

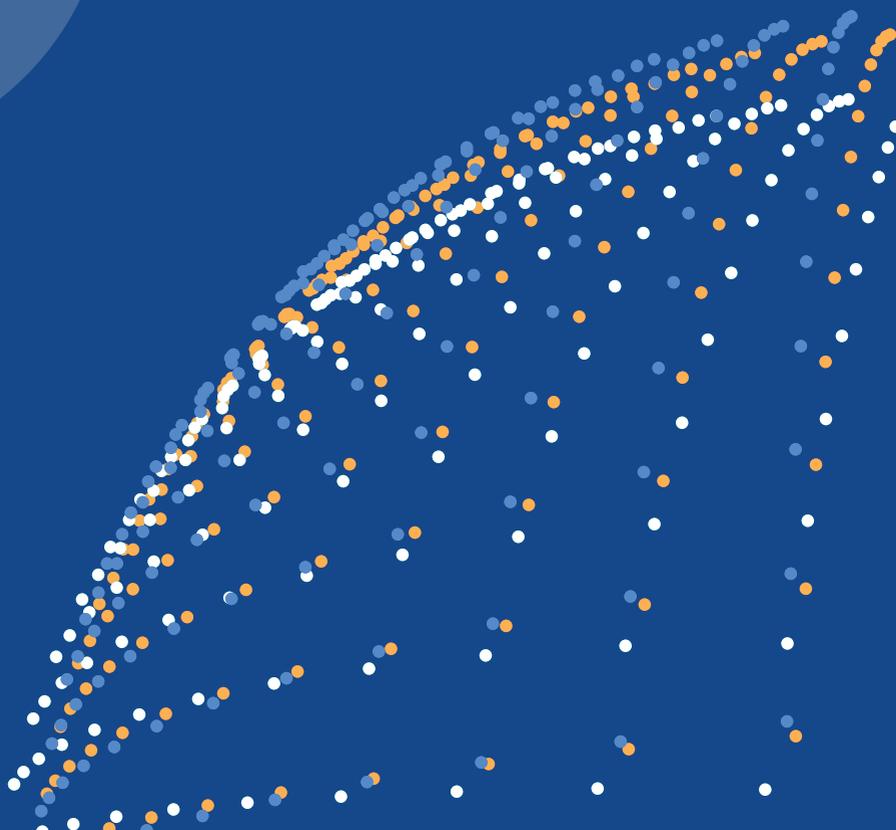


Mahidol University  
Institute for Population  
and Social Research

The 16<sup>th</sup> Thailand National Conference  
on Population and Society 2022

# C VID-19

**Resilience and Opportunity**  
of Population and Society





Mahidol University  
Institute for Population  
and Social Research





Mahidol University  
Institute for Population  
and Social Research

# COVID-19

## Resilience and Opportunity of Population and Society

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The 16<sup>th</sup> Thailand National Conference  
on Population and Society 2022

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## Forward

Over the past two years (2020-2022), Thailand has been faced with the spread of COVID-19. This outbreak has brought about changes and adaptation among the Thai population and Thai society in many dimensions to deal with the COVID-19 impact. On the one hand, we may recognize that COVID-19 may be a “crisis” that leads to negative effects and difficulties in life and happiness of Thai people in every dimension. Still, on the other hand, every crisis comes with an “opportunity,” depending on whether we can adjust and seize the opportunity hidden in that crisis.

The 16th Thailand National Conference on Population and Society 2022, organized by the Institute for Population and Social Research (IPSR), Mahidol University, with the theme “COVID-19 Resilience and Opportunity of Population and Society,” is aimed at synthesizing and disseminating knowledge, academic perceptions, and significant findings regarding population and social dimensions that the COVID-19 crisis has impacted, and projecting the resilience and opportunity of Thai people and society.



This academic document includes research briefs presented at the 16th Thailand National Conference on Population and Society 2022 that covers six research clusters: 1) Thai society and the changes in population and family; 2) population aging; 3) sexuality, gender, reproductive health, and HIV/AIDS; 4) population, environment, and health; 5) migration, urbanization and labor; and 6) research methodology, monitoring, and evaluation.

On behalf of IPSR, I would like to sincerely thank the faculty, researchers, and supporting personnel who were involved in the preparation and compilation of the content of this document. I especially thank Associate Professor Dr. Chalernpol Chamchan, chair of the organizing committee, the chairs and members of the six research clusters, and all experts who kindly provided valuable comments and suggestions for improving the context of each article. Thank everyone for supporting and cooperating in making this conference and document successful.

The Institute for Population and Social Research (IPSR) is proud of the academic achievement of this document. We sincerely hope that the 16th Thailand National Conference on Population and Society 2022, "COVID-19 Resilience and Opportunity of Population and Society," and all content provided in this document will benefit the academic circle, researchers, students, and practitioners, especially all Thai people.



