8%	11%	15%	11%	2%

Figure 9 - Share of Respondents with Employment by Nationality

Total

78%
of migrants were employed

Cambodian

83%
of migrants were employed

Myanmar

75%
of migrants were employed
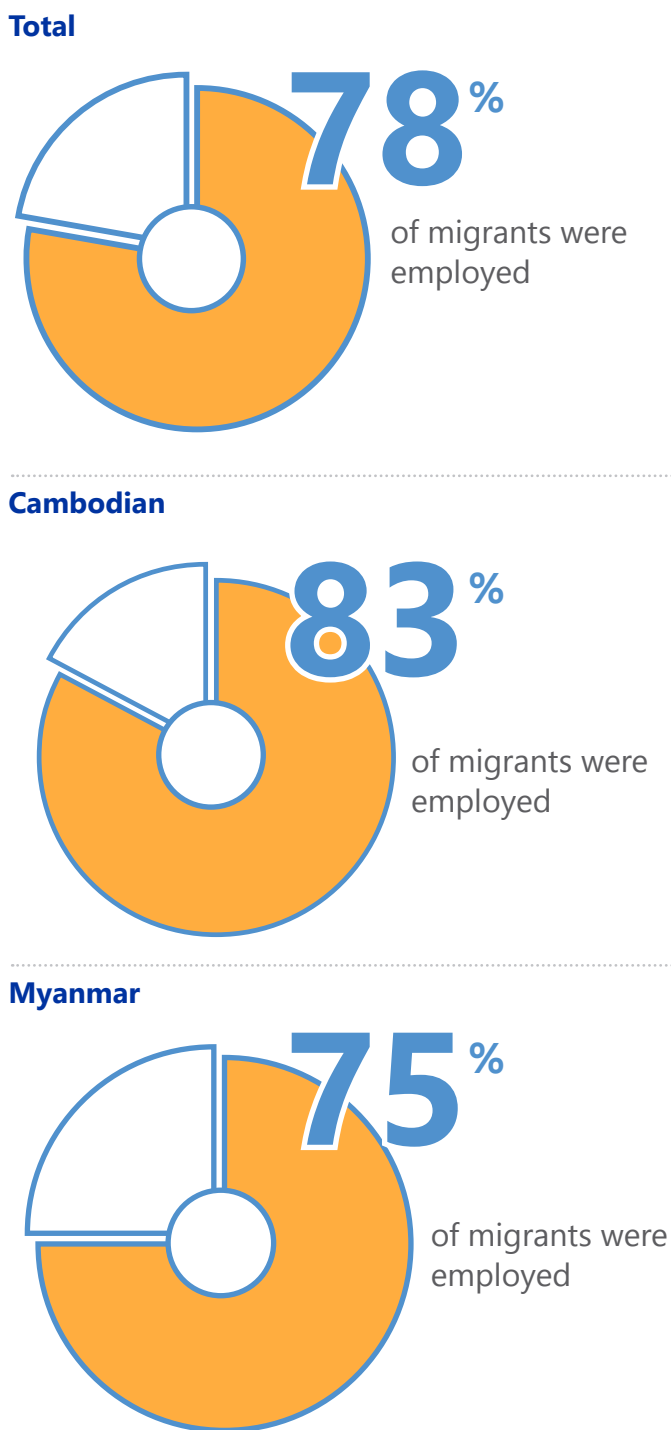
Figure 10 - Primary Sectors of Current Employment by Nationality (Top 3 answers only)

Total

Sector	%
Agriculture/Forestry	18%
Construction	15%
Manufacturing/Other factory work	13%

Cambodian

Sector	%
Fishing	22%
Construction	16%
Manufacturing/Other factory work	16%

Myanmar

Sector	%
Agriculture/Forestry	23%
Construction	14%
Wholesale/retail trade	14%
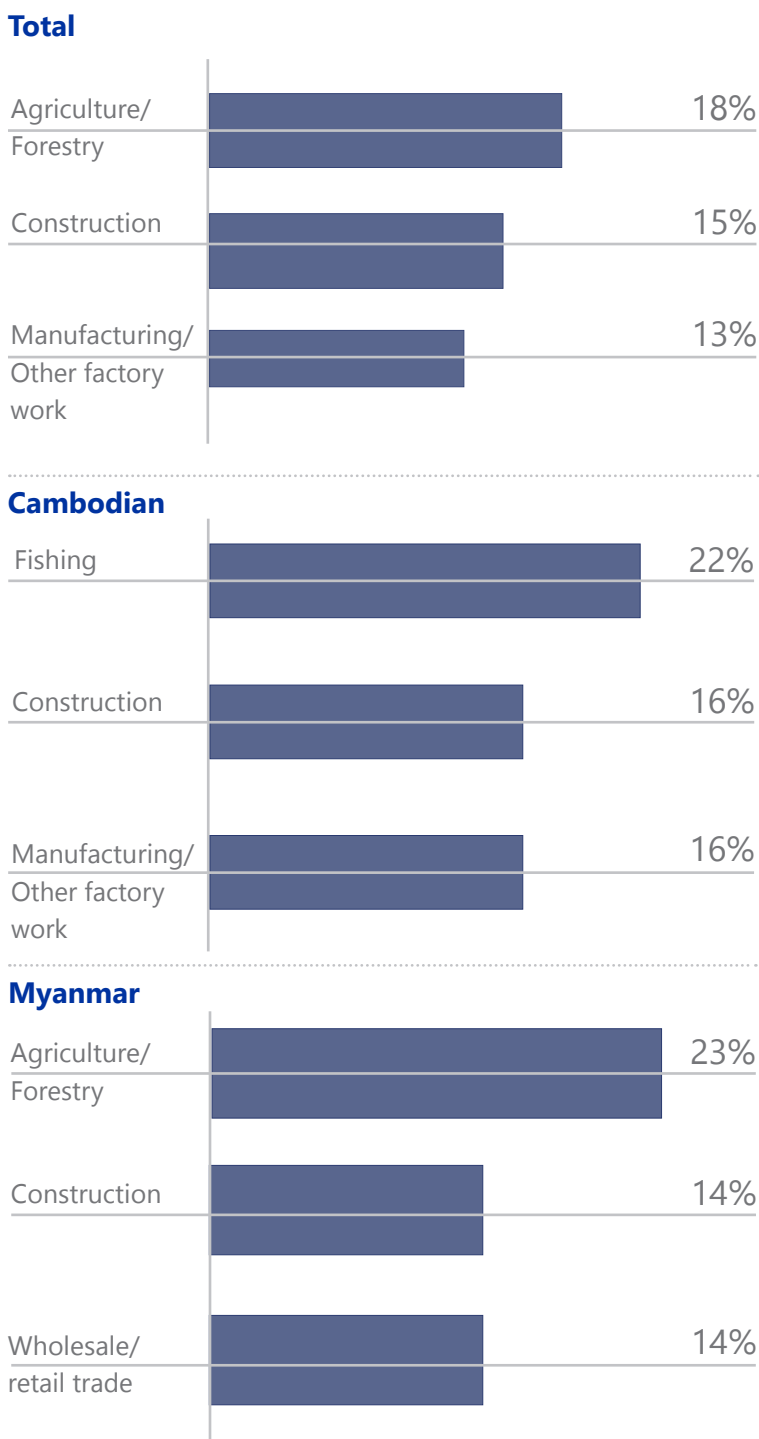
Employment status and workplace culture play a vital role in the likelihood of both being offered and getting vaccinated. To better understand the perception of migrants towards COVID-19 vaccines and vaccine acceptance, respondents were asked questions about their employment situation and work sector. In total, 78 per cent of the sample reported being employed during the data collection period. Overall, Cambodian respondents (83%) were more likely to be employed compared to Myanmar respondents (75%). Ninety-one per cent of male respondents reported being employed, compared to female respondents (66%).

Respondents who reported being employed were further asked to report on the sectors they were employed in, and overall, the highest reported sector was agriculture and forestry (18%), followed by construction (15%), and manufacturing and other factory work (13%). The highest reported sector of employment by Cambodian respondents was fishing (22%), and agriculture and forestry (23%) was the highest reported sector by Myanmar respondents.

Figure 11 - Employment Status by Nationality

● Unemployed ● Employed in the private sector ● Self-employed ● Unpaid family work ● Retired
● Student

Cambodian

2%
3%
5%
14%
1%

75%
Daily wage

Myanmar

3%
4%
8%
10%
17%
1%

57%
Daily wage
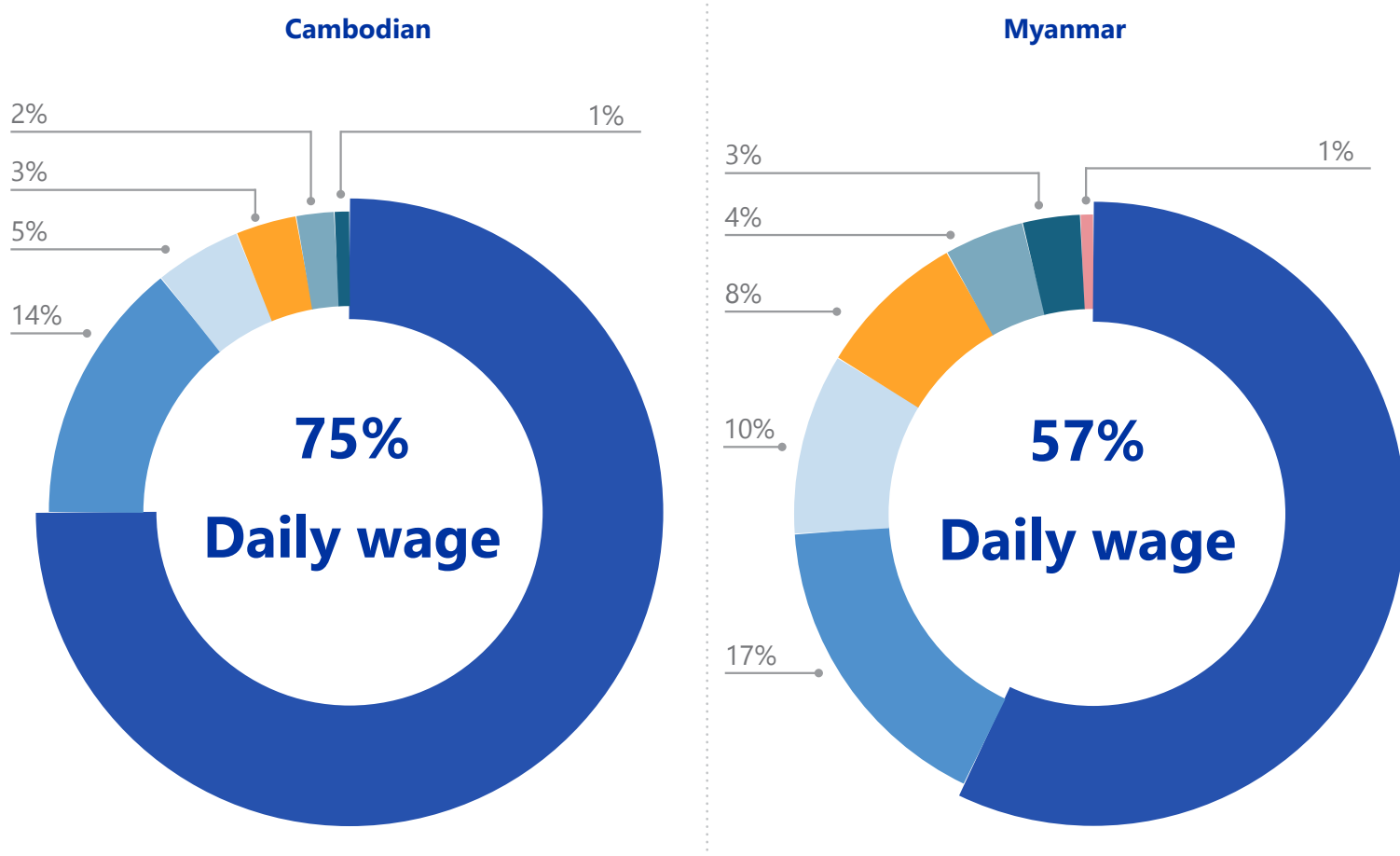
For both population groups, the most common forms of employment are daily wage labour (63%), followed by employment in the private sector (8%), and self-employment (7%). The unemployment rate was 16 per cent overall. Figure 11 provides a breakdown of employment status by population group, highlighting the differences between Cambodian and Myanmar respondents.
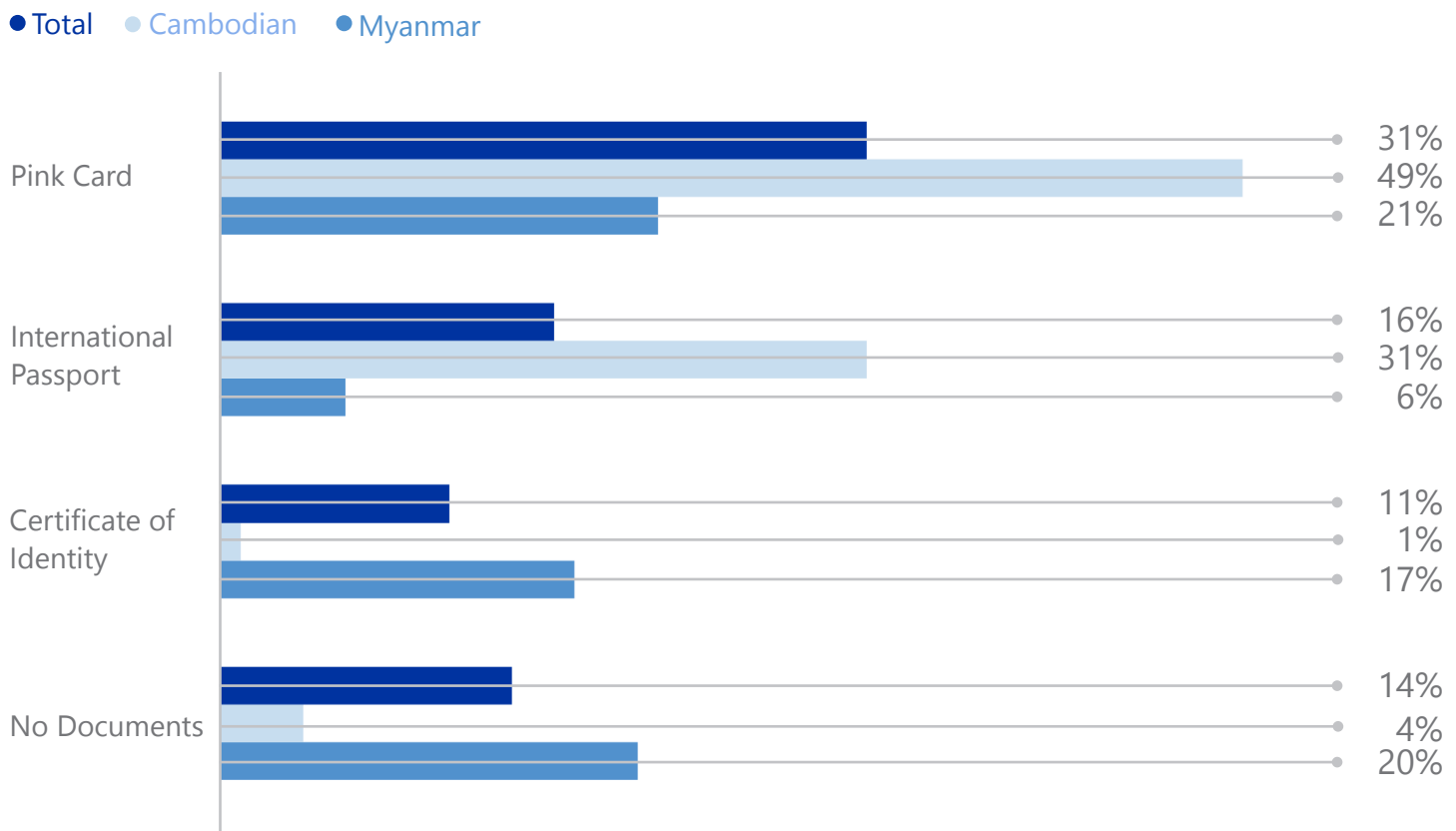
The findings indicate that three out of four Cambodian respondents were employed as daily wage labourers. Nineteen per cent of Cambodian daily wage workers reported having worked in the fishing sector (24%), followed by manufacturing and other factory work (17%). When compared to the Myanmar respondents, 57 per cent were employed on a daily wage basis, mostly in agriculture and forestry (27%) and construction (17%). Unemployment was slightly higher among Myanmar respondents (17%).

Differences between other forms of employment were observed in terms of employment sector. Working for the private sector was higher among Myanmar respondents (10%) than Cambodians (5%). The leading sector for employment in the private sector for Cambodian respondents is arts, entertainment, including performances, and recreation (20%), while manufacturing and other factory work (16%) was the top sector for Myanmar respondents.

Overall, another form of employment among respondents was self-employed (7%), and Myanmar migrants more commonly reported self-employed than Cambodian migrants. Of the 7 per cent of respondents who reported being self-employed at the time of the survey, 40 per cent were working in wholesale or retail trade (Cambodian: 14%; Myanmar: 86%). The findings also indicate that sex trade-related work or work of a sexual nature is more commonly reported among self-employed Cambodian respondents than Myanmar respondents (93% versus 7%).

Figure 12 - Main Documentation Status by Nationality (Top 4 answers only)

● Total ● Cambodian ● Myanmar

	Total	Cambodian	Myanmar
Pink Card	31%	49%	21%
International Passport	16%	31%	6%
Certificate of Identity	11%	1%	17%
No Documents	14%	4%	20%

Another indicator with potential determinant of COVID-19 vaccine hesitancy considered in this study was the documentation status of migrants. Migrants with proper documentation are generally entitled to benefits and support from social services and access to the national government's vaccination scheme. As undocumented migrants have lesser access to key services, they are generally believed to be unprotected and overexposed to COVID-19 infection. Respondents, therefore, were asked about documentation for living in Thailand for tabulation in thematic area 2.

Overall, 31 per cent of the respondents reported having a pink card, followed by a passport (16%), and a Certificate of Identity (11%). Overall, 14 per cent of respondents reported having no documents. A higher proportion of Cambodian migrants reported having

pink cards (57%) compared to Myanmar migrants (43%). Conversely, a higher proportion of Myanmar respondents (96%) reported having a Certificate of Identity relative to Cambodian respondents (4%).

Noticeable differences regarding documents used by respondents were observed in different provinces. Most respondents indicated having an international passport (47%) in greater Bangkok, while a pink card is the most commonly reported by respondents from Chonburi, Chanthaburi, Rayong, and Trat provinces. In Ranong province, where all the respondents were Myanmar migrants, Certificate of Identity (41%) is most commonly reported, while a higher proportion of Myanmar respondents in Tak province reported having no documentation (26%).

