

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

ROUND 2

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
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INTRODUCTION

SCOPE

This report aims to provide an overview of the perceptions, needs and challenges related to COVID-19, the vaccine and the booster vaccine among the migrant population in Thailand, drawing on findings from two rounds of IOM's Displacement Tracking Matrix's (DTM) COVID-19 Perception Surveys. [The first round](#) was conducted in late 2021 and early 2022, whilst the second round took place from 23 May to 30 August 2022. This report aims to provide analysis on the status quo, including with regards to the COVID-19 booster vaccine, whilst also exploring how attitudes about the COVID-19 vaccine have changed over time. Most of the information presented relates to Round 2 of the survey, except where an explicit comparison is made to Round 1.

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 systematic randomized sampling. The population of interest included all migrants in Thailand. DTM aimed for a 50:50 balance between female and male respondents. Enumerators from DTM, Rajaphat University, World Vision Foundation Thailand and the Sisters Foundation collected valid data from 4,429 respondents in Round 1, and from 2,725 respondents during Round 2. In addition, a total of 285 surveys in Round 1 and 250 surveys in Round 2 did not pass data quality checks and were discarded.

Map 1 illustrates the geographic coverage of the exercise. A total of seven provinces were covered, of which one only in Round 1 (Rayong). Chanthaburi, Chonburi, Greater Bangkok, Ranong, Tak and Trat were covered in both rounds of data collection. Enumerators were instructed to visit communities in each province where Myanmar or Cambodian migrants resided permanently or semi-permanently and interview one person per every three households.

RESPONDENT PROFILE

The Round 2 sample consists of 2,725 respondents, of whom 47 per cent identified as male, 51 per cent as female and 2 per cent as other gender. The average age of respondents was 35 years and the sample included an even share of Myanmar and Cambodian nationals (50% each). Female respondents were more highly represented among Myanmar nationals (57%) compared to Cambodian nationals (45%). About two thirds of respondents (61%) indicated being married. Of those, 93%

reported living with a spouse in Thailand. About one third indicated being single (34% among Cambodian national respondents, 27% among Myanmar national respondents).

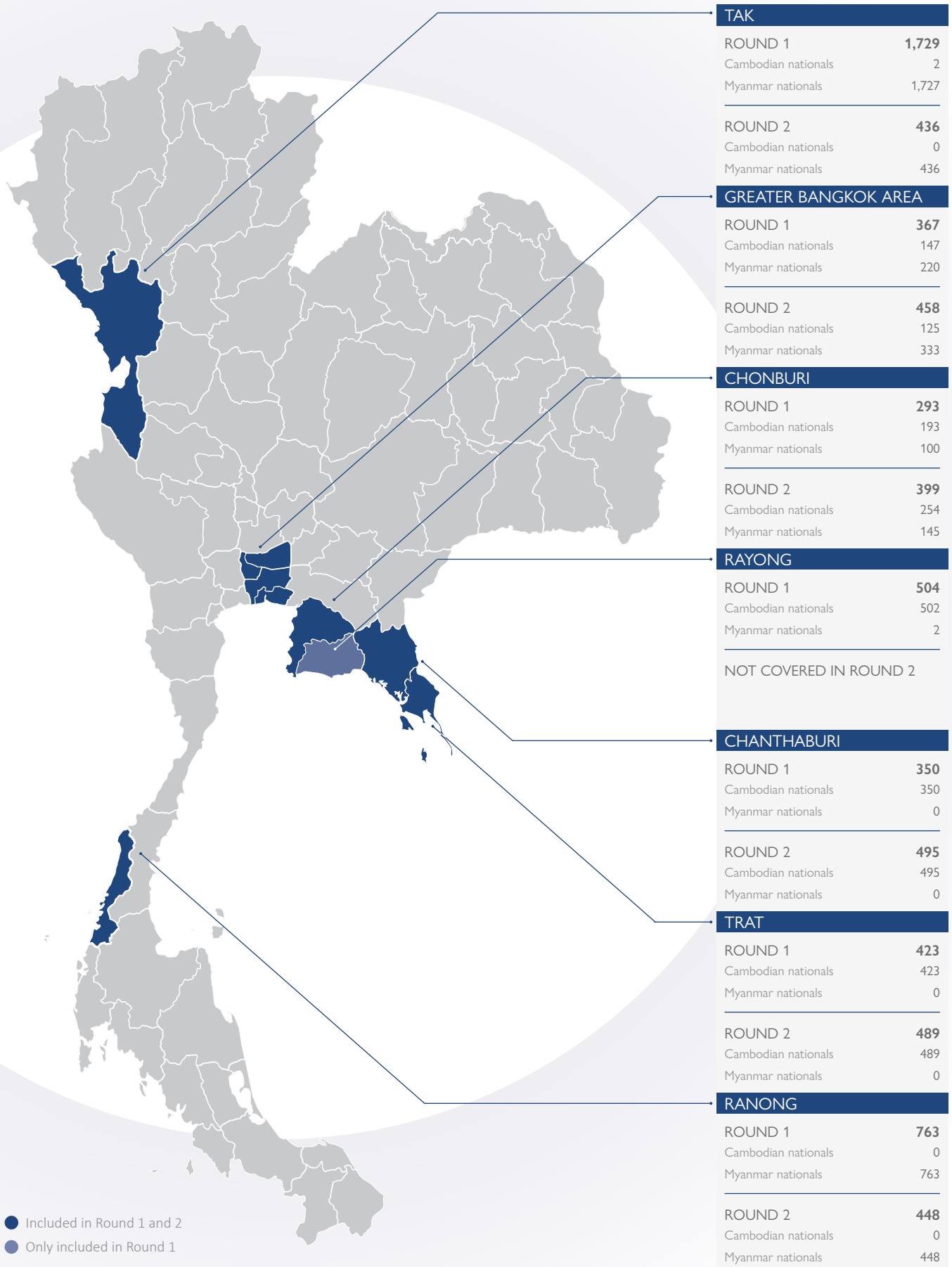
LIMITATIONS

The information in this report represents only those Cambodian and Myanmar migrants who live in the districts of Mueang Ranong and Kraburi in Ranong province; districts of Mae Sot and Phop Phra in Tak province; districts of Laemsingh, Khlung, Tha Mai, and Mueang Chanthaburi in Chanthaburi province; district of Khlong Yai in Trat province; districts of Mueang Rayong and Klaeng in Rayong province, and in the Greater Bangkok area at the time of the assessment. Data from Chonburi province is representative only of transgender migrants in Pattaya City, since the sampling design specifically targeted this group of individuals. The information presented is also time-specific to the dates of data collection, 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 policies in some workplaces. Also, results in this report reflect respondents' self-reported vaccination statuses, but do not include information on which country they obtained their vaccines.

Additionally, biases due to self-reporting may exist. Certain indicators/questions may be under-reported or over-reported, due to the subjectivity and perceptions of respondents (especially "social desirability bias" — the documented tendency of people to provide what they perceive to be the "right" answers to certain questions). These biases should be taken into consideration when interpreting findings. Some questions were only asked to a subset of respondents who answered affirmatively to preceding questions. The analysis on subsets of respondents, including disaggregated analysis by gender, 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.

Keeping these limitations in mind, the 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.

