

An Assessment of Myanmar Migrant Workers' Access to Social Insurance Programs During the Covid-19 Pandemic in Khon Kaen, Thailand

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Abstract

This study explores the access to social insurance programs and obstacles for Myanmar migrant workers in Khon Kaen, Thailand, using a qualitative case study approach with four focus group discussions. Thematic analysis identified five key themes: availability, accessibility, accommodation, affordability, and acceptability. Documented Myanmar workers in Khon Kaen received more social insurance benefits than undocumented Myanmar workers, although they still faced challenges, including language difficulties and gender issues. The findings suggest that access to social insurance programs varied based on immigration status, highlighting the need for more extensive social protection and insurance coverage for migrant workers. The study also highlights the importance of inter-sectoral policies and awareness-raising among migrant workers to facilitate migrant workers' access to social insurance. Overall, this study provides an insight into the challenges faced by Myanmar migrant workers and offers recommendations to improve their access to social insurance.

Keywords: Access, Social insurance, Myanmar migrant workers, Northeastern Thailand, Covid-19 pandemic

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Introduction

Migrant workers play a crucial role in sustaining the economies of many countries worldwide (Abella, 2006). In Thailand, Myanmar migrant workers constitute a significant part of the labor force, with many entering the country through official and unofficial channels. (Suphanchaimat, 2017). Migrant workers around the world often face multiple challenges when it comes to accessing social protection benefits, including healthcare, education, and social insurance (Kunpeuk et al., 2022). The COVID-19 pandemic has disrupted the social and economic lives of people globally, including migrant workers in Thailand. Especially, low-skilled, and undocumented migrant workers in the world have suffered job losses and unpaid wages, leading to heightened risks and vulnerabilities. Therefore, there is an urgent need for improved policies and systems that better support and protect the health and well-being of migrant workers worldwide.

This research focuses on access to social insurance programs and explores the obstacles to accessing social insurance programs for Myanmar migrant workers in Khon Kaen, Thailand, during the COVID-19 pandemic. In Khon Kaen Province, which is home to a significant number of Myanmar migrant workers, access to social insurance programs during the pandemic is a critical issue that needs urgent attention. Khon Kaen is a major city in the northeastern part of Thailand where many Myanmar migrant workers are employed. Thus, the study is expected to provide insight into the challenges and opportunities for improving the social protection of Myanmar migrant workers in Thailand.

Literature Review

Social Insurance Programs

Social insurance programs are essential for protecting individuals against life-course events that can have significant economic consequences. In Thailand, there are several social insurance schemes available to workers, including civil servants and private-sector employees. The social insurance programs in Thailand consist of both defined-benefit and defined-contribution programs, as well as state-subsidized schemes for workers in the informal sector, which expand coverage (World Bank, 2021).

For migrant workers in Thailand, there are three social insurance programs available: the Social Security Fund (SSF), Workers Compensation Fund (WCF), and Migrant Health Insurance Scheme (MHIS).

Migrant workers must contribute 5% of their earnings to the SSF, with employers contributing 5% and the government contributing 2.75%. The SSF is intended for formal workers in firms and covers benefits such as sickness, maternity, disability, death, child allowance, retirement pension, and unemployment (International Organization for Migration, 2021; Srisai, Phaiyaram, & Suphanchaimat, 2020). Sickness benefits are granted to the insured person who has contributed fund for at least three months before receiving medical services. Maternity benefits include a lump-sum payment for childbirth expenses and 90 days of maternity leave compensation for female-insured persons. Male insured persons can receive a one-time payment of 13,000 Baht for childbirth-related expenses. Disability benefits require a minimum of three months of contributions within the prior fifteen months and support an insured person who is unable to work due to non-employment-related causes. Death benefits are provided to legally related persons if the insured person has paid contributions for at least one month within six months of their death, and has not suffered an injury or illness related to their employment. A claim for funeral expenses and allowances can be made under death benefits. For child allowance benefits, the insured person is entitled to receive a lump sum payment per legitimate child under the age of six years, but not more than three children. If both parents are insured, only the mother or father can receive child benefits unless a divorce or separation has been officially recorded, in which case the insured person who is paying for the child's maintenance is eligible for such benefits. Pension benefits are granted with a minimum of 180 months of contributions, regardless of continuity. Lastly, unemployment benefits are available to those who contributed for at least six months within the previous fifteen months before losing their job (Ministry of Labour, 1999). During the COVID-19 pandemic, Thailand's government expanded existing Social Security Fund (SSF) initiatives for Thai citizens, although migrant workers were generally excluded. However, the government offered healthcare facilities for migrant workers during the COVID-19 pandemic and provided free COVID-19 vaccination for everyone living in Thailand. Any worker infected by COVID-19, including migrant workers, could also receive free treatment to lessen their financial burden (International Organization for Migration, 2021).