Picture 5 - DTM enumerator interviews migrant in Chanthaburi province

© Anat Duangchan/IOM

THEMATIC AREA 2 - COVID-19 VACCINE PERCEPTIONS

Figure 13 - Share of Respondents or Household Members that Self-Reported Testing Positive COVID-19 by Nationality

TOTAL

18%

of respondents or household members contracted COVID-19

Cambodian

26%

of Cambodian respondents or household members contracted COVID-19

Myanmar

13%

of Myanmar respondents or household members contracted COVID-19
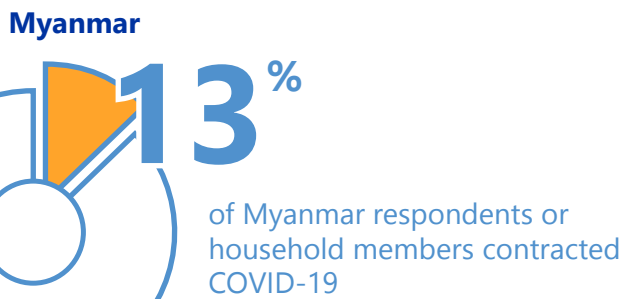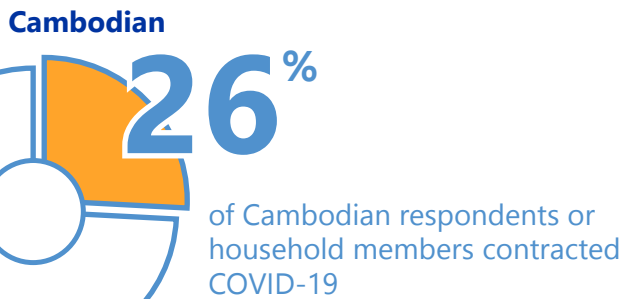
Vaccination can play a crucial role in dealing with pandemics. Respondents were asked a series of questions related to COVID-19 infection, perception, and attitude towards COVID-19 vaccination in thematic area 2.

Overall, 18 per cent of respondents reported that they or someone in their household had tested positive for coronavirus. A higher proportion of Cambodian respondents (26%) reported they or a member in the household tested positive for COVID-19 compared to Myanmar respondents (13%), however this survey was focused on demand side perceptions for vaccination and did not investigate potential barriers to COVID-19 testing for migrants.

Analysis of self-reported COVID-19 infection by employment sector revealed highest rates of self reporting of COVID-19 infection among food processing (41%) and manufacturing and other factory work (33%). This is likely to be associated with living and working conditions for migrant workers within these industries, namely dense workplaces with inadequate ventilation and dormitory accommodation with limited hygiene facilities, which present challenges in adhering to recommended public health and social measures and is consistent with reported concentrated outbreaks among food processing and factory workers.

An interesting observation was made during cross-tabulation of data between respondents who reported they or a household member got COVID-19. Overall, a higher proportion of respondents who reported getting COVID-19 showed more willingness to get vaccinated (n: 779; 84% out of the total 779 respondents) compared to respondents who reported not getting COVID-19 (n: 3,641; 65% out of the total 3,641 respondents).

Figure 14 - Share of Respondents or Household Members that Self-Reported Testing Positive COVID-19 by Sector of Employment (Top 4 answers only)

41%	33%	17%	17%
Food processing	Manufacturing and other factory work	Construction	Hotels/ Accomodation/ Restaurants
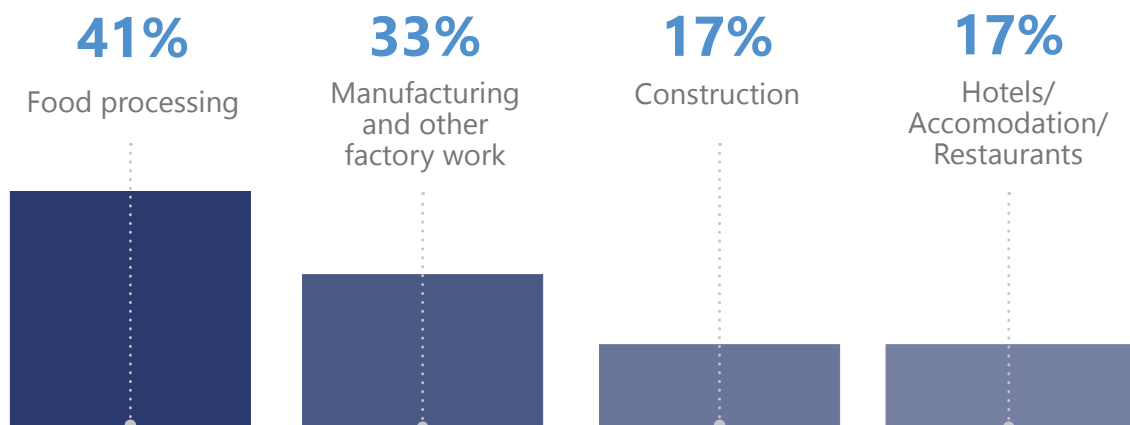
Figure 15 - Concern Level about Getting COVID-19

A	49%
Very Concerned	
B	21%
Moderate Concerned	
C	18%
A Little Concerned	
D	12%
Not At All Concerned	

Figure 16 - COVID-19 Vaccine Status

TOTAL
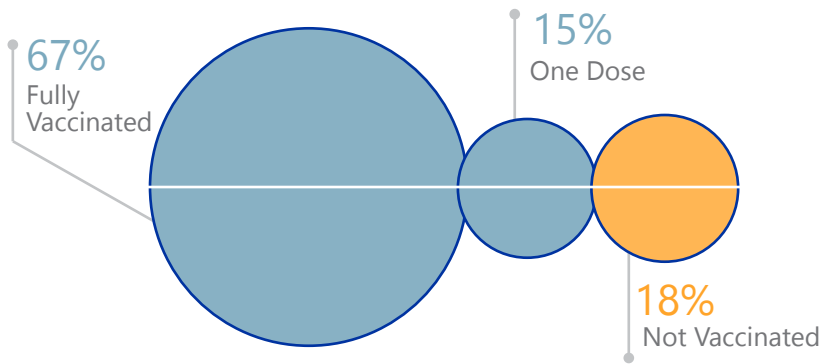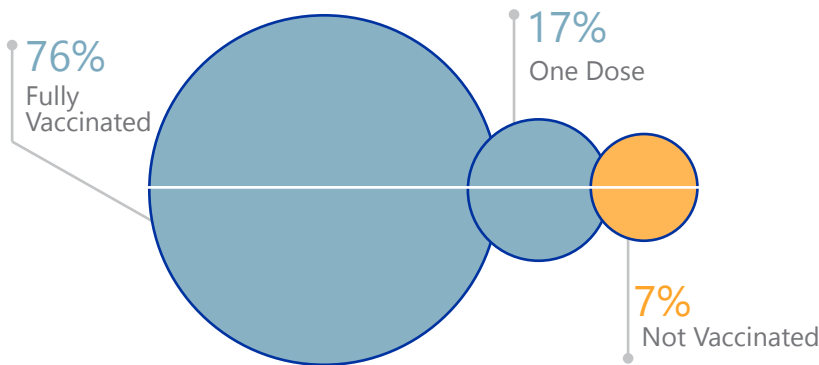
67% Fully Vaccinated

15% One Dose

18% Not Vaccinated

18% of respondents reported that they have **not** been vaccinated.

Cambodian

76% Fully Vaccinated

17% One Dose

7% Not Vaccinated

7% of Cambodian respondents reported that they have **not** been vaccinated.

Myanmar

61% Fully Vaccinated

19% One Dose

20% Not Vaccinated
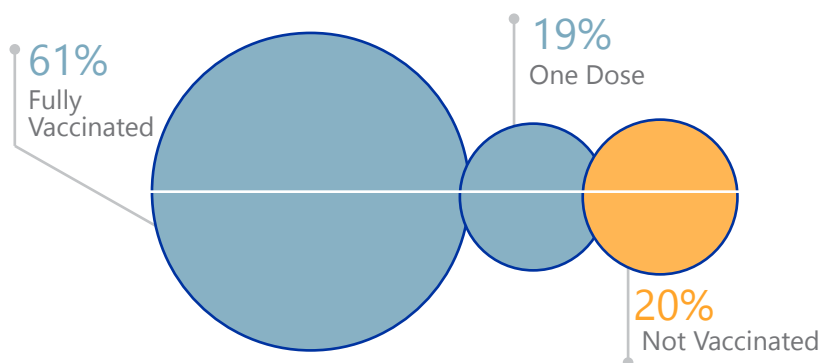
20% of Myanmar respondents reported that they have **not** been vaccinated.

Figure 17 - COVID-19 Vaccine Status by Sex

● Fully vaccinated ● One dose ● Not vaccinated

Female

Male

Other

Respondents were asked to report on the overall concern of getting COVID-19, 88 per cent of respondents reported having concerns about getting COVID-19. Only 12 per cent of respondents reported having no concern. 'Very concerned' is m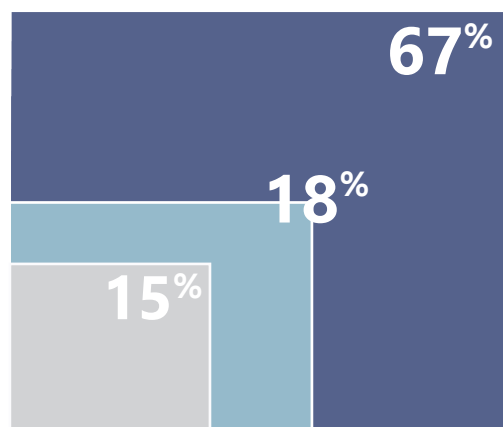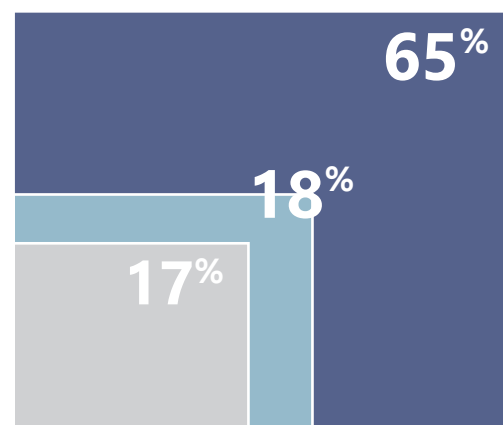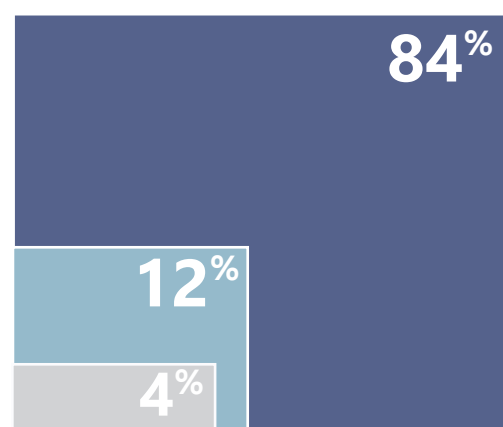ost commonly reported among Cambodian respondents (51%) given their higher percentage of COVID-19 infection rate reported in this assessment.
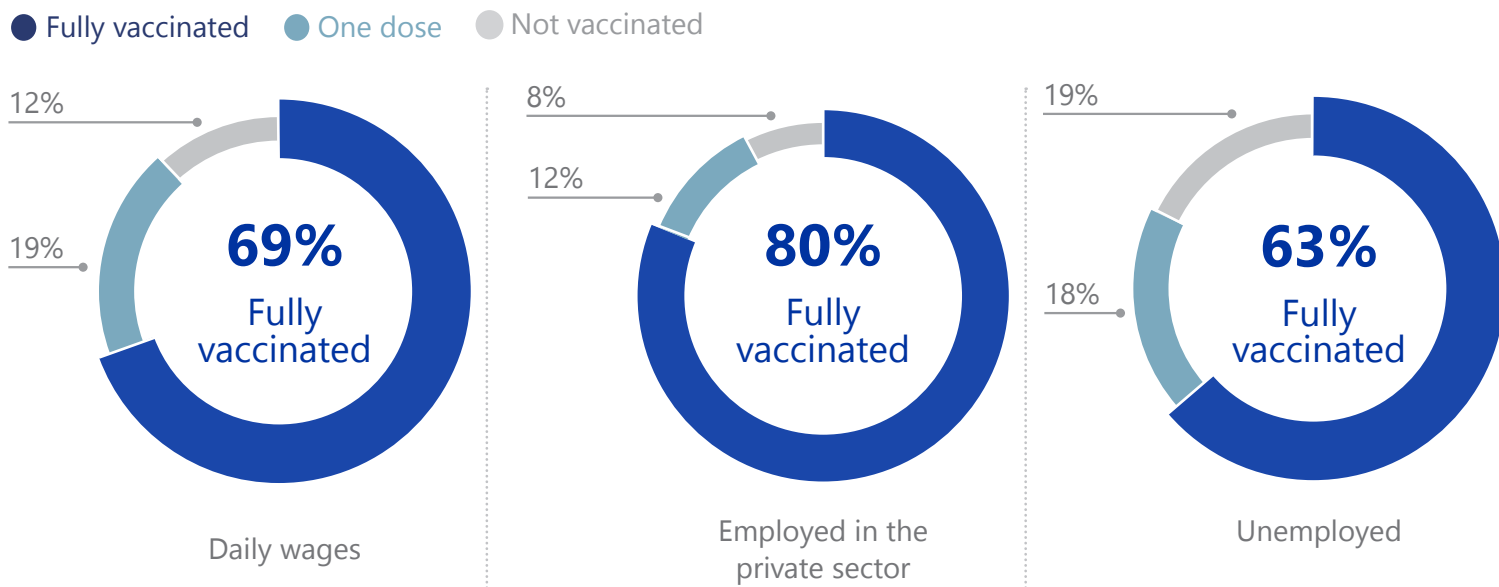
In order to unpack the perception and attitude toward COVID-19 vaccine acceptance and hesitancy of the migrant communities, it is crucial to explore further the vaccine status of migrants residing in Thailand. Respondents were asked to report on their vaccine status. For this survey, a vaccinated person refers to someone who has received at least one dose of a vaccine, and a fully vaccinated person has received a two-dose vaccine. DTM enumerators did not verify vaccine status by checking respondent's vaccine certificate, hence this question may carry self-reporting biases.

Overall, the data indicated that 67 per cent of respondents were fully vaccinated, 15 per cent had received one dose, and 18 per cent were unvaccinated. When looking at the vaccine status by nationality, 93 percent of the Cambodian respondents are vaccinated, while 80 percent of Myanmar respondents are.

Differences also observed when looking at the vaccine status by sex. Figure 17 provides a breakdown of the vaccine status by population group, highlighting the differences between females, males, and third gender. The data indicates that almost all of the third gender (96%) reported receiving at least one dose of the vaccine, while 85 per cent of female respondents and 83 per cent of male respondents are vaccinated.

When cross-referencing vaccine status with education level, the highest percentage of respondents who received at least one vaccine dose reported being completed some vocational training (96%), followed by secondary education (90%). The findings also indicated that 80 per cent of respondents who reported did not have any education are vaccinated.

18

Figure 18 - COVID-19 Vaccine Status by Employment Status (Top 3 answers only)

● Fully vaccinated ● One dose ● Not vaccinated

69% Fully vaccinated — Daily wages
- 12%
- 19%

80% Fully vaccinated — Employed in the private sector
- 8%
- 12%

63% Fully vaccinated — Unemployed
- 19%
- 18%

When looking at the vaccine status by the employment status, the primary employment status that has the most fully vaccinated respondents identified in this assessment were employment in the private sector (80%), followed by daily wages (69%), and unemployment (63%). Nineteen per cent of unvaccinated respondents were high amongst those reported as unemployed.

Seventy-five percent of respondents who reported working in manufacturing and other factory work received two doses. Manufacturing sector is one of the sectors where migrants are predominately employed (Department of Employment, 2021). 'The Factory Sandbox' pilot programme could be one of many factors that explained the high percentage of fully vaccinated respondents in the manufacturing sector. The Royal Thai Government launched the programme in August 2021, aiming to test, vaccinate and isolate factory workers to minimize the level of COVID-19 related disruptions to the export-driven manufacturing industry.

However, the data demonstrate that the 90 per cent of the respondents who reported being worked in the construction sector received at least one dose of the vaccine, followed by manufacturing and other factory work (89%), and wholesale-retail and trade (87%). In comparison, 40 per cent of unvaccinated respondents mostly worked in the agricultural sector.

Figure 19 - COVID-19 Vaccine Status by Work Sector (Top 3 answers only)

● Fully vaccinated ● One dose ● Not vaccinated

77% Fully vaccinated — Hotels/ Accomodation/ Restaurants
- 2%
- 22%

85% Fully vaccinated — Fishing
- 2%
- 12%

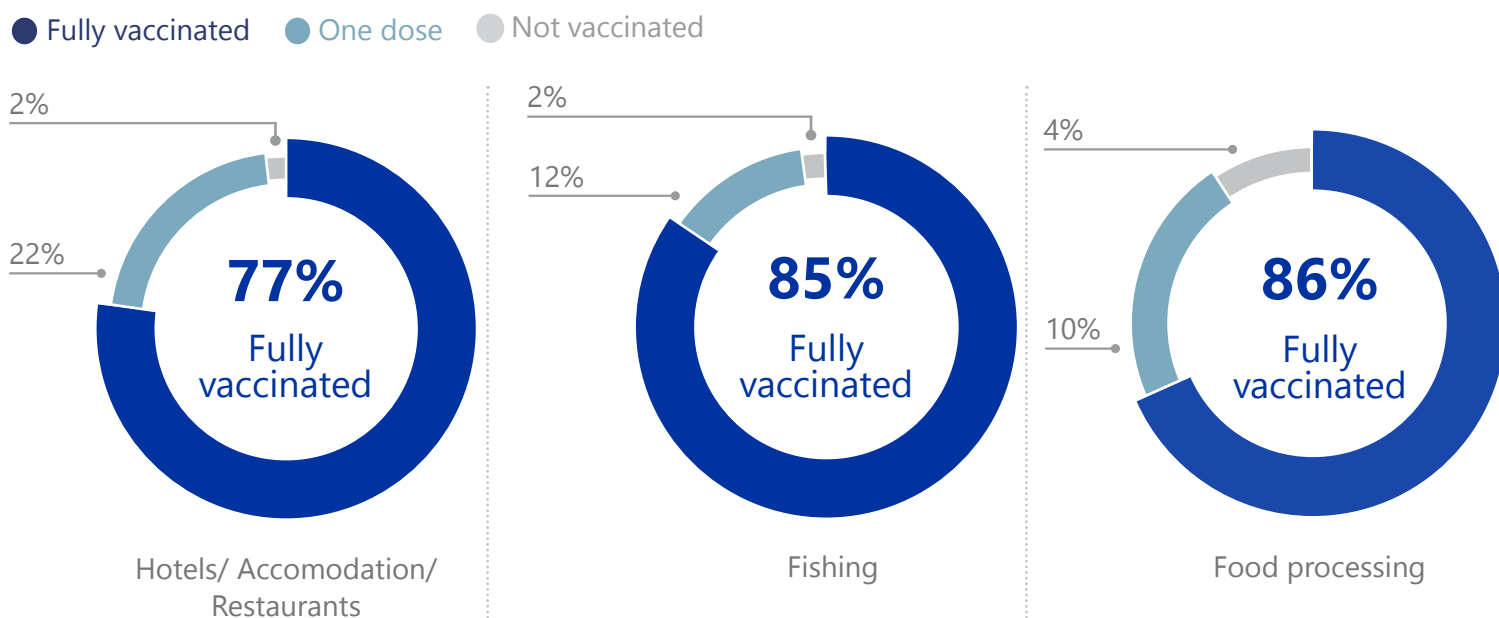**86%** Fully vaccinated — Food processing
- 4%
- 10%

Figure 20 - COVID-19 Vaccine Status by Documentation Status (Top 4 answers only)

To further ascertain who is and is not getting inoculated, it is also essential to look at a disparity in vaccination rates between undocumented and documented migrants. Pink card (66%) is the most common type of document held by migrants who reported being fully vaccinated (36%) and received at least one dose of the vaccine (30%), followed by an international passport (36%), and Certificate of Identity (22%). Only one in four respondents (25%) reported having no documents but were vaccinated. In comparison, 39 percent of unvaccinated respondents reported having no documentation. Twelve per cent of unvaccinated respondents held pink card; 7 per cent had an international passport, and 4 percent held a Certificate of Identity. The data indicates a gap in vaccination rates between documented and undocumented (83% versus 16%).