MAP 1: GEOGRAPHICAL COVERAGE OF COVID-19 PERCEPTION SURVEYS



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DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE

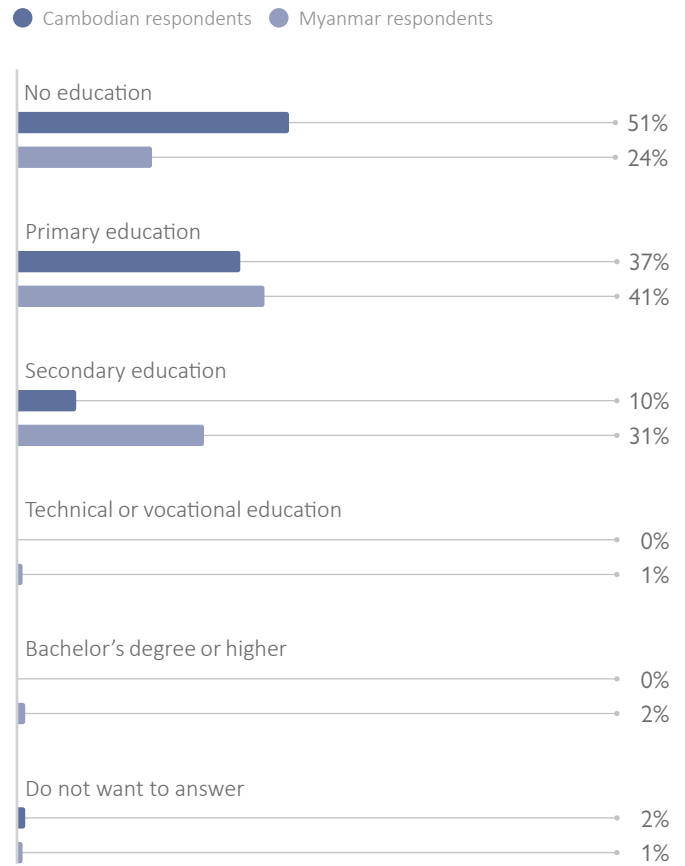
HOUSEHOLD COMPOSITION

The average household size is 3.3, with a lower average of 3.1 for Cambodian nationals, compared to 3.6 for Myanmar nationals. Sixty per cent of households reported having children, again with a lower share among Cambodian national households (56%) compared to Myanmar national households (64%).

EDUCATION

Overall, 76 per cent of respondents had completed either no education or only primary education. The share for no education was about twice as high among Cambodian nationals (51%) compared to Myanmar nationals (24%). Rates for primary education were similar at 37 per cent and 41 per cent respectively, whilst fewer Cambodian nationals (10%) had completed secondary education compared to Myanmar nationals (31%). This suggests that shortcomings in educational attainments are more pronounced among Cambodian migrants compared to Myanmar migrants, a finding which was also observed during the first round of the survey. Educational attainments were similar between male and female respondents, whilst those identifying as other gender had significantly higher educational achievements: 88 per cent had completed secondary education and above (including 10% university level education and 10% technical or vocational education), with only 12 per cent reporting primary education as their highest level of education, and none reporting no education completed. When comparing between regions, Trat and Chanthaburi host the largest number of respondents with no education (64% and 51%, respectively), followed by Ranong (37%), and with lower rates in Bangkok (24%), Chonburi (23%) and Tak (21%).

FIGURE 1: HIGHEST EDUCATION LEVEL REACHED BY NATIONALITY




 Shortcomings in educational attainments are more pronounced among Cambodian migrants compared to Myanmar migrants.



PHOTO: Vegetables dry in the sun on a rack on the roof of a migrant household in Tak. © IOM 2022/Sonia BLUE

EMPLOYMENT

About two thirds (61%) of respondents reported working for daily wages, whilst salaried employees (15%) and unemployed respondents (11%) featured as the next most common categories. Daily wage work was much more common among Cambodian respondents (72%) than Myanmar respondents (49%). However, the unemployment rate was higher among Myanmar respondents (17%) than Cambodian respondents (6%). There were also significantly more Myanmar respondents indicating they worked without pay (10%), compared to Cambodian nationals (1%).

Daily wage labour was more common among male than female respondents (72% versus 50%), whilst female respondents accounted for higher shares of unpaid work (10% versus 1%) and unemployment (17% versus 5%). Other respondents were either salaried employees or self-employed (about 20% each for male and female), with few respondents reporting being retired or students. Among those identifying as other gender, unemployment amounted to 13 per cent, whilst 60 per cent reported daily wage labour, 25 per cent were salaried employees or self-employed and 2 per cent engaged in unpaid labour.

In a comparison of provinces, Tak had the highest share of respondents (24%) who reported engaging in unpaid labour, followed by Bangkok (5%) and Ranong (3%). Unemployment was most widespread among respondents in Ranong (24%), followed by Tak (19%) and Bangkok (13%). In Chanthaburi, Chonburi, and Trat, most respondents were engaged in daily wage labour (ranging from 72-80%), with employment constituting the next most common category (16-18%). Furthermore, daily wage labour was more common among those who had stayed in Thailand for less than three years (75%) than those who had stayed longer (56%). Additionally, a quarter (24%) of those who had stayed more than three years reported being salaried employees or self-employed, compared to only 10 per cent among those arrived in the past three years. In other labour categories, the differences were less pronounced between recent arrivals and longer staying migrants.

Among those who held a job, 65% indicated their current daily wage being 315 TBH or more, which equates to the lowest minimum wage among the provinces included in this survey as of the time of data collection, specifically the minimum wage in Ranong (for comparison, the highest provincial minimum wage at the time of the assessment was 336 THB in Chonburi). Among Cambodian migrants, the share earning 315 TBH or above was higher (69%) than among Myanmar migrants (59%). In Greater Bangkok, 91 per cent of respondents said they earned at least 315 TBH per day, followed by Chanthaburi (74%) and Trat (70%). By comparison, only about half of respondents in Ranong (54%) and Chonburi (49%) reported earning this stipulated minimum wage and less than a third (32%) in Tak.



Female respondents accounted for higher shares of unpaid work (10% versus 1%) and unemployment (17% versus 5%) compared to men.

WORK SECTORS

Overall, the five most common work sectors in which Myanmar and Cambodian migrants in the assessed areas engage are agriculture (19%), fishing (15%), wholesale and retail trade (14%), construction (12%) and hospitality (12%). However, there are significant regional variations. Nearly half of respondents in Chanthaburi (47%) and Ranong (44%) reported working in agriculture, compared to Tak (8%) and Trat (7%). In Trat, over half (52%) of respondents engage in fishing, which only accounts for 16 per cent in Ranong, and 5 per cent or less in the other provinces. In the Greater Bangkok area, construction (21%) manufacturing (20%), and hospitality (19%) predominated. In Chonburi, trade (23%), service jobs (20%) and hospitality (19%) were reported as the most common work sectors. In Tak, trade (20%) was followed by construction (16%) and manufacturing (10%).

Male respondents were more frequently engaged in agriculture, fishing and construction, compared to female workers, who were more frequently working in trade, hospitality and service jobs. Both were represented equally in the manufacturing sector. Respondents who identified as other gender were primarily engaged in the service sector (35%), with the sex industry (26%) and the entertainment industry (18%) being other common work sectors.



Daily wage labour was more common among those who had stayed in Thailand for less than three years (75%) than those who had stayed longer (56%).

