

IOM DTM THAILAND

COVID-19 VACCINE
PERCEPTION SURVEY
ROUND 2 FACTSHEET



CHONBURI 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 Chonburi 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.

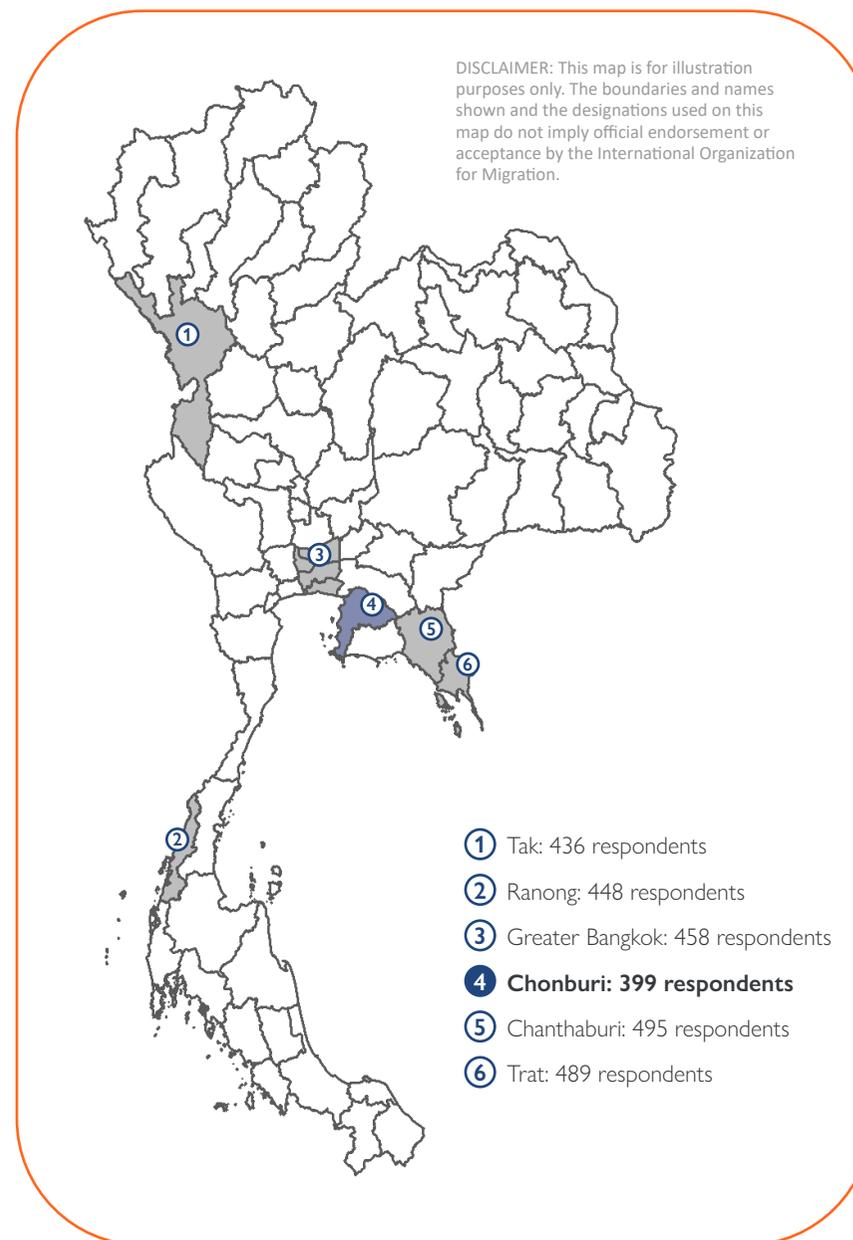
Primary data collection period

Data was collected from 23 May to 30 August 2022.