A similar trend is shown when exploring further on vaccine status breakdown by each documentation status. More than three-quarters of respondents who held the Certificate of Identity, pink card, and international passport are being vaccinated, while almost half (42%) of respondents who have no documents were unvaccinated.

● Pink card   ● International passprt   ● Certificate of Identity   ● No documents   ● Other
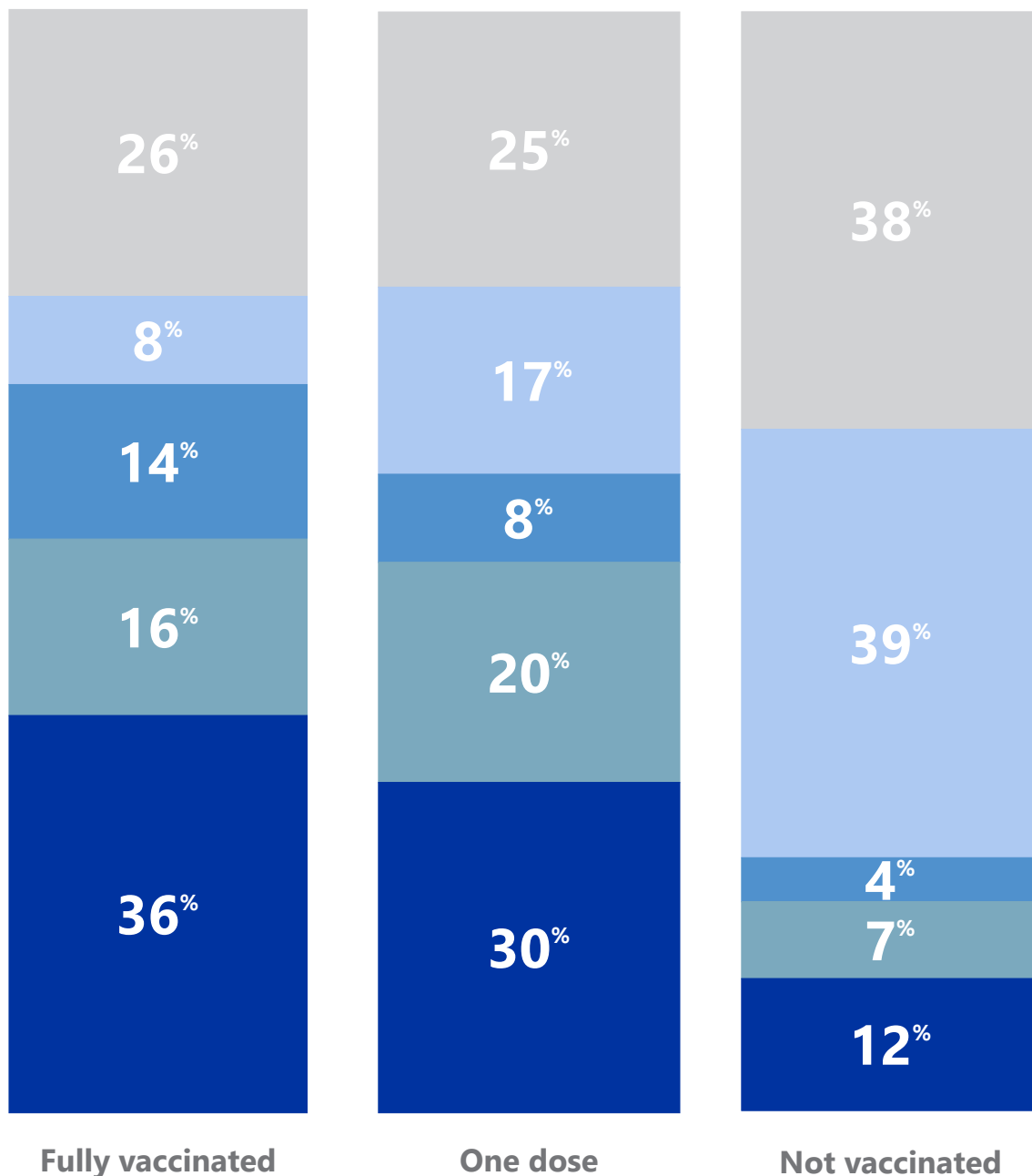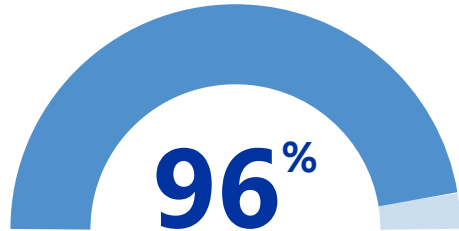

Fully vaccinated	One dose	Not vaccinated

Figure 21 - Knowledge about The Availability of COVID-19 Vaccines

Note: This question was only asked to respondents who reported being unvaccinated.

Figure 22 - Willingness to Get Vaccinated Against COVID-19 Among Unvaccinated Respondents

TOTAL

96%

of respondents reported that they are aware of the availability of vaccines in Thailand.

ACCEPTANCE

68%
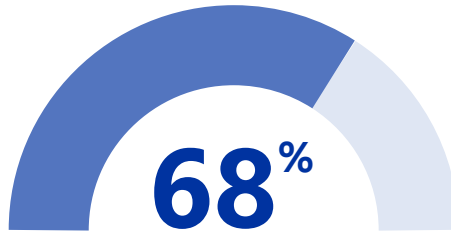
of respondents who reported being unvaccinated would get vaccinated against COVID-19 when one becomes available.

HESITANCY/REFUSAL

32%
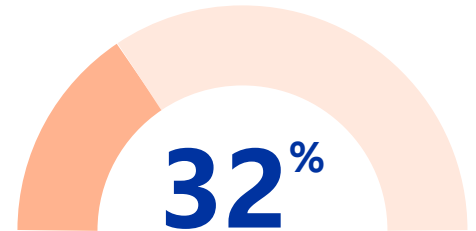
of respondents who reported being unvaccinated are hesitant or **would not** get vaccinated against COVID-19 when one becomes available.

Figure 23 - Share of COVID-19 Vaccine Acceptance, Hesitancy, and Refusal by Nationality

Note: Question only asked person who are unvaccinated.
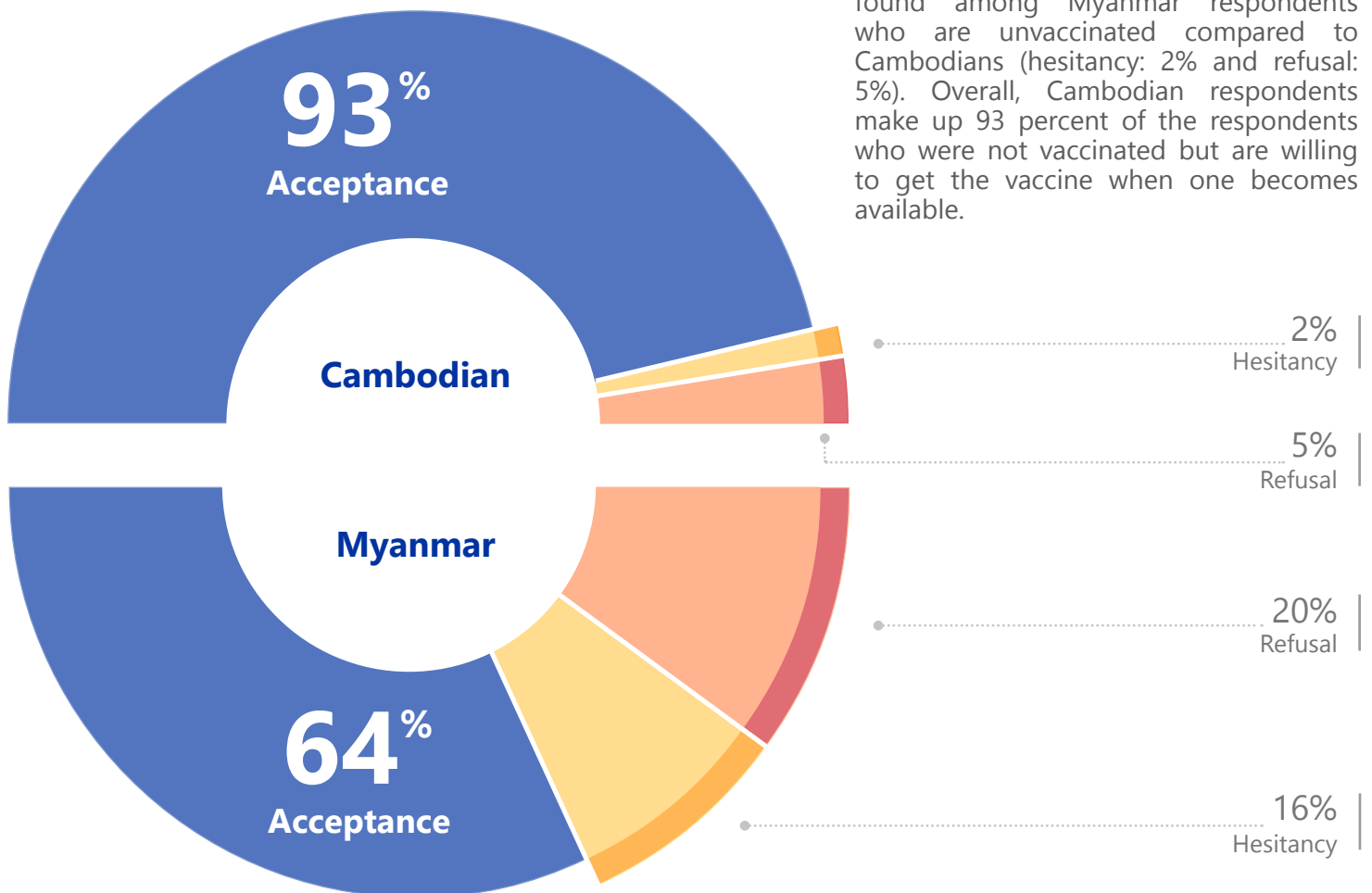
Looking at the nationality breakdown for both population groups, relatively higher rates of hesitation (16%) and refusal (20%) to be vaccinated against COVID-19 were found among Myanmar respondents who are unvaccinated compared to Cambodians (hesitancy: 2% and refusal: 5%). Overall, Cambodian respondents make up 93 percent of the respondents who were not vaccinated but are willing to get the vaccine when one becomes available.

93%
Acceptance

Cambodian

Myanmar

64%
Acceptance

2% Hesitancy

5% Refusal

20% Refusal

16% Hesitancy

Figure 24 - Share of COVID-19 Vaccine Acceptance, Hesitancy, and Refusal by Sex

Note: Question only asked person who are unvaccinated. One percent of male respondents did not want to answer.

● Acceptance ● Hesitancy ● Refusal

Female
16% |
12% |
72% |

Male
20% |
15% |
64% |
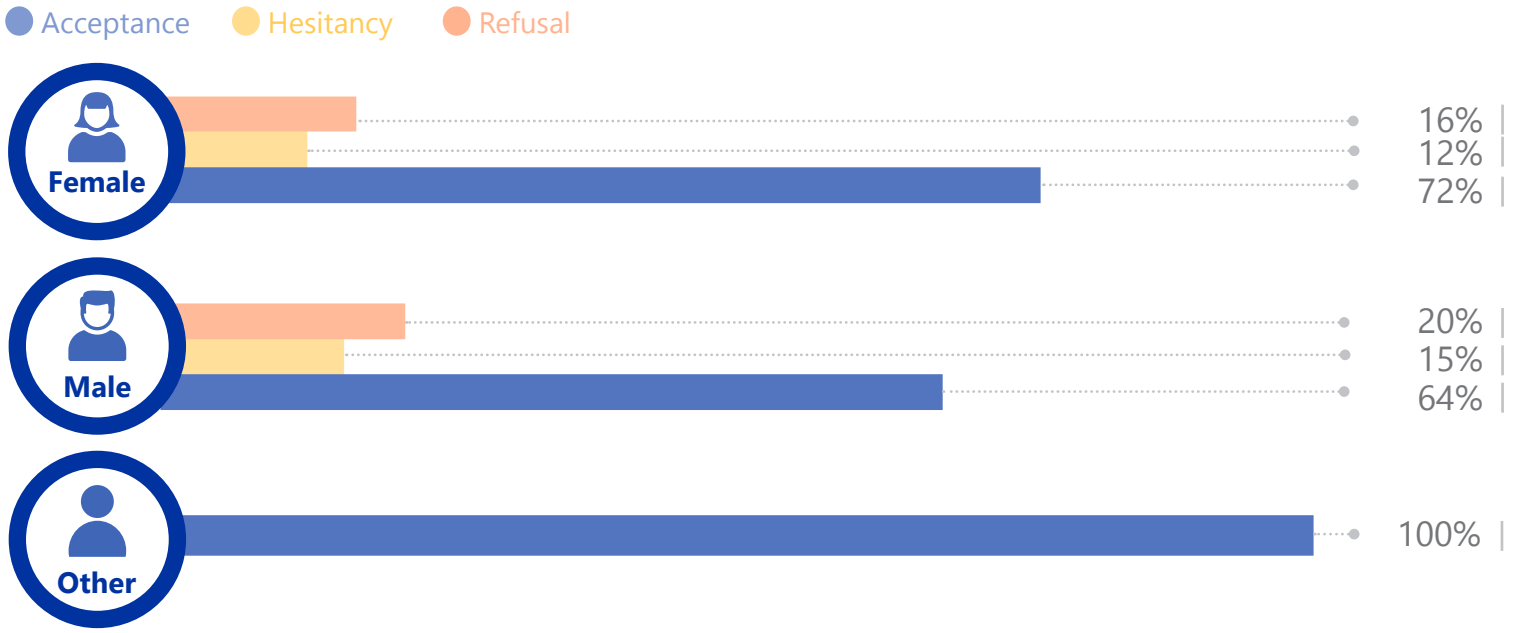
Other
100% |

Among the total population who have not received a vaccine dose, all other gender (100%) reported willingness to get vaccinated if it was available to them. The data also indicates that female respondents (72%) were more likely than male respondents (64%) to get vaccinated against COVID-19. A slightly higher proportion of male respondents (35%) reported being hesitant or not willing to get vaccinated than female respondents (28%).

Interesting differences could be noticed when looking at the perception toward the COVID-19 vaccine by the employment sector. The data indicate that the share of respondents who worked in construction (82%) was more likely to get a vaccinate compared to the agricultural sector (61%) and wholesale-retail and trade (51%). In contrast, vaccine hesitancy is highest among respondents who worked in wholesale retail and trade. More than one-fifth (23%) of unvaccinated respondents who work in agriculture and forestry indicated an unwillingness to vaccinate.

Figure 25 - Share of COVID-19 Vaccine Acceptance, Hesitancy and Refusal by Sector of Employment

Note: Question only asked person who are unvaccinated. One pre cent of respondents in agriculture and forestry did not want to answer; top 3 answers only.

● Acceptance ● Hesitancy ● Refusal

Agriculture and forestry
| 23%
| 15%
| 61%

Wholesale/ retail trade
| 22%
| 27%
| 51%

Construction
| 10%
| 8%
| 82%

Figure 26 - Share of COVID-19 Vaccine Acceptance, Hesitancy, and Refusal by Documentation Status

Note: One per cent of respondents who did not have documents did not want to answer. This question was only asked to respondents who reported being unvaccinated. Top 3 answers shown below.

