



**Planned Parenthood
Association of Thailand**



The Planned Parenthood Association of Thailand Under the Patronage of H.R.H. the Princess Mother (PPAT) is a non-profit organization and has been a pioneer in supporting the family planning programme and an advocate for policies and frameworks supporting sexual and reproductive health and rights (SRHR), established in 1970. PPAT became the full member association of the International Planned Parenthood Federation (IPPF) in 1977.

PPAT supports the National Family Planning Programme by organizing countrywide educational and motivational activities, and by delivering contraceptive services to special target groups/geographic areas including slum dwellers, the population along the Thai-Cambodia border, and northern hill tribes. With the help of Muslim leaders and the support of grassroots volunteers, PPAT has been highly successful in promoting family planning among the marginalized Muslim community in Thailand's 4 southern-most provinces. It has also undertaken individual projects tailored to the needs of prisoners and fishermen.

PPAT's approach to sexual and reproductive health (SRH) promotion has been innovative, and in many cases, the organization's models have been replicated by government departments and have been sustained with dedicated public funds. PPAT runs a strong programme of information, education, and communication (IEC) via radio and television broadcasts on family planning, sexually transmitted infections (STIs), reproductive health and environmental issues. These are estimated to have reached over 10 million people across the country.

The organization operates through over 1,900 distinct service points. These include 10 permanent clinics and 12 mobile units, and a network of hundreds of community-based distributors/ community-based services (CBDs/CBSs).

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A member of the International Planned Parenthood Federation**

Phone: +66 (2) - 941 2320, +66 (2) - 941 2322
E-mail: info@ppat.or.th, ppat.bkk@gmail.com
Address: 8 Soi Vibhavadi-Rangsit 44
Vibhavadi-Rangsit Rd, Ladyao, Chatuchak
Bangkok 10900
Thailand

Introduction

1. PPAT congratulates the Thai government for being one of the global leaders in protecting migrants' rights and in making universal health coverage available to all. However, while access to public services for migrants is substantially protected by law, in practice there remain serious challenges to achieving this goal. This submission will focus on the gaps and barriers which in practice prevent migrant workers and their families from accessing essential health services, especially sexual and reproductive health (SRH) services.

International Human Rights Commitments

2. Thailand is a state party to numerous international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1985), the Convention on the Rights of the Child (CRC) (1992) and both optional protocols. the International Covenant on Civil and Political Rights (ICCPR) (1996), the International Covenant on Economic, Social and Cultural Rights (ICESCR) (1999), the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) (2003), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) (2007), and the Convention on the Rights of Persons with Disabilities (CRPD) (2008).
3. Many previous UPR recommendations have been accepted on gender-based violence, including domestic violence, trafficking, maternal mortality, and harmful cultural practices, as well as health services for some marginalized communities, but Thailand has never received recommendations on access to sexual and reproductive health (SRH) services for the most marginalized populations, including migrants.

Migrants' Access to Health in Thailand

4. The Thai government has a clear policy to regulate the status of every migrant worker, to allow them to work and stay legally in Thailand, and to permit employers to bring in workers through Memorandums of Understanding (MOUs). The International Organization for Migration (IOM) estimates that 4 to 5 million¹ migrants living in Thailand, 96% of whom are from Cambodia, Laos and Myanmar and are employed in low-skill jobs.² Out of these numbers, a total of 2,512,328 are registered with the Ministry of Labor and Ministry of Interior as of December 2020. An additional 654,864 undocumented migrant workers have registered between January 15 to February 13, 2021, under a limited-time amnesty program designed to monitor the welfare of migrant communities in light of the COVID-19 pandemic and ensure sufficient labour during border closures also due to the pandemic.³ These migrant workers are one of the largest drivers of growth in Thailand's economy and GDP, and are eligible for subsidized care under the public health system once registered.
5. The Thai government has implemented two main insurance schemes. The first is the Social Security Scheme (SSS), managed by the Social Security Office of the Ministry of Labour, which is open to migrants employed in the formal sector who entered Thailand through one of the bilateral MOUs or completed the nationality verification process. The second scheme is the Migrant Health Insurance Scheme (MHIS) that covers migrants in the informal employment sector who are not covered by social security, including both regular and irregular migrants and their dependents.⁴
6. Regular (registered) migrant workers are entitled to receive subsidized care from Thailand's public health system and irregular (unregistered) migrants can enroll for health insurance coverage by paying an annual fee.⁵ However, while these services are available, the utilization of public health services remains relatively low due to a number of legal, social and financial barriers.⁶
7. Most migrants receive health insurance information from their employers who can influence them to apply for it. This information is not easily available and not all employers will be

