Access to rights of migrant children in Thailand:
The importance of social integration and roles of civil society

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IV. Access to birth registration
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I. Background (1)

- Aged Society since 2005
- Smaller workforce...
- Socio-economic impacts (+/-)??
I. Background (2)

Policy options

- Improving quality of population/HR
- Promoting active-ageing and longer working life
- Innovation and technology
- Pro-natalist policy
- Import migrant workers???
At the present, a large number of migrant workers residing, mobilizing and working in Thailand, the majority is from Myanmar.

- Documented and Undocumented (Residential and Working status)
- In reproductive age (15-49 Yrs)
- Having spouse and children born in Thailand
- Regulation → short-term stay; Reality → long-term to permanent stay
I. Background (4)

Considering the country’s future that the labour force will shrink, *Migrant Children* → a quality substitute labour force in the long-term?

To ensure access to their rights (in particular; *birth registration, education and health care* which are crucial for human development) is thus important both in term of basic human right protection and for the benefits of the country to have.
I. Background (5)

By concept and by policy, all babies including those who were born to migrant population have right to birth registration which is the primary condition that can facilitate them to other basic rights especially education and health care.

In practice, access to these rights of migrant children in Thailand seem still limited and constrained by some barriers.
II. Objectives and data

• **Objectives**

1. To explore *current situations* of access to birth registration, education and health care of migrant children in Thailand.

2. To highlight the importance of *social integration* of migrant population in the Thai society and roles of *civil society* (i.e. community-based organizations) in order to facilitate better access to these rights of migrant children.
II. Objectives and data

• **Source of data:**

  “A Baseline Survey of Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC) Project” (supported by the World Vision Thailand and EU)

• **Approach:**

  Quantitative data from a questionnaire survey (600 HHs) and qualitative data from the IDIs and FGDs (migrants, CSOs, LOs, CBOs) during Sept-Oct. 2016

• **Settings:**

  3 study sites – Mae Sot, Ranong and Chumporn

• **By the Institute for Population and Social Research (IPSR), Mahidol University**
### III. CLM Migrant workers and migrant children in Thailand

<table>
<thead>
<tr>
<th>Year</th>
<th>Total (Mil.)</th>
<th>Registered at the OSS (22 coastal province: Apr-Jun 15)</th>
<th>Registered at the OSS (MWs)</th>
<th>Registered at the OSS (dependent)</th>
<th>Under the MOU</th>
<th>Nationality Verified (NV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2.55</td>
<td>23,669</td>
<td>1,178,678</td>
<td>439,785</td>
<td>904,377</td>
<td>92,560</td>
</tr>
<tr>
<td>2015</td>
<td>2.37</td>
<td>54,402</td>
<td>1,010,391</td>
<td>279,311</td>
<td>989,374</td>
<td>38,935</td>
</tr>
<tr>
<td>2014</td>
<td>2.84</td>
<td>1,533,675</td>
<td>254,009</td>
<td>960,711</td>
<td>23,669</td>
<td>54,402</td>
</tr>
</tbody>
</table>

Note: Only MWs from Cambodia, Laos and Myanmar; OSS 2016 is used for 2017 figure
Source: Chamchan & Apipornchaisakul, 2016; Office of Foreign Workers Administration, 2017
III. CLM Migrant workers and migrant children in Thailand (2)

According to the estimation by the IPSR, MU, in December 2015,

• the total number of 3 nationalities migrant workers ➔ **3,518,851** [2,782,880 Myanmar; 454,000 Cambodia; 281,971 Lao PDR]

• MWs’ dependents ➔ **1,032,198** making up the total number of migrant to be **4,551,049** (Vapattanawong et al., 2015)
IV. Access to birth registration

Migrant Children Aged 0-14 years

Where were children born (n=869)

<table>
<thead>
<tr>
<th>Location</th>
<th>Thai</th>
<th>Not in Thai</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tak</td>
<td>90.4%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Chumporn</td>
<td>82.0%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Ranong</td>
<td>77.8%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Total</td>
<td>65.5%</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

If in Thai, where were the child delivered (N=661)

<table>
<thead>
<tr>
<th>Location</th>
<th>NGO’s health facility</th>
<th>Private hospital</th>
<th>Public hospital</th>
<th>At home or in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tak</td>
<td>0%</td>
<td>0.0%</td>
<td>70.0%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Chumporn</td>
<td>0.0%</td>
<td>0.0%</td>
<td>88.8%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Ranong</td>
<td>0.0%</td>
<td>0.0%</td>
<td>85.8%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Total</td>
<td>2.3%</td>
<td>2.3%</td>
<td>64.4%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>
IV. Access to birth registration (2)

Migrant Children Aged 0-14 years

If in Thai was the child registered for birth registration

(Aged 0-14 years; n=656)
Thai law allows registration of the birth in Thailand to parents who are undocumented migrant workers and/or who entered the country and/or are working illegally.

