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Assessment of Birth Registration among Migrant Children in Thailand

Teeranong Sakulsri, Sarunya Sujaritpong

Institute for Population and Social Research, Mahidol University, Thailand

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Abstract:

Poor maternal and child health has been identified as a health issue of migrants in Thailand. The main barriers to the access to healthcare services of migrants in Thailand include education, knowledge, language, socio-economic status of migrants, and attitudes of health service providers. Although the Thai government has declared the rights of migrant children to obtain birth registration and associated social services since 2008, only a few have obtained such a legal document. The World Vision Foundation of Thailand and Foundation for Rural Youth conducted the project “Empowering Civil Society Organisations for the Protection of Migrant Children” (ECPMC) funded by the European Union (EU) during February 1, 2016 to January 31, 2019 in which one of its main objectives was to increase the number of recorded birth registrations in Chumporn, Ranong and Tak provinces. An end-of-project impact evaluation was conducted during February to May 2019. A mixed method approach was used for data collection. This study aims to analyze assess of birth registration among migrant children and key drivers and barriers in obtaining birth registrations of migrant children in Thailand under the ECPMC project. Over the project period, there was an increase of 37% in birth registrations of children aged less than one year. Key driver of the process of birth registration is increasing awareness and knowledge of reproductive health, antenatal care, and safe delivery of migrant women. Enabling pregnant women to receive services of antenatal care at local hospitals was a crucial step to ensure that they obtained a birth certificate from the hospital, which is one of the important documents required for the process of birth registration.

Keywords: birth registration, migrant children, Thailand.

泰国流动儿童出生登记评估

摘要:

孕产妇和儿童健康状况不佳已被确定为泰国移民的一个健康问题。泰国移民获得医疗保健服务的主要障碍包括教育、知识、语言、移民的社会经济地位和医疗服务提供者的态度。尽管泰国政府从2008年起就宣布了流动儿童获得出生登记和相关社会服务的权利，但只有少数人获得了这样的法律文件。泰国世界宣明会基金会和农村青年基金会于2016年2月1日至2019年1月31日期间开展了由欧盟（欧盟）资助的“赋予公民社

会组织以保护移民儿童” (ECPMC) 项目, 其中一个其主要目标之一是增加春蓬、拉廊和达克省的出生登记数量。在2019年2月至2019年5月期间进行了项目结束影响评估。采用混合方法收集数据。本研究旨在分析 ECPMC 项目下流动儿童出生登记的评估以及在泰国获得流动儿童出生登记的主要驱动因素和障碍。在项目期间, 一岁以下儿童的出生登记增加了37%。出生登记过程的主要推动力是提高对生殖健康、产前保健和流动妇女安全分娩的认识和了解。让孕妇在当地医院接受产前保健服务是确保她们从医院获得出生证明的关键一步, 出生证明是出生登记过程中所需的重要文件之一。

关键词: 出生登记, 流动儿童, 泰国。

1. Introduction

Over the past three decades, Thailand has largely depended on migrant workers from neighboring countries who are mostly low-skilled (Harkins, 2019). According to the migrant population estimate in December 2015, the total number of migrant workers in Thailand from Myanmar, Cambodia, and the Lao PDR was estimated to be 3,518,851, of which 2,782,880 were from Myanmar, 454,000 from Cambodia, and 281,971 from Lao PDR. The number of workers' dependents, which includes migrant children, was estimated to be 1,032,198, putting the total number of migrants at 4,551,049 (Vapattanawong et al., 2016).

Given the limited earnings and low education of these migrants, seeking health services for disease prevention, especially in the area of sexual, reproductive, maternal and child health, is often neglected. Additionally, the low-level access to health services in these health areas of migrant workers is hampered by other barriers, including language, socio-economic status of migrants, and attitudes of health service providers (Yimyam, 2012).

In September 2016, the WHO Regional Office for Europe adopted the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region, which set out key priorities/strategic areas. The Strategy and Action Plan emphasized the importance of improving the health of the most vulnerable, including children and pregnant women, and prioritized issues related to sexual and reproductive health. In 2017, this was followed by the endorsement of a resolution on the health of refugees and migrants by the World Health Assembly (World Health Organization, 2016).

On the basis of human rights, the Thai government has put in place the Civil Registration Act (amendment No. 2) B.E. 2551. Its main role is to grant birth certificates to migrant children who have been born in the Kingdom. The acquisition of the birth certificate can guarantee that migrant children are eligible for essential social services.