The WCF is designed for migrant workers from state agencies, non-profit organizations, and those working in agriculture, fishery, forestry, and livestock. WCF is supplied by the employer's contributions to compensate workers in the event of death, injury, organ loss, or disability caused by work-related causes. It provides compensation for workers in cases of work-related injury or death, and the benefits covered by the WCF include cash compensation to workers or their survivors in cases of sickness, injury, permanent impairment, permanent disability, death, or disappearance due to work responsibility,

medical expenses, occupational rehabilitation expenses, and funeral expenses (International Organization for Migration, 2021). When an employee becomes ill or injured, the employer is required to pay for necessary medical expenses not exceeding the rate allowed by ministerial regulations while also providing the employee with prompt medical care expenses to the illness or injury (Ministry of Labour, 2007).

The MHIS, on the other hand, is aimed at Memorandum of Understanding (MOU) employees, Nationality Verification (NV) processing employees, border pass holders, and undocumented migrant workers. It covers general illness, high-cost care, accident and emergency conditions, medical referral, health promotion, and prevention services (Kunpeuk et al., 2020; World Bank, 2021). It is a health-care contribution program for migrant workers and their dependents under the age of 18 who are not eligible for the SSF. Migrant workers must acquire MHIS insurance to pass the mandatory health examination when applying for a work permit. Furthermore, they must purchase it for at least the duration of their work. However, migrant employees who are eligible for the SSF must purchase a three-month migrant health insurance plan (World Bank, 2021). While the MHIS is intended to be used by migrants from the informal sector, in practice the purchase of the MHIS is not strict and varies from hospital to hospital. There are many subtypes of MHIS that have been introduced by the MOPH with varying periods of coverage (for example, six-month, one year, and two years MHIS) (Kunpeuk et al., 2020).

The issue of access to social insurance programs for migrant workers in Thailand has been a topic of interest in recent years. While there are social insurance schemes in place, research indicates that these programs may not be effectively providing coverage to all migrant workers (Mon, 2010). Studies have identified various barriers to accessing social benefits, such as limited knowledge about insurance schemes, lengthy claim procedures, documentation requirements, and language barriers (Ansart, 2021). However, there is a research gap in the perceptions and experiences of migrant workers in accessing social insurance programs, with some literature focusing more on provider perspectives (Srisai et al., 2020). Thus, there is a need for more research to understand the challenges and barriers faced by migrant workers in accessing social insurance benefits and to inform policymakers for the improvement of effective policies to address the needs of migrant workers in Thailand.

Categories of Migrant Workers in Thailand

Over the past few decades, cross-border migration has occurred between Myanmar and Thailand due to the economic sanctions and political instability in Myanmar, as well as the opportunity provided by Thailand's industrialized economy and local labor shortages (Chantavanich & Vungsiriphisal, 2009). Low-skilled workers from neighboring countries have been entering Thailand irregularly since the early 1990s to fill labor shortages (Hall, 2012). There are around 4 million legal and illegal Myanmar migrant workers in Thailand (Chongkittavorn, 2020).

Migrant workers in Thailand are categorized into legal and illegal workers (Suphanchaimat, 2017). Legal migrant workers are further divided into five groups: lifetime, general, Board of Investment (BOI), Memorandum of Understanding (MOU), and Nationality Verification (NV). Among these groups, low-skilled migrant workers can be legal through MOU and NV. MOU migrant workers are permitted to work in Thailand for up to four years, while migrant workers under the NV are previously illegal migrant workers from Cambodia, Lao PDR, and Myanmar who are undergoing the nationality verification process to change their immigration status from "illegal" to "legal". Illegal migrant workers are subdivided into "ethnic minorities awaiting Thai nationality verification" and "three-nation migrants" from Cambodia, Laos, and Myanmar. During their waiting period for NV, the government permits illegal migrant workers to work (Suphanchaimat, 2017). The Thai government has implemented lenient policies through NV procedures to legalize undocumented migrants for a period so that they can live and work legally in the country.

A Conceptualization of Access

The concept of "access" used in this research refers to the degree of "fit" between "the clients" and "the system" (Penchansky & Thomas, 1981). The clients and the system in this study refer to Myanmar migrant workers and social insurance, respectively. The specific components of access are "availability, accessibility, accommodation, affordability, and acceptability." Availability refers to the relationship between the number and types of existing services and resources and the volume and types of needs of clients. Accessibility is the relationship between the location of supply and the location of clients, considering client transportation resources as well as travel time, distance, and cost. Accommodation is the relationship between how the supply resources are organized to accept clients (including appointment systems, hours of operation, walk-in facilities, and telephone services) and the ability of the clients to accommodate these factors and their perception of their appropriateness. Affordability is the relationship between the prices of services and insurance or deposit requirements of

the providers to the client's income, ability to pay, and current health insurance. Lastly, acceptability is the relationship of clients' attitudes toward personal and practice characteristics of providers to the actual characteristics of existing providers, as well as to provider attitudes toward acceptable personal characteristics of clients (Penchansky & Thomas, 1981).