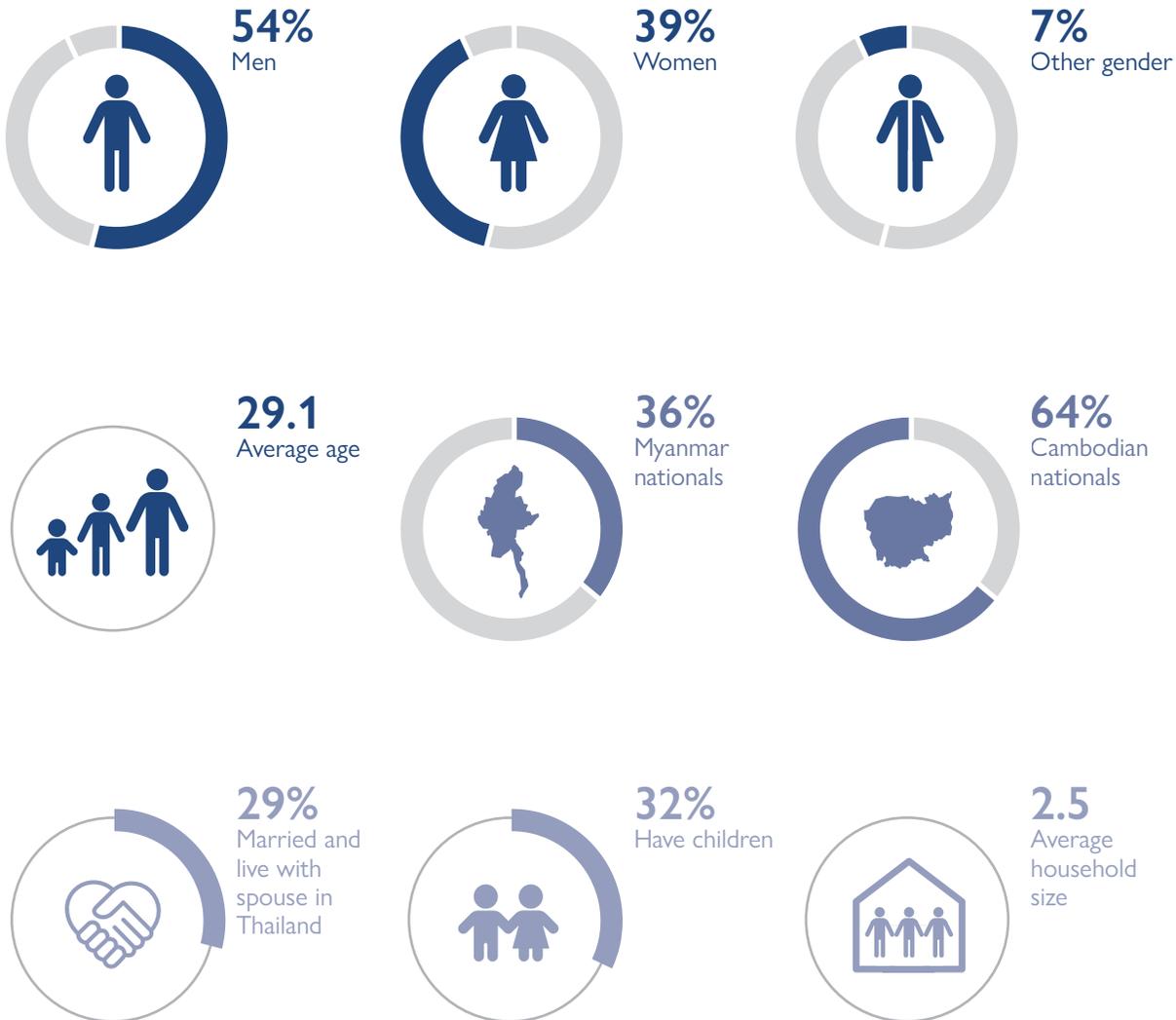
Limitations

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.