DEBT

Nearly half (46%) of respondents indicated being in debt, with a higher share among Myanmar migrants (50%) than Cambodian migrants (41%). However, it should be noted that 7 per cent of Cambodian migrants preferred not to respond, compared to 1 per cent of Myanmar migrants. Lack of response could be related to stigma regarding possession of debt. If one assumes that those who preferred not to respond are also in debt, the rates in debt between the two nationalities are similar. More female respondents reported being in debt (51%) than male respondents and respondents identifying as other gender (40% each). Chonburi was the province where most respondents reported holding debt (65%), followed by Tak (56%) and Ranong (51%). Of those who had arrived in the past three years, 51 per cent reported holding debt, compared to 44 per cent among those who had stayed more than three years in Thailand.

MIGRATION PROFILES

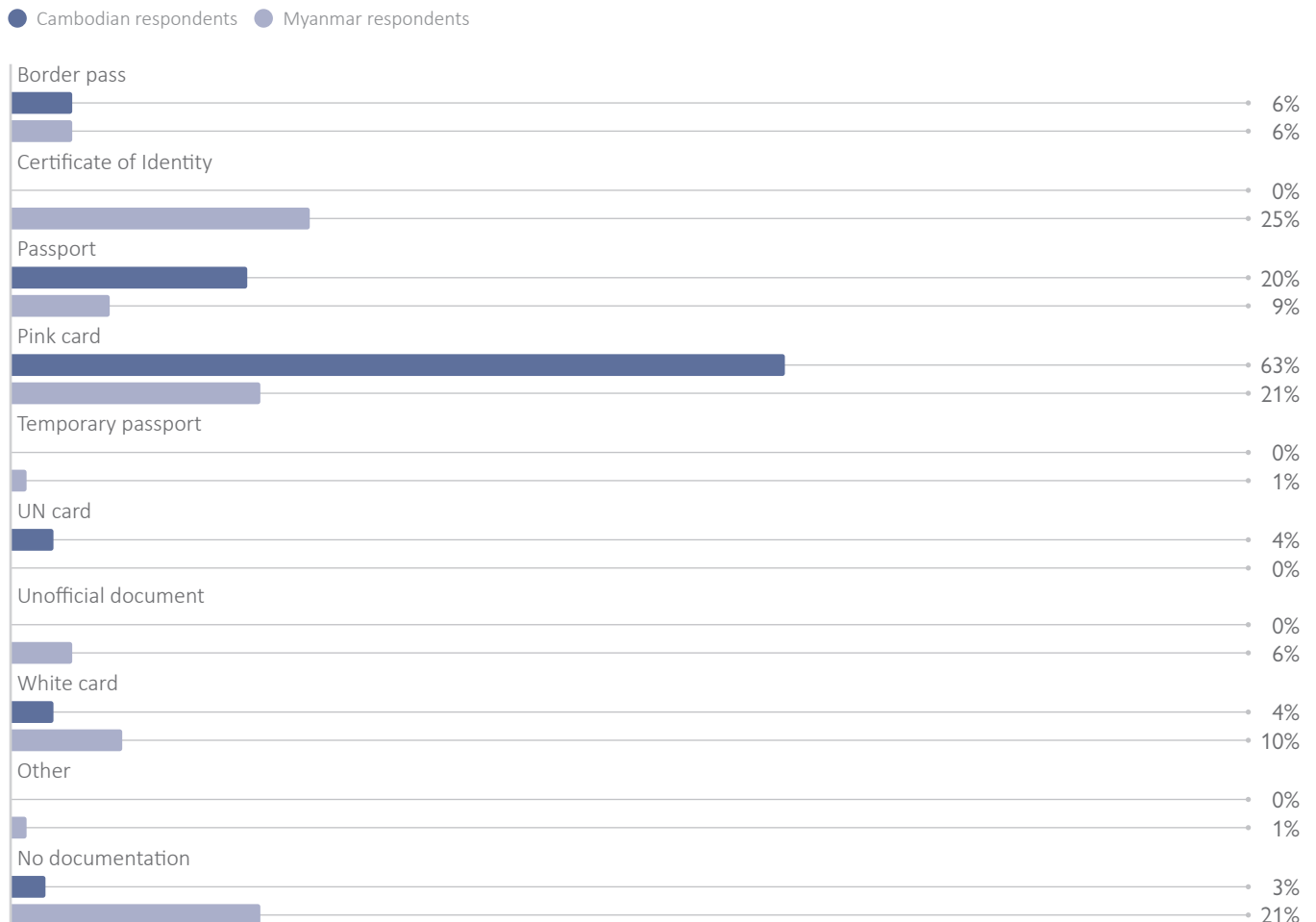
More than half of respondents (52%) have been in Thailand for more than seven years, whilst just under a quarter (22%) arrived within the past three years. Others (26%) have been in Thailand between three and seven years.

A fifth (21%) of Myanmar respondents lack documentation, compared to 3 per cent of Cambodian migrants. In both groups, 6 per cent of respondents reported holding a border pass, which allows holders to stay in Thailand for a few days up to one week. Considering the target sample being permanent or semi-permanent residents in Thailand, the short-term nature of this document suggests that respondents holding border passes lack a regular documentation status in Thailand. The most common form of documentation is the pink card (42%), which allows holders to live and work in Thailand. Among Cambodian migrants, the pink card was held by nearly two thirds (63%) of respondents, compared to a much lower 21 per cent among Myanmar migrants. The white card, which is reserved for stateless individuals and allows them to live in Thailand for 10 years at a time, was held by 10 per cent of Myanmar respondents, compared to 4 per cent of Cambodian respondents. Passports

(including temporary passports) were held by 20 per cent of Cambodian respondents, compared to 10 per cent of Myanmar respondents. A quarter (25%) of Myanmar respondents held an identity card and 6 per cent indicated holding unofficial documentation. Overall, it emerges that the documentation status of Myanmar migrants is more precarious than that of Cambodian migrants. No substantial differences were observed in the documentation status of male compared to female migrants, whilst among those identifying as other gender the majority (73%) held a passport or temporary passport, 13 per cent held a pink card, 7 per cent an identity card, 5 per cent no documentation and 2 per cent unofficial documentation.

Lack of documentation was most widespread among respondents in Tak (34%), followed by Ranong (22%) and Bangkok (15%), with 2 per cent or less in the other provinces. In Tak, unofficial documentation accounted for a further 18%, bringing the total number proportion of individuals who lack formal documentation to more than half. Identity cards were mainly used in Ranong (43%), Bangkok (25%), and Tak (9%), compared to one per cent or less in the other provinces.

FIGURE 2: DOCUMENTATION TYPES BY NATIONALITY



NEEDS, SECURITY ISSUES, AND CHALLENGES

Services, including health services, were the most frequently cited needs among respondents of all genders with regards to needs triggered by COVID-19, followed by information access.

When asked about security issues related to COVID-19, a quarter (24%) reported experiencing issues related to detention, with other issues including deportation or arrest (11%), discrimination/xenophobia (9%), security (9%), labour exploitation (8%) and domestic violence (1%). Concerns about deportation were mentioned by 65 per cent of respondents who hold unofficial documentation, 45 per cent of respondents who hold no documentation, and 25 per cent of respondents who did not wish to disclose their documentation status. Labour exploitation was also mentioned more frequently by those not wanting to disclose their documentations status (25%), but was also a challenge for those holding passports (16%), pink cards (8%) and no documentation (7%) with 5 per cent or less respondents in other documentation categories mentioning this as a challenge.

The three most common challenges mentioned by respondents as experienced as a result of COVID-19 included insufficient income/wage reduction (48%), debt (39%) and psychological stress (33%). Female respondents were more worried about debt (44%) and unemployment (17%) than male respondents (35% and 5% respectively).

