IOM DTM THAILAND

COVID-19 VACCINE PERCEPTION SURVEY ROUND 2 FACTSHEET



CHANTHABURI PROVINCE

MAY - AUGUST 2022







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 Chanthaburi 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.

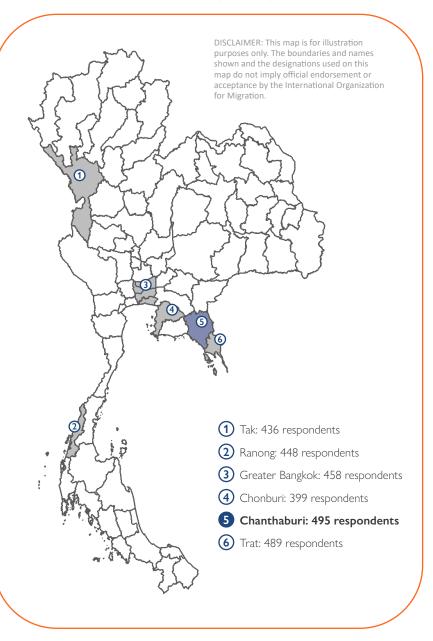
Primary data collection period

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







0% Other gender







0% Myanmar nationals



100% Cambodian nationals





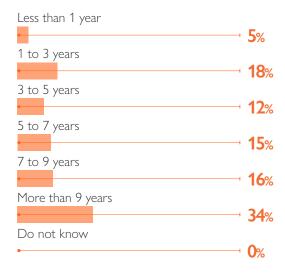


60% Have children

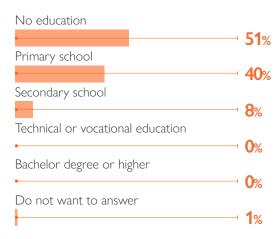


3.3 Average household size

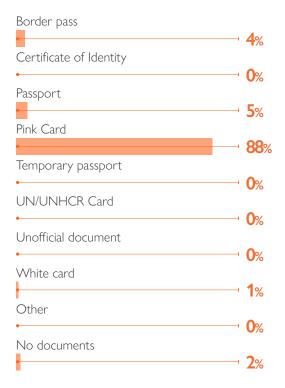
Length of stay in Thailand



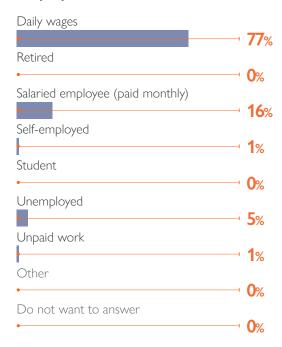
Highest level of education reported by respondents



Documentation



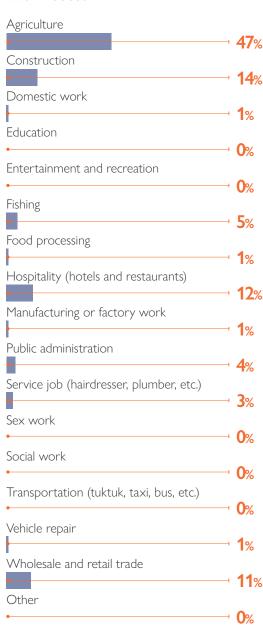
Employment status



The sample in Chanthaburi 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 former. The average age was 34.8 years and all respondents were of Cambodian nationality. Nearly all respondents were married and living with their spouse in Thailand and 60 per cent had children. The average household size was equal to that of the overall country average, around 3.3 persons.

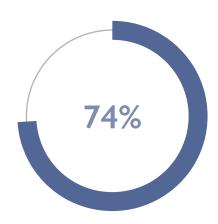
The majority of respondents in Chanthaburi had been living in Thailand for multiple years, with over a third living in the country for over 9 years. Compared to the overall country average for the survey, respondents in Chanthaburi were more likely to not have an education. Most respondents owned a Pink card and worked for daily wages, although 16 per cent were salaried employees. The most common work sectors included agriculture, construction and hospitality.

Work sector¹

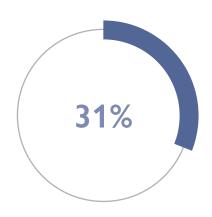


¹ Question was only asked to employed respondents (those who identified as self-employed, employed in private sector, employed in public sector or doing unpaid work or earning daily wages.