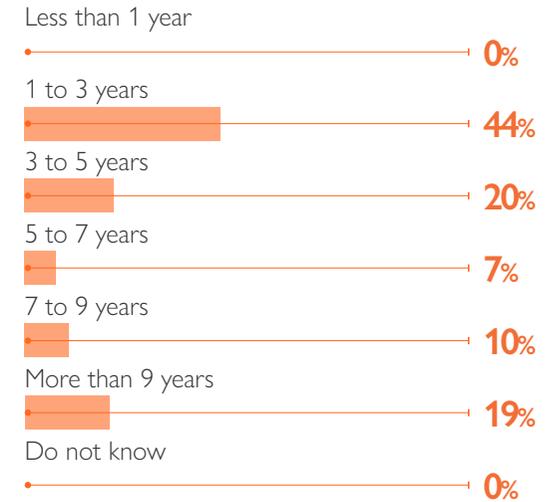
Provinces where survey was implemented



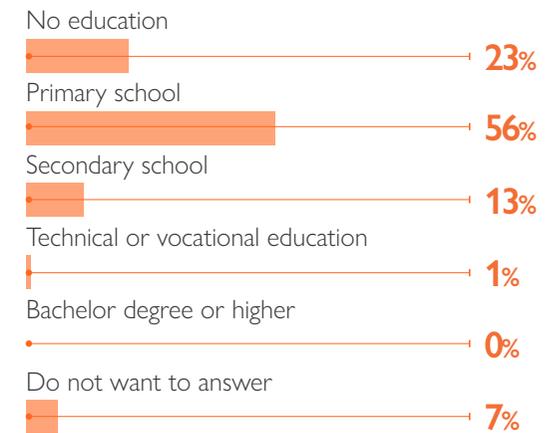
Demographics of respondents



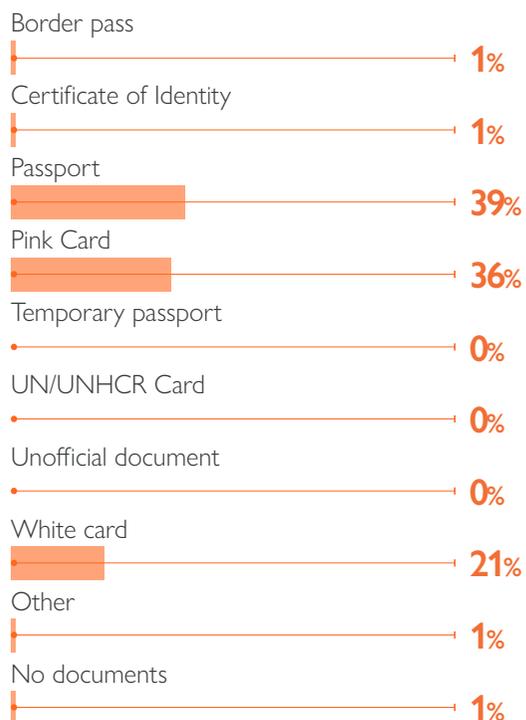
Length of stay in Thailand



Highest level of education reported by respondents



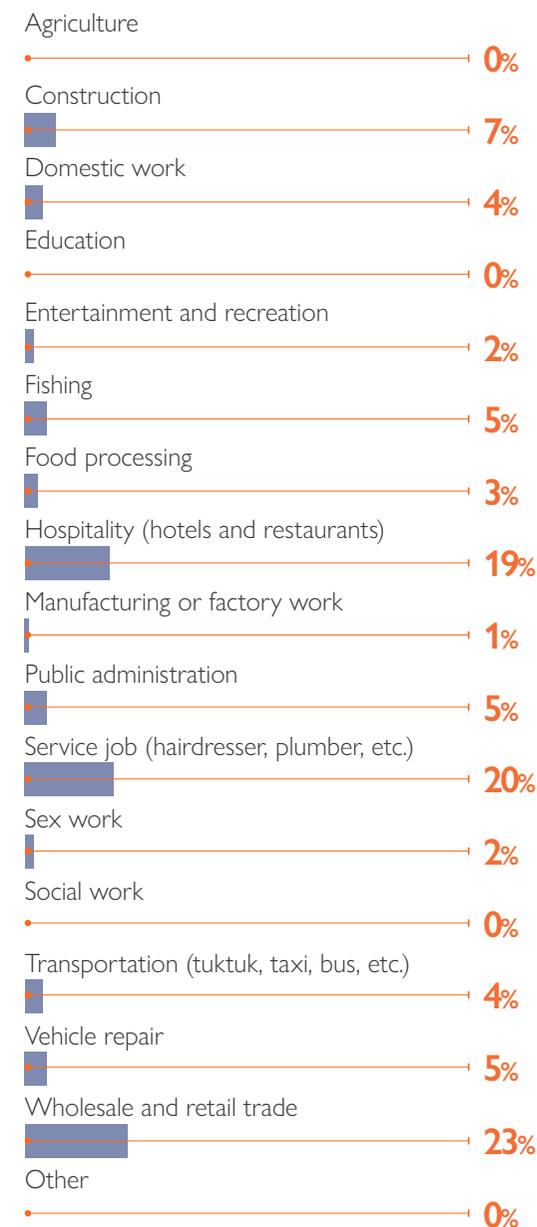
Documentation



Employment status



Work sector¹



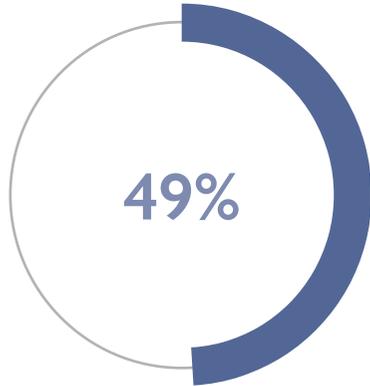
The sample in Chonburi province for the Round 2 COVID-19 Vaccine Perception Survey consisted of 54 per cent men, 39 per cent women and 7 per cent of people who identified as another gender[†]. It is also the province with the lowest average age, around 29.1 years. The ratio of Myanmar nationals to Cambodian nationals was about 1:2. Nearly all respondents were married and living with their spouse in Thailand and about a third had children. The average household size was the smallest compared to that of the overall country average, around 2.5 persons.

Respondents in Chonburi were more likely to be living in Thailand for only one to three years compared to respondents in other provinces, who were more likely to have been living in Thailand for longer. The most common highest level of education was primary education and the most common types of documentation were passport, Pink card and White card. Most respondents worked for daily wages in the wholesale, service or hospitality sectors.

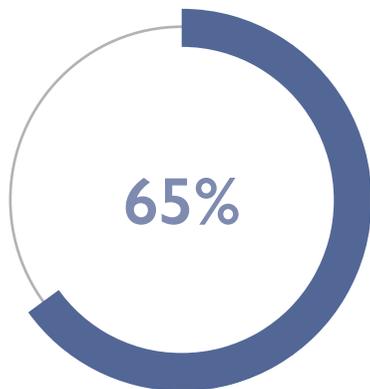
¹ Question was only asked to employed respondents (those who identified as self-employed, employed in private sector, employed in public sector or doing unpaid work or earning daily wages.

[†] Due to the sampling design, which targeted transgender individuals only in Chonburi with the assistance of the Sister Foundation, the gender breakdowns are not comparable to other provinces.

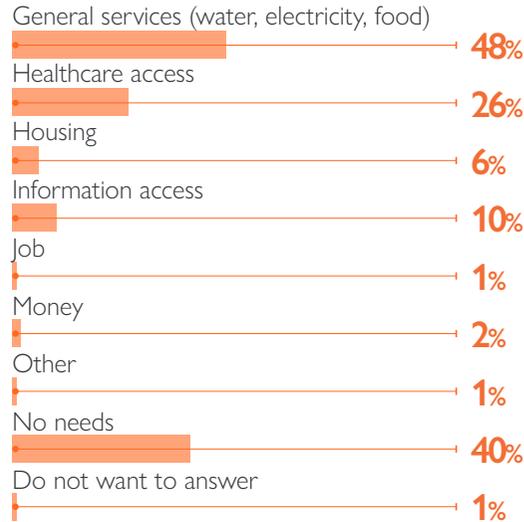
Percentage of employed respondents earning 315 THB (minimum wage) or more per day