Besides, Thailand has made great progress toward Universal Health Coverage (UHC) and offers migrants coverage through two mechanisms: the Social Security Scheme (SSS) and the Migrant Health Insurance Scheme (MHIS). Documented migrants in the formal economy can use the SSS, which is funded by contributions from the employee, employer, and government (Harkins, 2019). However, since the enforcement of the Act in 2008, only a few have

obtained such a legal document. Addressing migrant health in any country is a complicated task as efforts always operate in a highly political sphere; these political influences ultimately shape the laws and regulations around the design of the healthcare system. Especially, providing health care for undocumented/illegal migrants is therefore an even more complex and sensitive matter (Pudpong et al., 2019).

To resolve the issue concerning the low rate of obtaining birth registration by migrant children in Thailand, the EU grant project "Empowering Civil Society for the Protection of Migrants Children (ECPMC)" is implemented by the World Vision Foundation of Thailand (WVFT) in collaboration with World Vision UK and the Foundation of the Rural Youth (FRY) conducted the ECPMC project from February 2016 to January 2019. The ECPMC project focuses to implement at 3 target locations of 2 major migrants' transit locations at Ranong and Mae Sot in Tak province and one of the destination locations at Chumpon province.

One of the main objectives of the ECPMC project was to increase the number of recorded birth registrations in Chumporn, Ranong and Tak provinces. The project team engaged with relevant stakeholders at local, provincial and national levels from the beginning to ensure that migrant communities were aware of the rights related to birth registration of their children, which would eventually translate into actions to obtain it. Although the ECPMC project was composed of multiple components, this study focused on the one dealing with birth registration and how it affected maternal and child health. This study analyzed key drivers and barriers in obtaining birth registration of migrant children in Thailand under the ECPMC project and to what extent the process of birth registration influenced access to health services of migrant pregnant women, mothers and children.

2. Method

Two external evaluations of the project, at the baseline and endline, were carried out. The Institute of Population and Social Research, Mahidol University, was contracted for the evaluations. The baseline survey was undertaken in late 2016 while the endline was from February to May 2019. This study mainly used the results of the endline evaluation. However, to a lesser extent, results of the baseline evaluation were

considered to compare differences before and after project implementation.

For the endline evaluation, a mixed method approach was employed for data collection. Mainly, the quantitative data on birth registrations were obtained from a database recording birth registration cases during the project. The evaluation team collected qualitative data from 93 informants, including 10 focus group discussions, 53 in-depth interviews with beneficiaries, CBOs, stakeholders, project team members, and partner organizations and multiple on-site observations. When necessary, documentation from different sources, such as project progress reports, and meeting notes were analyzed to supplement the quantitative and qualitative data.

The quantitative data of birth registrations were analyzed to provide descriptive details. Transcripts of interviews, discussions, observations and field notes were analyzed to systematically obtain themes and generate insights based mainly on a deductive approach against the evaluation questions.

3. Findings

Mainly, the quantitative data on birth registrations were obtained based on a database of the number of birth registration cases recorded over the project period.

The qualitative methods include focus group discussions, in-depth interviews and on-site observations with beneficiaries, community-based organizations (CBOs), stakeholders, project team members, and partner organizations. Analytical techniques, including systematic organization and thematic analysis, were used for synthesizing the qualitative data. Results are presented in two main sub-sections, firstly based on the database of birth registrations recorded by the project, the overall success rate of birth registrations in migrant children aged less than one year was 99.77% over the project period, accounting for an increase of 37% compared to the baseline and secondly presenting the results from the thematic analysis.

With the overall success rate of birth registration, there were 513 migrant children aged 0–15 with birth registrations in the three target areas. These children were those that successfully gained birth registrations from 2016 to 2018. This number of children accounted for 99.6% of the total number of 515 migrant children that the project team and the Civil Society Organizations (CSOs) involved in the process of the application of birth registration identified as shown in Table 1.

Table 1. Number of migrant children aged 0–15 who succeeded and failed to receive birth registrations in the target areas over the project period 2016–2018

Site	2016		2017		2018*		2016–2018	
	S	F	S	F	S	F	S	F
Chumphon**	17	0	53	0	133	0	203 (100%)	0 (0%)
Mae Sot	0	0	13	2	79	0	92 (97.9%)	2 (2.2%)
Ranong	0	0	23	0	199	0	215 (100%)	0
Total	17	0	89	2	411	0	513 (99.6%)	2 (0.4%)

* The number of cases in 2018 includes those that received birth registrations in January 2019.