● Acceptance   ● Hesitancy   ● Refusal
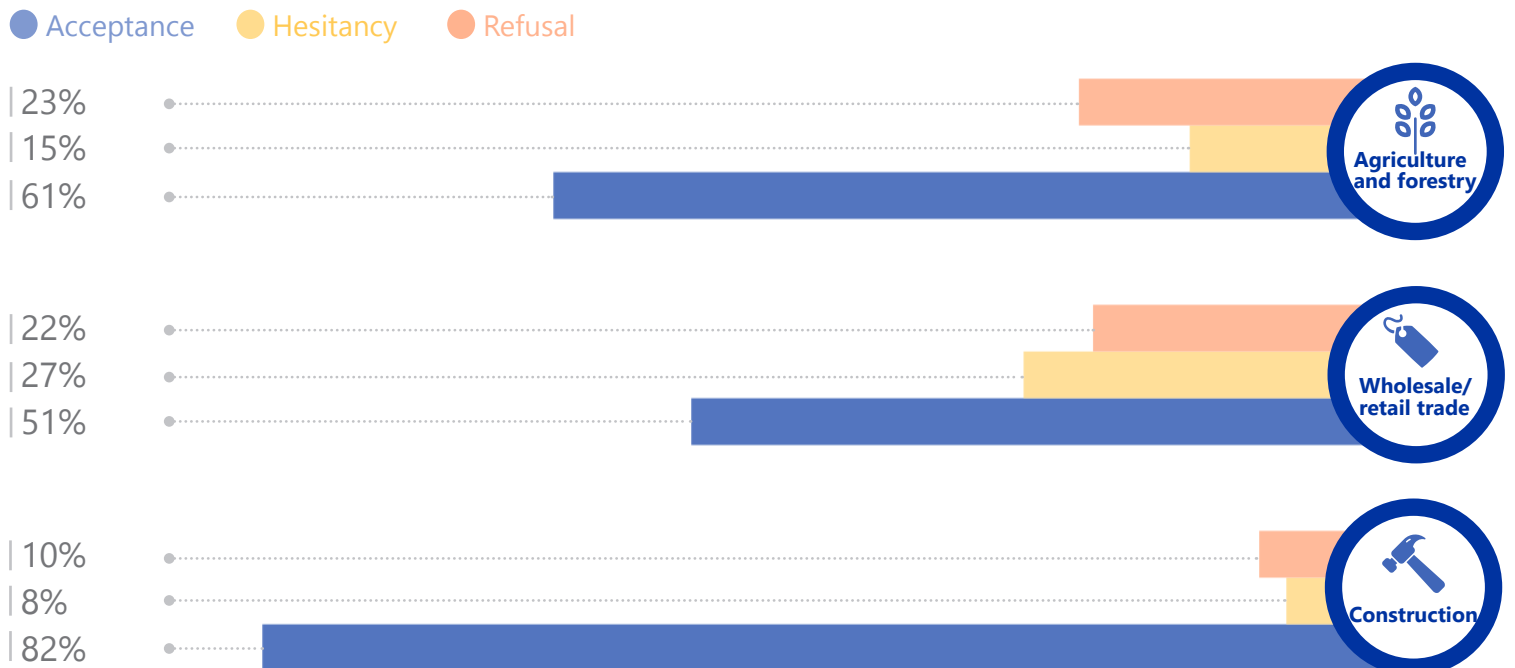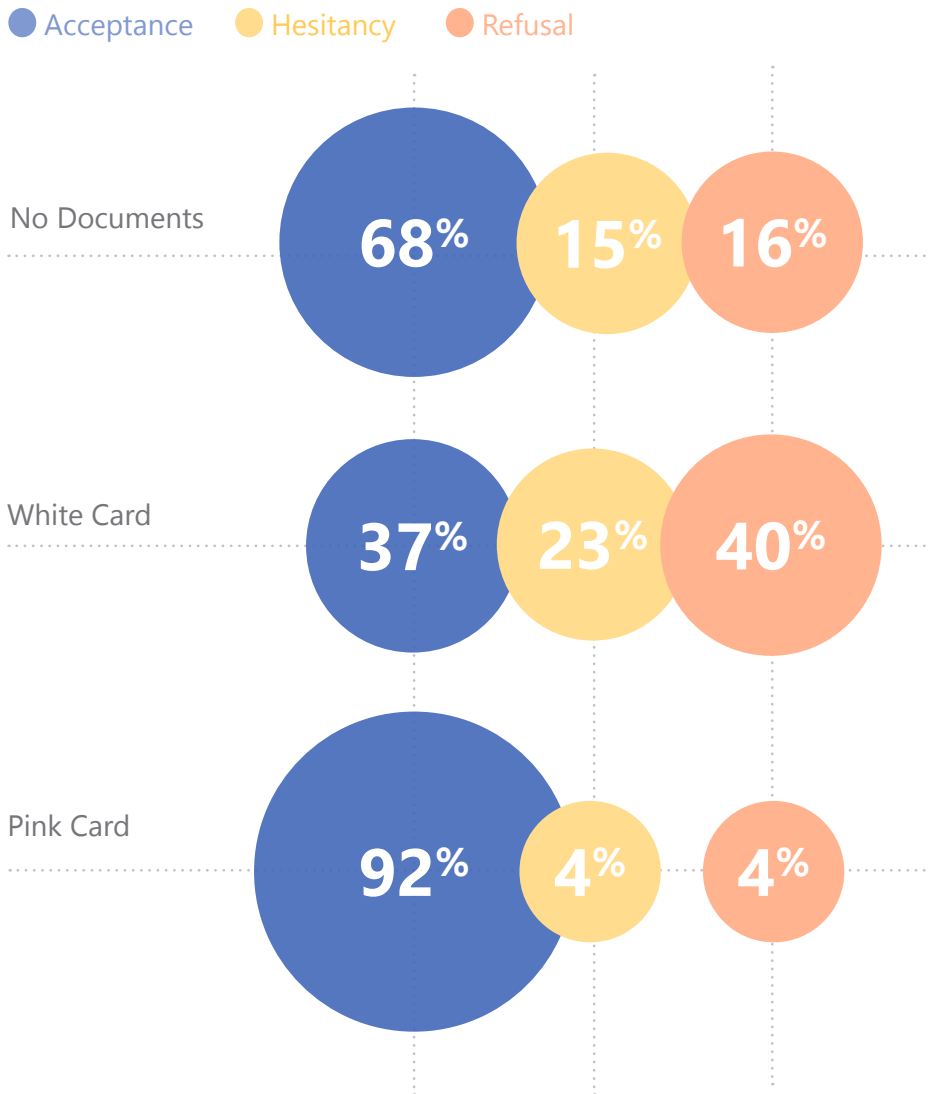
	Acceptance	Hesitancy	Refusal
No Documents	68%	15%	16%
White Card	37%	23%	40%
Pink Card	92%	4%	4%

When cross-referencing COVID-19 vaccine perception with the type of document respondents use to stay in Thailand, the data indicates that ninety-two per cent of unvaccinated respondents who held pink cards indicated a willingness to vaccinate when one becomes available. In comparison, 8 per cent were hesitant (4%) or refused to get vaccinated.

Of the 39 per cent of unvaccinated respondents who indicated having no documents, 68 per cent were willing to get vaccinated, and 31 percent were hesitating (15%) or not willing (16%).

Overall, higher rates of hesitation (23%) and refusal (40%) to get vaccinated against COVID-19 were revealed among unvaccinated respondents who reported having a white card. Less than half (37%) of the respondents who had a white card showed willingness toward getting the COVID-19 vaccine.
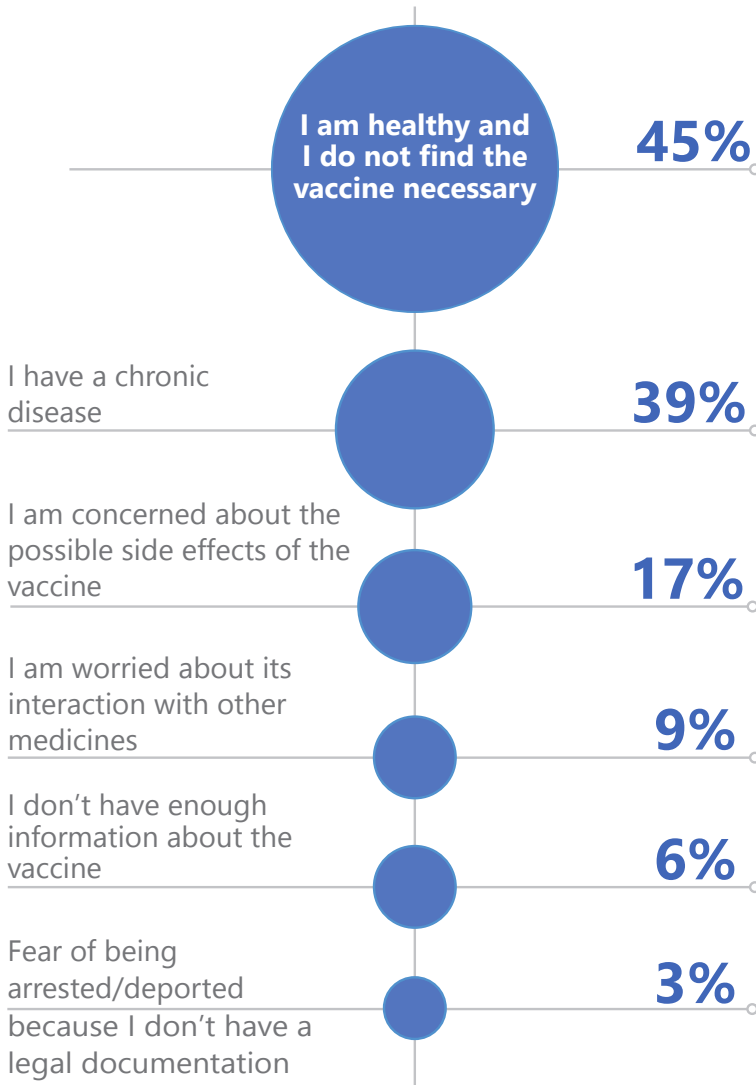
Picture 6 - Migrant family in Tak province
© Anat Duangchan/IOM

Figure 27 - Main Reasons for COVID-19 Vaccine Hesitancy and Refusal

Note: This question was only asked to respondents who reported being hesitant or refused to get the COVID-19 vaccine. Respondents could choose more than one option; top 6 options are displayed.

I am healthy and I do not find the vaccine necessary — **45%**

I have a chronic disease — **39%**

I am concerned about the possible side effects of the vaccine — **17%**

I am worried about its interaction with other medicines — **9%**

I don't have enough information about the vaccine — **6%**

Fear of being arrested/deported because I don't have a legal documentation — **3%**

Respondents who reported being unvaccinated, unwilling, and refused to receive the COVID-19 vaccine were asked to indicate possible reasons for hesitation to get vaccinated. An array of reasons were reported by respondents.

The most commonly reported reason was COVID-19 vaccine not necessary for healthy people (45%), followed by having a chronic disease that is more likely to get worst from getting COVID-19 vaccination (39%), concerns about the possible side effects (17%), uncertainty around the interaction with other medicines (9%), insufficient vaccine information (6%). Fewer respondents (3%) also reported fear of being arrested or deported because of their immigration status.

Seventeen per cent of respondents who reported concerns of possible side effects believe that the COVID-19 vaccine could lead to death (50%); cause paralysis (19%); worsen chronic conditions (8%), and weaken the immune system (8%).

Figure 28 - Main Side Effects

Note: This question only asked to 32 respondents who reported being concerned about the side effects of that vaccine. Most common answers are displayed.

50% Death

19% Getting paralyzed

8% Chronic conditions become worse

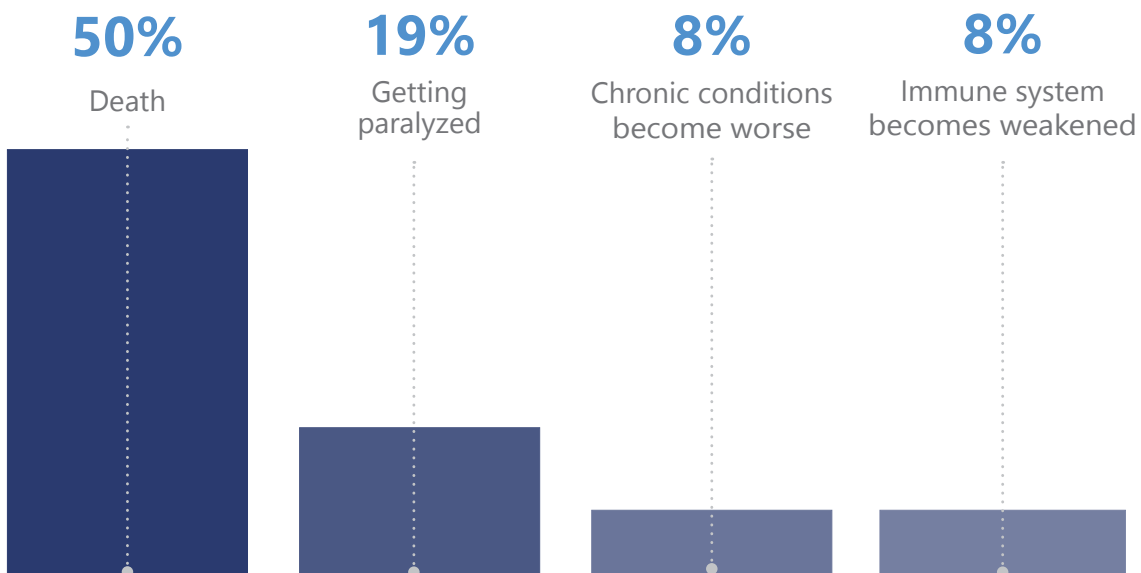**8%** Immune system becomes weakened

Figure 29 - Main reasons for COVID-19 Vaccine Hesitancy and Refusal by Nationality

Note: This question was only asked respondents who reported being hesitant or refused to get the COVID-19 vaccine. Respondents could select more than one option and on top 6 answers are displayed.

● Cambodian   ● Myanmar

I am healthy and I do not find the vaccine necessary
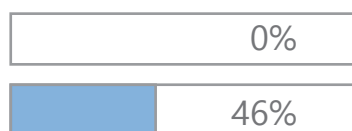
0%	(Cambodian)
46%	(Myanmar)

I have a chronic disease

37%	(Cambodian)
75%	(Myanmar)

I am concerned about the possible side effects of the vaccine

88%	(Cambodian)
14%	(Myanmar)

I am worried about its interaction with other medicines

25%	(Cambodian)
8%	(Myanmar)

I don't have enough information about the vaccine

25%	(Cambodian)
5%	(Myanmar)

Fear of being arrested/ deported because I don't have a legal documentation

13%	(Cambodian)
3%	(Myanmar)
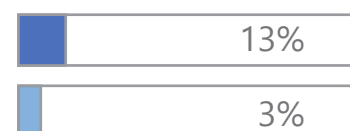
Differences between Cambodian and Myanmar respondents were observed regarding reasons for COVID-19 vaccine hesitancy and refusal. A majority of Cambodian respondents (88%) who did not want to get vaccinated are concerned about the vaccine's possible side effects, compared to Myanmar respondents (14%). In comparison, higher proportion of Myanmar respondents reported severe chronic conditions (75%) as one of the primary reason for vaccine hesitancy than Cambodian respondents (37%). Forgoing vaccination due to fear of being arrested or deported due to lack of legal documentation was related to vaccine hesitancy and refusal, with Cambodian respondents (13%) more likely to be hesitant or refuse vaccination than Myanmar respondents (3%). Almost half of the Myanmar respondents (46%) believe that vaccination is unnecessary because they are already in good health; whereas none of the Cambodian respondents reported being already healthy as a reason for hesitancy or refusal to be vaccinated.

The main hesitancy and refusal on COVID-19 vaccine uptake among Thai nationals identified in the Department of Mental Health study indicate that 54 per cent of Thai nationals carry similar concerns about side effects as respondents in the IOM's COVID-19 vaccine perception survey.[8]

Picture 7 - DTM enumerator interviews a migrant in Ranong province

8. กรมสุขภาพจิต เปิดเหตุผลคนไม่ฉีดวัคซีนโควิด-19 เร่งเดินหน้าสร้างความเชื่อมั่น ปรับกลยุทธ์ให้คนมาฉีดวัคซีน 19. Home. (n.d.) Retreived from https://workpointtoday.com/vaccines-4/
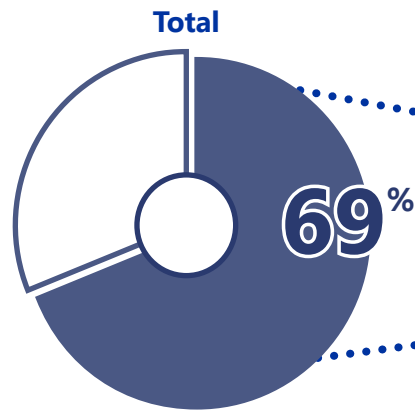
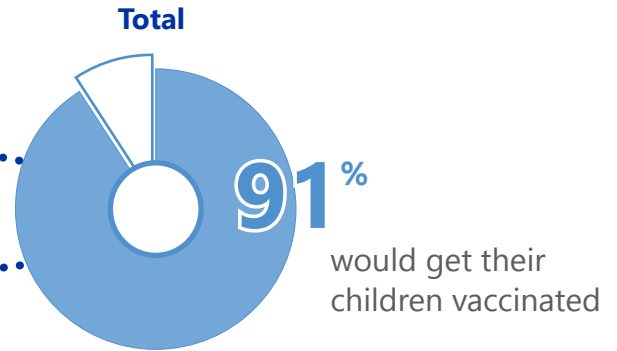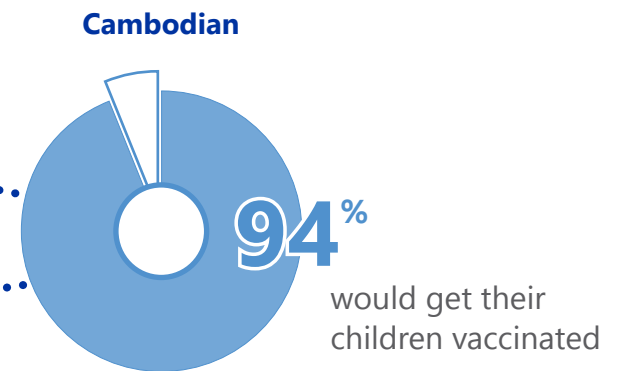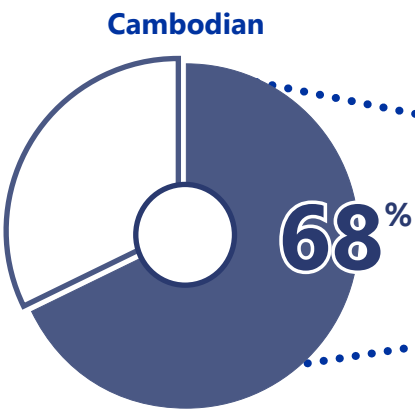## Share of respondents with children by Nationality

Figure 30 - Proportion of COVID-19 Vaccine Acceptance for Children by Nationality
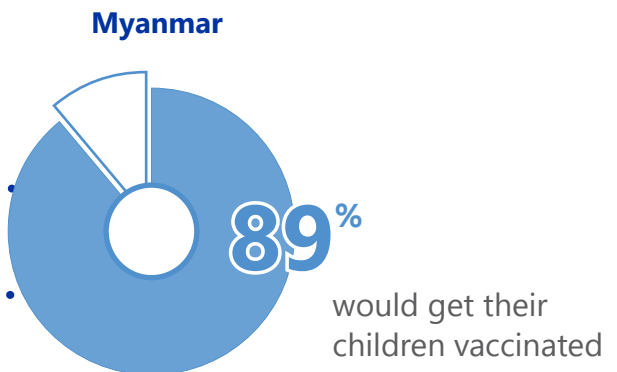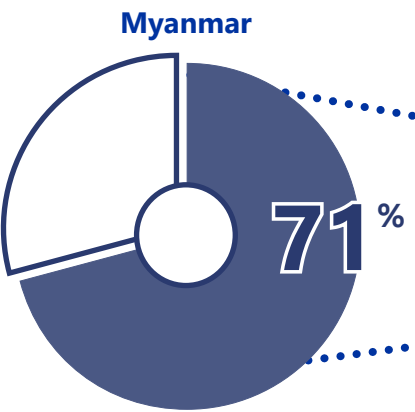
Note: This question was only asked to respondents who reported having children.

Total

69%

Total

91% would get their children vaccinated

Note: 5% of respondents reported 'not sure' and 4% reported 'no'.

Cambodian

68%

Cambodian

94% would get their children vaccinated

Note: 2% of respondents reported 'not sure' and 4% reported 'no'.

Myanmar

71%

Myanmar

89% would get their children vaccinated

Note: 6% of respondents reported 'not sure' and 5% reported 'no'.

To further explore the likelihood of vaccine uptake among migrant communities, respondents who reported having children were asked about their willingness to get their children vaccinated when one becomes available. In total, 91 per cent of respondents who reported having children would get their child vaccinated. A slightly higher proportion of Cambodian respondents (94%) reported they are willing to get their children vaccinated compared to Myanmar respondents (89%). A slightly higher proportion of respondents who reported being hesitant or refused to have their children vaccinated were Myanmar respondents (11%), where 6 per cent indicated 'not sure', and 5 per cent responded 'no'. However, a different trend was observed among Thai nationals in a survey conducted by the Ministry of Education. Of the 26,793 respondents, only 59 per cent reported were willing to vaccinate their children, 23 per cent did not, and 19 per cent remained undecided.[9]

9. Parents worry about Covid-19 vaccine side effects. Home. (n.d.) Retreived from https://www.bangkokpost.com/thailand/general/2267567/parents-worry-about-covid-19-vaccine-side-effects

Figure 31 - Main reasons for COVID-19 Vaccine Hesitancy and Refusal for Children

Note: This question was only asked to respondents who reported being hesitant or refused to get the COVID-19 vaccine for their children. Multiple answers possible; top 6 answers only.

