

IOM DTM THAILAND

COVID-19 VACCINE
PERCEPTION SURVEY
ROUND 2 FACTSHEET



RANONG PROVINCE

MAY - AUGUST 2022



DISCLAIMER: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

Introduction

This factsheet aims to provide a snapshot of the perceptions, needs and challenges related to COVID-19, the vaccine and the booster vaccine among the migrant population in Ranong province in mid-2022 according to IOM's Displacement Tracking Matrix's (DTM) COVID-19 Perception Survey Round 2. Data collection for Round 2 was initiated after the completion of Round 1, which took place in late 2021 and early 2022 to support the strengthening of communications regarding mass immunizations in Thailand against COVID-19. The purpose of Round 2 is to enable analysis on how attitudes about the COVID-19 vaccine have changed over time and to gauge uptake and perception of the COVID-19 booster vaccine. As of July 2022, over half of Thailand's provinces report vaccination rates above 70 per cent and vaccination is offered for free to Thai nationals and other nationals, regardless of documentation status. In June 2022, the government lifted Thailand's final COVID-19-related travel restriction, the requirement of partaking in the Thailand Pass, a registration system intended to prevent COVID-19-positive individuals entering the country. As a result, movement into Thailand has increased and the risk dynamic of COVID-19 among vulnerable populations, despite rising vaccination rates, continues to develop.

Methodology

The tool was developed with the collaboration of IOM's Displacement Tracking Matrix (DTM), Migration Health Department (MHD), World Health Organization (WHO), UNICEF and World Vision Foundation. The survey is an individual-level survey with random sampling. The population of interest included all migrants in Thailand. DTM aimed for a 50:50 balance between female and male respondents. Twenty-five enumerators from DTM, World Vision Foundation Thailand and the Sister Foundation collected data from 2,725 respondents.

Geographic Coverage

Chanthaburi, Chonburi, Greater Bangkok (Samut Sakon, Samut Prakon, Nonthaburi and Bangkok), Ranong, Tak and Trat provinces.

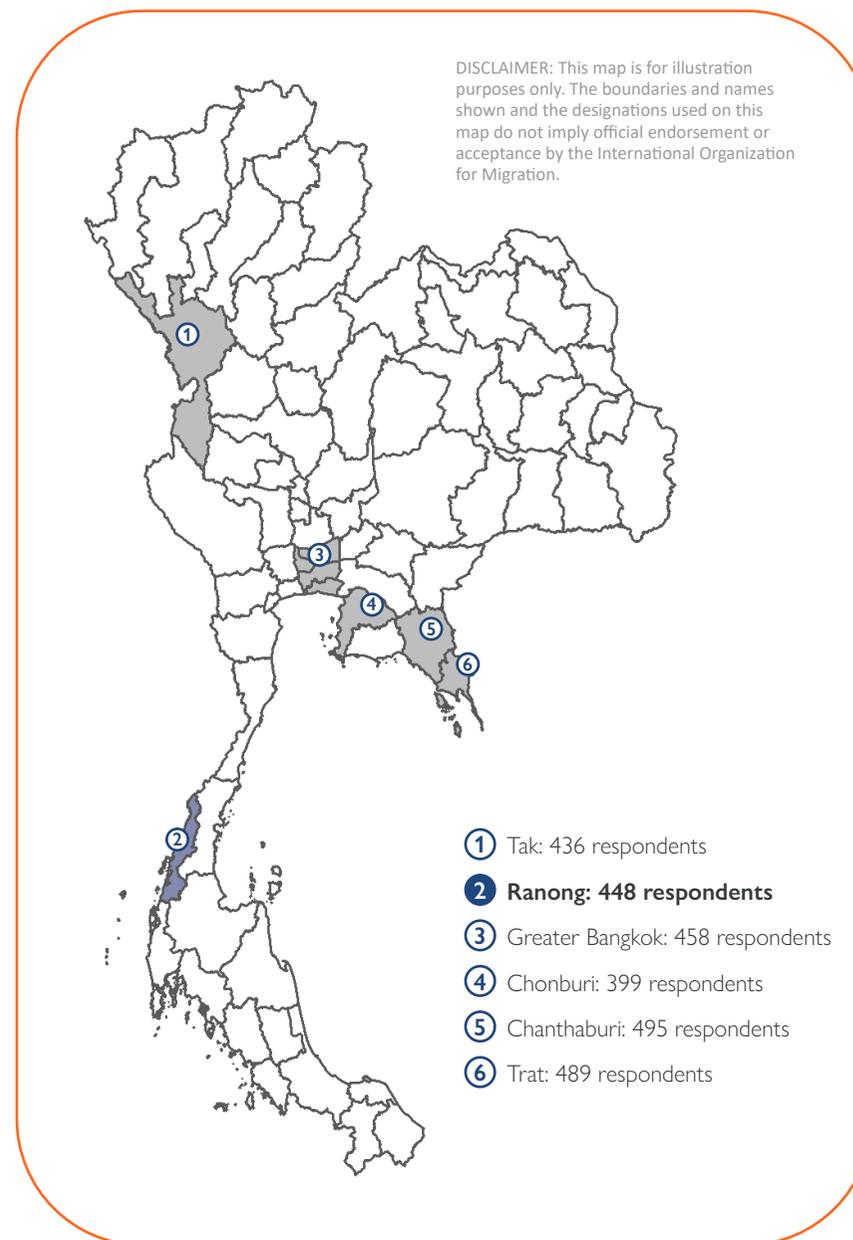
Primary data collection period

Data was collected from 23 May to 30 August 2022.