FIGURE 3: TOP 3 CHALLENGES DUE TO COVID-19*

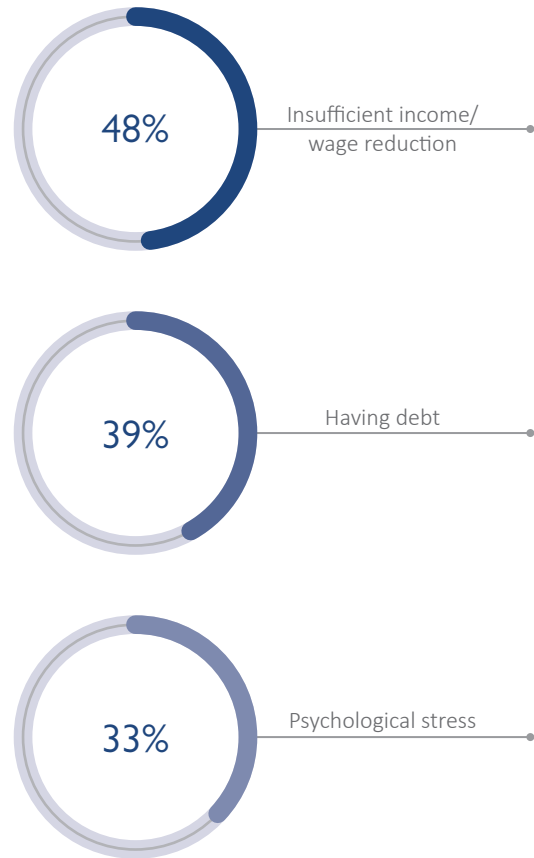


PHOTO: Migrants play Sepak Takraw in Samut Prakan. © IOM 2022/Sonia BLUE

VACCINE UPTAKE AND PERCEPTIONS

CONTEXT

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 from 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.

COVID-19 CONCERNS AND EXPERIENCES

Overall, most respondents reported being concerned about COVID-19, with only 16 per cent indicating that they were not concerned, and over half either moderately (33%) or very (20%) concerned. By comparison, during the first round of the survey, nearly half (49%) of respondents were very concerned, suggesting that the degree of concern has waned somewhat, but COVID-19 still remains an issue of concern to migrants.

Thirty-five per cent of respondents reported that they or a family member had tested positive for COVID-19. Since the survey focused on demand side perceptions for vaccination and did not investigate potential barriers to COVID-19 testing for migrants, there may have been undetected cases as well. The rate of reported cases was higher among Cambodian

nationals (41%) compared to Myanmar nationals (30%). Rates also varied by province, with Chonburi being the location in which most migrants reported having contracted COVID-19 (58%), followed by Trat (43%). About a third of migrants had contracted COVID-19 in Chanthaburi (33%), Bangkok (30%) and Ranong (29%) and a fifth (20%) in Tak. Those working in agriculture were less affected than workers in other sectors. Male and female respondents and their family members were equally affected at 34 per cent and 35 per cent, whilst 70 per cent of those who identified as other gender indicated that they or their family members had contracted COVID-19.

FIGURE 4: SHARE OF RESPONDENTS WHO REPORTED THEMSELVES OR A HOUSEHOLD MEMBER TESTING POSITIVE FOR COVID-19



FIGURE 5: COVID-19 CONCERN LEVELS

ROUND 1



ROUND 2



VACCINATION STATUS

Respondents are deemed fully vaccinated if they have received two doses or more of the COVID-19 vaccine. At 95 per cent, the full vaccination rate among Myanmar and Cambodian migrants as of mid-2022 was substantially higher than the national average and saw considerable improvement since the end of 2021/beginning of 2022, when only 67 per cent were fully vaccinated. An additional 2 per cent of respondents had received a single dose of the COVID-19 vaccine, with only 3 per cent remaining unvaccinated. Of those who remain unvaccinated, about half (54%) were willing to get a COVID-19 vaccine, and the majority (84%) were aware that the vaccine is available for free in Thailand.

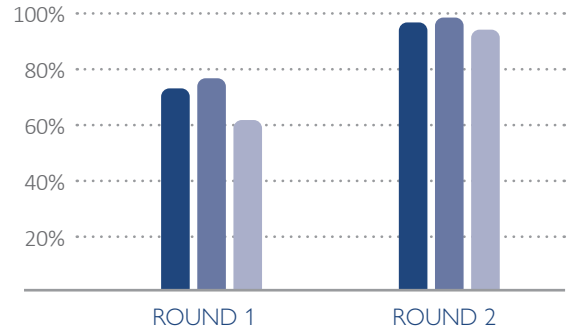
The unvaccinated rate was higher among Myanmar nationals (5%) than Cambodian nationals (1%). This continues a trend observed during the first round of data collection, where 20 per cent of Myanmar nationals had been found to be unvaccinated, compared to 7 per cent of Cambodian nationals. In the second round of data collection, full vaccination was highest among male respondents (95%), followed by female respondents (94%) and those identifying as other gender (92%), with the last featuring the highest percentage of respondents with only a single dose (5%), compared to 2 per cent among male and female respondents. Analysis on vaccination rates between different work sectors revealed no significant differences.

The provinces with the lowest vaccine coverage are Tak and the Greater Bangkok area. In Tak, only 90 per cent reported being fully vaccinated, while 8 per cent remained unvaccinated (2% single dose). In Bangkok, only 92 per cent reported being fully vaccinated, while 5 per cent remained unvaccinated (3% single dose). In Ranong, 95 per cent were vaccinated with at least two doses, whilst the other 5 per cent remained unvaccinated. In the remaining provinces, the full vaccination rate stood at 97 per cent. Retired respondents had the lowest full vaccination rate (76%), followed by the unemployed (86%) and unpaid (89%), compared to rates among other employment groups, which ranged from 94 to 98 per cent.

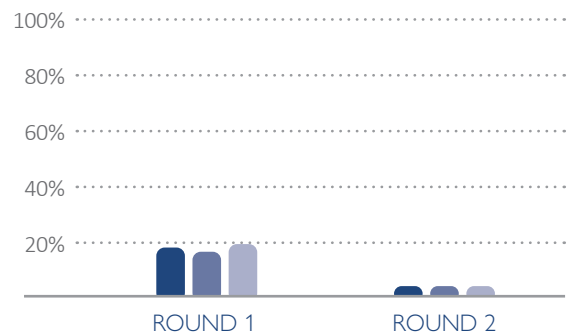
FIGURE 6: VACCINATION STATUS OVERALL AND BY NATIONALITY

● Total ● Cambodian respondents ● Myanmar respondents

FULLY VACCINATED (2 DOSES+)



PARTIALLY VACCINATED (1 DOSE)