Total
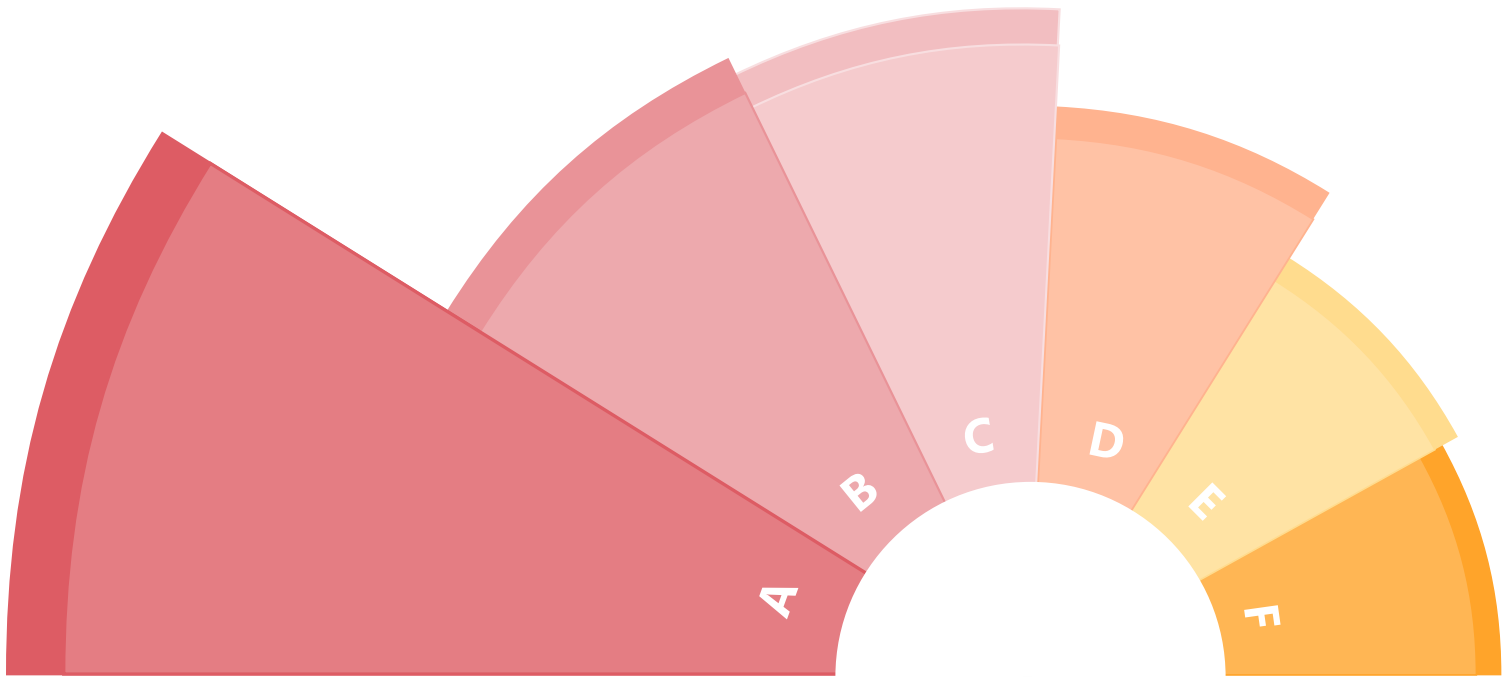
● Cambodian　　● Myanmar

A — **50%**
I am concerned about the possible side effects of the vaccine

Cambodian	85%
Myanmar	40%
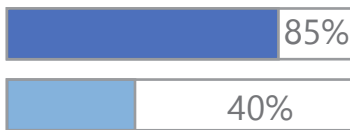
B — **21%**
I don't have enough information about the vaccine

Cambodian	32%
Myanmar	18%
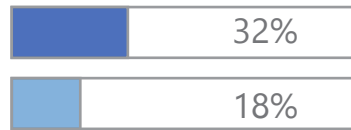
C — **20%**
My child/children are healthy and I do not find the vaccine necessary

Cambodian	11%
Myanmar	22%

D — **12%**
I am worried about its interaction with other medicines

Cambodian	31%
Myanmar	6%
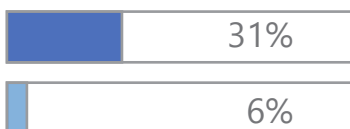
E — **9%**
I think the vaccine is developed too quickly

Cambodian	15%
Myanmar	8%

F — **7%**
My child/children have a chronic disease

Cambodian	5%
Myanmar	7%
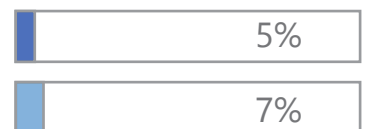
Main reasons for COVID-19 vaccine hesitancy and refusal for children

Differences between Cambodian and Myanmar respondents were observed regarding vaccine hesitancy and refusal for their children. A majority of Cambodian respondents were not only concerned about the side effect of the COVID-19 vaccine that may affect not only themselves but also their children (50%), compared to Myanmar respondents (40%).

Similarly, a higher proportion of Cambodian respondents (32%) reported insufficient information on the vaccine as a reason for vaccine hesitancy and refusal for their children compared to Myanmar respondents (18%). The rapid pace of vaccine development was another reason reported by respondents (Cambodian: 15%; Myanmar: 8%). About one in five of Myanmar respondents (22%) believe that vaccine is unnecessary for their children

because they are already in good health, compared to 11 per cent of Cambodian respondents.

When looking into the main hesitancy and refusal on COVID-19 vaccine uptake for children among Thai nationals identified in the Ministry of Education's study, of 26,793 parents, 65 per cent reported being worried about possible side effects. The survey also found 18 per cent were most worried about being responsible for a possible adverse reaction after vaccination; 7 per cent were concerned about vaccine efficacy, 5 per cent about their children's health before immunization; and 5 per cent expressed no concerns.[9]

Figure 32 - Share of COVID-19 Vaccine Acceptance , Hesitancy, and Refusal for Elderly by Nationality

● Not sure   ● No   ● I don't have elderly

Total	Cambodian	Myanmar
57% Would get their elderly vaccinated	**72%** Would get their elderly vaccinated	**47%** Would get their elderly vaccinated

Overall, most respondents indicated having elderly parents (61%). The share was higher among Cambodian respondents (76%) than in Myanmar (52%). To further explore the likelihood of vaccine uptake among migrant communities, respondents were asked to report on their willingness to have their elderly parents vaccinated. In total, 57 per cent of respondents reported willingness to get their elderly parents vaccinated. Cambodian respondents accounted for 72 per cent of respondents who showed willingness toward the COVID-19 vaccine for

the elderly. The hesitancy or refusal breakdown between the sample population is identical across this variable.

Figure 32 provides differences between Cambodian and Myanmar respondents on reasons for COVID-19 vaccine hesitancy and refusal. Concern about the side effect of the COVID-19 vaccine (92%) is the main reason commonly cited by Cambodian respondents. More than half of Myanmar respondents reported being concerned about the severe chronic condition after immunization.

9. ibid

Figure 33 - Main Reasons for COVID-19 Vaccine Hesitancy and Refusal for Elderly

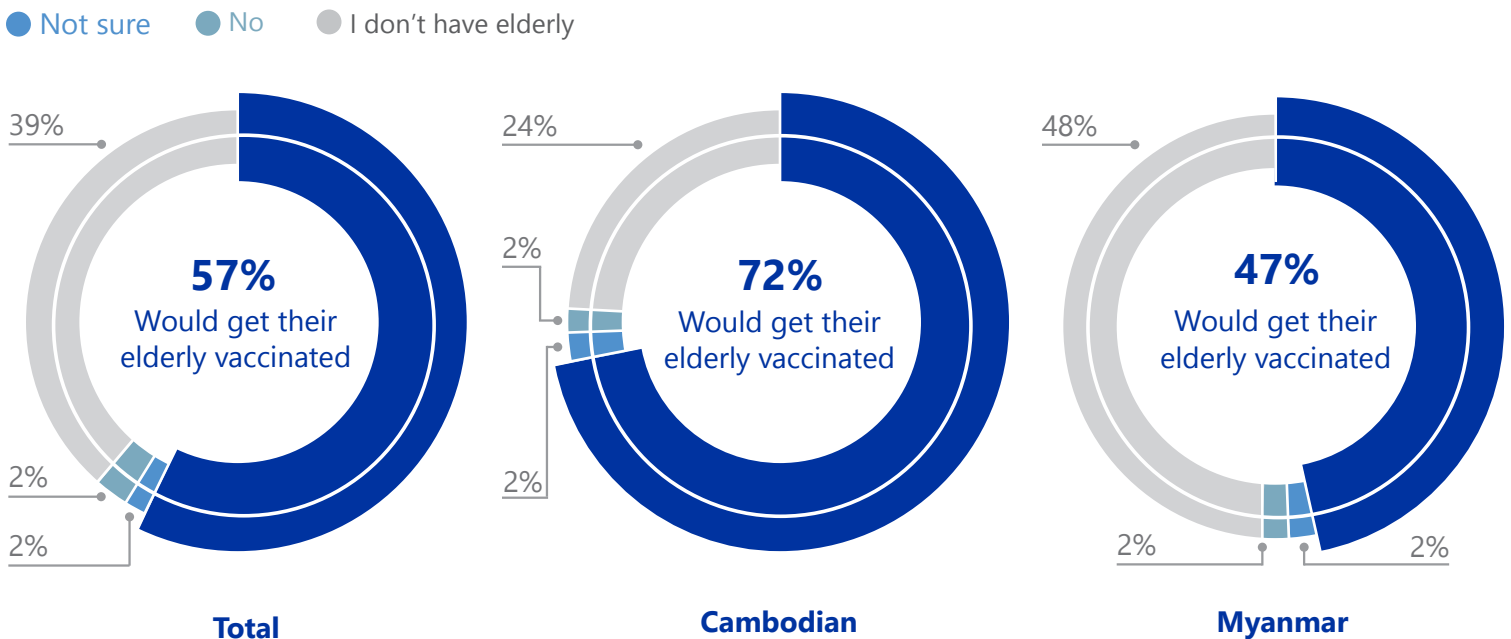Note: This question was only asked to respondents who reported being hesitant or refused to get the COVID-19 vaccine for their elderly. Respondents could choose more than one option and top 6 answers are displayed.
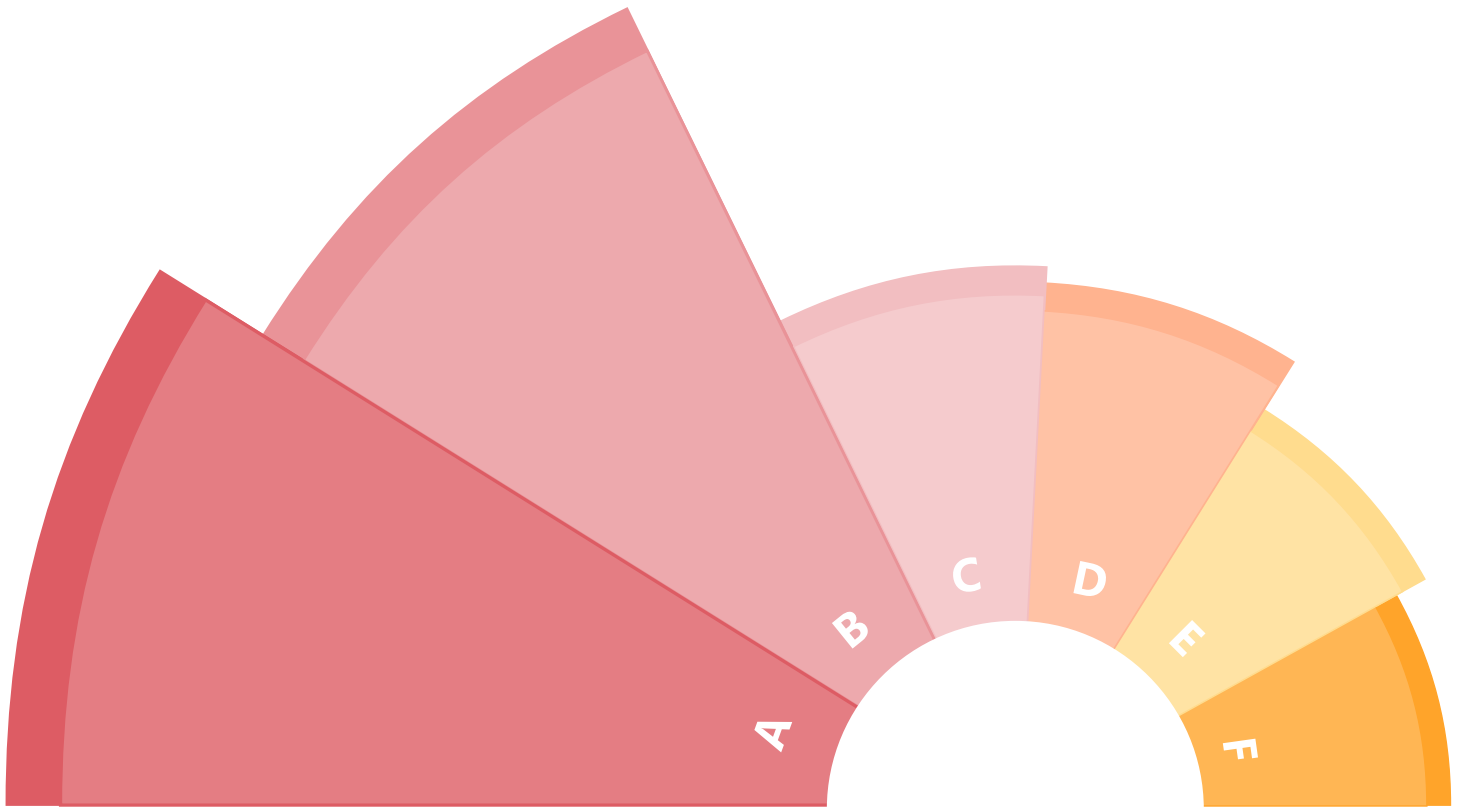
● Cambodian   ● Myanmar

A   **56%**
My elderly parents have a
chronic disease

62%	
53%	

B   **48%**
I am concerned about the
possible side effects of the
vaccine

92%	
25%	

C   **15%**
I am worried about its
interaction with other
medicines

16%	
14%	

D   **14%**
I don't have enough
information about the
vaccine

30%	
6%	

E   **10%**
My elderly parents are
healthy and I do not find
the vaccine necessary

2%	
14%	

F   **7%**
My elderly parents are
isolated themselves at
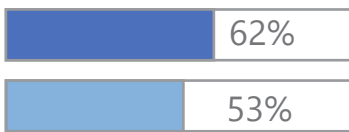home, so I do not find the
vaccine necessary

11%	
5%	
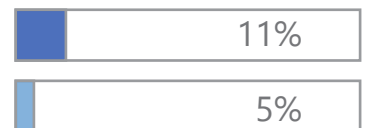
Figure 34 - Main Reasons for COVID-19 Vaccine Acceptance

Note: This question was only asked to respondents who reported being vaccinated or indicated willingness to get the COVID-19 vaccine. Respondents could choose more than one option and top 6 answers are displayed.

● Cambodian   ● Myanmar

A **57%**
Vaccine can protect me from getting COVID-19

50%	
61%	

B **42%**
My employer requires COVID-19 vaccination

47%	
40%	

C **41%**
To resume travel

51%	
35%	

D **33%**
To protect health of other people (family/friends)