Challenges of Accessing Social Insurance Programs for Myanmar Migrant Workers

In recent years, there has been growing concern about the challenges that Myanmar migrant workers face in accessing social insurance benefits. The present study aims to identify and examine the major obstacles that prevent Myanmar migrant workers from accessing social insurance programs. The study distinguished between documented and undocumented workers as they faced different difficulties in accessing social insurance benefits. The literature shows that lack of awareness and information about their rights, and a lack of consciousness to access them are the major obstacles faced by most eligible migrant workers (International Organization for Migration, 2021).

Previous studies have extensively examined the obstacles faced by migrant workers when it comes to accessing social protection benefits in various countries. In Malaysia, migrant workers encounter multiple obstacles when they are accessing healthcare services, including financial constraints, legal document requirements, language barriers, discrimination, physical inaccessibility, and employer-related barriers (Loganathan et al., 2019). Moreover, the poor living conditions of migrants, exacerbated by the COVID-19 pandemic, have further highlighted the critical need for an improved health system design that addresses the unique needs of migrant workers, regardless of their immigration status (Kunpeuk et al., 2022).

A study by Rapeepong Suphanchaimat, Kosiyaporn, and Limwattanayyingyong revealed that the Migrant Health Insurance Scheme (MHIS) successfully reduced out-of-pocket payments for both inpatient and outpatient care. Participation in any medical insurance program has been found to increase the probability of visiting a doctor and reduce the medical burden of migrant workers (Zhang, Shi, & Zhou, 2020).

In conclusion, the existing literature presented a significant role of social protection by highlighting barriers to social insurance programs for migrant workers, particularly undocumented ones. Researchers said that the current social insurance programs were ineffective in the sense that it could

not cover all migrant workers. Undocumented migrant workers could access to limited social protection in most of the receiving countries, while documented migrant workers were likely to have the equal right to Thai nationals in accessing social security benefits under the Social Security Fund (SSF) scheme. This study therefore aimed to investigate whether and how documented and undocumented Myanmar migrant workers' access to eligible social insurance schemes in Khon Kaen Province and explored whether there were rooms for improvement.

Methodology

Ethical Procedures

The data collection procedures were approved by the Khon Kaen University Human Research Ethics Board on August 30, 2022. Written consent was obtained from the volunteers after they decided to participate in the study. The researcher directly obtained consent from the Myanmar participants before the discussions began. The research purpose was explained to ensure the credibility of the participants and that they were well-informed about the research and their rights. Privacy and confidentiality were ensured during data recording by using pseudonyms and destroying the relevant information after the study's completion.

Study Approach and Design

This study employed a qualitative case study approach to capture the viewpoints of research participants (Yin, 2011). Primary data was collected through focus group discussions. Thirty-two research participants were purposefully selected and divided into four focus groups based on their sex and legal status (documented and undocumented).

Location and Sample Selection

Muang District, Khon Kaen Province, was chosen due to its significant Myanmar migrant population compared to other migrant workers. Although much research on migrant workers has been conducted in industrial and border areas of Thailand and Myanmar, little research has been conducted in the northeastern region of Thailand. Therefore, Khon Kaen was selected as an unexplored area for investigation. Research participants were selected based on their experiences accessing their respective social insurance programs as documented or undocumented migrants.

Data Collection

Two graduate students from the College of Local Administration, Khon Kaen University, served as moderator and note-taker during the data collection for focus group discussions. With the assistance of Myanmar community leader, the researcher contacted and discussed the research matter with the targeted Myanmar migrant workers. Then, Focus Group Discussions (FGDs) were organized with eight participants per group. Each FGD was held every Sunday at the community hall, which was convenient for all research participants. The data was recorded with the permission of the respondents. The duration of each group discussion was approximately 2 hours. Data saturation was reached when no new information was found after repeating the same information. The data collection period was two months, between September and October 2022.

Data Analysis

The data were analyzed using thematic analysis. The data gathered from the focus groups were transferred into written documents. Data were then manually coded using Microsoft Word. In this study, semantic codes were used to describe the experiences of research participants more realistically and descriptively. The experiences of the research participants were categorized into five themes: (i) availability, (ii) accessibility, (iii) accommodation, (iv) affordability, and (v) acceptability.