UNVACCINATED

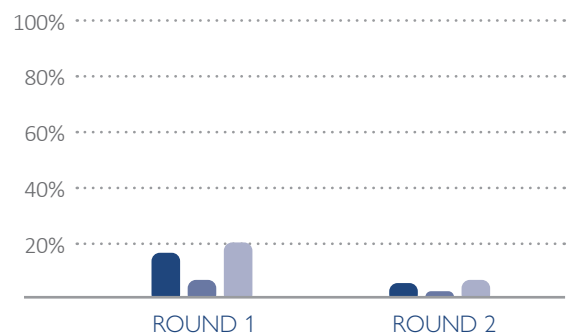
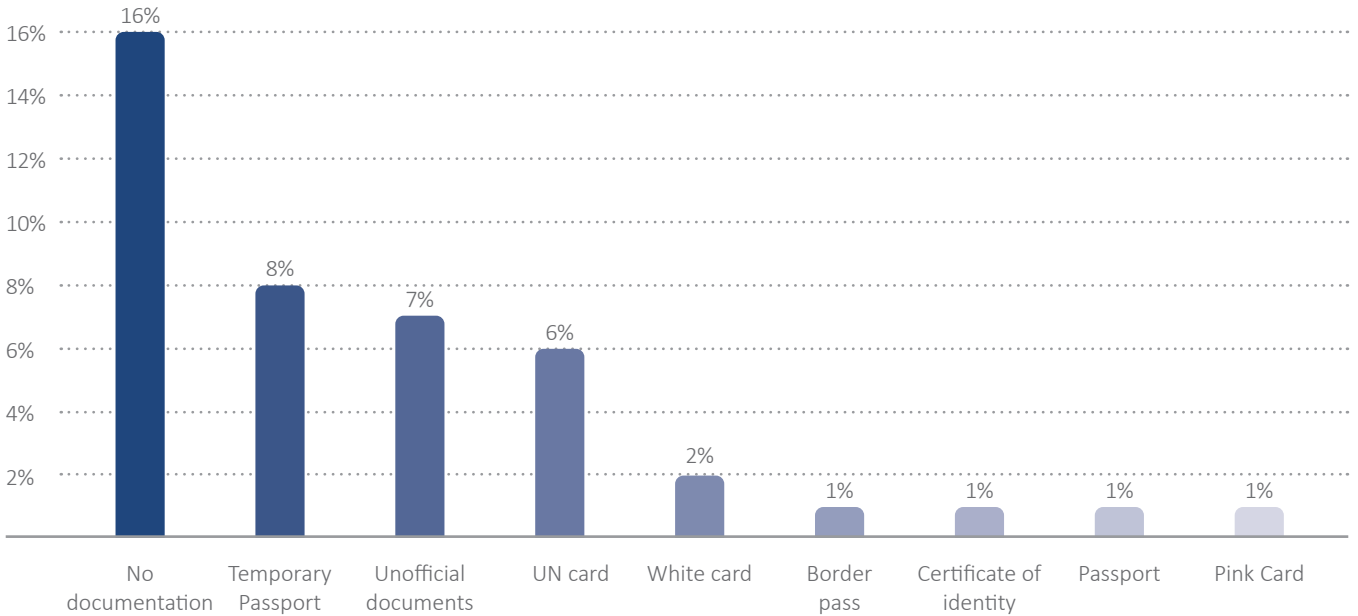


PHOTO: Migrant housing in Samut Prakan. © IOM 2022/Sonia BLUE

Those who did not want to disclose their documentation status and those who lack documentation had the lowest full vaccination rates (75% and 80% respectively) and the highest unvaccinated rate (16%), compared to respondents who held other forms of documentation. All others had vaccination rates above 90 per cent, though rates were still lower among those who held unofficial documentation (91%), a UN card (92%) or a temporary passport (92%), with comparatively high unvaccinated rates (7%, 6% and 8% respectively).

Most respondents who had children were willing to get their children vaccinated (88%), with similar rates of willingness to vaccinate elderly parents (85%) among those who have them.

FIGURE 7: RATE OF UNVACCINATED RESPONDENTS BY DOCUMENTATION TYPE

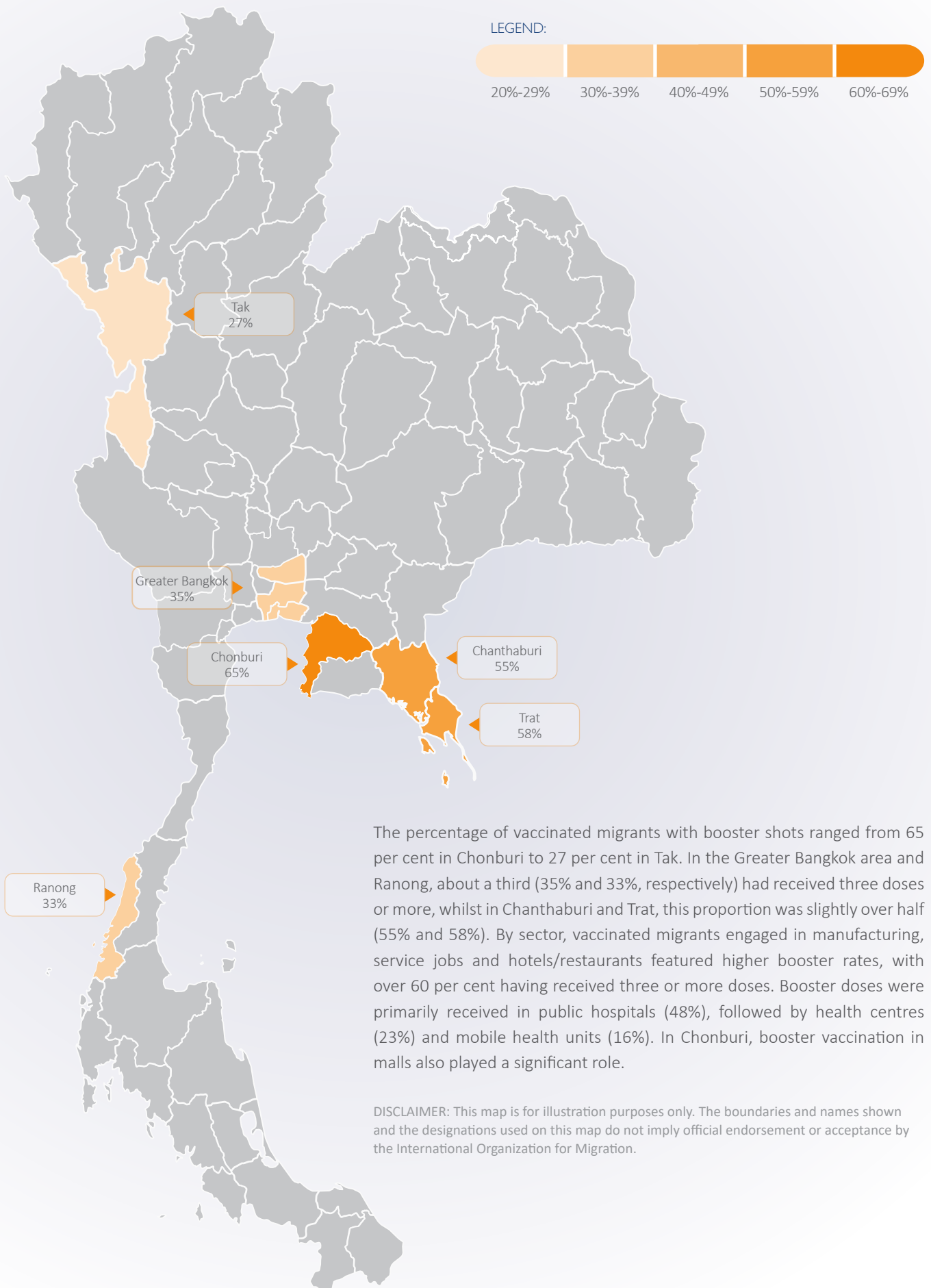


Regarding the uptake of booster shots, nearly half (46%) of all vaccinated respondents indicated that they had received three doses or more of the COVID-19 vaccine. This rate was higher among Cambodian nationals (55%) than Myanmar nationals (36%). Among vaccinated respondents identifying as other gender, 78 per cent had received three doses and above, compared to 46 per cent among female respondents and 45 per cent among male respondents.