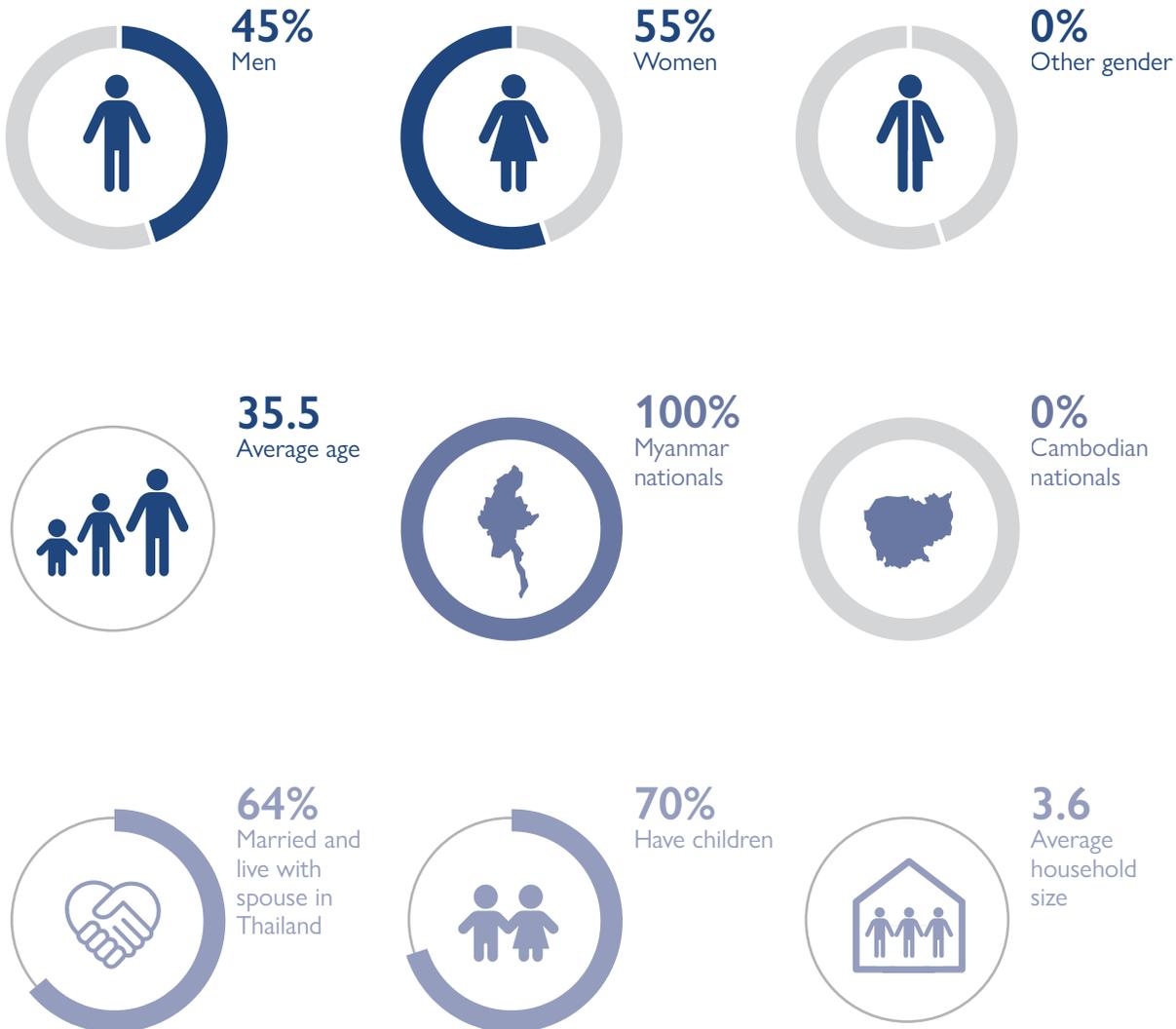
Limitations

Certain indicators/questions may be under-reported or over-reported, due to the subjectivity and perceptions of respondents (especially "social desirability bias"— the documented tendency of people to provide what they perceive to be the "right" answers to certain questions). These biases should be taken into consideration when interpreting findings. Some questions were only asked to a subset of respondents who answered affirmatively to preceding questions. The analysis on subsets of respondents should only be considered as indicative, as the sample size of the subsets does not meet the threshold required to be statistically significant. In addition, graph titles with an asterisk denote questions where respondents could provide multiple answers. As a result, the totals for these graphs may exceed 100 per cent.