Limitations

This study examined the access of Myanmar migrant workers in Thailand to social insurance programs during the COVID-19 pandemic but had limitations such as a small and homogeneous sample size of low-skilled workers from one province. To improve generalizability, future studies could recruit a larger and more diverse group of participants, including highly skilled workers who are entitled to the Social Security Fund and the Migrant Health Insurance Scheme. Further investigations could also examine different types of social protection programs and the perspectives of public administrators, employers, and other stakeholders to enhance the understanding of social insurance programs in Thailand.

Findings

Availability

According to the study, the Social Security Fund (SSF) provided a range of benefits to documented migrant workers, with sickness, maternity, and child allowances being the most prevalent. Documented migrant workers who fall under the “sickness” benefit category are entitled to a range of benefits, including free medical examination expenses, medical treatment expenses, medicine, medical supplies expenses, lodging, meals, and emergency care such as blood and transfusion services. Conversely, undocumented migrant workers are also eligible for sickness benefits, including both inpatient and outpatient care. The following extract highlighted the importance of the SSF in providing essential healthcare services for documented migrant workers.

“I have diabetes, hypertension, and heart disease. With a Social Security Fund card, I could get free medical examinations, treatments, and medicines.” One of the undocumented migrant workers also added his experience of receiving sickness benefits under the Migrant Health Insurance Scheme (MHIS) in this way: *“As the benefit of health insurance, the hospital served me outpatient care when I felt sick. However, when my friend was sick, he received inpatient care from the hospital.”*

The study found that maternity benefits were highly valuable for documented female migrant workers, who received 20,000 baht for medical expenses during childbirth and were entitled to maternity leave as part of their benefits. In reflecting on her experience, one documented research participant noted that

“I had gotten maternal medical expenses - 20,000 baht. The factory allowed me 90 days of maternity leave. I got the full salary for 90 days at the time of absence from work.” As the study revealed, none of the male documented research participants received maternity benefits from the SSF, as their spouses were the primary beneficiaries. However, this lack of knowledge of their eligibility for such benefits was also prevalent, as one research participant noted that *“My wife could receive maternity benefits from SSF. As far as I am aware, only women are eligible to claim maternity benefits.”*

The study found that documented women migrant workers received child allowance benefits under the SSF, while documented men were not aware of their right to claim such benefits. The quotation highlighted the experience of one research participant.

“I gave birth to one baby and got a child allowance with a Social Security card. Especially, I got 800 baht per month for the cost of the baby milk powder. In my family, my husband could not claim child allowance benefits”.

The study found that documented migrant workers in this study did not receive disability, death, retirement pension, and unemployment benefits, despite being eligible for them. Several participants stated that they were not aware of how to claim such benefits.

“I did not know how to claim an old age pension even though I contributed to SSF for 10 years.”

“I never heard of anyone receiving unemployment benefits after quitting their job while I was employed here.” Other participants reported never having experienced the need to claim such benefits. *“Since we worked in a secure workplace, there were currently no migrant workers from Myanmar with disabilities from occupational accidents.”* *“Although I had never had to file a claim for a deceased member of my family, I heard about the funeral grant provided by the social security fund.”*

The availability of the Workers Compensation Fund (WCF) highlighted that documented migrant workers in this study had not received any benefits from the WCF which included cash compensation, medical expenses, and occupational rehabilitation expenses, among others. One participant mentioned that

“I had never experienced receiving WCF benefits as my colleagues, and I were safe while performing work duties.”

Regarding the availability of the Migrant Health Insurance Scheme (MHIS), undocumented migrant workers in this study were found to have access to outpatient and inpatient care under the sickness benefit of MHIS. One participant stated that

“The hospital served me outpatient care when I felt sick. In addition, when my friend was sick seriously, he received inpatient care from the hospital.”

However, it was observed that undocumented migrant workers did not receive other benefits such as high-cost care, accident and emergency conditions, medical referral, health promotion, and prevention services, except for general illness. This was because of the shorter social insurance period, as explained by a research participant.

“We, undocumented migrant workers who were planning to work in the formal sector had to enroll in MHIS as the compulsory pre-employment health screening. As for me, I bought a three-month migrant health insurance card. So, I only had experience with receiving sickness benefits.”

The study found that both documented and undocumented migrant workers had access to physical healthcare services such as seating, drinking water, and clean facilities. One participant said that

“I was comfortable with the physical services of the hospital. Especially, I liked the cleanliness of the food and bed.”

Another participant expressed appreciation for being able to access beds, three meals per day, and free hospital treatment costs. However, the low level of health information literacy and lack of health education posed challenges for both documented and undocumented migrant workers in accessing social insurance programs.