27%	
37%	

E **29%**
To resume social activities

28%	
30%	

F **26%**
COVID-19 situation is bad in my area

8%	
54%	
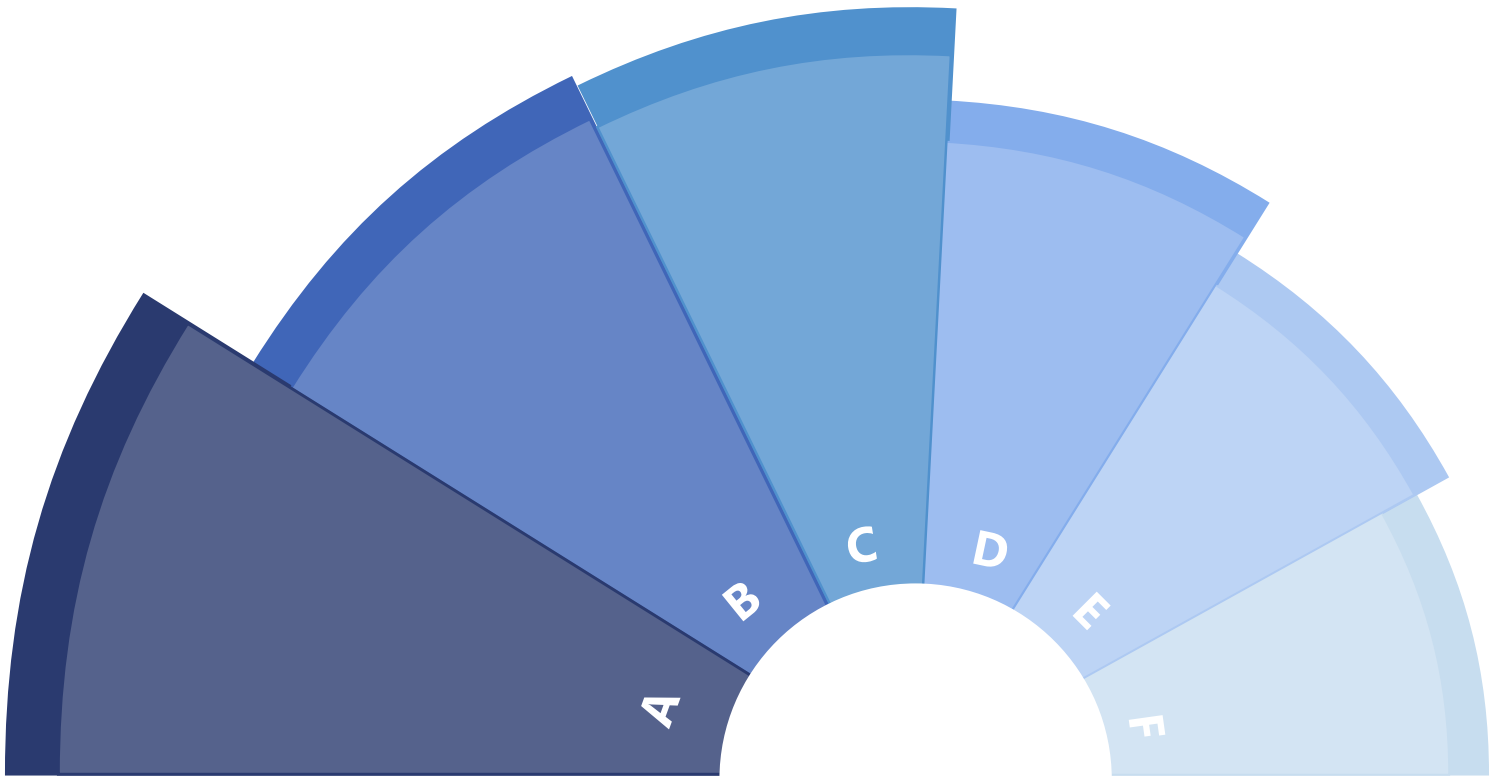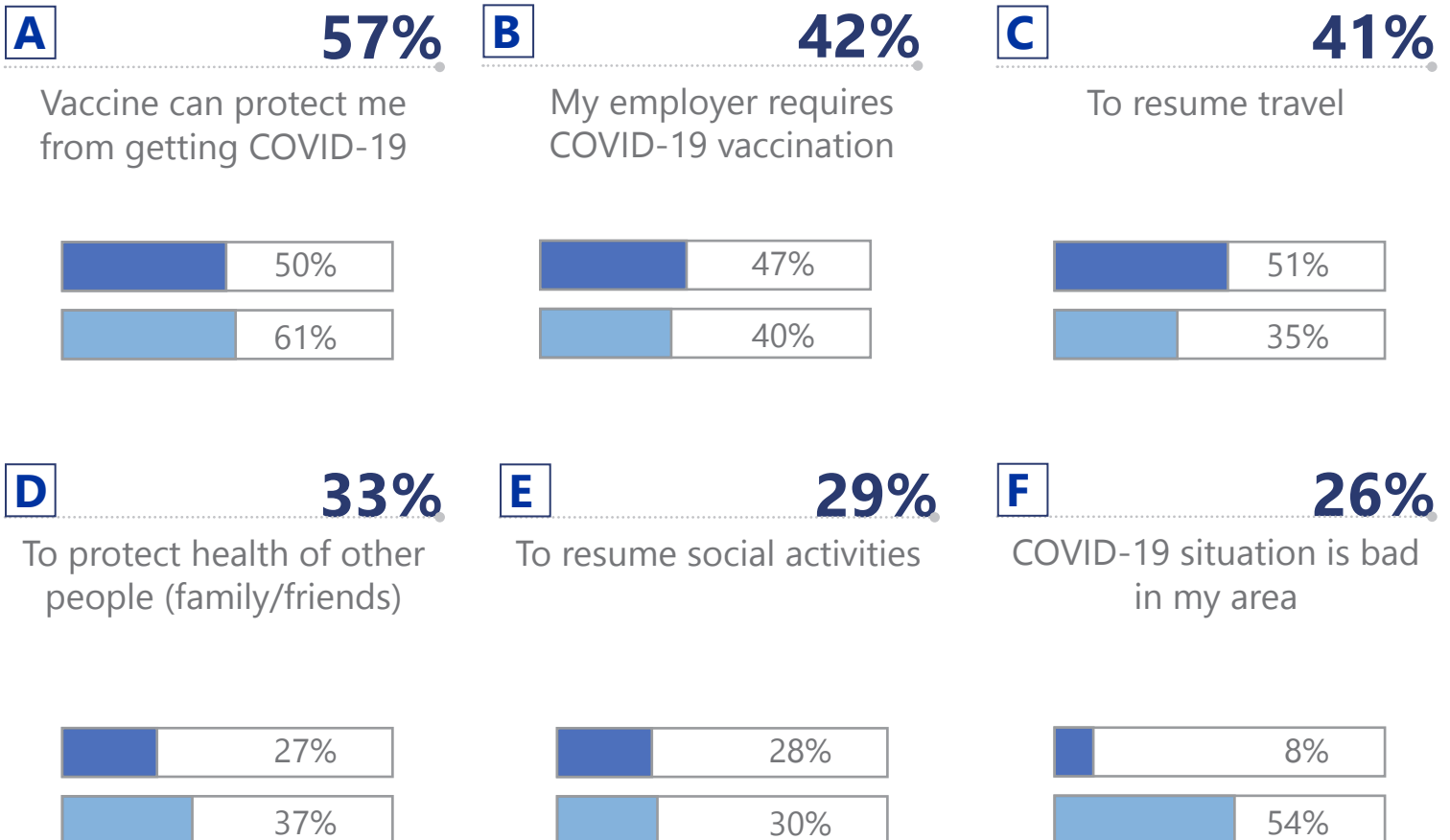
Main reasons for COVID-19 vaccine acceptance

More than three-quarters of the respondents who reported receiving at least one dose of the vaccine (82%) and unvaccinated respondents who reported willingness to receive the COVID-19 vaccine (68%) were asked to report on possible reasons for vaccine acceptance; several reasons were reported by respondents.

Overall, the most commonly reported reasons given by respondents were protection from contracting COVID-19 (57%), followed by vaccination requirements by an employer (42%); wishing to resume travel (41%), protecting their family members or friends from getting infected with COVID-19 (33%), wishing to resume social activities (29%), and a spike in COVID-19 cases in their communities (26%).

Differences between Cambodian and Myanmar respondents were observed. A higher proportion of Cambodian respondents (51%) reported resuming travel (41%) as the reason for their willingness to get vaccinated, compared to Myanmar respondents (35%). The employer's vaccination requirements were also mostly cited by Cambodian respondents (47%) relative to Myanmar respondents (40%).

In comparison, more than half of Myanmar respondents reported being willing to get vaccinated to protect themselves from getting infected with COVID-19 (61%). To resume social activities (30%) and protect family or friends from contracting COVID-19 is more widely cited among Myanmar respondents (37%). Major differences could be observed between Cambodian respondents (54%) and Myanmar respondents (8%) who reported the COVID-19 situation was bad in their area as one of the reasons for having the willingness to get vaccinated.

A similar trend of COVID-19 vaccine acceptance is observed among Thai nationals, with 46 per cent of the respondents getting vaccinated or wanting to get vaccinated to protect themselves from getting COVID-19. Of 5,056 respondents, 35 per cent of them wanted to prevent severe illness (27%) and chronic disease (8%) from COVID-19. Five percent wished to return to work, and 2 percent to resume international travel.[10]
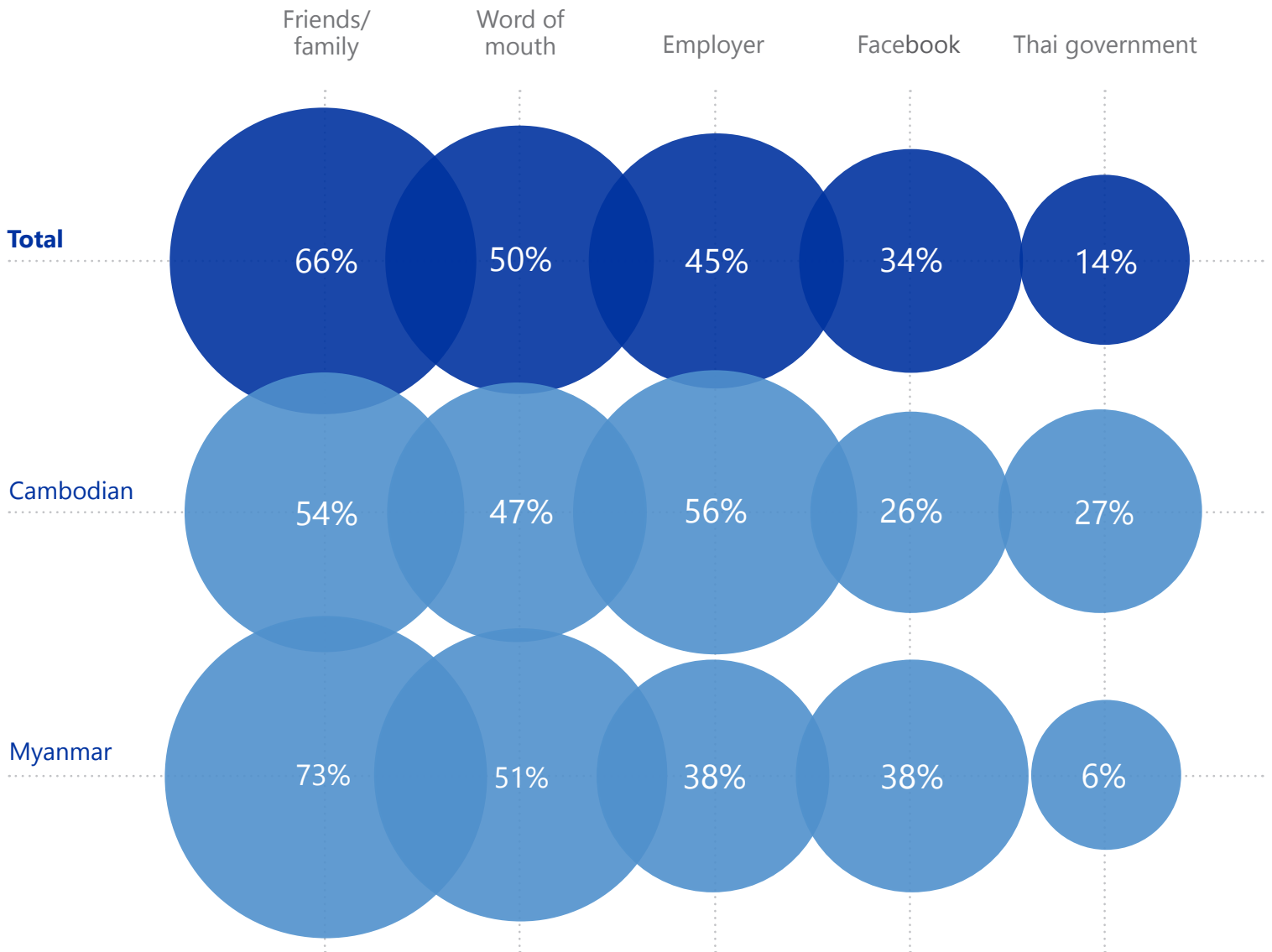

© Anat Duangchan/IOM

Picture 8 - DTM Enumerator interviews migrant in Bangkok province

10. ‘DDC โพล’ สำรวจคนไทยอยากฉีดวัคซีน 60.4% ไม่อยากฉีด11.7%. Home. (n.d.) Retrieved from https://www.thaipost.net/main/detail/103090

THEMATIC AREA 3 - ACCESS TO COVID-19 VACCINE INFORMATION

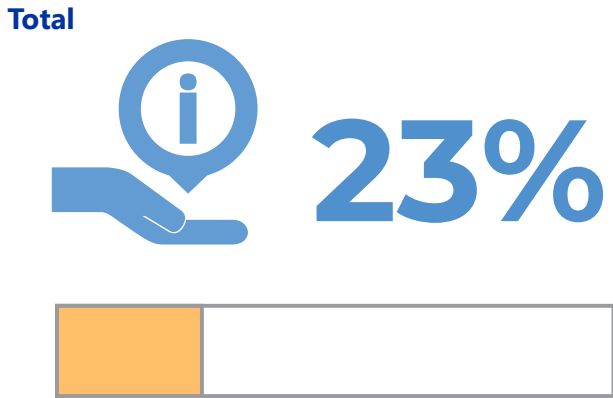Figure 35 - Main Sources of Information on COVID-19 Vaccine by Nationality
Note: Respondents could select more than one option and top 5 answers are displayed.

	Friends/ family	Word of mouth	Employer	Facebook	Thai government
Total	66%	50%	45%	34%	14%
Cambodian	54%	47%	56%	26%	27%
Myanmar	73%	51%	38%	38%	6%

Regarding the main reported sources of information about COVID-19 vaccines, overall, a majority of respondents reported that they obtained information from family and friends (66%). Other common sources of information were word of mouth (50%), employers (34%), social media platforms, i.e., Facebook (34%), and government sources in Thailand (14%).

Overall, Cambodian and Myanmar respondents reported obtaining information about the COVID-19 vaccine information in near-identical ways, although Myanmar respondents (73%) were more likely than Cambodian respondents (54%) to rely on friends and family. Respondents who reported word of mouth as a source of information were further asked to report on types of word of mouth sources; overall, friends and family in Thailand (65%) were the highest reported source. A higher proportion of Myanmar respondents (72%) reported friends and family in Thailand compared to Cambodian respondents (53%). This finding aligns with previous DTM rapid assessments undertaken in Ranong and Tak provinces which underscores the importance of social networks among the Myanmar community. On the contrary, a higher proportion of Cambodian respondents (73%) reported community volunteers compared to Myanmar respondents (40%).

Figure 36 - Distribution of COVID-19 Vaccine Information and Communication Materials by Nationality

Figure 37 - Main Sources of Word of Mouth by Nationality
Note: Respondents could select more than one option and top 3 answers are displayed.

● Friends/family in Thailand   ● Community volunteers
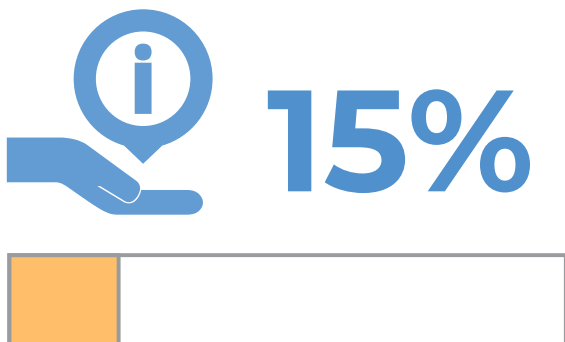● Community leaders

Total

23%

of respondents reported receiving IEC materials mainly from the Thai government (61%) and NGOs, CBOs or UN (31%), while 72 per cent reported not receiving the IEC materials, and 5 per cent reported 'I do not know'.

Total

36%   51%
Primary
65%
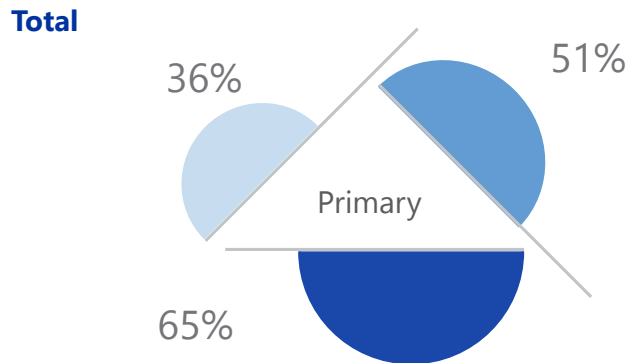
Overall, friends and family in Thailand (65%), community volunteers (51%) and community leaders (36%) were identified as the primary sources of word of mouth for the COVID-19 vaccine information.

Cambodian

37%

of Cambodian respondents reported receiving IEC materials mainly from the Thai government (87%) and local hospitals (18%), while 58 per cent reported not receiving the IEC materials, and 5 per cent reported 'I do not know'.

Cambodian

23%   73%
Primary
53%
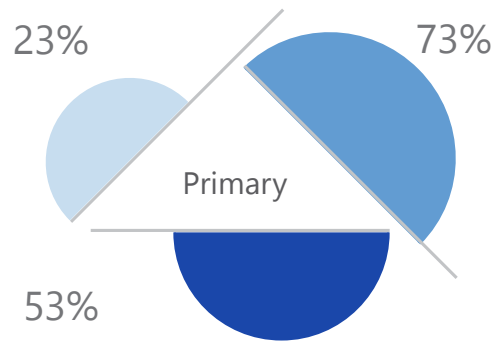
Overall, community volunteers (73%), friends and family in Thailand (53%), and community leaders (23%) were identified as the primary sources of word of mouth for the COVID-19 vaccine information.

Myanmar

15%

of Myanmar respondents reported receiving IEC materials mainly from NGOs, CBOs or UN (54%) and the Thai government (23%), while 79 per cent reported not receiving the IEC materials, and 6 per cent reported 'I do not know'.
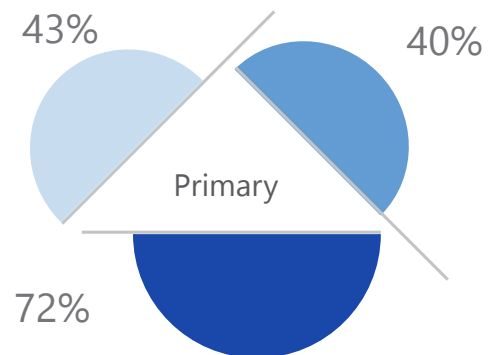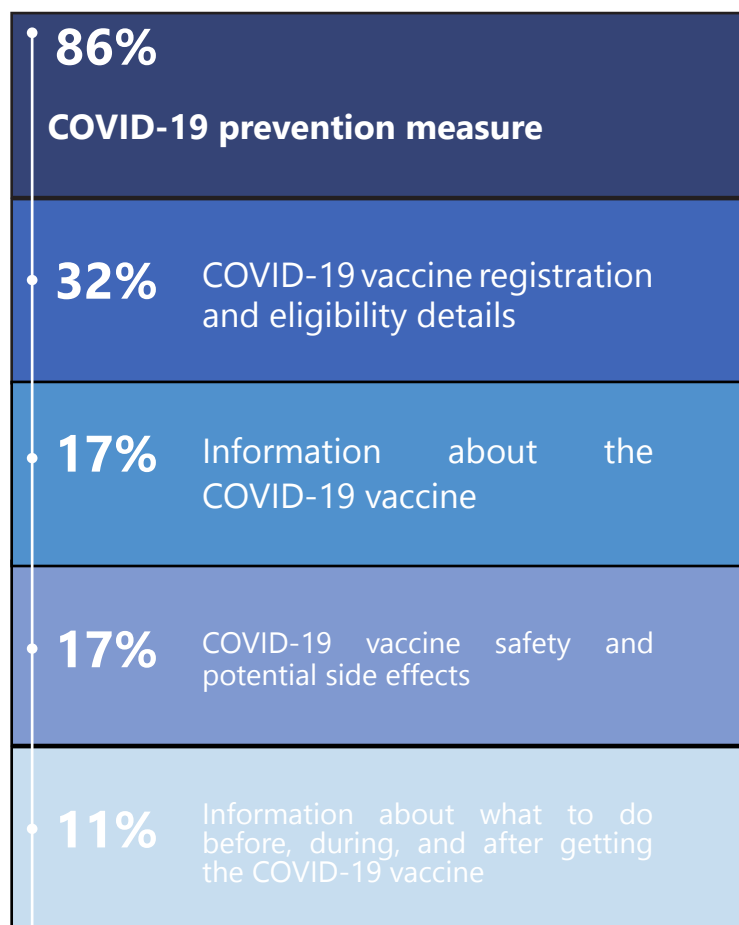
Myanmar

43%   40%
Primary
72%

Overall, friends and family in Thailand (72%), community leaders (43%) and community volunteers (36%) were identified as the primary sources of word of mouth for the COVID-19 vaccine information.

Figure 38 - Main types of COVID-19 Vaccine Information and Communication Materials Provided

Note: The question was only asked to respondents who reported receiving COVID-19 vaccine information, education and communication materials in their communities. Respondents could select more than one option and top 5 answers are displayed.