forthcoming with this information, creating a knowledge barrier to necessary health benefits. This is evident in the fact that although they are eligible, approximately 64 per cent of the 3.1 million documented migrants who are eligible for MHIS or SSS coverage are enrolled; there are an additional 811,437 undocumented migrants who are presumably without health insurance but are technically eligible for coverage under the MHIS.⁷ Health insurance coverage for all migrants falls to 51 per cent of all eligible migrants (if undocumented migrants are considered).⁸ Few informal sector migrant workers have MHIS due to significant barriers detailed below.

Migration Status Barriers

8. Many migrants and their families, especially those who migrate irregularly, are particularly vulnerable to abuse and exploitation due to their precarious legal status.⁹ With spouses and children over 18 not eligible for coverage under regular migrants' health insurance, this means that the most at-risk migrants – undocumented women and young people – do not have access to sexual and reproductive healthcare due to their migration status. For undocumented migrants, neither they nor their family members can access health services through insurance schemes. Because of the need to cover the cost of care, however, medical facilities often want to see proof of ability to pay (that is, proof of health insurance) before they provide services, resulting in an inability to access medical care for irregular migrants and their families.¹⁰
9. One major barrier to access to health services is related to the migration status of family members of regular or irregular migrants. The government's current migrant registration system does not consider registered migrant workers' spouses and children over the age of 18 to be "accompanying persons", and therefore they cannot legally register to live in Thailand. As a result, migrant workers' spouses and dependents over 18 often remain in Thailand undocumented and without any access to health services. The government has recently taken the positive step of allowing children of registered migrant workers' *under 18 years* to register as accompanying persons and legally live with them in Thailand. However, even if they are legally registered to live in the country, spouses and children of *any* age are not eligible to be covered by the registered migrant worker's health insurance, if they indeed have it. As a result, health services remain inaccessible to these regular migrants unless they purchase their own health insurance out of pocket.

Financial Barriers

10. Health insurance can be prohibitively expensive for migrants. To sign up for the MHIS, migrant workers and family members have to undergo, *and pay for*, health check-ups *before they are allowed to purchase the health insurance*, at a rate of USD 16-18 per visit (it is free for children under 7). While the SSS is covered by social security and taxes, MHIS has an out-of-pocket cost at an annual rate of THB 1,600 (USD 53) for children and adults over 7 years old and THB 365 (around USD 12) for children under 7 years old per year.¹¹ For the majority of migrant workers, who earn under 10,000 THB (USD 331) per month, these combined costs are a significant portion of their earnings.¹² Although efforts are made to keep these costs low, for migrants in the informal sector to raise this amount per adult and per child is often unrealistic in light of their average salaries. Added to this financial challenge is the fact that MHIS may be used at only one health-care facility except in cases of emergency.¹³ For highly mobile populations such as migrant workers and their families, who may move every couple of months, putting aside funds for a service they can only use at a single location for a couple of months out of the year may be seen as too high a cost for an uncertain benefit.¹⁴ Additional financial costs, such as having to pay out of pocket for medicines or high transportation costs to travel to health facilities, add to the financial barriers they face.
11. In a recent International Organization for Migration (IOM) *Rapid Assessment: COVID-19 Related Vulnerabilities and Perceptions of Non-Thai Population in Thailand* (2020), 60 per cent of Key Informants indicated that some proportion of non-Thai nationals do not have sufficient financial resources to guarantee the daily coverage of food, water, electricity,

shelter, education and medical expenses.¹⁵ Under these circumstances, the cost of initial check-ups plus the additional annual payment per family member for health insurance may simply be out of reach for many migrants.