FIGURE 8: BOOSTER UPTAKE RATE OVERALL AND BY NATIONALITY



MAP 2: BOOSTER UPTAKE AMONG FULLY VACCINATED RESPONDENTS



The percentage of vaccinated migrants with booster shots ranged from 65 per cent in Chonburi to 27 per cent in Tak. In the Greater Bangkok area and Ranong, about a third (35% and 33%, respectively) had received three doses or more, whilst in Chanthaburi and Trat, this proportion was slightly over half (55% and 58%). By sector, vaccinated migrants engaged in manufacturing, service jobs and hotels/restaurants featured higher booster rates, with over 60 per cent having received three or more doses. Booster doses were primarily received in public hospitals (48%), followed by health centres (23%) and mobile health units (16%). In Chonburi, booster vaccination in malls also played a significant role.

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.

INFORMATION SOURCES

Word of mouth was cited most frequently as an information source about COVID-19 vaccines, followed by the internet, media and government sources. This was the case both regarding COVID-19 vaccines in general (asked to all respondents) and regarding booster vaccines (asked to those who had received three or more doses). However, information sources differed slightly between provinces.

In Bangkok, people relied primarily on word of mouth, the internet, and NGOs as information sources about the booster and the vaccine in general. In Tak, the most cited source of information was word of mouth for both the booster and the vaccine in general, but the internet and media sources played a more significant role for information about vaccine in general than for the booster. For both booster and general vaccine info, NGOs were also mentioned as relevant sources in Tak. In Ranong, Thai government sources played an important role in information about both general vaccine info and the booster vaccine.

For both general and booster information, the most common word of mouth sources were family and friends in Thailand and employers. Other sources of information included friends and family in the country of origin, community leaders, community volunteers, health officers, and agents/brokers. Employers played a bigger role as word of mouth sources for booster vaccines in Chanthaburi and Trat provinces (mentioned by 76% and 75% of respondents, respectively), and much less so in Tak (16%), with percentages in other provinces ranging from 50 to 66 per cent. A similar picture emerges regarding employers about source of information about the vaccine in general, where they were mentioned most frequently in Chonburi, Chanthaburi and Trat, and again least frequently in Tak. Agents/brokers were nearly exclusively mentioned in Ranong, both as general COVID-19 information source and on the booster. In Tak, the most frequent word of mouth source, other than family and friends, were community leaders and community volunteers, regarding both COVID-19 in general and the booster.

FIGURE 9: TOP 5 INFORMATION SOURCES ON COVID-19 VACCINES*

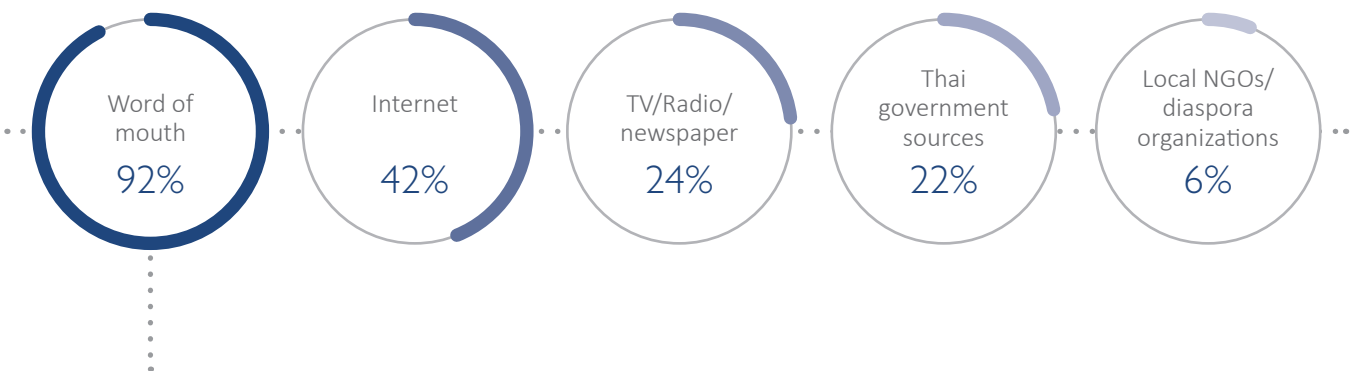
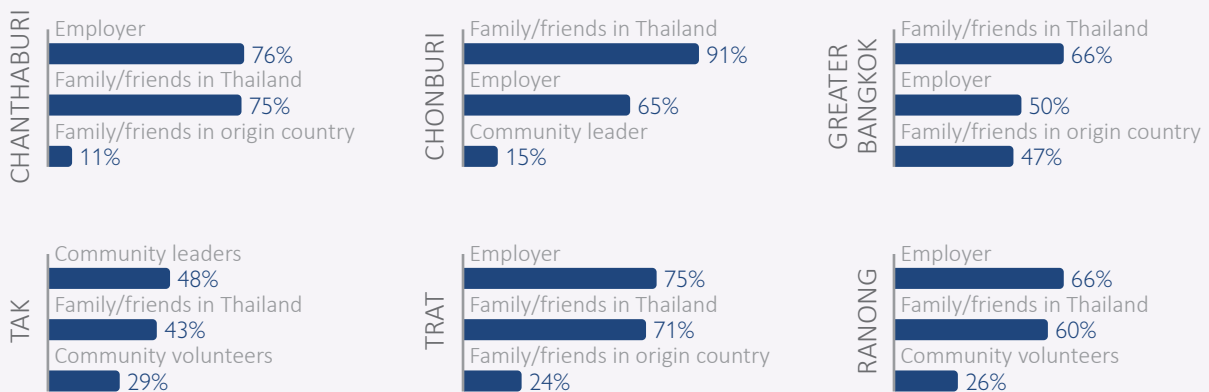


FIGURE 10: TOP 3 WORD OF MOUTH SOURCES ON COVID-19 VACCINES BY PROVINCE*



Overall, a third (35%) of respondents indicated that information materials (paper, video, weblinks) or verbal instructions on the COVID-19 vaccine were being distributed in their community. The share of respondents who reported COVID-19 information being distributed in their community was twice as high in Bangkok (66%) and lowest in Ranong (14%), with other provinces closer to the overall average.

The most frequently cited sources of information materials included local hospitals (48%) and employers (40%), followed by NGOs/CBOs/UN agencies (27%) and government (23%). Local hospitals were particularly key in Chonburi, Chanthaburi and Trat. Employers were most frequently mentioned in Chonburi, Trat and Ranong. NGOs/CBOs/UN agencies were the most often cited source for information materials in Tak and were also prominent in the Greater Bangkok area. Government as source of information materials was cited mainly in Bangkok.

Local hospitals and employers also featured among the most cited sources of information material across most work sectors, except for manufacturing, where local hospitals were mentioned less frequently, and those not working in any sector, for whom employers played a marginal role as a source for information materials. The information distributed mainly related to COVID-19 prevention, but also covered issues such as vaccination registration and eligibility, function and immunity properties of the vaccine, instructions on what to do before, during and after receiving the vaccine, and information on vaccine safety and potential side effects. Respondents indicated that they considered information about vaccine safety and side effects particularly pertinent

to include in information materials, with instructions about what to do before/during/after vaccination, and function and immunity properties of the vaccine also deemed important. This suggests that information about COVID-19 prevention is already well covered and understood, as are the pathways to vaccine registration and eligibility, with future efforts needing to focus more on vaccine processes, safety, function and side effects.