Total

86% COVID-19 prevention measure

32% COVID-19 vaccine registration and eligibility details

17% Information about the COVID-19 vaccine

17% COVID-19 vaccine safety and potential side effects

11% Information about what to do before, during, and after getting the COVID-19 vaccine

Overall, in communities where information, education, and communication (IEC) materials were being distributed, respondents reported that the information being distributed covers topics of COVID-19 prevention measure and hygiene (86%), COVID-19 vaccine registration and eligibility details (32%), information about the vaccine - how it works, protection and immunity, and who should get the vaccine (17%), as well as COVID-19 vaccine safety and potential side effects (17%). Only 11 per cent of respondents reported receiving information about what to do before, during, and after getting the COVID-19 vaccine.

A higher proportion of Cambodian respondents (94%) reported receiving information on COVID-19 prevention measures compared to Myanmar respondents (75%). Likewise, a slightly higher proportion of Myanmar respondents received information about the COVID-19 vaccine (22%) compared to Cambodian respondents (14%), as well as COVID-19 vaccine safety and potential side effects (Myanmar: 29%; Cambodian 8%), and information about what to do before, during, and after getting the COVID-19 vaccine (Myanmar: 15%; Cambodian: 8%).

Figure 39 - Main types of COVID-19 Vaccine Information and Communication Materials Provided by Nationality

Note: This question was only asked to respondents who reported COVID-19 vaccine information, education and communication materials were distributed in their communities. Respondents could select more than one option and top 5 answers are displayed.

Cambodian   **Myanmar**

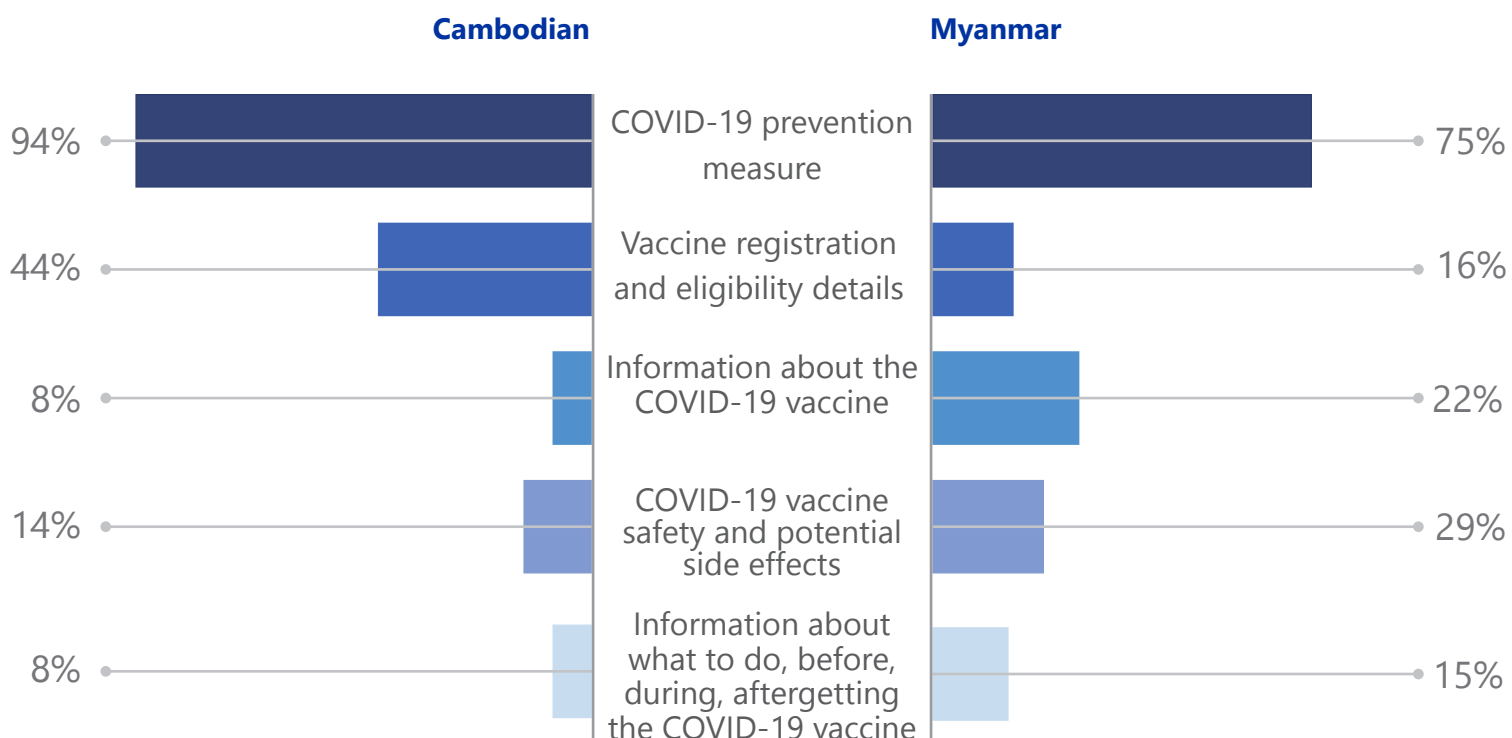|	Cambodian	Myanmar
COVID-19 prevention measure	94%	75%
Vaccine registration and eligibility details	44%	16%
Information about the COVID-19 vaccine	8%	22%
COVID-19 vaccine safety and potential side effects	14%	29%
Information about what to do, before, during, aftergetting the COVID-19 vaccine	8%	15%

Figure 40 - Understand Level of COVID-19 Vaccine Information Provided by Nationality

Note: This question was only asked to respondents who reported COVID-19 vaccine information, education and communication materials were distributed in their communities. Respondents could select more than one option and top 5 answers are displayed.

TOTAL

29%

Cambodian

40%

Myanmar

15%
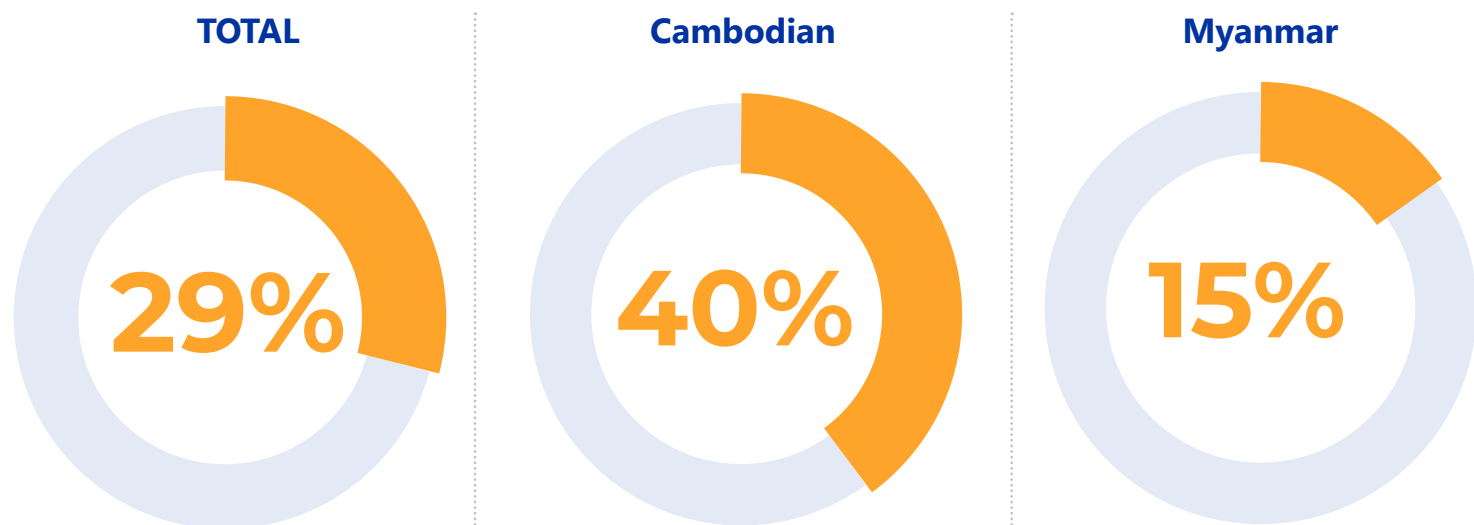
of respondents reported that information on COVID-19 is difficult to understand while 42 per cent reported understanding the material easily. Twenty-nine per cent of respondents reported average levels of understanding. Among migrants who reported difficulties in understanding COVID-19 vaccine IEC materials, 89 per cent reported that this was due to their inability to read written information provided.

of Cambodian respondents reported that information on COVID-19 is difficult to understand while 32 per cent reported understanding the material easily. Twenty-eight per cent of respondents reported average levels of understanding. Among migrants who reported difficulties in understanding COVID-19 vaccine IEC materials, 95 per cent reported that this was due to their inability to read written information provided.

of Myanmar respondents reported that information on COVID-19 is difficult to understand while 55 per cent reported understanding the material easily. Thirty per cent of respondents reported average levels of understanding. Among migrants who reported difficulties in understanding COVID-19 vaccine IEC materials, 95 per cent reported that this was due to their inability to read written information provided.

Figure 41 - Main Reasons Information on COVID-19 is Not Being Understood by Nationality

Note: This question was only asked to respondents who reported COVID-19 vaccine information, education and communication materials were distributed in their communities.

- Lack of literacy
- Information is shared in a language not understood by the population
- Complicated technical language
- Complicated infographic

TOTAL

Lack of literacy	89%
Information is shared in a language not understood by the population	13%
Complicated technical language	9%
Complicated infographic	2%

Cambodian

Lack of literacy	95%
Information is shared in a language not understood by the population	6%
Complicated technical language	5%
Complicated infographic	1%

Myanmar

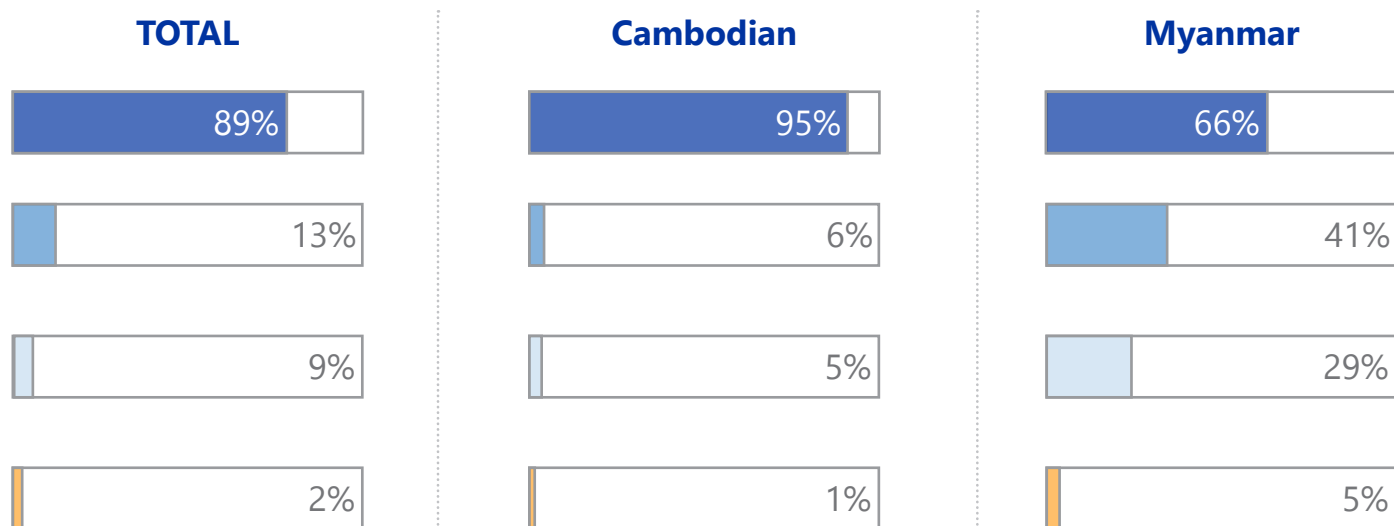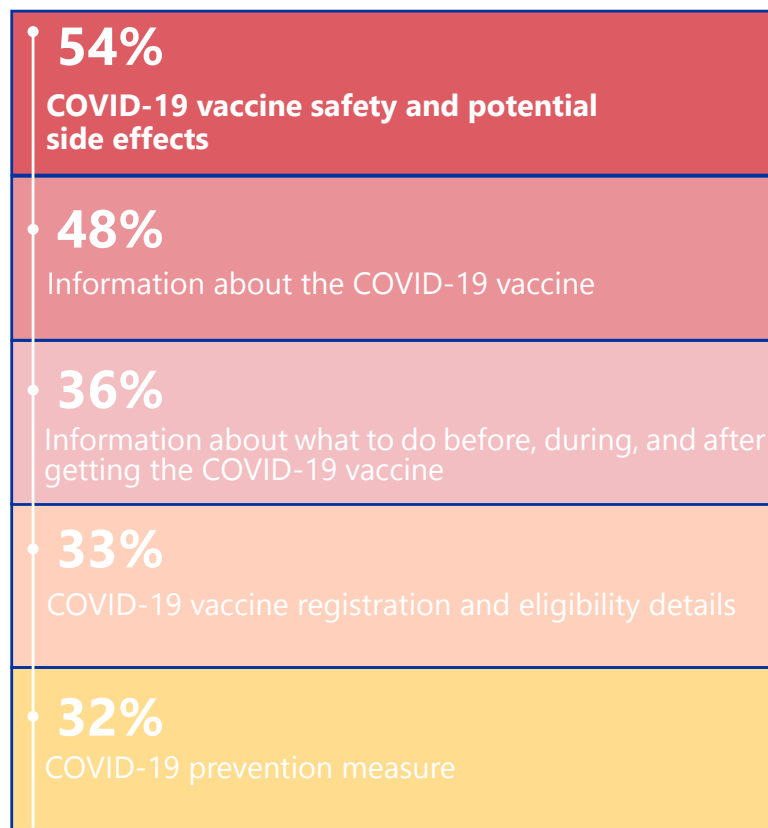|	
Lack of literacy	66%
Information is shared in a language not understood by the population	41%
Complicated technical language	29%
Complicated infographic	5%

Figure 42 - Main Types of COVID-19 Vaccine Information Needed

Note: Respondents could select more than one option and top 5 answers are displayed.

TOTAL

54%
COVID-19 vaccine safety and potential side effects

48%
Information about the COVID-19 vaccine

36%
Information about what to do before, during, and after getting the COVID-19 vaccine

33%
COVID-19 vaccine registration and eligibility details
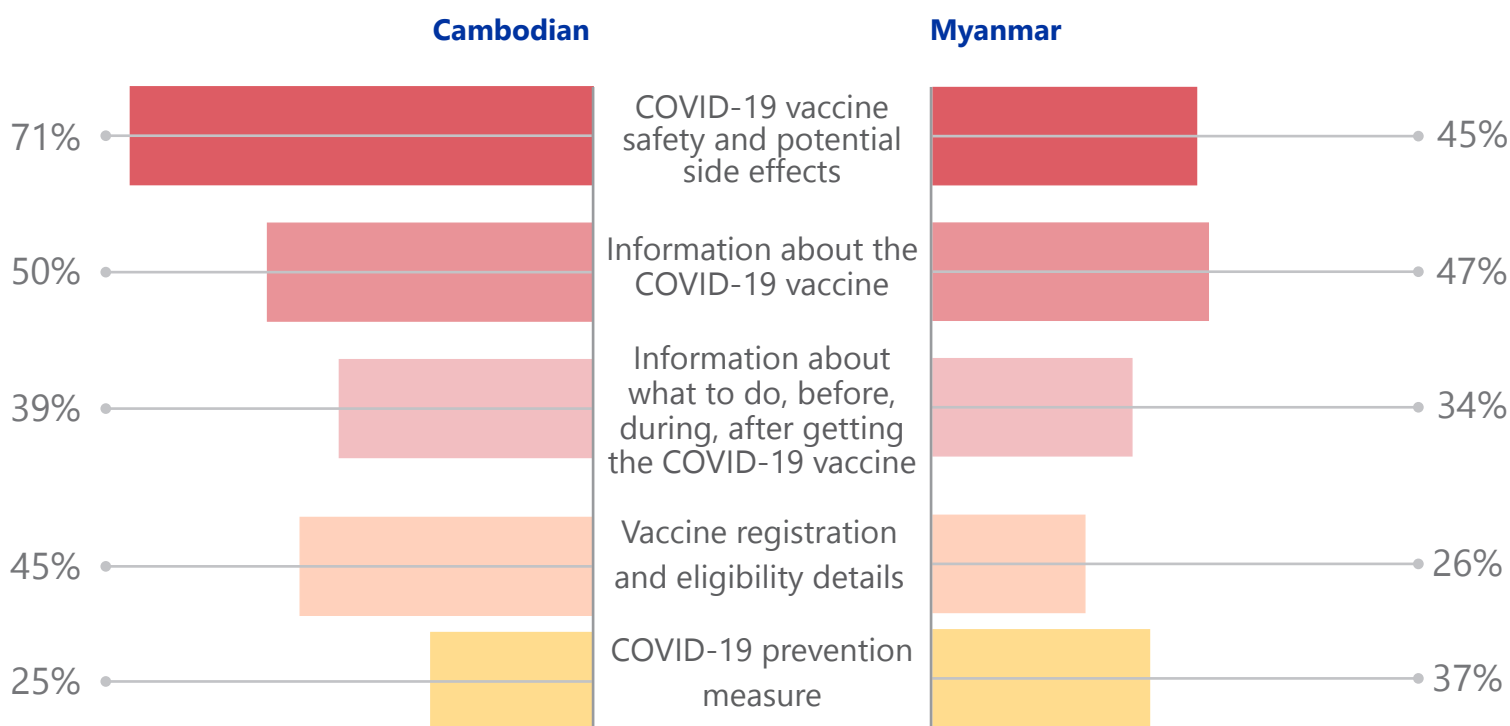
32%
COVID-19 prevention measure

Types of COVID-19 vaccine information flagged by respondents as being most needed were COVID-19 vaccine safety and potential side effects (54%), information about the vaccine - how it works, protection and immunity, and who should get the vaccine (48%), information about what to do before, during, and after getting the COVID-19 vaccine (36%), and COVID-19 vaccine registration and eligibility details (33%).

When looking at the most needed IEC materials in respondents' communities, COVID-19 vaccine safety and potential side effects were the most frequently cited among Cambodian respondents (71%). This reiterates that Cambodian respondents are more concerned about side effects than Myanmar respondents.[11] Almost half of Myanmar respondents (47%) reported the need for information about the COVID-19 vaccine. A higher proportion of Cambodian respondents (45%) flagged the demand of information related to vaccine registration and eligibility details, compared to Myanmar respondents (26%).

Figure 43 - Main Types of COVID-19 Vaccine Information Needed by Nationality

Note: Multiple answers possible; top 5 answers only.

	Cambodian		**Myanmar**	
COVID-19 vaccine safety and potential side effects	71%		45%	
Information about the COVID-19 vaccine	50%		47%	
Information about what to do, before, during, after getting the COVID-19 vaccine	39%		34%	
Vaccine registration and eligibility details	45%		26%	
COVID-19 prevention measure	25%		37%	

11. For the questions on reasons for vaccine hesitancy and refusal, consistently higher proportion of Cambodian nationals reported side effects as one of the major reasons for themselves, children as well as elderly parents.