During the Covid-19 pandemic, all documented and undocumented migrant workers had been infected with Covid-19. Undocumented migrant workers had to stay self-quarantine at their places, and they could not get any treatment in a hospital. On the other hand, some of the documented migrant workers had to get treatment at Fort Sraphatcharin Hospital. During their stay in this hospital, COVID-19

screening, treatment, free hospital rooms, meals, and transport for confirmed cases were provided. Some of the migrant workers had to make self-quarantine in their homes. During their self-quarantine, COVID-19 screening, treatment, and meals were provided by the social security hospitals they insured. During their quarantine both in hospitals and at home, nurses from social security hospitals mainly provided COVID-19 screening and treatment. Furthermore, mobile COVID-19 vaccination services were offered to all migrant workers regardless of their legal status. One participant stated the following:

“I have been infected with Covid-19 during the third wave of the Covid-19 pandemic. As a result, I was required to stay at my residence without seeking any medical care from a hospital. However, I got the COVID-19 vaccination with the support of mobile healthcare providers.”

Vaccines shot to all migrants were AstraZeneca and Pfizer BioNTech. Depending on the workers' vaccination records, the healthcare provider gave them either a first, second, or booster dosage. Personal protective pieces of equipment such as face shields, hand sanitizers, and disposable face masks were also distributed to all migrant workers in the industry. Based on the present research conducted on access to three social insurance programs for Myanmar migrant workers in Khon Kaen during the COVID-19 pandemic, it was evident that they experienced enhanced access to specific forms of protection, notably mobile COVID-19 vaccination services. However, it is worth noting that access to other insurance benefits showed no discernible improvement during the pandemic period.

Accessibility

The study found that both documented and undocumented migrant workers had easy access to social security hospitals. Patients were able to save time in making medical appointments due to the accessibility of public transportation infrastructure. One participant described the convenience of transportation, saying,

“The average distance from my residence to the social security hospital and clinic was around 8 km. Normally, I took a city bus. It took around 15 minutes to arrive there. Sometimes, I rode a motorbike with my friend to go there.”

The accessibility of public transportation infrastructure was particularly beneficial for migrant workers who might not have access to personal vehicles. It enabled them to reach healthcare facilities quickly and efficiently, reducing the time and financial burden of transportation.

Accommodation

Both men and women migrant workers reported positive experiences with the physical environment and health facilities at social security hospitals and insured hospitals in Khon Kaen. They also praised the kindness of healthcare personnel, who did not discriminate against patients based on their insurance or citizenship status. One participant described her positive experience with healthcare providers, saying,

“Every time I booked a visit to the hospital, I could easily see the physicians. They were super nice and kind. Doctors regularly rounded the ward. They cared for our health problems like their citizens.”

However, migrant workers faced obstacles in accessing available accommodation. They found it inconvenient to get appointments over the phone rather than in-person appointments, and bilingual communication was not provided at social security and public hospitals. One participant highlighted the lack of translation services, saying,

“I had to go to the hospital with a person who could speak Thai. If she was not free, I had to postpone the time I wanted to go.”

During the COVID-19 pandemic, infected documented migrant workers stayed in quarantine centers that were set up to accommodate migrant patients who needed to isolate. They also received the necessary care to prevent further spread of the virus. In addition to quarantine facilities, walk-in medical centers were accessible, offering crucial medical assistance and support to meet the healthcare needs of SSF insured migrant workers. It became increasingly evident that documented Myanmar migrant workers had notably improved access to social security benefits, particularly regarding accommodation.

Affordability

The study found that healthcare services under the SSF and MHIS were available without any cost to patients, ensuring that documented and undocumented migrant workers did not need to worry about the financial burden of healthcare. As one research participant shared,

“My friends and I who were infected with COVID-19 spent 14 days in quarantine in the social security hospital. Our COVID-19 monetary support was 3600 Baht each.”

However, migrant workers still had to pay out-of-pocket expenses for limited illnesses and treatments not covered by social security benefits. The transportation fee for accessing healthcare services was affordable and convenient for all migrant workers. As one participant noted,

“Transportation was not expensive, and it was easy for me to go to the hospital by myself.”

Under the theme “affordability,” insured persons through SSF are required to make monthly contributions. Documented research participants shared their experiences that

“We had a portion of our monthly salaries deducted for SSF payments.”

However, individuals who are insured under MHIS must make lump-sum payments for insurance plans that span three months, six months, or a year. An undocumented research participant indicated that

“I had to purchase a three-month MHIS plan with a lump-sum payment -1000 Baht when I made a medical check-up to apply work-permit.”