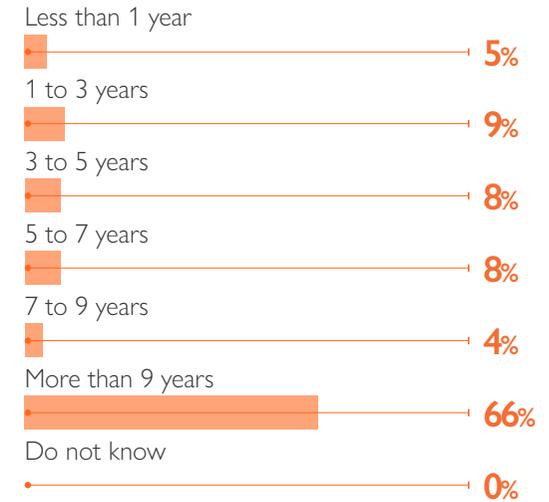
Provinces where survey was implemented



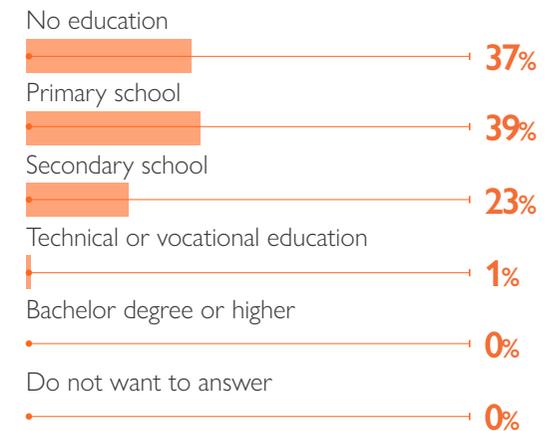
Demographics of respondents



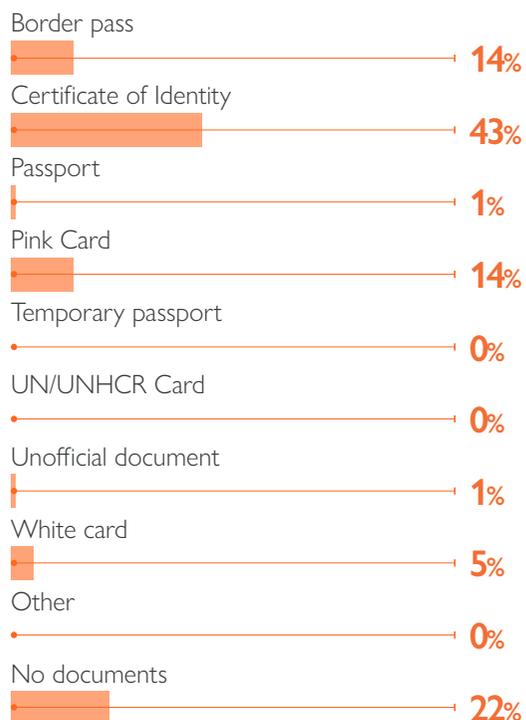
Length of stay in Thailand



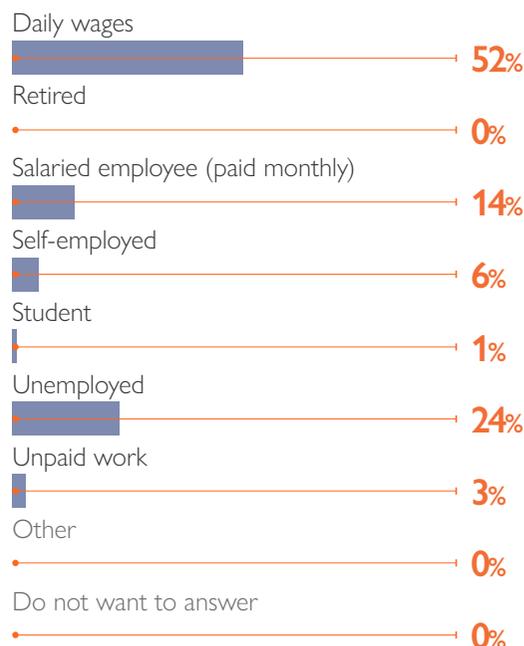
Highest level of education reported by respondents



Documentation



Employment status



Work sector¹

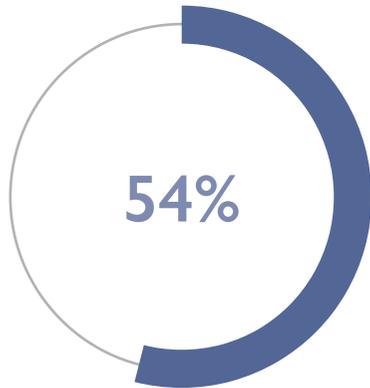


The sample in Ranong province for the Round 2 COVID-19 Vaccine Perception Survey consisted of a nearly even split between people who identified as men and those who identified as women, with slightly more of the latter. The average age was 35.5 years and all respondents were Myanmar nationals. Almost all respondents were married with spouses living with them in Thailand and 70 per cent had children. The average household size in Ranong was slight larger than the average for the whole country, around 3.6 persons.

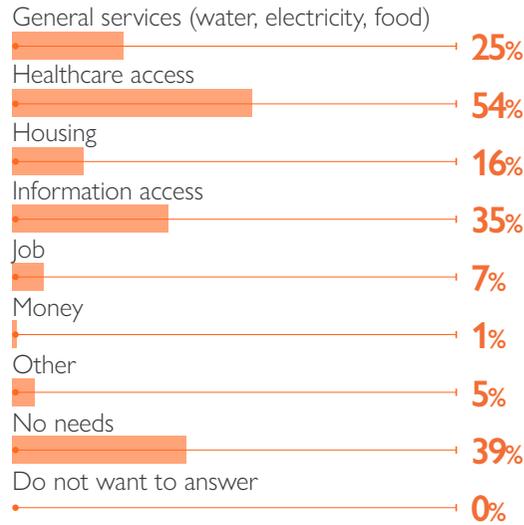
Two-thirds of respondents in Ranong had been living in Thailand for over nine years, similarly to the other far western province included in this survey, Tak. Most respondents either had a primary or secondary education, but 37 per cent of respondents had no education at all. The most common type of documentation status in Ranong was having a certificate of identity. More than half of respondents worked for daily wages while nearly a quarter were unemployed. The most common work sectors in Ranong were agriculture and fishing.

¹ Question was only asked to employed respondents (those who identified as self-employed, employed in private sector, employed in public sector or doing unpaid work or earning daily wages).

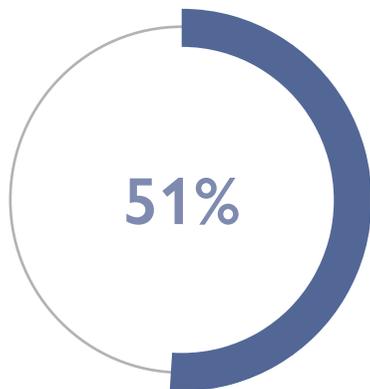
Percentage of employed respondents earning 315 THB (minimum wage) or more per day