Understanding the language in which the IEC materials are being distributed can indicate the impact these materials have on the way migrant communities in Thailand perceive COVID-19 vaccines. Respondents were asked to evaluate their abilities to speak, understand, and read Thai as well as their ability to read their native language.
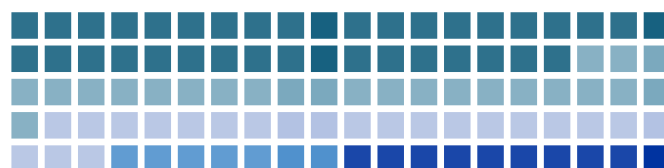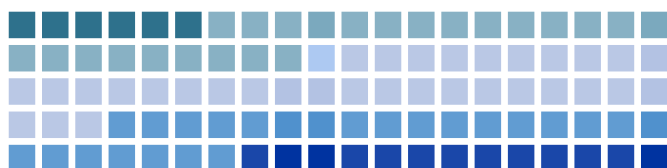
Figure 44 - Thai Speaking Ability by Nationality

Scale of 1-5, where 1 = lowest level of ability and 5 = highest level of ability

■ 1 ■ 2 ■ 3 ■ 4 ■ 5

Cambodian   **Myanmar**

Overall, a higher proportion (26%) of the respondents ranked their ability to speak Thai at 1 (26%) which is the lowest level or 3 (26%) which is neither too bad nor too good. A higher proportion of Cambodian respondents (34%) rated their ability to speak Thai at 3, whereas a higher proportion of Myanmar respondents (37%) rated their ability at the lowest level on the scale.
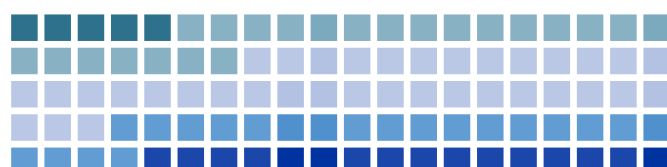
Figure 45 - Thai Comprehension Ability by Nationality

Scale of 1-5, where 1 = lowest level of ability and 5 = highest level of ability

■ 1 ■ 2 ■ 3 ■ 4 ■ 5

Cambodian   **Myanmar**

Overall, a higher proportion (30%) of the respondents ranked their ability to understand Thai at 3, which is neither too bad nor too good. A higher proportion of Cambodian respondents (36%) rated their ability to speak Thai at 3, whereas a higher proportion of Myanmar respondents (32%) rated their ability at the lowest level on the scale.

Figure 46 - Thai Reading Ability by Nationality

Scale of 1-5, where 1 = lowest level of ability and 5 = highest level of ability

■ 1 ■ 2 ■ 3 ■ 4 ■ 5

Cambodian   **Myanmar**

Overall, a majority (79%) of the respondents ranked their ability to read Thai at the lowest level of the scale. A higher proportion of both Cambodian (67%) and Myanmar (85%) respondents ranked their ability to read Thai at the lowest level of the scale.
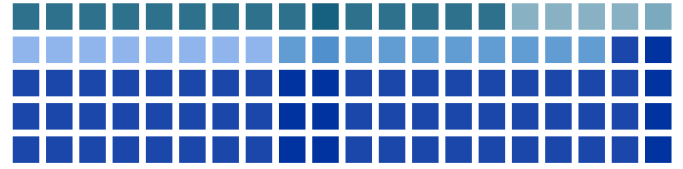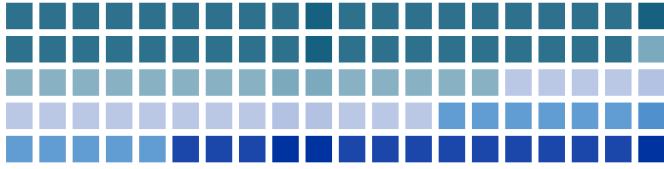
Figure 47 - Reading Levels of Native Language by Nationality

Scale of 1-5, where 1 = lowest level of ability and 5 = highest level of ability

■ 1   ■ 2   ■ 3   ■ 4   ■ 5

Cambodian

Myanmar

Overall, a higher proportion (45%) of the respondents ranked their ability to read their native language at the highest level of the scale. A higher proportion of Cambodian respondents (39%) rated their ability to read their native language at the lowest level of the scale, whereas a higher proportion of Myanmar respondents (62%) rated their ability to read their language at the highest level on the scale. The reason behind the lower level of reading ability could be attributed to the indicator on the highest level of education, where a higher proportion of Cambodian migrants reported having no education compared to Myanmar respondents.

© Anat Duangchan/IOM

Picture 9 - DTM enumerator interviews migrant in Chonburi province
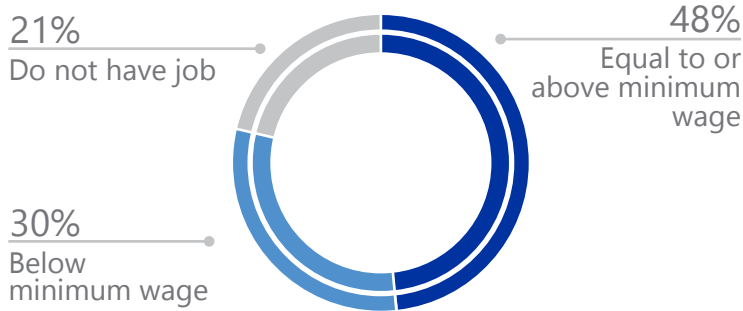
THEMATIC AREA 4 - SOCIO-ECONOMIC SITUATION

To assess the extent of COVID-19's impact on migrant communities and understand how the economic situation of a household affects the decision to take vaccine, respondents were asked a series of questions related to their salaries, debt, and challenges faced since the outbreak of COVID-19. In total, 48 per cent of respondents were being paid equal to or above the lowest minimum wage of 315 THB (the lowest minimum wage in target location), 30 percent were not, and 21 per cent did not have a job during the data collection period. When looking at income through a gendered lens; a higher proportion of females (52%) earned less than minimum wage compared to male (38%). The findings from this assessment is similar to

the findings in previous DTM's 'Socioeconomic Impact of COVID-19 on Migrant Workers', where 55 per cent of women were being paid less than minimum wage.

Cambodian respondents (69%) were more likely to be paid equal to or above minimum wage compared to Myanmar respondents. When cross-referencing minimum daily wage with vaccine status and COVID-19 vaccine perception, the data seems to indicate that within the respondent being both unvaccinated and below the minimum wage, one-third (33%) were unwilling or hesitant (respectively 18% and 15%) to get vaccinated, while two-third (66%) were willing to get vaccinated.
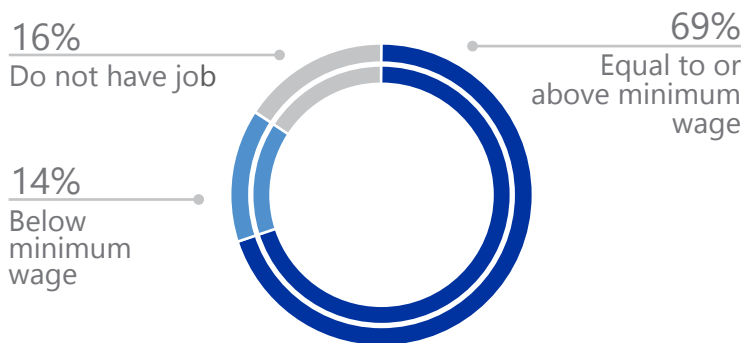
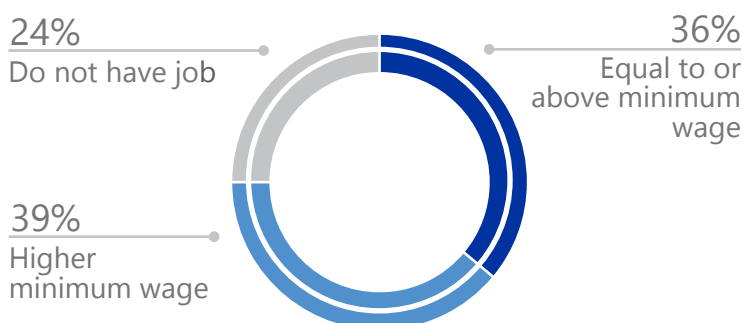Figure 48 - Minimum Daily Wage Earned by Nationality

TOTAL

21%
Do not have job

48%
Equal to or above minimum wage

30%
Below minimum wage

Note: 1% of respondents did not want to answer

Cambodian

16%
Do not have job

69%
Equal to or above minimum wage

14%
Below minimum wage

Myanmar

24%
Do not have job

36%
Equal to or above minimum wage

39%
Higher minimum wage

Note: 1% of respondents did not want to answer

Figure 49 - Debt Situation by Nationality

TOTAL
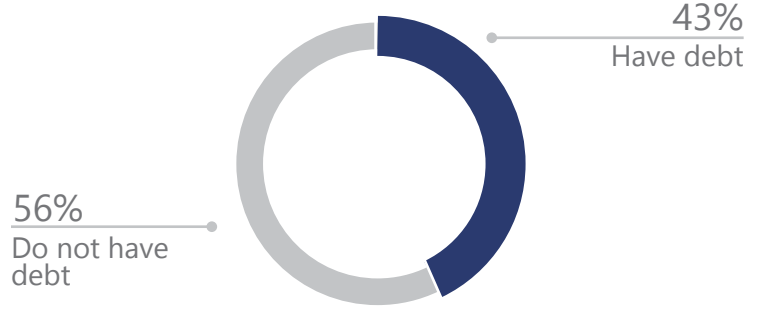
43%
Have debt

56%
Do not have debt

Note: 1% of respondents did not want to answer

Cambodian

45%
Have debt

55%
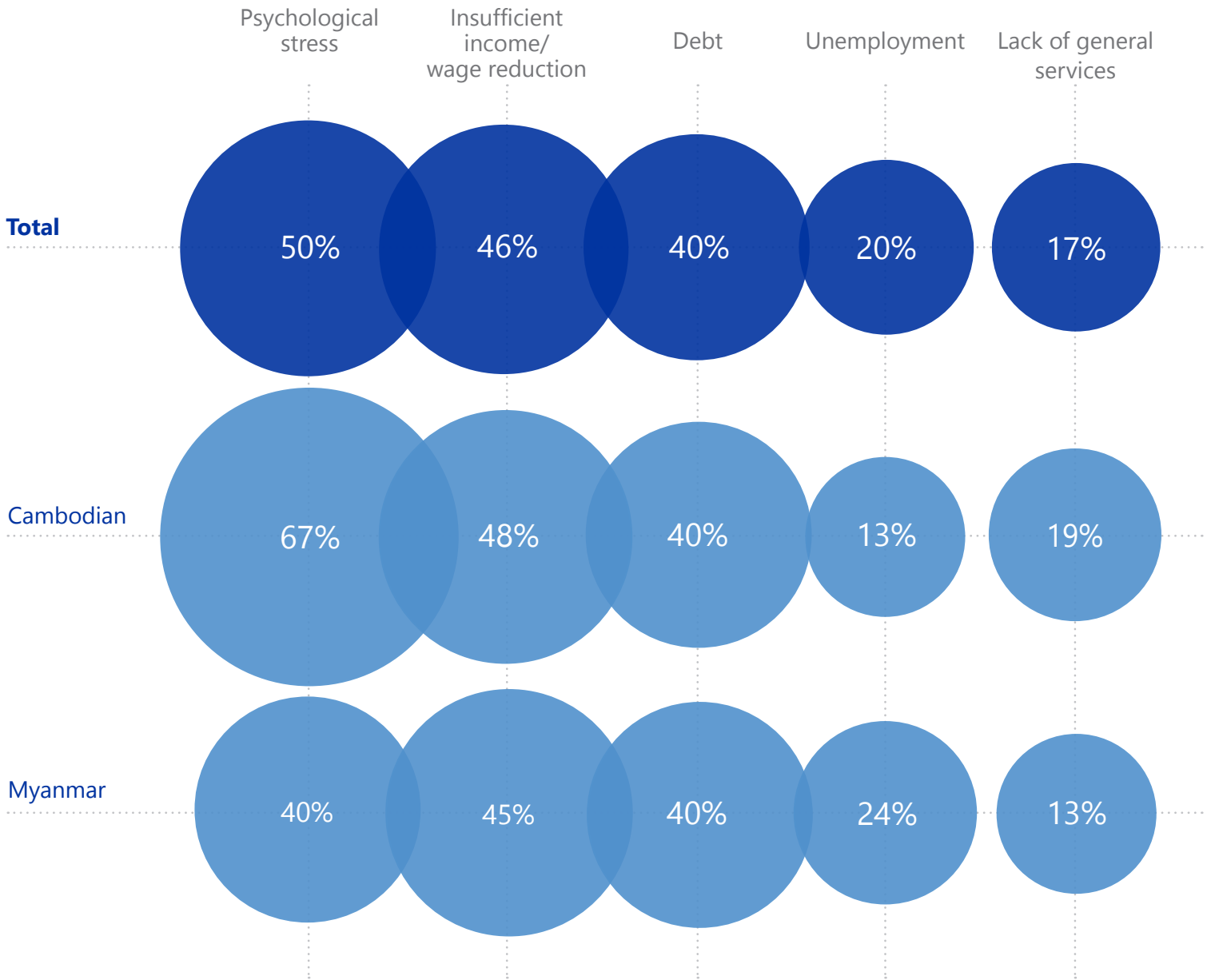Do not have debt

Myanmar

42%
Have debt

57%
Do not have debt
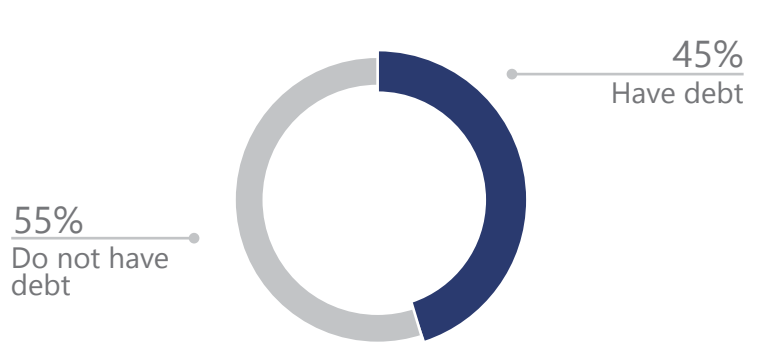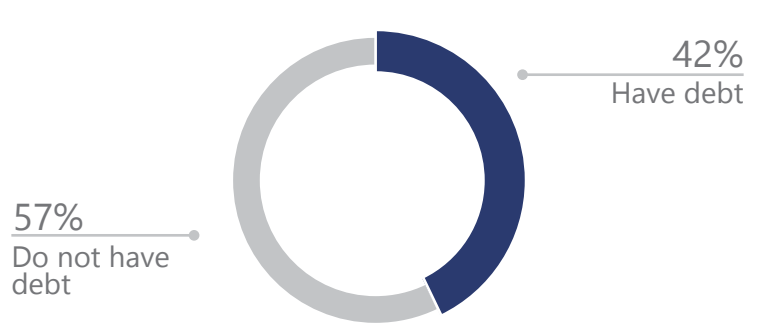
Note: 1% of respondents did not want to answer

Figure 50 - Main Challenges Face by Migrants since The Outbreak of COVID-19

Note: Respondents could select more than one option and top 5 answers are displayed.

	Psychological stress	Insufficient income/ wage reduction	Debt	Unemployment	Lack of general services
Total	50%	46%	40%	20%	17%
Cambodian	67%	48%	40%	13%	19%
Myanmar	40%	45%	40%	24%	13%

Respondents were asked to report on the main challenges they encountered since the outbreak of COVID-19 were. Overall, psychological stress (50%) was the most commonly reported challenge, followed by insufficient income or wage reduction (46%) and debt (40%). In total, 43 per cent of respondents reported having debt.

Higher proportion of Cambodian respondents (67%) reported psychological stress as a challenge compared to Myanmar respondents (40%). Cambodian and Myanmar respondents equally cited debt as a COVID-19 related challenge. Additionally, about a quarter of Myanmar respondents (24%) reported being unemployment compared to Cambodian migrants (13%).

When observed through a gendered lens, the data indicates that a higher proportion of female respondents (53%) experienced psychological stress while a larger share of male respondents encountered insufficient income or wage reduction (43%).

Picture 10 - A migrant carries water buckets in Tak province

RECOMMENDATIONS

1. This assessment highlights several implications for public health messaging to maximize vaccine uptake against COVID-19. The most common concerns highlighted that a higher proportion of Myanmar respondents were unvaccinated (20%) than Cambodian respondents (7%). Yet, one in five unvaccinated Myanmar respondents reported an unwillingness to get a COVID-19 vaccine when ones become available. Results highlight that Myanmar respondents' immunization decisions are influenced by hesitancies such as having chronic diseases and well as believing they are already healthy; hence vaccine is not necessary. The data also indicates that a higher proportion of Myanmar respondents (79%) reported not receiving COVID-19 vaccine materials compared to Cambodian respondents (58%). Thus, targeting effective public health messaging to combat vaccine hesitancy among the Myanmar migrant community should be prioritized to improve vaccine willingness and perceptions of vaccine safety.

2. Understanding the IEC materials being distributed is a key factor in ensuring vaccine uptake among migrant communities. The findings from this survey very clearly show a gap in understanding, reading, and speaking the Thai language among migrant communities. Developing IEC material in the language of the migrants (written, audio and video) would be more understandable for migrant communities which may positively impact vaccine update.

3. All respondents reported friends, family, community volunteers, and their employers as the primary sources of vaccine information, suggesting that deploying community and local political leaders could be an appropriate strategy to reach them as they may translate culturally appropriate materials as trusted messengers. Training or coaching could be provided to messengers on delivering these messages to effectively impact migrant communities on benefits of vaccination.

4. Although the COVID-19 vaccination uptake was high among the respondents; however, there is still a gap in information on the COVID-19 vaccine in these communities. Types of COVID-19 vaccine information flagged by respondents as most needed were COVID-19 vaccine safety and potential side effects and information about the COVID-19 vaccine. Further, some respondents reported on types of side effects that COVID-19 vaccine, such as death, paralysis, affect on already existing chronic diseases. Targeting public health messaging to these communities may increase uptake of vaccine or increase willingness to get vaccinated.

5. The COVID-19 vaccine promotion campaign among migrants should clarify that firewalls between health information systems and immigration authorities have been established, and persons seeking vaccination will not be penalized or targeted by immigration services.

6. The primary motivator to get vaccinated was "vaccine can protect me from getting COVID-19". This element should remain at the core of vaccine communications messages. As COVID-19 cases continued to surge in the past months, this may encourage migrant communities to accept vaccination as necessary means of protection and sway those who are unsure or opposed to vaccination.

7. Since one in two respondents reported encountering psychological stress since the outbreak of COVID-19, the message should also include information on mental and psychological well-being support mechanisms as well as stress management and ways to cope with grief and loss during COVID-19.

IOM Thailand
18th Floor, Rajanakarn Building
3 South Sathorn Road
Bangkok 10120

Tel: (+66) 2-343-9300
Fax: (+66) 2-343-9399
Email: iomthailand@iom.int
Website: www.iom.int

© Anat Duangchan/IOM