Acceptability

This theme emphasized patients’ attitudes toward personal and practice characteristics of healthcare providers. Three components such as services and healthcare providers, health insurance system, and culture were observed under the theme of acceptability. One participant expressed his gratitude for how healthcare providers treated him with respect and dignity, stating,

“When I went to the hospital, I was afraid that they might discriminate against me because I am an undocumented migrant worker. However, healthcare providers accepted me as their patient and treated me with kindness and respect. They gave me medicine for free and allowed me to receive medical care without any discrimination.”

Another participant noted that healthcare providers did not discriminate based on patient characteristics, saying,

“I am very pleased with how doctors and nurses treated me without prejudice. They provided me with excellent care and attention regardless of my age, gender, ethnicity, and insurance status.”

Regarding the health insurance system, one documented migrant worker stated,

“I am willing to pay monthly contributions to SSF since it can help me reduce my medical expenses. It's a good thing that we can benefit ourselves from social security benefits and free medical care.”

Meanwhile, undocumented migrant workers expressed their satisfaction with MHIS, saying,

“MHIS is very helpful for us because it significantly reduces our healthcare expenses. Although we must pay a lump sum, it's still worth it because it covers essential healthcare needs.”

Lastly, one participant highlighted how healthcare providers were culturally responsive to the needs of migrant workers, saying,

“Healthcare providers were very considerate of our cultural background. They showed us respect and hospitality, and they were willing to listen to our concerns and needs.”

Discussion

Availability

According to the findings of the study, sickness benefits under the SSF and the MHIS could be more beneficial to insured people than other remaining eligible benefits. This is because both female and male migrant workers were more likely to receive medical attention due to sickness, making sickness benefits a more relevant and useful benefit regardless of their insurance or immigration status. The findings also indicated that the sickness benefits were common mechanisms that migrant workers used to access essential healthcare.

The findings of this study highlighted the vital role of maternity benefits in providing support to registered women migrant workers in Khon Kaen. The 90 days of maternity leave granted to pregnant women was fully compensated by their employer and the SSF. In addition, the availability of maternity benefits under the SSF was critical for these workers to access necessary financial support during their time of need. The study also revealed that male documented migrant workers, similarly to Thai male workers, were not covered by any maternal medical programs under the SSF. This fact emphasized the importance of understanding the Social Security Act (1990) to ensure that workers were aware of their rights and responsibilities. Migrant workers, both male and female, required a comprehensive understanding of the benefits available to them, as this knowledge was important for them to access financial and non-financial assistances that they needed to maintain their health and well-being.

According to the findings, there was a misperception among the migrant workers that only documented women could receive child allowance benefits, leading to limited access to social insurance benefits they could claim. Hence, the study suggested that clear, concise, and understandable information about child allowance benefits should be distributed to eligible migrants to facilitate their access to these benefits.

The findings indicated a lack of awareness among documented migrant workers regarding their entitlements under the SSF. It is therefore imperative to focus on awareness raising on how to claim disability benefits to improve knowledge regarding these benefits. Multiple channels such as social media, print media, television, and billboards could be used to raise awareness of migrant workers on

disability benefits. According to International Labour Organization (2021), disseminating information through multiple channels is essential to address the diverse characteristics of workers. In the current study, concerning death benefits, employers and social security offices should provide knowledge-sharing sessions to educate migrant workers on how to claim benefits. It is also suggested that efforts should be made to improve the social security pension system for migrant workers, including reducing the minimum contribution period required for old-age benefits. Regarding unemployment benefits, none of the migrant workers in the factory were aware that they could apply for unemployment benefits if they lost their jobs. The most important factor is that the unemployment benefits claiming process should be quicker than other benefits under SSF because unemployed migrant workers had to find another job to survive. Even if insured migrant workers were aware that they could make claims, unemployment benefits became useless when they required a long wait for the claim process to be completed. During the COVID-19 pandemic, the Social Security Office (SSO) issued a new regulation to provide compensation to that kind of employees, who were eligible to receive compensatory benefits in case of unemployment under the Social Security Act: employees who had been terminated from their work at the beginning of December 19, 2020, are eligible for unemployment compensation provided by SSO (Thai-Italian Chamber of Commerce, 2021). This guideline showed the Thai government policy in line with the principles of human rights and humanitarian assistance. It allowed documented migrant workers employed in the formal sector to be granted a special temporary measure during the pandemic. However, research participants in this study were not eligible for this measure because they were not unemployed and were not in compliance with the regulations by SSO. Claiming *disability, death, old age, and unemployment* benefits was difficult for documented migrant workers in this study because they did not have enough information. In line with the findings of the International Organization for Migration (2021), migrant workers face challenges in accessing their rights and information due to a lack of awareness. Furthermore, Loganathan et al. (2020) argue that migrant workers and employers exhibit limited knowledge regarding health insurance enrolments and entitlements. The current study showed that the main problem was that migrant workers did not have enough information about SSF benefits in their language. This made it hard for them to understand how to claim the benefits. Problems faced by migrant workers in this study highlighted the need for effective policies and interventions aimed at enhancing awareness and promoting equitable access to information and entitlements for migrant workers.