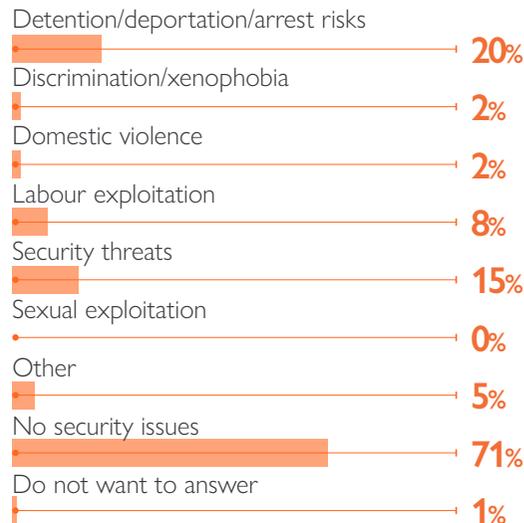
Respondent needs due to COVID-19*



Percentage of respondents with debt²



Respondent security issues due to COVID-19*

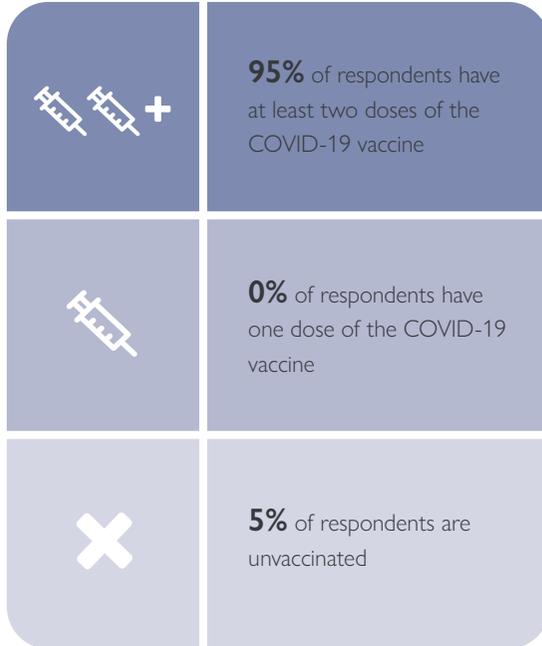


Respondent challenges due to COVID-19*



² For this question, debt includes both debt due to COVID-19 and debt due to other reasons.

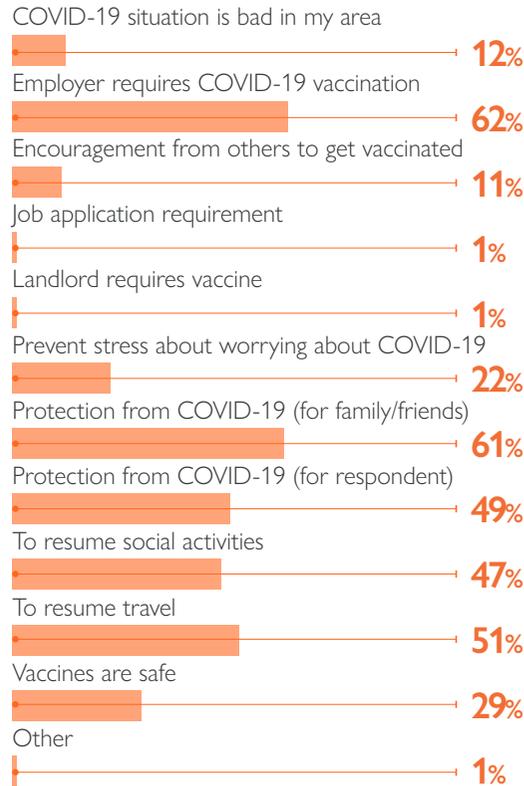
29% of respondents had contracted COVID-19 or had had a family member contract COVID-19



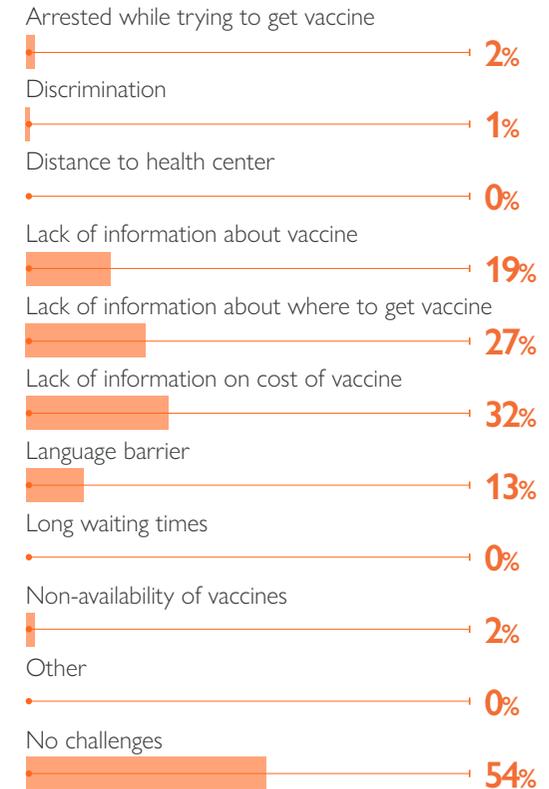
86% of unvaccinated respondents are aware that COVID-19 vaccines are available for free in Thailand

53% of unvaccinated respondents are willing to get a COVID-19 vaccine

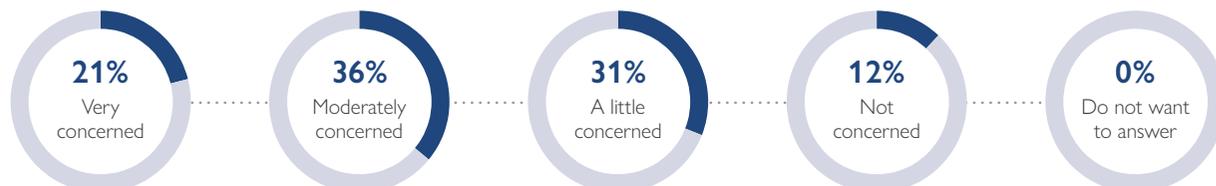
Reasons for receiving/being willing to receive the vaccine*³



Challenges faced while trying to get COVID-19 vaccine*⁴



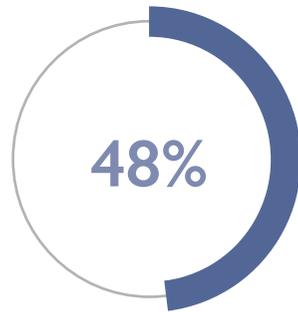
Level of concern about COVID-19



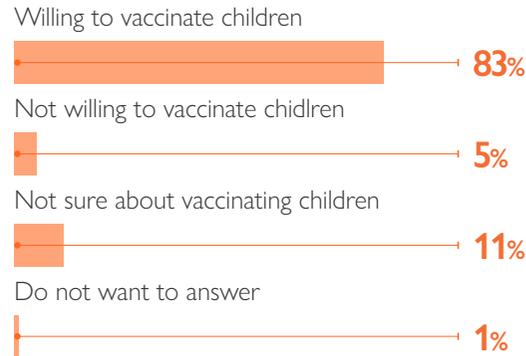
³ This question was only asked to respondents who had received at least one dose of the COVID-19 vaccine OR respondents who were not vaccinated yet but who were willing to get a COVID-19 vaccine.