Additional Barriers

12. Although registered migrant workers have the right to access health services, the information necessary to do so is not widely available and they face considerable challenges. Migrants often face language barriers when trying to access health services, and risk being treated poorly or even denied care by health providers who discriminate against them. Some health services, such as abortion or HIV services, are stigmatized in their communities. Some migrant parents may hesitate to register their children for insurance due to their irregular legal status and fear of being reported to immigration authorities.
13. As noted by the Social Impact Assessment of COVID-19 in Thailand, conducted by the Oxford Policy Management and United Nations), “Migrants are largely excluded from the formal social protection system. Although they may participate in social insurance through voluntary contributions, both the coverage and adequacy of social security benefits is low... even for those covered by social insurance (including the Migrant Health Insurance Scheme, MHIS) the administrative complexity of claiming benefits means many do not do so.”¹⁶
14. A recent study showed that availability of interpretation and cultural mediation services of migrant health worker (MHW) and migrant health volunteer (MHV) programmes in Thailand are hugely beneficial in addressing the health needs of migrants, but that operational challenges in providing services included insufficient budgets for employment and training, lack of diverse training curricula, and lack of legal provisions to sustain these programmes.¹⁷
15. Many migrants self-medicate at home to the extent possible, buying medication over the counter or asking for it directly from their employers, and only seek out medical assistance when they are facing a medical emergency or are so ill they are unable to work. In those cases, the registered migrant workers who have work in the formal sector and qualify to enroll in SSS (2/3 of registered migrants)¹⁸ will go to hospitals that have contracts with the health insurances, while registered migrant workers without insurance can access the Thai government’s Sub-District Health Promoting Hospitals or Primary Care Units (PCU) by showing their migrant worker IDs or passports.

Sexual and Reproductive Health and Rights

16. Although routine disease surveillance systems and other systems that capture health information in Thailand do not provide reliable data to support effective policy formulation on migrant populations, challenges can be identified by looking at sources of data on the general population, as well at numerous regional and community studies on migrants’ access to SRHR across various regions of Thailand.
17. Thailand has a high adolescent birth rate, at 38 per 1,000 women ages 15–19 from 2003–2018,¹⁹ which is particularly high among young girls, ages 10–14 years, with a rate of 1.3 per 1,000.²⁰ This may be due in part to high rates of child, early and forced marriage (CEFM), with 23% of girls married under age 18.²¹ Migrants, especially irregular migrants, are at higher risk of poverty, a key driver of CEFM, leaving migrant girls at greater risk for this harmful practice. This is especially true at the current moment, where over the last month, 76 per cent of IOM Key Informants reported that they have heard of concerns from non-Thai populations about not having enough food to eat and 21 per cent have heard of families going without eating for a whole day due to the consequences of COVID-19, and 10 per cent of respondents reported that over three-quarters of non-Thai nationals in their communities have lost all sources of daily income due to COVID-19.²²