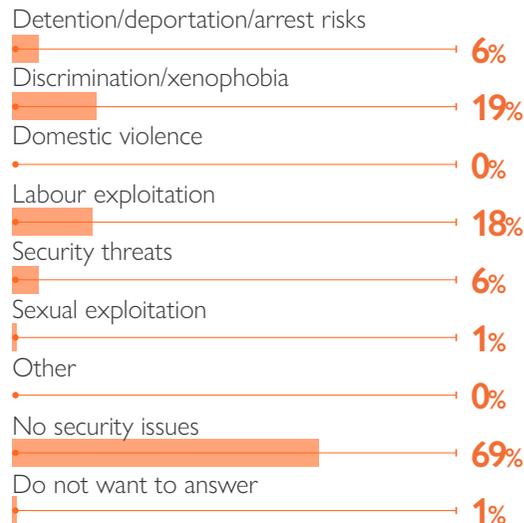
Percentage of respondents with debt²



Respondent needs due to COVID-19*



Respondent security issues due to COVID-19*

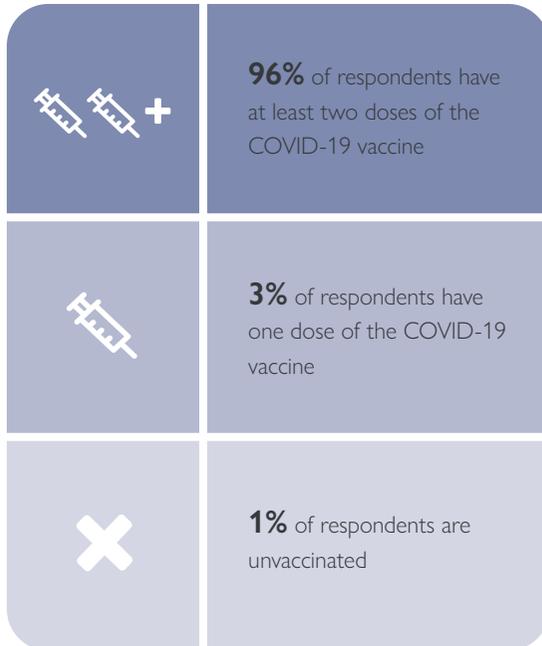


Respondent challenges due to COVID-19*



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

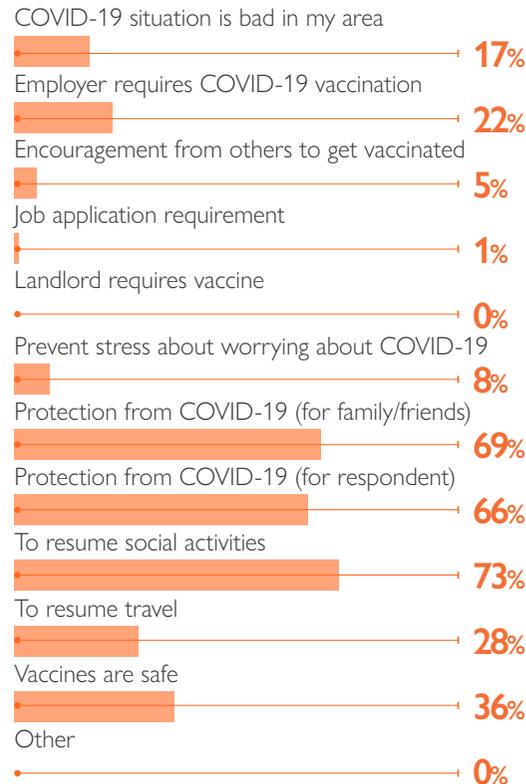
58% of respondents had contracted COVID-19 or had had a family member contract COVID-19



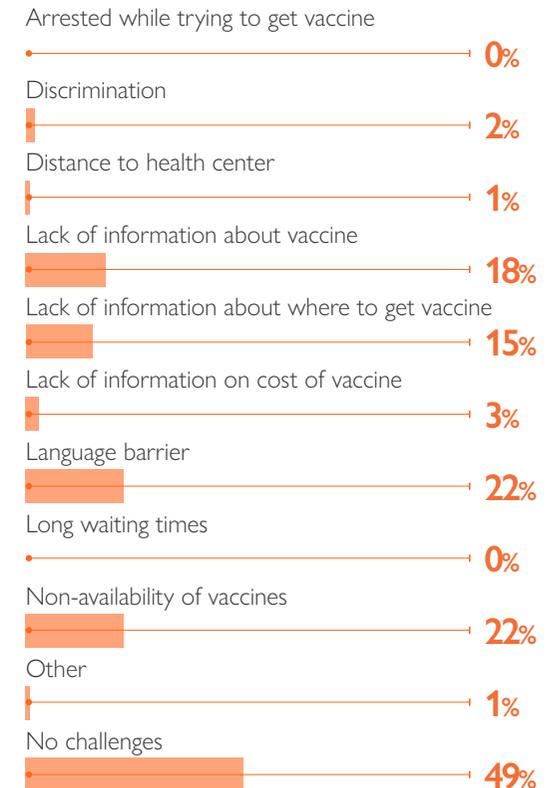
100% of unvaccinated respondents are aware that COVID-19 vaccines are available for free in Thailand

67% of unvaccinated respondents are willing to get a COVID-19 vaccine

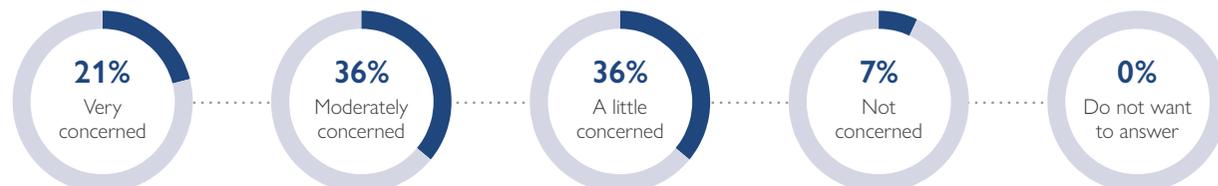
Reasons for receiving/being willing to receive the vaccine*³



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



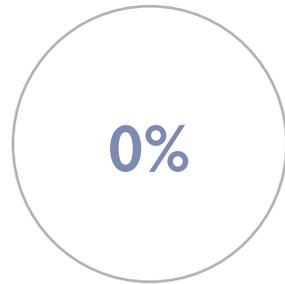
Level of concern about COVID-19



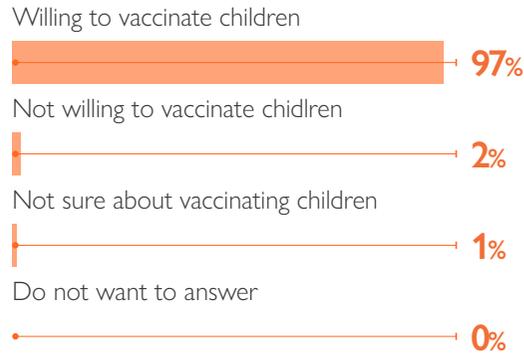
³ This question was only asked to respondents who had received at least one dose of the COVID-19 vaccine OR respondents who were not vaccinated yet but who were willing to get a COVID-19 vaccine.