⁴ This question was only asked to respondents who had received at least one dose of the COVID-19 vaccine.

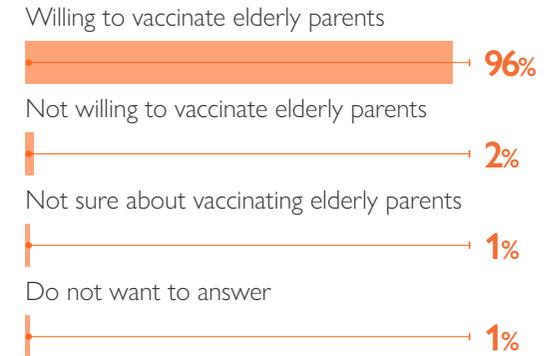
Percentage of unvaccinated respondents with underlying medical conditions



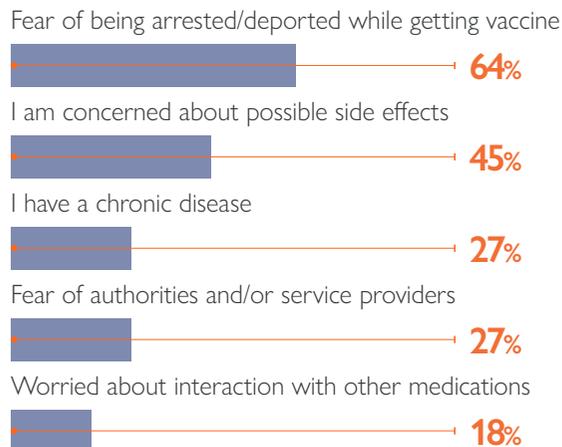
Respondent willingness to vaccinate their children⁵



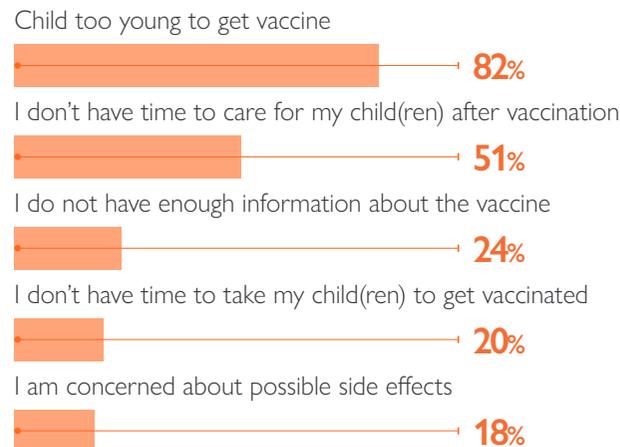
Respondent willingness to vaccinate their elderly parents⁶



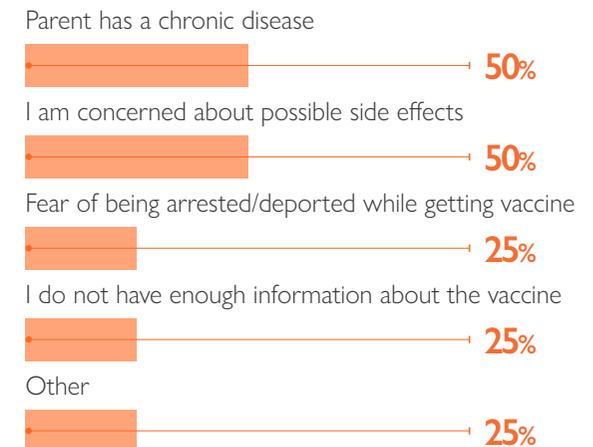
Top 5 concerns about the COVID-19 vaccine among unvaccinated respondents who are not willing to receive the vaccine*



Top 5 reasons for choosing not to vaccinate children^{*7}



Top 5 reasons for choosing not to vaccinate elderly parents^{*8}



⁵ This question was only asked to respondents who had children.

⁶ This graph only displays answers from respondents who reported to have elderly parents.

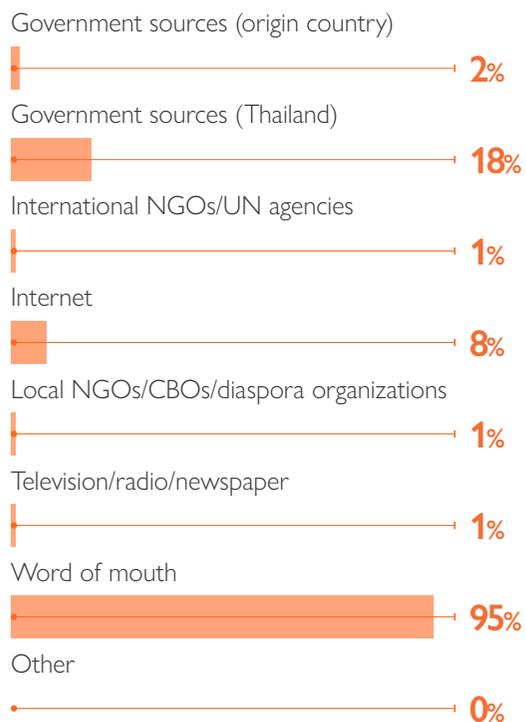
⁷ This question was only asked to respondents who were not willing to vaccinate children.