The findings of the study indicated that migrant workers were not eligible for WCF benefits due to a lack of experience. This could be due to inadequate contributions made by their employers. To ensure that employers contribute to the WCF program and improve the social protection system for migrant workers in Thailand, better monitoring and inspection mechanisms are needed.

Hence, undocumented migrant workers faced limitations regarding their eligibility for benefits under the MHIS. The workers only received sickness benefits and were required to buy at least three months of MHIS to undergo medical check-ups for their work permits. They also contributed to the social security fund but had shorter insured periods of MHIS than other informal migrant workers. Therefore, the collaboration between the Ministry of Public Health, which supervises the MHIS, and the Social Security Office under the Ministry of Labor which manages SSF need to be considered better ways for undocumented migrant workers who will work in the formal sector to access more benefits.

According to the findings, providing mobile COVID-19 vaccination services to migrant workers in Thailand could be a human rights-based approach that recognized their right to access essential healthcare services without discrimination. Both groups of migrant workers had access to mobile COVID-19 vaccination services during the pandemic, but differences were observed in their treatment. Mobile vaccination services could help overcome barriers to healthcare access faced by migrant workers by bringing vaccines directly to their workplaces or communities. However, treatment for COVID-19 differed for documented and undocumented workers, with documented workers receiving treatments and quarantine measures at field hospitals while undocumented workers had to self-quarantine without access to insured hospitals. This is consistent with a previous report by the International Organization for Migration (2021) that found limited access to COVID-19 testing and treatment for all migrant workers with irregular status. Therefore, policies that aim to improve healthcare access for migrant workers should strive to provide equitable access to healthcare benefits and services for all migrant workers, irrespective of their documentation status, to avoid disparities in healthcare access and outcomes.

Accessibility

The research findings on the accessibility dimension suggested that the only similarities between documented and undocumented migrant workers included the convenience of transportation to registered hospitals. This ease of access was supported by factors such as the location of public hospitals, lack of severe traffic jams, and easy access to public transport. However, it is important to

note that this may not be the case for rural and remote parts of Thailand, as noted by the previous study (Yingtaweesak et al., 2013). The accessibility of healthcare services in these areas might be more challenging and might impact other dimensions of access to healthcare benefits from under-recognized social insurance schemes. Overall, the findings of this study suggested that access to healthcare services for migrant workers in urban areas of Thailand is good, which is an important factor in protecting their health and well-being. However, there may still be areas for improvement, particularly in rural and remote areas of the country, to ensure that all migrant workers have access to the healthcare services they need.

Accommodation

According to the findings, all documented and undocumented migrant workers equally received appropriate physical accommodation and kindness from healthcare personnel, with no significant differences between the two groups. However, several accommodation barriers still existed, including the inconvenience of the appointment system, long waits, the lack of multilingual communication services, the lack of health information and the lack of awareness-raising activities and programs. Language proficiency and inadequate health information were the most frequently mentioned obstacles to migrant workers' usage of health services. Additionally, due to a language barrier, migrant workers did not have sufficient health information regarding their health issues, a finding that is consistent with previous studies (Loganathan et al., 2019; Moonpanane et al., 2022; Naing, Isaramalai, & Sukmag, 2020). Therefore, to ensure successful coverage of access to social insurance programs, hospitals should meet the needs of migrant workers' fundamental accommodation barriers.

Affordability

The findings of this study highlighted that the main similarity in the experiences of documented and undocumented migrant workers was that both groups had access to affordable healthcare services and transportation. However, a previous study conducted in Malaysia revealed that migrant workers in Malaysia often face obstacles in accessing healthcare services due to financial constraints. Migrant workers predominantly bear out-of-pocket expenses for medical care. Consequently, the indirect and non-medical costs associated with seeking healthcare, such as lost wages and transportation expenses, further hinder their access to these services (Loganathan et al., 2019). In the current study, the pattern of payment to the Social Security Fund and Migrant Health Insurance Scheme was different. The difference in payment methods of these two programs could impact the affordability of healthcare

services for documented and undocumented migrant workers. Monthly contributions might be more manageable for documented workers with regular incomes, while a lump sum payment might pose challenges for undocumented workers with limited financial resources, informal employment arrangements, and financial constraints. This highlighted migrant workers' affordability based on their documentation status and financial capabilities of migrant workers. Additionally, the provision of free healthcare services and financial support for COVID-19 patients was particularly noteworthy, as it alleviated the financial burden on migrant workers who might be struggling to make ends meet. However, the study also revealed that there were still some limitations to the current healthcare system that needed to be addressed. Furthermore, the affordability of transportation fees suggested that the cost of transportation was not a significant barrier for migrant workers to access healthcare services, which was a positive development for their health and well-being.