18. A study of very young adolescent migrants and refugees living in Thailand (aged 10-16) reported that many young people become sexually active late within this period of early adolescence or shortly thereafter, but that they have very little access to SRH information, and parents do not feel comfortable discussing this topic until adolescents approach 17 or 18 years of age,²³ indicating an unmet need for information, education, and family planning services, including modern contraceptive methods, for adolescents. Lack of awareness and knowledge, cultural beliefs, particularly premarital virginity, shame, disapproval, and abortion were frequently discussed in the context of pregnancy, suggesting high risks of unsafe abortion for this young population.²⁴
19. Migrant girls, adolescents and women, especially those who are irregular migrants, are at high risk for safety and security issues relating to sexual and reproductive health and rights, in particular for sexual exploitation, sexual assault and abuse, rape, and CEFM. Access to comprehensive sexual and reproductive health services with integrated sexual and gender-based violence services are essential for protecting the rights of migrant girls and women.
20. Female migrants who are without access to quality, comprehensive SRH services are at elevated risks of STIs, unplanned pregnancy, maternal mortality, and complications from untreated SRH conditions, including those resulting from STIs or sexual abuse. For example, displaced and migrant women in northern Thailand often face limited access to health care, with the result that unwanted pregnancy is common, and unsafe abortion is a major contributor to maternal death and disability.²⁵ The language barrier also adversely influences access to maternal care.²⁶
21. Limited access to antenatal care during their pregnancy due to financial barriers can mean migrant women and adolescent girls receive insufficient care during their pregnancy, with risks for maternal and infant mortality and morbidities. The normal cost of antenatal service at public hospital is 1,500 Baht (USD 50), and delivery costs 5,000 – 10,000 Baht (USD 160 - USD 325) for vaginal deliveries and 15,000 – 25,000 Baht (USD 500 - USD 850) for surgical deliveries. SSS insurance covers the 1,500 Baht (USD 50) antenatal care and up to 15,000 Baht (USD 500) for delivery costs,²⁷ while MHIS covers antenatal care, family planning and contraceptives, and delivery costs, but only up to a combined total of 10,300 Baht (USD 350).²⁸ In both cases, *even with insurance*, migrant women are left owing potentially hundreds of dollars for antenatal care and delivery, let alone those who are not covered.
22. Many migrants have insufficient access to information and education about sexual and reproductive health (SRH). Although the Prevention and Solution of the Adolescent Pregnancy Problem Act A.D. 2016 states that employers must provide adequate SRH information, promote SRH care among employees to encourage them to access services, and establish referral systems,²⁹ this is still not practiced in many workplaces.
23. PPAT has conducted outreach and education projects with migrant workers and tapper in the Surat Thani province in southern Thailand to increase their awareness of SRH issues and access to SRH services. From this experience, PPAT has found that because they face so many barriers to SRHR, many migrants are not aware of their own SRH issues, such as their STI or HIV status, until they have a blood test to treat a recurrent illness requiring medical assistance or the death of their spouse. Due to a lack of information, education, and awareness-raising about HIV and AIDS, there is a lot of stigma associated with a diagnosis. There is a high rate of early sexual debut, early marriage and early pregnancy, and there is inadequate education and information that allows migrants to exercise their full sexual and reproductive health and reproductive rights, such as a lack of information regarding modern contraceptive methods or the skills to negotiate safe and protected sex with their partner.

Recommendations

24. At a national policy level, a long-term strategic plan, with clear responsibilities through multisectoral collaboration, strengthened disaggregated data collection, and dissemination of

SRH and health insurance information for migrants is essential to comprehensively address this complex issue. PPAT, therefore, recommends the government take the following actions:

- 1. Develop a national plan to guarantee access to sexual and reproductive health (SRH) services for all, including regular and irregular migrant workers, which includes integrated SGBV services, information and education campaigns, and migrant-friendly health services.**
- 2. Guarantee adolescents' sexual and reproductive health and rights through multi-sectoral collaboration, including effective implementation of comprehensive sex education in and outside school settings, and access to youth-sensitive SRH services, regardless of the ability to pay.**

1 Labour Migration, International Organization for Migration (IOM)Thailand: <https://thailand.iom.int/labour-migration>

2 United Nations Thematic Working Group on Migration in Thailand, *Thailand Migration Report 2019*, p.121 (hereafter U.N. Thematic Working Group on Migration in Thailand)

https://thailand.iom.int/sites/default/files/document/publications/Thailand%20Report%202019_22012019_HiRes.pdf

3 Over 650,000 workers seek amnesty as govt sounds warning, Phuket News, 15 February 2021

<https://www.thepuketnews.com/over-650-000-workers-seek-amnesty-as-government-sounds-warning-79010.php>

4 U.N. Thematic Working Group on Migration in Thailand, p. 105

5 U.N. Thematic Working Group on Migration in Thailand

6 U.N. Thematic Working Group on Migration in Thailand

7 U.N. Thematic Working Group on Migration in Thailand, p.105, 123

8 U.N. Thematic Working Group on Migration in Thailand, p.105, 123

9 Labour Migration, IOM Thailand: <https://thailand.iom.int/labour-migration>

10 U.N. Thematic Working Group on Migration in Thailand p. 105

¹¹ As per the latest announcement by Ministry of Public Health in July 2020

¹² Puey Ungphakorn Institute for Economic Research, "Opening facts of migrant workers in Thailand: part 1 of low-skilled workers" June 2020