Only 15 per cent of respondents indicated difficulty regarding the ease of understanding the COVID-19 information materials provided, with a third (32%) deeming it neither easy nor difficult. Two provinces stood out for reporting difficulties: Chonburi (60% of respondents) and Bangkok (16% of respondents). Among those who reported difficulties, the most frequently cited reasons included complicated or technical language (74%), not being able to read the information provided (62%), and information not being provided in their native language (59%). Over half of respondents indicated intermediate to high Thai speaking and listening skills (56% and 55%, respectively), whilst only 15 per cent indicated intermediate to high Thai reading skills. By comparison, 82 per cent of respondents indicated intermediate to high reading skills in their native language. Difficulties with Thai speaking and reading were more pronounced in Tak, Ranong and the Greater Bangkok area. The latter is also the area with the largest number of respondents indicating difficulty or poor reading abilities in their native language (29%), followed by Trat (26%). The existence of such language barriers highlights the importance of non-written means of communication, as well as the need to keep language both technically rigorous and at the same time understandable for the target audience.

TABLE 1: SOURCES OF INFORMATION MATERIAL BY PROVINCE*

| | Local hospitals | Employers | NGOs/CBOs/UN | Government | Other |
|-----------------|-----------------|-----------|--------------|------------|-------|
| Chanthaburi | 73% | 50% | 0% | 17% | 1% |
| Chonburi | 89% | 73% | 24% | 17% | 0% |
| Greater Bangkok | 19% | 24% | 45% | 45% | 3% |
| Ranong | 49% | 52% | 9% | 5% | 3% |
| Tak | 17% | 0% | 69% | 6% | 15% |
| Trat | 67% | 58% | 1% | 14% | 2% |

CHALLENGES IN VACCINE ACCESS

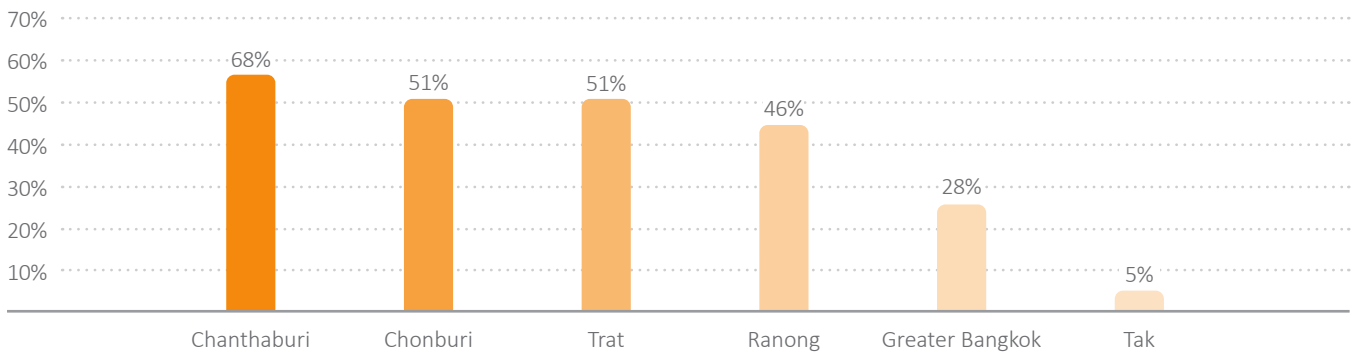
More than half of respondents (58%) who had received at least one dose reported no challenge with regards to trying to get the COVID-19 vaccine, which suggests that public health measures had some success in including migrants. However, despite these efforts at an inclusive approach, some obstacles remained. Among the challenges mentioned most frequently were lack of information about the vaccine, lack of information about where to get it, language barriers, non-availability of vaccines and lack of information about the cost. In a few cases, respondents also mentioned discrimination and arrest whilst trying to get the vaccine.

Chanthaburi was the province in which most respondents reported a challenge in trying to access the vaccine (68%), primarily: lack of information about the vaccine, lack of availability of the vaccine, and language barriers. In contrast,

Tak was the province where least respondents reported a challenge (5%), with the only challenges relating to language and lack of information about where to get the vaccine. In the Greater Bangkok area, about a quarter (28%) mentioned challenges, primarily related to language and discrimination. In Chonburi, Trat and Ranong, about half of respondents mentioned challenges, which related primarily to lack of availability and language barriers.

Among those who were not yet vaccinated, but willing to get the vaccine, and those who had received at least one dose, the main reasons for being interested in getting the vaccine included being able to resume social activities, protection from COVID-19 for families and friends and for the respondent themselves, employers requiring the vaccination, and to resume travel.

FIGURE 11: PERCENTAGE OF RESPONDENTS WHO EXPERIENCED CHALLENGES GETTING COVID-19 VACCINE BY PROVINCE



VACCINE HESITANCY

Among unvaccinated respondents, the five most frequently voiced concerns about the vaccine regarded possible side effects (mentioned by 49%), already having a chronic disease (and therefore concerned about the vaccine's effect on the condition of that disease or their overall health) (38%) and fear of being arrested/deported while getting the vaccine (24%). There were also worries about interactions with other medications (20%) and the perception that as a healthy individual, one did not need the vaccine (17%). The perception that the vaccine was not needed for healthy individuals was more widespread among male respondents, and some also cited already having recovered from COVID-19 as another reason for not needing the vaccine. The two most commonly mentioned concerns among male respondents, however, related to fear of being arrested (43%) and side effects (36%), whilst female respondents were most concerned about side effects (54%) and already having chronic diseases (52%). The

issue of the fear of being arrested is a particular concern, further underlined by the fact that 48 per cent of respondents who indicated not holding documentation mentioned this as a concern. This underlines the importance of ensuring that any public health initiative, such as vaccination measures, are not conflated with immigration enforcement measures.

For the vaccination of children and the elderly, concerns related primarily to side effects (for both groups), with the issue of chronic diseases and interactions with other medications featuring prominently for the elderly.



48% of respondents who reported not holding documentation also reported a fear of being arrested while getting the vaccine.