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

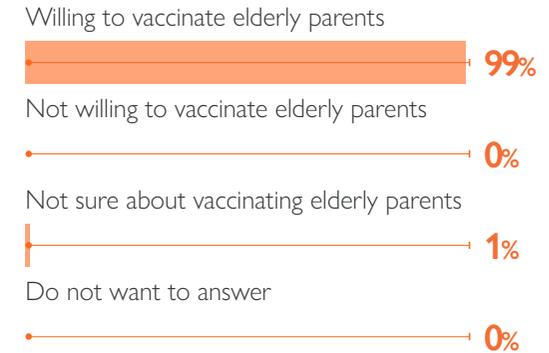
Percentage of unvaccinated respondents with underlying medical conditions



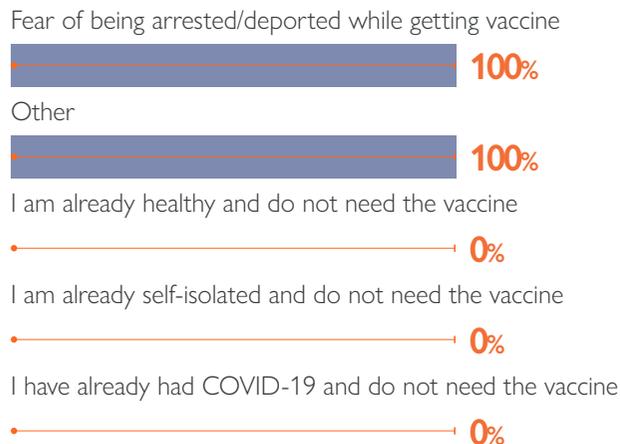
Respondent willingness to vaccinate their children⁵



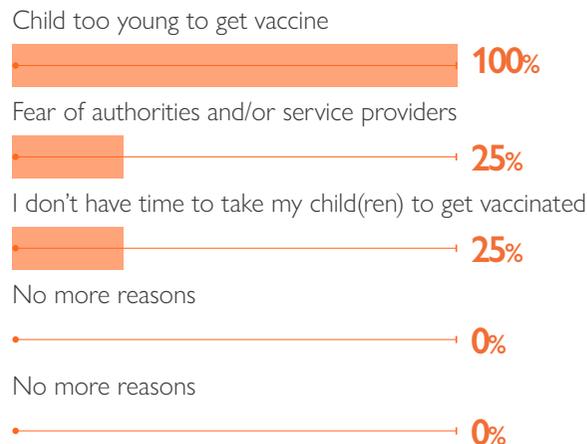
Respondent willingness to vaccinate their elderly parents⁶



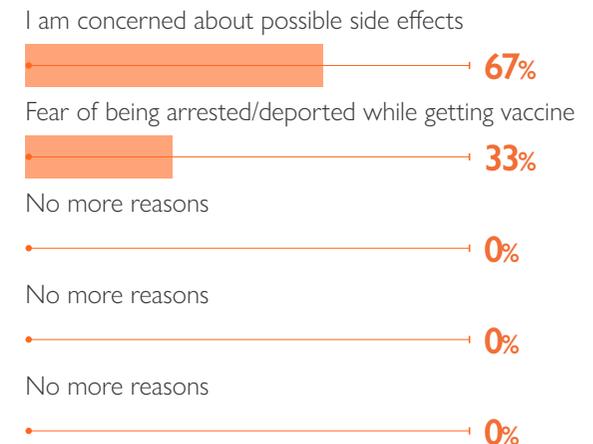
Top 5 concerns about the COVID-19 vaccine among unvaccinated respondents who are not willing to receive the vaccine*



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.

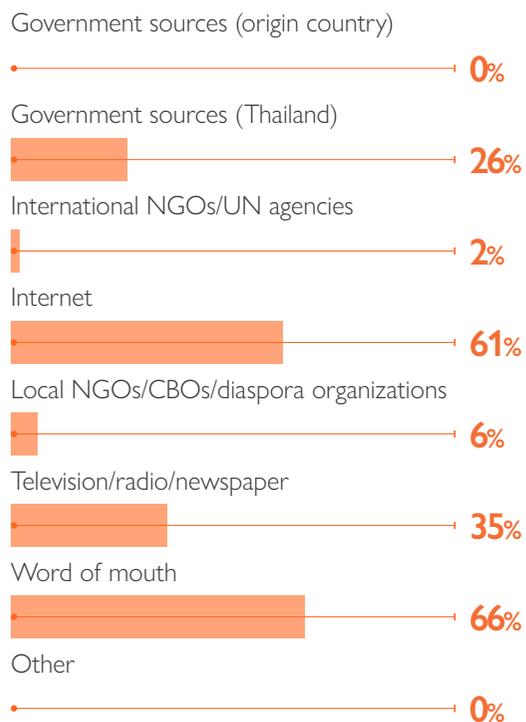
⁷ This question was only asked to respondents who were not willing to vaccinate children.