<https://www.pier.or.th/?abridged=%E0%B9%80%E0%B8%9B%E0%B8%B4%E0%B8%94%E0%B8%82%E0%B9%89%E0%B8%AD%E0%B9%80%E0%B8%97%E0%B9%87%E0%B8%88%E0%B8%88%E0%B8%A3%E0%B8%B4%E0%B8%87%E0%B9%81%E0%B8%A3%E0%B8%87%E0%B8%87%E0%B8%B2%E0%B8%99%E0%B8%95>

¹³ U.N. Thematic Working Group on Migration in Thailand p. 106

¹⁴ U.N. Thematic Working Group on Migration in Thailand p. 106

¹⁵ International Organization for Migration (IOM) *Rapid Assessment: COVID-19 Related Vulnerabilities and Perceptions of Non-Thai Population in Thailand* (2020) <https://thailand.iom.int/rapid-assessment-covid-19-related-vulnerabilities-and-perceptions-non-thai-population-thailand>

¹⁶ Oxford Policy Management and United Nations Thailand, *Social Impact Assessment of COVID-19 in Thailand* (July 2020) p. 21 <https://www.unicef.org/thailand/reports/social-impact-assessment-covid-19-thailand>

¹⁷ Kosiyaporn, H., Julchoo, S., Phaiyarom, M. et al. Strengthening the migrant-friendliness of Thai health services through interpretation and cultural mediation: a system analysis. *glob health res policy* 5, 53 (2020). <https://doi.org/10.1186/s41256-020-00181-0>

¹⁸ U.N. Thematic Working Group on Migration in Thailand p. 121

¹⁹ UNFPA World Population Dashboard: Thailand, <https://www.unfpa.org/data/world-population/TH>

²⁰ Warisa Panichkriangkrai, Chompoonut Topothai, Nithiwat Saengruang, Jadej Thammatatch-aree & Viroj Tangcharoensathien (2020) Universal access to sexual and reproductive health services in Thailand: achievements and challenges, *Sexual and Reproductive Health Matters*, 28:2, DOI: 10.1080/26410397.2020.1805842

²¹ UNFPA World Population Dashboard: Thailand, <https://www.unfpa.org/data/world-population/TH>

²² International Organization for Migration (IOM) *Rapid Assessment: COVID-19 Related Vulnerabilities and Perceptions of Non-Thai Population in Thailand* (2020) <https://thailand.iom.int/rapid-assessment-covid-19-related-vulnerabilities-and-perceptions-non-thai-population-thailand>

²³ Lee, C., Aules, Y., Sami, S. et al. Sexual and reproductive health needs and risks of very young adolescent refugees and migrants from Myanmar living in Thailand. *Confl Health* 11, 30 (2017). <https://doi.org/10.1186/s13031-017-0130-0>

²⁴ Lee, C., Aules, Y., Sami, S. et al. Sexual and reproductive health needs and risks of very young adolescent refugees and migrants from Myanmar living in Thailand. *Confl Health* 11, 30 (2017). <https://doi.org/10.1186/s13031-017-0130-0>

²⁵ Ellen Tousaw, Ra Khin La, Grady Arnott, Orawee Chinthakanan & Angel M. Foster (2017) "Without this program, women can lose their lives": migrant women's experiences with the Safe Abortion Referral Programme in Chiang Mai, Thailand, *Reproductive Health Matters*, 25:51, 58-68, DOI: 10.1080/09688080.2017.1392220

²⁶ Charamporn Holomyong, Kathleen Ford, Siriporn Sajjanand, Aphichat Chamrathirong, "The Access to Antenatal and Postpartum Care Services of Migrant Workers in the Greater Mekong Subregion: The Role of Acculturative Stress and Social Support", *Journal of Pregnancy*, vol. 2018, Article ID 9241923, 12 pages, 2018. <https://doi.org/10.1155/2018/9241923>

²⁷ As of the latest announcement of the Social Security Office in January 2021

²⁸ As of the latest announcement of Ministry of Public Health in July 2020

²⁹ Act for Prevention and Solution of the Adolescent Pregnancy Problem, B.E. 2559 (2016) (translation to English)
<http://law.m-society.go.th/law2016/uploads/lawfile/5906c45567a77.pdf>