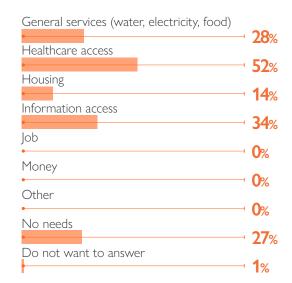
Percentage of employed respondents earning 315 THB (minimum wage) or more per day



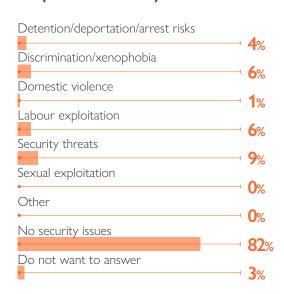
Percentage of respondents with debt²



Respondent needs due to COVID-19*



Respondent security issues due to COVID-19*



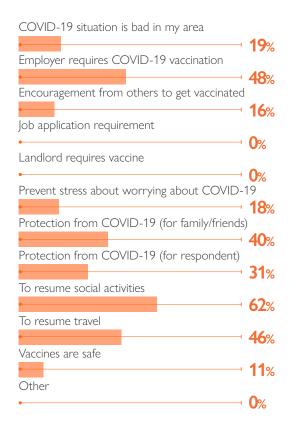
Respondent challenges due to COVID-19*



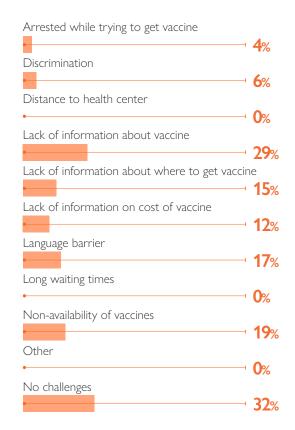
33% of respondents had contracted COVID-19 or had had a family member contract COVID-19



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



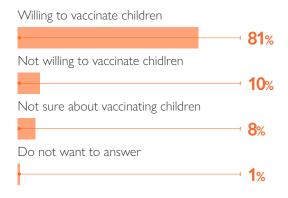
³ This question was only asked to respondents who had received at least one dose of the COVID-19 vaccine OR respondents who were not vaccinated yet but who were willing to get a COVID-19 vaccine.

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

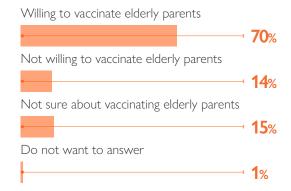
Percentage of unvaccinated respondents with underlying medical conditions



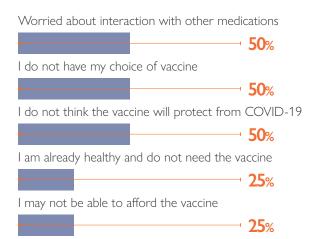
Respondent willingness to vaccinate their children⁵



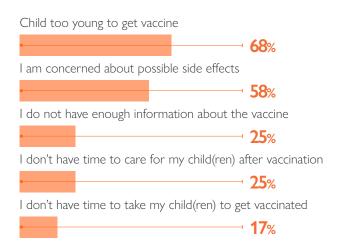
Respondent willingness to vaccinate their elderly parents⁶



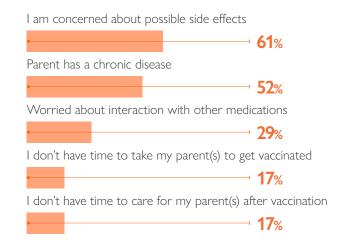
Top 5 concerns about the COVID-19 vaccine among unvaccinated respondents who are not willing to receive the vaccine*



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.

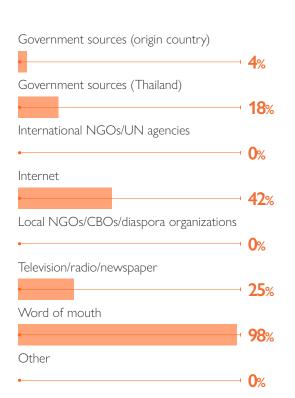
⁷ This question was only asked to respondents who were not willing to vaccinate children.