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

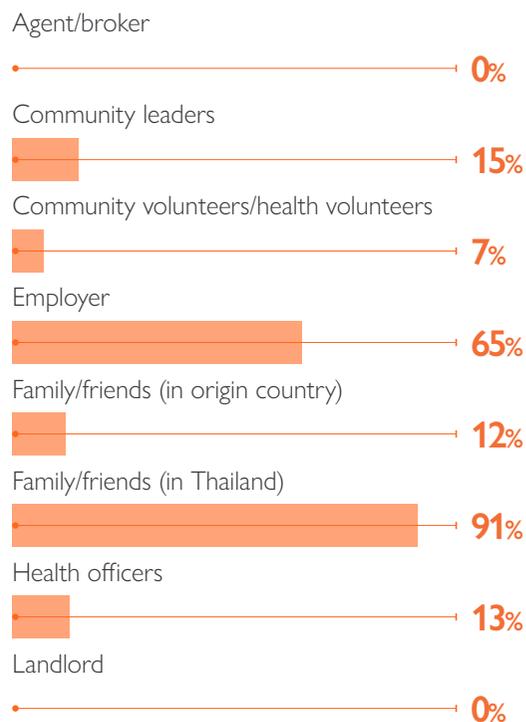
Breakdown of number of doses among fully vaccinated respondents (2 doses or more)



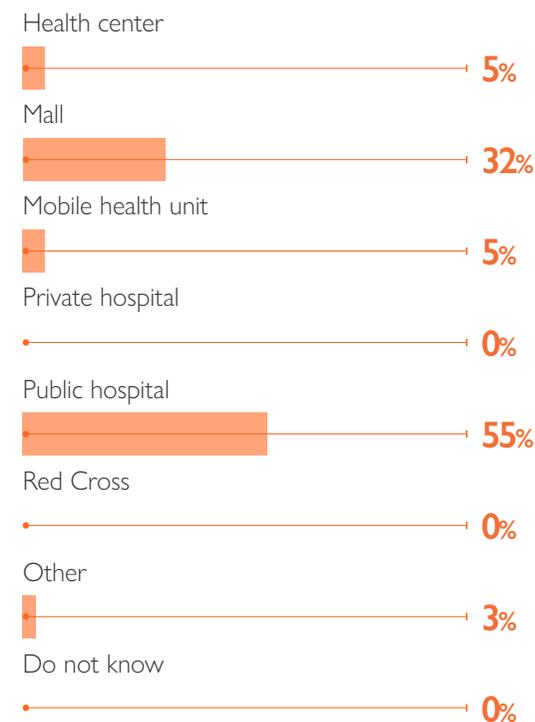
Information sources on booster vaccine*⁹



Word of mouth information sources on booster vaccine*⁹



Location of receiving booster*⁹

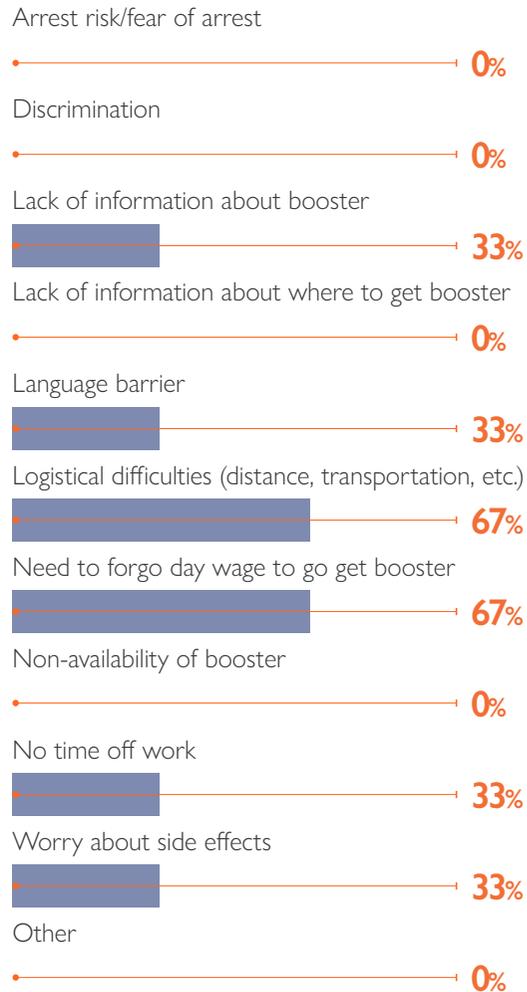


⁹ These questions were only asked to respondents who had received more than 2 vaccine doses.

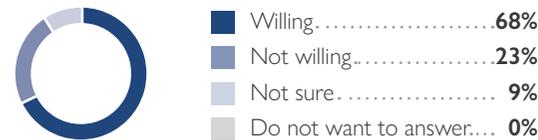
Level of ease regarding getting booster¹⁰



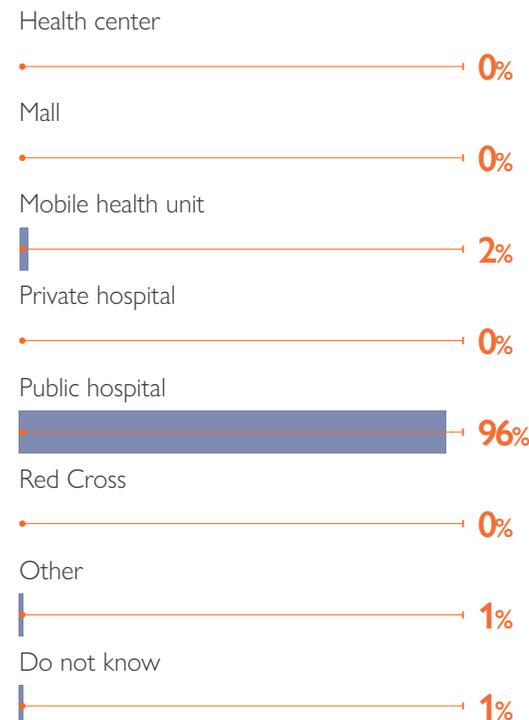
Reasons for having difficult or very difficult experience getting booster vaccine¹¹