⁸ This question was only asked to respondents who were not willing to vaccinate elderly parents.

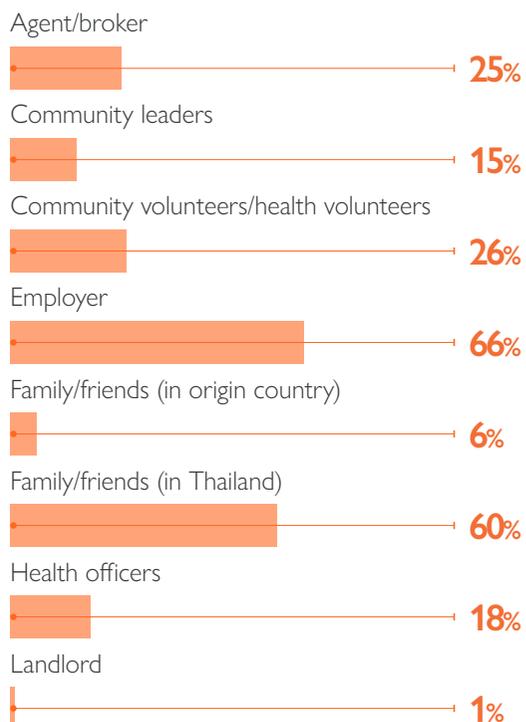
Breakdown of number of doses among fully vaccinated respondents (2 doses or more)



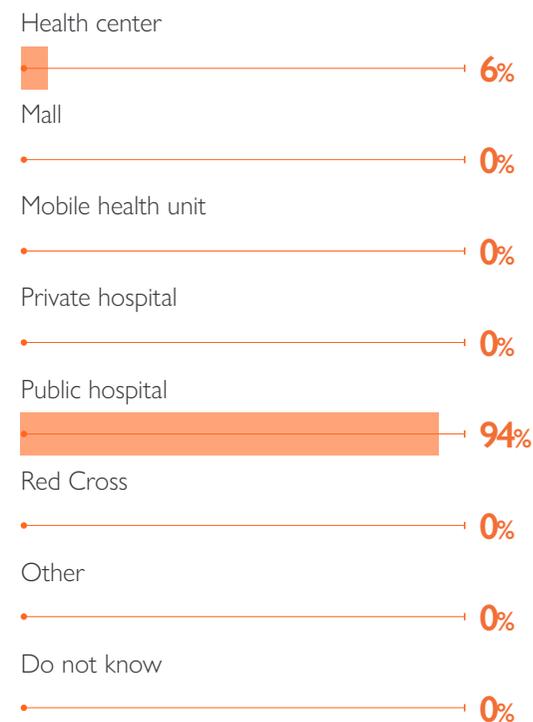
Information sources on booster vaccine⁹



Word of mouth information sources on booster vaccine⁹



Location of receiving booster⁹

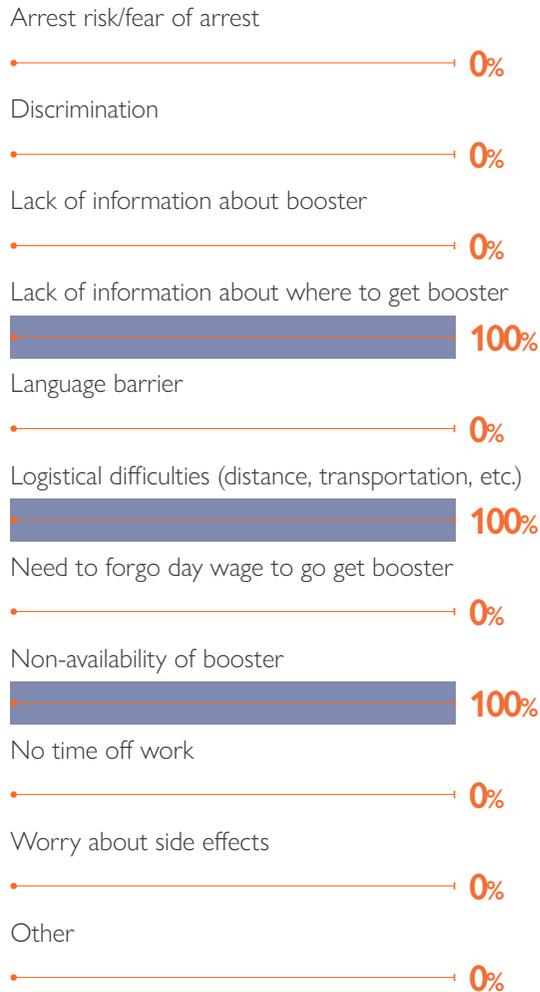


⁹ These questions were only asked to respondents who had received more than 2 vaccine doses.

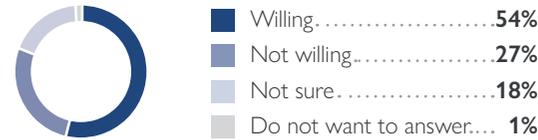
Level of ease regarding getting booster¹⁰



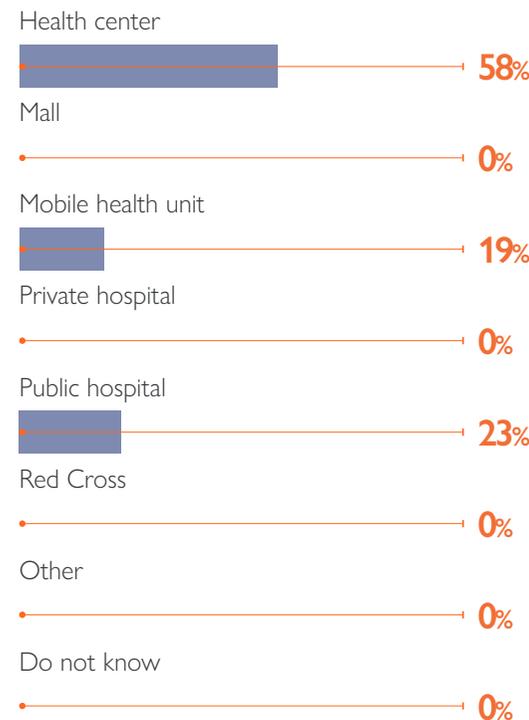
Reasons for having difficult or very difficult experience getting booster vaccine¹¹