*In practice*, there are still numerous obstacles that limit access to the civil registration system....
V. MC’s access to education and health care

83% of migrant children aged 7-15 Years is studying

Types of school (% of studying children)

<table>
<thead>
<tr>
<th>Types of School</th>
<th>Tak</th>
<th>Chumporn</th>
<th>Ranong</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thai/regular school</td>
<td>72.8%</td>
<td>53.8%</td>
<td>46.2%</td>
<td>79.3%</td>
</tr>
<tr>
<td>Thai/non-regular school</td>
<td>26.5%</td>
<td>7.2%</td>
<td>20.0%</td>
<td></td>
</tr>
<tr>
<td>NGO school/Learning center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Coverage of health insurance (MC aged 0-14)

<table>
<thead>
<tr>
<th>Types of Insurance Card</th>
<th>Tak</th>
<th>Chumporn</th>
<th>Ranong</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have</td>
<td>96.2</td>
<td>36.7</td>
<td>64</td>
<td>75.7</td>
</tr>
<tr>
<td>Migrant health insurance Card (age lower than 7)</td>
<td>1.6</td>
<td>1.7</td>
<td>9.9</td>
<td>19.6</td>
</tr>
<tr>
<td>Migrant health insurance Card (age 7 and over)</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VI. Importance of Social Integration and roles of civil society
Social Integration (SI)

• SI is measured by – acculturation (language ability and usage, daily costume, Thai friends) + participation with local communities (daily activities i.e. market shopping, greeting with Thais; participation in religious and cultural events)

• Chamratritthirong et.al. (2016) found that, among the three nationalities, Laotian migrant workers were better socially integrated in Thai society than migrants from Myanmar and Cambodia.
Social Integration: Typology

**Integration**
- well socially participate with local communities and still keep own socio-cultural identity

**Assimilation**
- well socially participate with local communities but loose socio-cultural identity

**Separation**
- Rarely socially participate with local communities and keep own socio-cultural identity

**Marginalization**
- Rarely socially participate with local communities and loose own socio-cultural identity

In order to improve access to rights of migrant children to birth registration, to education and also needed health care, findings from the baseline survey of the ECPMC project convince that “social integration” of migrants in local Thai communities is crucial.
Social Integration: Importance

Reasons of Not Registering
Birth of Migrant Children
(n=178)

- Unaware/Not necessary: 32.0%
- Don't know the places: 25.3%
- Lack of personnel assisting for registration: 18.0%
- Cannot speak Thai: 10.1%
- Place too far/No transportation: 7.3%
- Parents are not registered/undocumented: 3.9%
- No money: 3.4%

...misunderstood about BC and BR, no information, no BC (those delivered at home, need good relationship with leader to get certified), not confident that registration is possible, misspelling of names (parents), late registration....
• With more integration, it would facilitate better communication and cooperation among involving stakeholders in this issue; including
  - migrants,
  - general Thais,
  - Thai and migrant community leaders,
  - migrant workers’ employers,
  - Thai authorizes (especially, civil registration officers, health staffs at the hospitals and Tambon health promotion hospitals).
Also, with strong social integration, civil society at the community level (i.e. Community Based Organization (CBO) with members from both Thai and migrant communities) can be a mechanism that plays crucial roles not only on the issue of migrant children rights but also other issues.

In the three study sites, some CBO have arisen spontaneously by groups of cross-border migrants who try to address common problems which migrants face.
• The work is driven by a **volunteer mind-set** and the CBO **revolving drug banks** are not formally registered.

• Some CBO which are more organized have formed **cremation funds**, **community health posts**, and **health savings funds**.

• At the present, the **CBO were still mostly populated by non-Thai migrants**, with some informal participation by Thai counterparts. Without Thai members, most of existing CBOs faced some difficulties and limitations in its function.

• In some areas, the new model of CBO with a mixture of Thai and migrant members are introduced with encourage and supports from NGOs and local authorities.
• When the CBO is developed and strengthened with enough capacity, it is expected to serve as the intermediary for various activities (broader than about birth registration of migrant children, but other cross-cutting areas (e.g., health, savings, education, social welfare) to improve quality of life of both migrants and general Thais in the community.

• The CBO are ideally situated to serve as a link between these populations with Thais and government agencies.
Roles of Civil Society

(Community-Based Organizations: CBOs)

With Thai-members
As representatives of community members, and are independent
Voluntary-based, and are formed spontaneously to address prevailing problems (i.e., they are not appointed by an external person or agency).
They work in areas broader than birth registration, but have cross-cutting areas (e.g., health, savings, education, social welfare, etc.)

CBO

Migrant communities
(Birth registration, education, Health, etc)

Empowering and capacity building

CSO(s)

Local Authorities

Administration, law enforcement, health providers, school staff, labor agency staff, employers, staff and support of local government

CSO members of Migrant Working Group (MWG) and other local CSOs in the area

Current situation

Ideal situation with roles of civil society (Community based organizations (CBOs))
VII. Conclusion

• Problems/Challenges:
  • Unknown number of undocumented MWs and MCs
  • Still limited access to BR (around 70-75%), formal education and health insurance of MCs
  • Formal and informal constraining factors/barriers

• Recommendations:
  • Social integration can help to facilitate or mitigate the existing barriers (esp. informal ones) of access to birth registration of their children → Integration Policy (through education??) is needed...
  • The group of civil society so-called “Community Based Organization (CBO)” can play role as an intermediary mechanism linking migrant community to the local Thais and Thai authorizes for various purposes (broader than about birth registration of migrant children, but other cross-cutting areas e.g., health, savings, education, social welfare).
Acknowledgement

• The research project “A Baseline Survey of Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC) Project” (supported by the World Vision Foundation of Thailand and the European Union)

• Institute for Population and Social Research, Mahidol University
Thank you...

Q & A