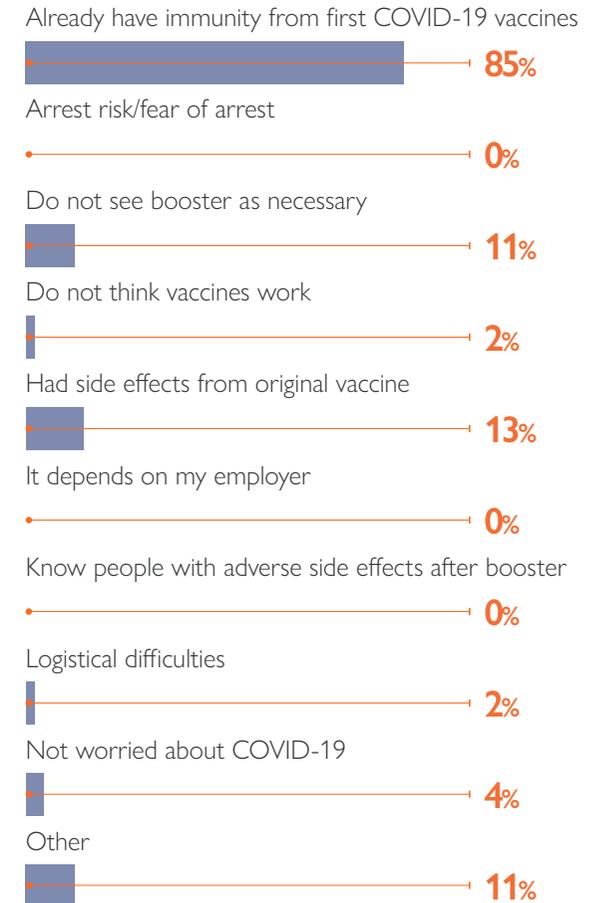
Willingness to get booster vaccine among vaccinated respondents with 2 or fewer vaccine doses



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*



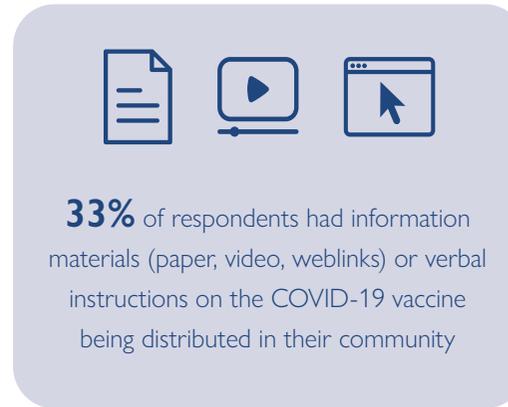
¹⁰ This question was only asked to respondents who had received more than 2 vaccine doses.

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.

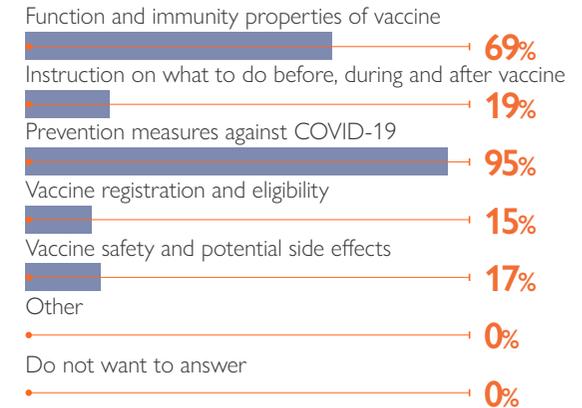
Information sources on COVID-19 vaccines*



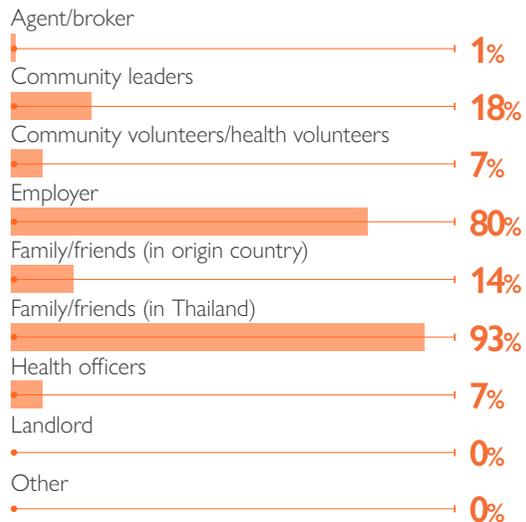
Presence of information material



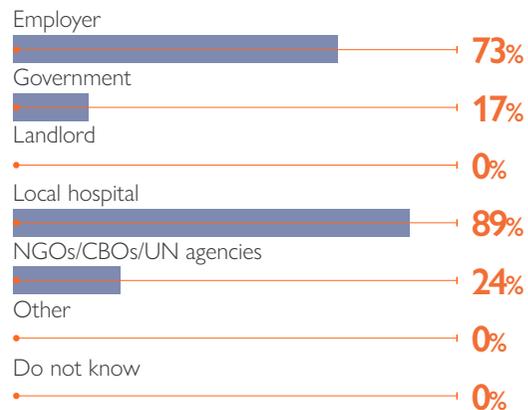
Types of information materials being distributed in respondent living area*¹³