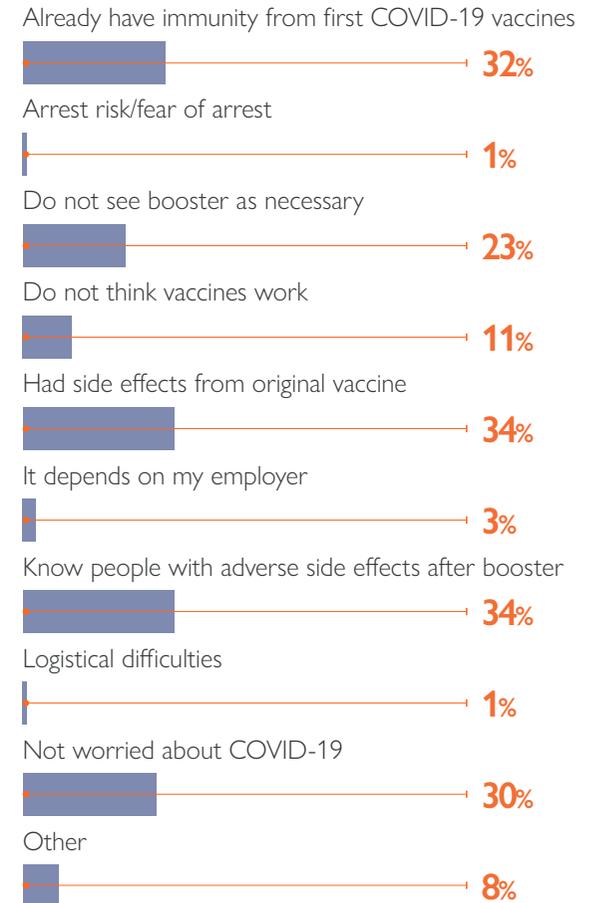
Willingness to get booster vaccine among vaccinated respondents with 2 or fewer vaccine doses



Preferred location of future booster reception among respondents willing to get booster



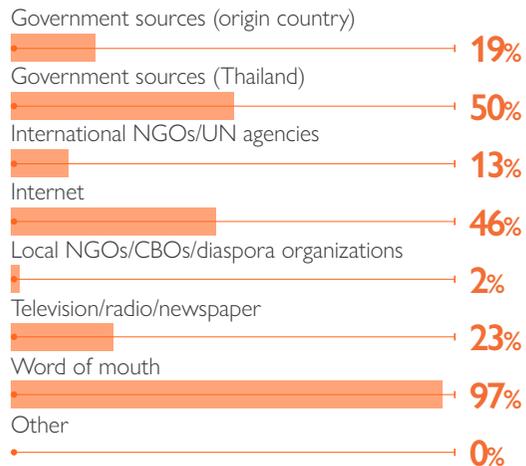
Reasons for not wanting booster among respondents not willing or hesitant to get booster*



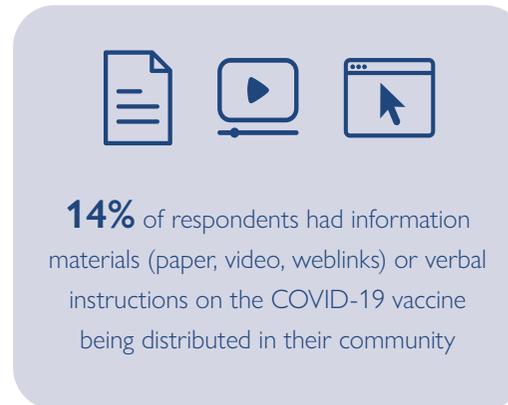
¹⁰ This question was only asked to respondents who had received more than 2 vaccine doses.

¹¹ This question was only asked to respondents who answered "difficult" or "very difficult" to the question on level of ease regarding getting the booster.

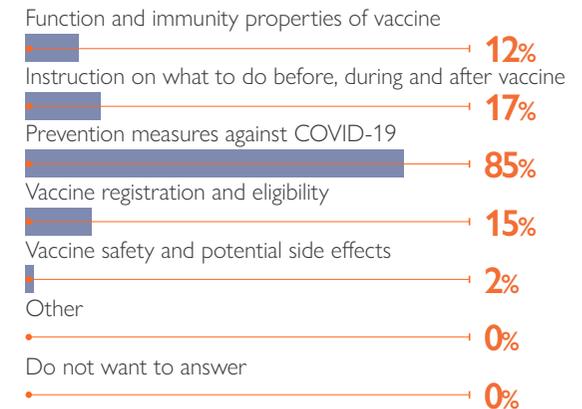
Information sources on COVID-19 vaccines*