** The number of children with birth registration in Chumphon each year was aggregated from the evidence of birth registration. The number of children with birth registrations each year in Mae Sot and Ranong was extracted from the Community Voice and Engagement (CVE) database.

Among the migrant children with birth registrations, the majority were newly born and aged less than 1 year, which accounted for 99.61% (Table 2). The success

rates of birth registrations in migrant children aged less than 1 and 1–15 were 99.77% and 98.67%, respectively, over the project period.

Table 2. The number of migrant children and percentage by age who succeeded and failed to receive birth registrations in the three target areas over the project period of 2016–2018*

Site	< 1 year		> = 1 year		0–15 years	
	S	F	S	F	S	F
Chumphon**	176	0	27	0	203	0
Mae Sot	92	1	0	1	92	2
Ranong	168	0	47	0	215	0
Total	436 (99.77%)	1 (0.23%)	74 (98.67%)	1 (1.33%)	510 (99.61%)	2 (0.39%)

* The number of cases in 2018 includes those that received birth registrations in January 2019.

** The number of children with birth registration in Chumphon each year was aggregated from the evidence of birth registration. The number of children with birth registrations each year in Mae Sot and Ranong was extracted from the Community Voice and Engagement (CVE) database.

In August 2016, a baseline study was undertaken in the three target areas to collect primary data regarding birth registrations through a questionnaire survey and to collect secondary data on birth registrations derived from records of local hospitals and administrative authorities, including municipalities and district offices (Chamchan et al., 2017).

The average percentage of birth registrations in Chumphon and Mae Sot derived from secondary data was calculated by taking an average percentage derived from two sources of secondary data in Mae Sot $((90.6+95)/2 = 92.8)$ and subsequently averaging it with that from Chumphon $((92.8+67)/2 = 79.9)$. Finally, the average percentage of birth registrations in the three

areas was calculated using the 45% of Ranong, which is the mean of 40%-50% of the range of percentage of birth registrations in Ranong and was averaged with 79.9% from the two areas as explained. Therefore, the average percentage of the three areas stands at 62.45% $((79.9+45)/2)$.

As shown in Table 3, based on the result of primary data in the three locations, the average percentage of birth registration in migrant children aged less than 1 year at the baseline was 69.1%, which was lower than that of migrant children aged above 1 year. When using the secondary data, the percentage of birth registrations at the combined age was 71.67%, which is slightly lower than that of migrant children aged above 1 year (76.83%) based on primary data.

Table 3. Percent of birth registrations in migrant children in August 2016 based on primary and secondary data derived from baseline study

Site	Primary data		Secondary data
	< 1 year	0-15 years	
Chumphon	69.4%	57.1%	67% in Pak Nam Chumphon district No baseline in Pak Nam Lang Suan district
Mae Sot	90.0%	81.0%	90.6% at Mae Sot Hospital 95% at Mae Tao Clinic
Ranong	76.9%	71.5%	40%-50% in Ranong hospital
Average percentage	78.77%	69.87%	62.45%*

* Adapted from Chamchan et al. (2017)

In terms of birth registration, the project targeted more recorded births registered at the District Office in the target area. The success rate of birth registration among migrant children aged less than one year was 99.77% over the project period (Table 4). At the baseline, based on the result of primary data in the three locations, the average percentage of birth registration in migrant children aged less than one year was 69.1%. Hence, comparing the success rate between the endline and the baseline, there was a 30.67% increase in birth registrations over the project period.

Table 4. Migrant children aged 0-1 who succeeded and failed to receive birth registration in the target areas from 2016–2018

Site	Succeeded	Failed
Chumphon	176	0
Mae Sot	92	1
Ranong	168	0
Total	436 (99.77%)	1 (0.23%)

For the qualitative part of data collection, the present participant characteristics in Tables 5 and 6 show the type of stakeholders by the project site. Key drivers and barriers in obtaining birth registrations of migrant children were centered around the increase of awareness and knowledge on reproductive health, antenatal care and safe deliveries of migrant women provided by Community-Based Organization (CBO) and local hospitals. Enabling pregnant women to

receive services of antenatal care at local hospitals was a crucial step to ensure that they obtained a birth record from the hospital, which is one of the important documents required for the process of birth registration.