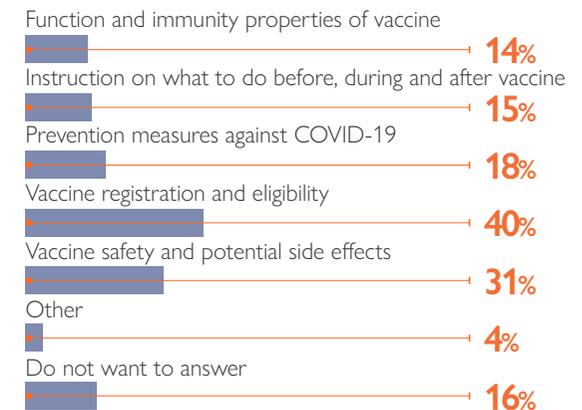
Word of mouth sources on COVID-19 vaccines*¹²



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



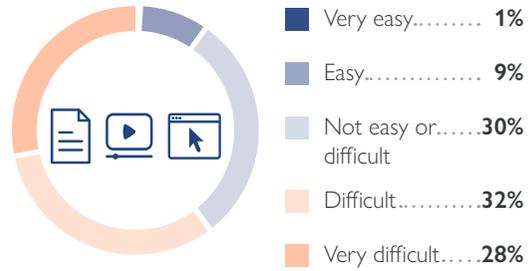
Types of information that respondents think should be included in material*¹³



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.

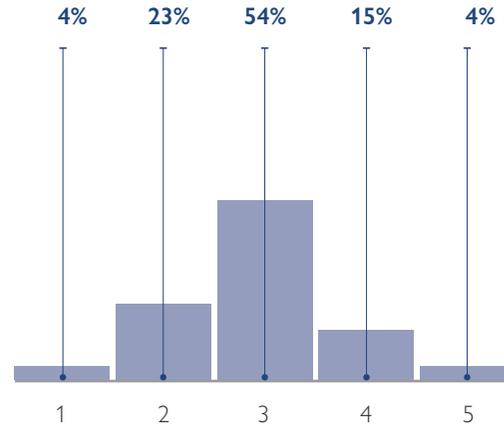
Level of ease regarding understanding COVID-19 information material¹³



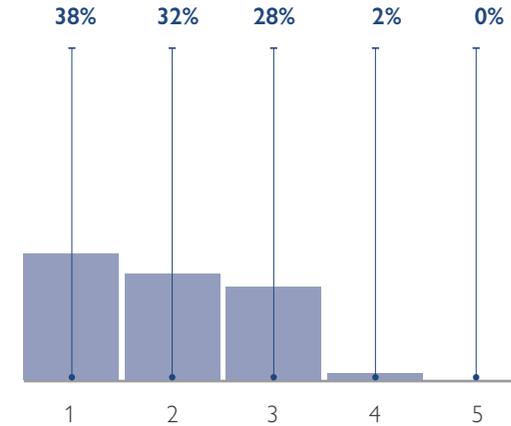
Language skill levels

1 being very low skill and 5 being very high skill

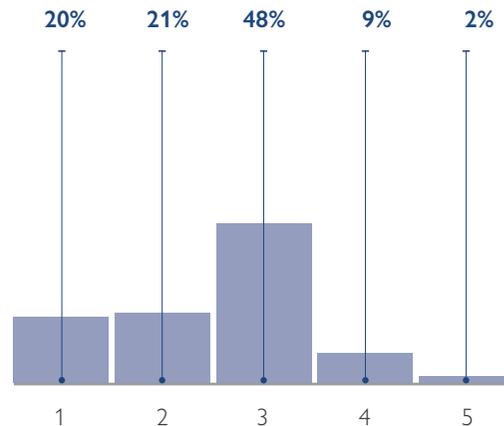
Thai speaking



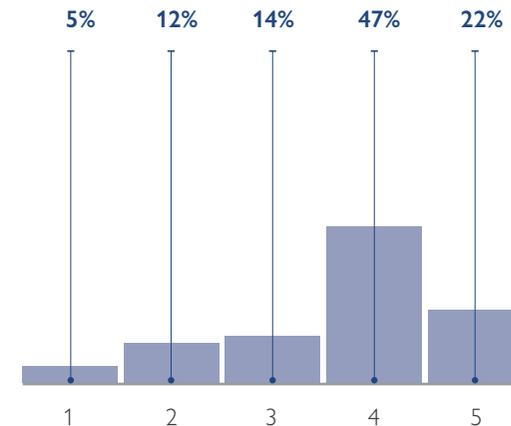
Thai reading



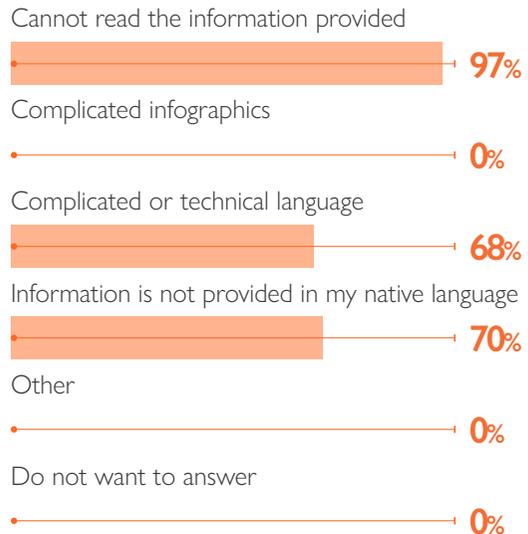
Thai listening



Native language reading



Reason for difficulty understanding COVID-19 information material¹⁴



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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