Acceptability

By the findings, both documented and undocumented migrant workers similarly expressed positive experiences with healthcare services and healthcare professionals. These positive experiences shared by participants showed equitable healthcare access for migrant workers in Khon Kaen, Thailand. Discrimination against migrant workers was not a significant issue for research participants in accessing healthcare services and social insurance programs. A study by Poonpoksin (2018) found that Thai health personnel offer non-discriminatory services to all categories of migrant workers. However, based on the environment in which migrant workers receive healthcare and eligible benefits under social insurance programs, discrimination against them can occur due to a variety of situational and personal factors. While the research of Watson (2009) shows that the current social security system in China unfairly treats migrant workers because of their mobility and the absence of mechanisms for benefit transfer, the system fails to provide adequate support for this vulnerable population. In the current study, differences between the two groups were that documented migrant workers had more benefits from monthly contributions to the SSF, which could relieve their medical expenses. On the other hand, undocumented migrant workers had the financial burden of making lump sum payments for each insured period, but still found the related costs of accessing healthcare services to be affordable and were pleased with the essential medical benefits of the MHIS. Cultural perceptions between healthcare providers and patients were not significantly different due to the similar cultures of Thailand and Myanmar. It is important to foster a culture of acceptance and respect for diversity within the healthcare system to ensure that all patients receive equitable and culturally appropriate care.

Conclusion

In conclusion, this study sheds light on the access of Myanmar migrant workers to social insurance programs during the COVID-19 pandemic in Khon Kaen, Thailand. The study provides valuable insights into the experiences and perspectives of documented and undocumented migrant workers regarding the social insurance programs available to them. The study revealed that both documented and undocumented migrant workers had access to necessary social insurance benefits under SSF and MHIS, except for the WCF. Documented migrant workers received the available social security benefits such as sickness, maternity, and child allowance while undocumented migrant workers only received the available sickness benefits. This highlighted the importance of legal status in determining access to social protection for migrant workers in Thailand. To achieve a human rights-based system, the Thai government needs to work towards more inclusive and accessible social insurance programs for all migrant workers. A government effort can include measures such as providing language and information services and ensuring that all social insurance programs are available to all migrant workers, regardless of their immigration status. By doing so, Thailand can ensure that all migrant workers can access the social protection they require to live healthy and secure lives. On the other hand, benefits such as disability, death, old age, and unemployment benefits are still needed to improve access for documented migrant workers. Moreover, none of the migrant workers in this study had access to workers' compensation funds, which still require monitoring and evaluation to ensure employer contributions to the program.

The study also highlighted the importance of accessibility, accommodation, affordability, and acceptability to facilitate migrant workers' access to available social insurance benefits. The findings suggested that public hospitals for documented and undocumented migrant workers need to improve the quality of accommodation services, including providing multilingual communication to migrant patients. Furthermore, health insurance awareness campaigns focused on targeted migrant groups are essential for expanding access to social insurance benefits.

The study's findings suggested that the Ministry of Labor and the Ministry of Public Health should develop a long-term strategy for undocumented migrant workers, rather than only treating them as part of emergency responses during the Covid-19 pandemic. Among the five dimensions of access to social

insurance programs for migrant workers, two major concerns were identified: *availability* and *accommodation*. Specifically, concerning the availability of SSF benefits for documented migrant workers, male migrant workers were excluded from receiving maternity benefits and child allowance benefits due to outdated social security regulations. This indicated a gender bias in the current system, as male migrant workers who may have children or dependents were not able to access these benefits. This limitation highlighted the requirement for greater inclusivity and gender sensitivity in social insurance programs to ensure that all workers, regardless of gender, have equal access to benefits. With regards to the concern of the accommodation dimension, both groups of migrant workers faced challenges such as language barriers, and limited knowledge about social insurance programs, which may hinder their ability to access and benefit from these programs. Therefore, it is crucial to ensure that social insurance programs are accommodating to the specific requirements of migrant workers, including providing information in migrant workers' languages. Further studies should engage stakeholders beyond the health sector and migrant workers themselves to improve the implications of these findings. It should also explore access to social insurance programs from the gender perspective. This will provide deeper insights into the challenges faced by migrant worker populations. In times of a global crisis, this will offer greater insights into the relationship between health and social policies for migrant worker populations. Overall, these findings can be beneficial to decision-makers, especially in the healthcare sector, to improve the current social insurance programs for Myanmar migrant workers in Thailand.

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