Table 5. Characteristics of focus group participants (n = 93)

Participants	(n = 93)	%
Age		
Median age, years (range)	40 years	16 - 70 years
Under 20 years	4	4.3
20 - 29 years	13	14.0
30 - 39 years	21	22.6
40 - 49 years	18	19.4
50 - 59 years	33	35.5
60 years and over	4	4.3
Sex		
Male	19	20.4
Female	74	79.6
Nationality		
Thai	37	39.8
Myanmar	56	60.2

Table 6. Types of stakeholders by the project sites

Sites Stakeholders	Ranong	Chum Phon	Mae Sot	Total
In-depth interview				
CSOs	2	0	3	5
Local authorities	1	2	1	4
Health practitioners	3	1	3	7
Thai School administrators	1	1	1	3
MLC teachers	1	1	1	3
Entrepreneurs	1	1	0	2
Village leaders	1	3	1	5
PC and FSN	2	2	3	7
Female migrants	2	2	12	16
Total	14	13	25	52
Focus group discussion				
CBOs	4	2	4	10
Migrants and families	2	1	0	3
Total	6	3	4	13

This is evident by the quote below based on an interview with a health practitioner in Mae Sot, Tak:

They (migrant people) probably do not know why the birth record is important, why they have to keep it; it is useless in their country. Some of them do not understand; some do not have the capacity to go to the registration office because they think that they do not have any evidence. They are in fear of being captured and they fail to communicate (Health practitioner, male, Mae Sot).

Two themes emerged from the qualitative analysis indicate a reduction in barriers, because of the project implementation, in relation to attitudes of health service providers and language used to communicate between migrants and government officials.

These are supplemented by other obstacles faced in registering cross-border births, such as the following:

The birth certificate and application to register the birth require different information, which must be entered in Thai. These lead to problems in spelling the parents' names (e.g., transliterating from Burmese to Thai), which may be different from the spelling in other

supporting documents of the parents (i.e. passport, work permit, Registration Card) (CSOs, male, Mae Sot).

Most registrars' offices do not have an interpreter to facilitate communication with the migrants. Sometimes the parents have not named the newborn and, in some cases, the registrar assigns a proxy name. This could become problematic later on if the name of the child is contradictory (Local authorities, female, Ranong).

The data from interviews show a healthy relationship among local Thai people, particularly village health volunteers, who also act as a Community-Based Organization (CBO), to be more sympathetic toward the migrants in the area.

Before I am a CBO here, I did not know anything. They wanted to give birth to a baby at home or a hospital, it was their own business. Until I became a CBO, I had helped them. After giving birth in the hospital, I let them go to the registration office. I could help them much (Thai CBO, female, Chumphon).

At that time, about the birth registration, I did not get it. It was not very strict, so some babies newly born were registered, but some were not. I became to be clear when I had participated right here. All children must have a birth certificate (Village leader, male, Chumphon).

This partly helps explain an increase in the number of pregnant migrant women visiting the local hospitals to receive antenatal care during the project period. For the language barrier, interviews given by local authorities and migrant communities suggest that the project staff of the World Vision Foundation of Thailand (WVFT) and Community-Based Organization (CBO) members was regarded as mediators between them and assistants in helping them having better communication for the needs of both the sides required for the process of birth registration.

He himself kept understanding that when giving a birth at the Mae Tao clinic and then receiving a birth record that was completed. When the three groups of the CBOs were launching, he had gained more knowledge that it (birth registration process) was not yet completed. He had to take this document to the district office, then obtain a birth certificate (Myanmar, male, Mae Sot).

We began to aware and paid attention to this matter when our staff gave birth to her baby, but we had no knowledge about registering a birth within 15 days. So, she definitely lost her basic right. Later, we took her to make a late registration for her baby at the district office. Right now, not getting it yet, it took a very long time. This is because of the queue, internal management. In the second case, it also occurred to our staff. This time, we have known how to do it, so we took her to the district office. It was done very quickly, just within a day (Thai CSO, Female, Mae Sot).

4. Conclusion

Over the project period, there was an increase of 37% in birth registrations of children aged less than one

year. Enabling pregnant women to receive services of antenatal care at local hospitals was a crucial step to ensure that they obtained a birth certificate from the hospital, which is one of the important documents required for the process of birth registration. This knowledge can be used to shape services and to provide patients with information they can use when deciding where to give birth. The barriers to the process of birth registration of migrant children in Thailand, which is specific to migrants and healthcare institutions, may initiate developing processes to help obtain documentation for migrant pregnant women and newborns. These barriers include communication between registrars and migrants, lack of knowledge on the birth registration process, and benefits gained from having a birth registration. Having Community-Based Organization (CBO) on-site as facilitators was identified as one of the success factors to acquire birth registrations. The health sector played an imperative role in the pathway of birth registration in Thailand. This improved maternal and child health of the migrant communities in the areas.

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