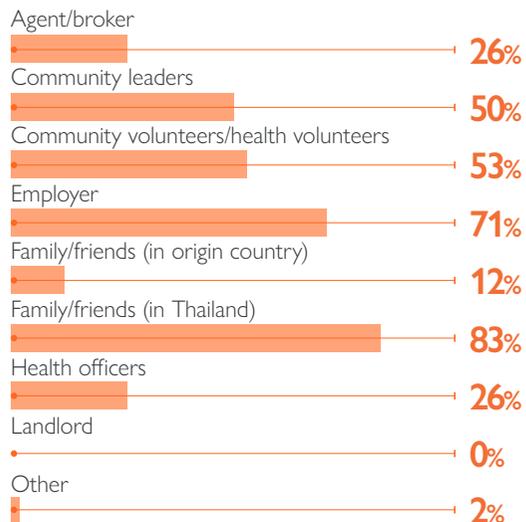
Presence of information material



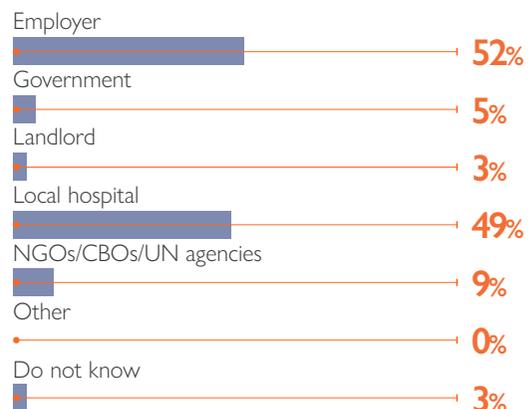
Types of information materials being distributed in respondent living area*¹³



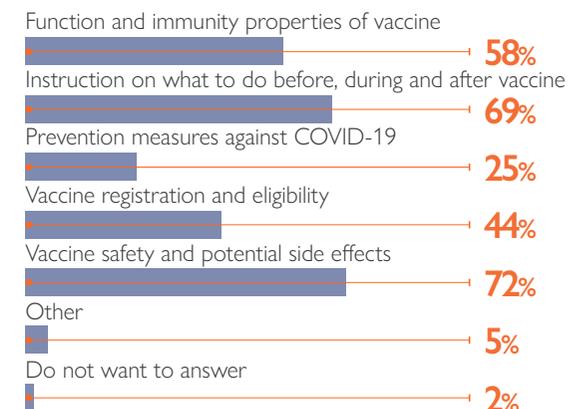
Word of mouth sources on COVID-19 vaccines*¹²



Sources of information material being distributed in respondent living area*¹³



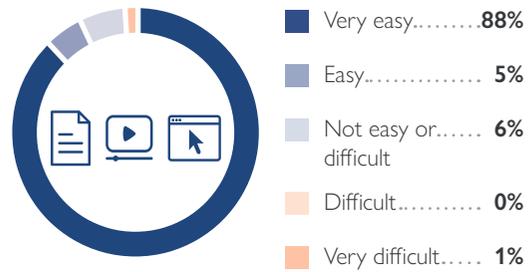
Types of information that respondents think should be included in material*¹³



¹² This question was only asked to respondents who answered "word of mouth" to the question on information sources on COVID-19 vaccines.

¹³ These questions were only asked to respondents who had information materials or verbal instructions on the COVID-19 vaccine being distributed in their living area.

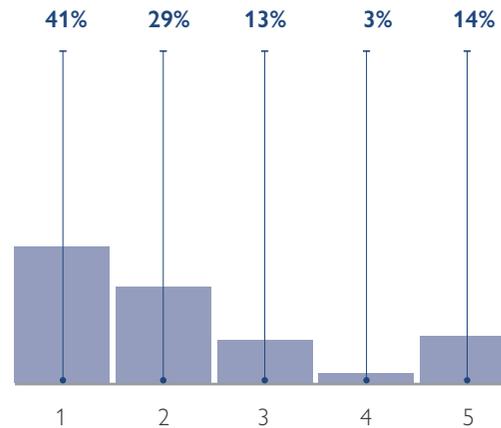
Level of ease regarding understanding COVID-19 information material¹³



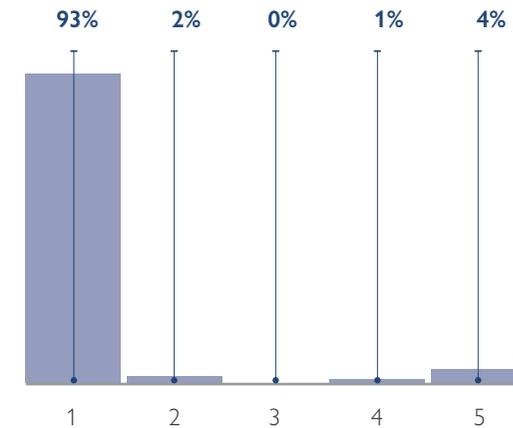
Language skill levels

1 being very low skill and 5 being very high skill

Thai speaking



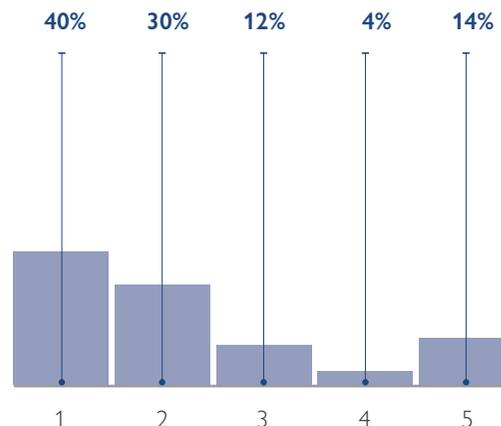
Thai reading



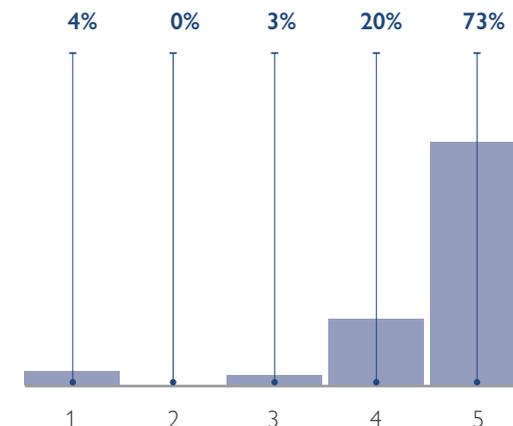
Reason for difficulty understanding COVID-19 information material¹⁴



Thai listening



Native language reading



¹⁴ These questions were only asked to respondents who had information materials or verbal instructions on the COVID-19 vaccine being distributed in their living area and indicated understanding information material to be difficult or very difficult.

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