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

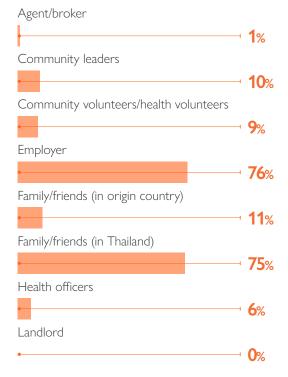
Breakdown of number of doses among fully vaccinated respondents (2 doses or more)



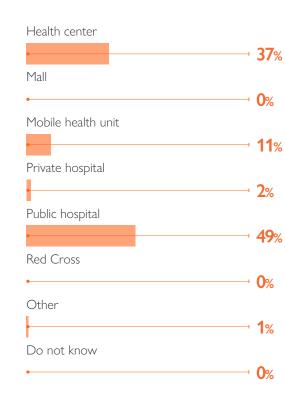
Information sources on booster vaccine*9



Word of mouth information sources on booster vaccine*9



Location of receiving booster9



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

Level of ease regarding getting booster¹⁰

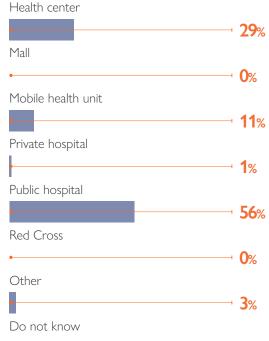
Reasons for having difficult or very difficult experience getting booster vaccine*11



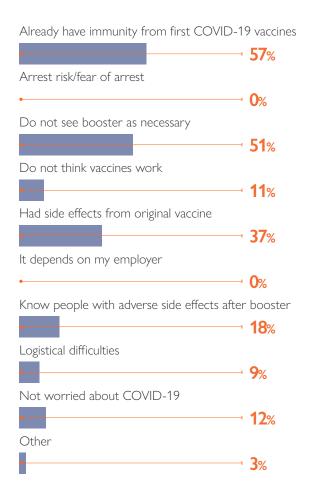
Willingness to get booster vaccine among vaccinated respondents with 2 or fewer vaccine doses



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.

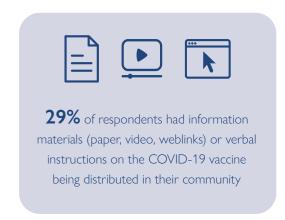
Information sources on COVID-19 vaccines*



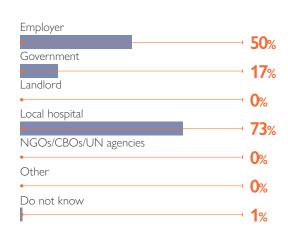
Word of mouth sources on COVID-19 vaccines*12



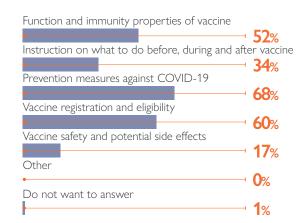
Presence of information material



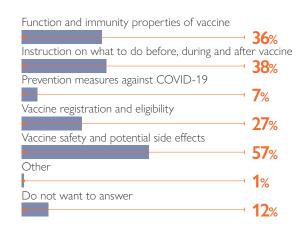
Sources of information material being distributed in respondent living area*13



Types of information materials 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

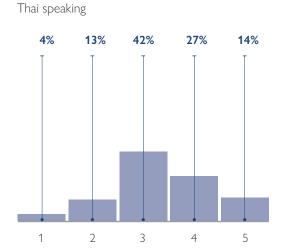


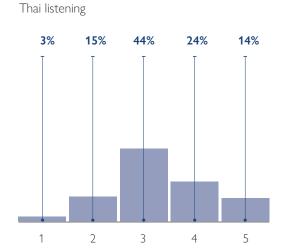
Reason for difficulty understanding COVID-19 information material*14

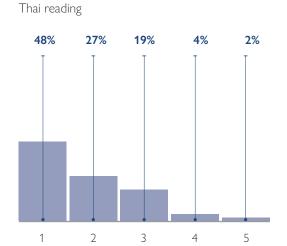


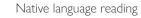
Language skill levels

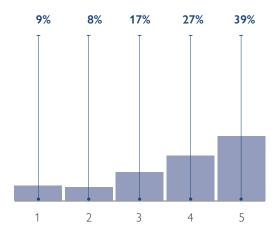
1 being very low skill and 5 being very high skill











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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