OPPORTUNITIES FOR INCREASING BOOSTER UPTAKE

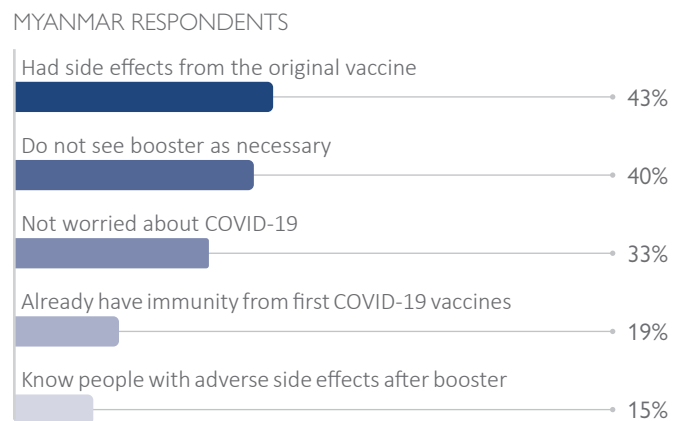
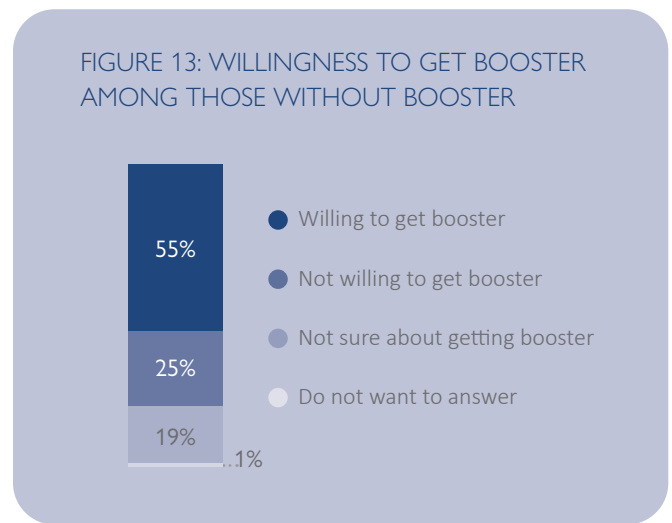
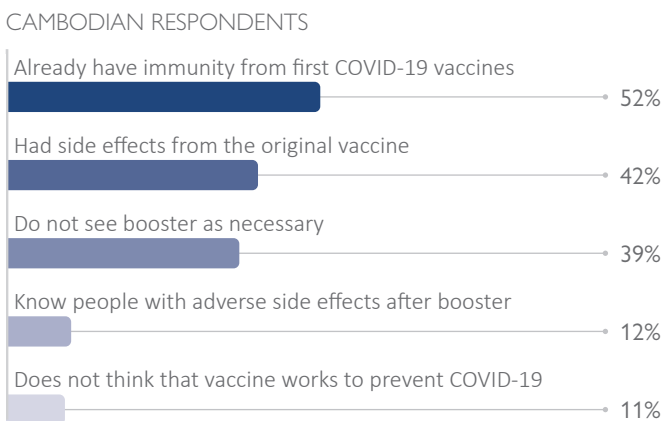
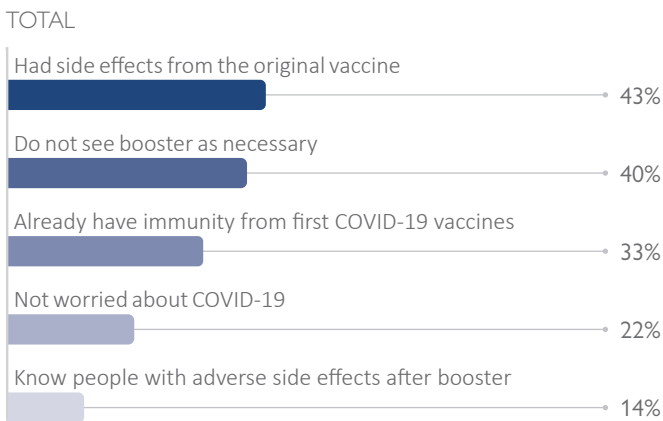
Very few respondents (4%) who had received three or more doses indicated that it was difficult to receive a booster vaccine. Among those who did experience difficulties, this was primarily related to logistics, having to forgo day wage to go get the booster, the vaccine not being available and language barriers. Chanthaburi and Trat were the two provinces where more respondents reported difficulties (9% and 7%, respectively), with only one per cent indicating difficulties in the other provinces.

Among those who had not yet received a booster vaccine, a little over half (55%) indicated being willing to get a booster dose, with 19 per cent undecided and the remaining quarter unwilling. The levels of overall booster willingness were similar among both Myanmar and Cambodian nationals. All of those who identified as other gender indicated willingness to get a booster shot, whilst slightly more male than female respondents affirmed their willingness to get a booster shot. Among those unwilling to get a booster, the main concerns voiced relate to not regarding a booster as necessary, already perceiving to have sufficient immunity based on previous

shots, and side effects during previous COVID-19 vaccination. Not being worried about COVID-19, knowing of people who had adverse side effects after a booster, not thinking vaccines work, and logistical difficulties were also mentioned as reasons. The perceptions that one vaccine is enough and/or that the vaccine is not working was more widespread among Cambodian migrants than Myanmar migrants. By comparison, more Myanmar migrants indicated not being worried about COVID-19 as a reason for not wanting to get a booster.

In Chonburi, the public hospital was clearly articulated as the preferred location for receiving booster vaccines, whilst in other provinces, a mix of health centres, public hospitals and mobile units were among the preferred options. Mobile units were most popular in Bangkok (27%) and Tak (23%), public hospitals in Chanthaburi (56%) and Trat (50%) and health centres in Tak (59%) and Ranong (58%). The Red Cross was mentioned in Bangkok only, and no respondents indicated a preference for receiving the vaccine in malls, whilst a few mentioned private hospitals.

FIGURE 12: TOP 5 REASONS FOR BOOSTER HESITANCY OVERALL AND BY NATIONALITY*



KEY FINDINGS

- Concern over COVID-19 dropped among respondents between Round 1 (late 2021 to early 2022) and Round 2 (mid-2022) of data collection, but still remains an issue of concern to migrants.
- As of mid-2022, 95 per cent of respondents were vaccinated with 2 or more doses, which is a 28 per cent increase from late 2021/early 2022.
- Among those who remained unvaccinated as of mid-2022, a little over half (54%) were still willing to get the vaccine. Likewise, for those without booster vaccines, 55 per cent indicated being willing to get a booster.
- As of mid-2022, 46 per cent of respondents had received a booster dose (3 or more doses) of the vaccine.
- Myanmar nationals were more likely to be unvaccinated compared to Cambodian nationals and were also more unlikely to have received a booster dose of the vaccine.
- Provinces with the lowest booster rates included Tak (27%), Ranong (33%), and the Greater Bangkok area (35%).
- Main concerns about getting a booster vaccine included not regarding the booster as necessary, already perceiving to have sufficient immunity from the first two doses, and side effects during previous COVID-19 vaccination.
- Those who did not want to disclose their documentation status and those who lack documentation had the lowest full vaccination rates and the highest unvaccinated rate.
- Local hospitals and employers were the largest sources of information materials on the COVID-19 vaccine among respondents.

RECOMMENDATIONS

- 1 Booster doses should continue to be encouraged among migrants in Thailand, considering booster uptake is still low in Ranong and Tak provinces and in the Greater Bangkok area, especially among Myanmar nationals. Therefore, efforts to increase booster uptake should be focused among said demographic in those geographic areas.
- 2 Further efforts to increase booster uptake should focus on the utility of booster doses against new strains of COVID-19 and the lack of protection offered by only having two doses of the vaccine. In addition, measures among employers to facilitate booster uptake among employees, such as allowing paid leave to receive the booster, should be encouraged.

FACTSHEET LINKS

The purpose of the following factsheets is to present comprehensive descriptive analysis of all indicators used in the survey among the overall survey population, the survey population per province, and the survey population per nationality. Each factsheet is reported in the same format to optimize further detailed comparison between featured demographics.

1. [Factsheet on overall survey population](#)
2. [Factsheet on respondents in Chanthaburi province](#)
3. [Factsheet on respondents in Chonburi province](#)
4. [Factsheet on respondents in the Greater Bangkok Area](#)
5. [Factsheet on respondents in Ranong province](#)
6. [Factsheet on respondents in Tak province](#)
7. [Factsheet on respondents in Trat province](#)
8. [Factsheet on Cambodian national respondents](#)
9. [Factsheet on Myanmar national respondents](#)