Associate Professor Dr. Aree Jampaklay  
Institute for Population and Social Research (IPSR)



# Conference Program

## The 16<sup>th</sup> Thailand National Conference on Population and Society | 2022

8:30 - 9:00  
9:00 - 9:15

- Registration
- Briefing of the Conference
  - Assoc. Prof. Dr. Aree Jampaklay  
Director of Institute for Population and Social Research, Mahidol University
- Opening Ceremony
  - Prof. Banchong Mahaisavariya, M.D.  
President of Mahidol University

9:15 - 10:30

- Roundtable Seminar:  
**Population and Social Research in the Post COVID-19**
- Speakers:
  1. Dr. Wiparat De-ong,  
Director of the National Research Council of Thailand
  2. Dr. Prakasit Kayasith  
Deputy CEO, Thai Health Promotion Foundation
  3. Dr. Poomsaran Thongliamnak  
Education Economist, Equitable Education Fund
  4. Asst. Prof. Dr. Phrae Sirisakdamkoeng  
Deputy Director of the SRI Development Division for Society, Environment,  
Area Management, and Inequality Combat (O-Inclusiveness),  
Thailand Science Research and Innovation

10:30 - 10:40  
10:40 - 11:20

- Break
- **Impact of COVID-19 in Thai Population and Society**
- Presenters:
  1. Prof. Dr. Patama Vapattanawong
  2. Assoc. Prof. Dr. Bhubate Samutachak
  3. Lect. Dr. Dyah Anantalia Widyastari

11:20 - 12:00

- **Perspectives on Sex and Gender in Research During the COVID-19 Pandemic**
- Presenters:
 

1. Asst. Prof. Dr. Dusita Phuengsamran	3. Mr. Naphat Krutthai
2. Acting Sub Lieutenant Niphon Darawuttimaprakon	4. Mr. Phongsak Sakulthaksin

12:00 - 13:00  
13:00 - 13:50

- Lunch
- **Equity and Thailand's Aging Society in the COVID-19 Era**
- Presenters:
  1. Assoc. Prof. Dr. Tawanchai Jirapramukpitak, MD
  2. Assoc. Prof. Dr. Sutthida Chuanwan
  3. Lect. Dr. Napaphat Satchanawakul
  4. Assoc. Prof. Dr. Jongjit Rittirong
  5. Lect. Dr. Truc Ngoc Hoang Dang

13:50 - 14:30

- **Replacement Migration Policy: Migration Management and Pathway to Residency and Thai Citizenship**
- Presenters:
  1. Emeritus Prof. Dr. Aphichat Chamratrithirong
  2. Assoc. Prof. Dr. Chalernpol Chamchan
  3. Assoc. Prof. Dr. Sureeporn Punpuing
  4. Assoc. Prof. Dr. Sudarat Musikawong
  5. Asst. Prof. Dr. Sakkarin Niyomsilpa

14:30 - 14:40  
14:40 - 15:30

- Break
- **Eat, Live, and Body Movement: New Normal in the COVID-19 Crisis**
- Presenters:
  1. Lect. Dr. Burathep Chokthananukul
  2. Asst. Prof. Dr. Piyawat Katewongsa
  3. Ms. Natjera Thongcharoenchupong

15:30 - 16:10

- **Adaptation of Social Science Research Methodologies in the Era of COVID-19**
- Presenters:
  1. Assoc. Prof. Dr. Manasigan Kanchanachitra
  2. Mr. Danusorn Potharin
  3. Lect. Dr. Truc Ngoc Hoang Dang

16:10 - 16:30

- Conference Summary and Closing Remarks

## ● Roundtable Seminar: **Population and Social Research in Post COVID-19**



Dr. Wiparat De-ong,  
Director of the National Research  
Council of Thailand (NRCT)



Dr. Prakasit Kayasith  
Deputy CEO, Thai Health  
Promotion Foundation



Dr. Poomsaran Thongliamnak  
Education Economist,  
Equitable Education Fund



Asst. Prof. Dr. Phrae Sirisakdamkoeng  
Deputy Director of the SRI Development  
Division for Society, Environment,  
Area Management, and Inequality Combat  
(O-Inclusiveness)  
Thailand Science Research and Innovation

### Moderator:



Assoc. Prof. Dr. Suchada Thaweessit  
Deputy Director for Research,  
Finance, and Procurement

### ● 6 Highlights Presenters:



Prof. Dr. Patama  
Vapattanawong



Assoc. Prof. Dr. Bhubate  
Samutachak



Lect. Dr. Dyah  
Anantalia Widyastari



Asst. Prof. Dr. Dusita  
Phuengsamran



Acting Sub Lieutenant Niphon  
Darawuttimaprakorn



Mr. Naphat Krutthai



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Assoc. Prof. Dr.  
Jongjit Rittirong



Lect. Dr. Truc Ngoc  
Hoang Dang



Emeritus Prof. Dr. Aphichat  
Chamratthirong



Assoc. Prof. Dr.  
Chalermpol Chamchan



Assoc. Prof. Dr.  
Sureeporn Punpuing



Assoc. Prof. Dr. Sudarat  
Musikawong



Asst. Prof. Dr.  
Sakkarin Niyomsilpa



Lect. Dr. Burathep  
Chokthananukul



Asst. Prof. Dr.  
Piyawat Katewongs



Ms. Natjera  
Thongcharoenchupong



Assoc. Prof. Dr.  
Manasigan Kanchanachitra



Mr. Danusorn  
Potharin

### Moderators:



Asst. Prof. Dr.  
Kanokwan Tharawan



Assoc. Prof. Dr.  
Sutthida Chuanwan



Lect. Dr. Napaphat  
Satchanawakul



Asst. Prof. Dr. Dusita  
Phuengsamran



Lect. Dr. Sarunya  
Sujaritpong, DVM



Asst. Prof. Dr.  
Sakkarin Niyomsilpa



Asst. Prof. Dr. Pojjana  
Hunchangsih

# | Key Message

## Impact of COVID-19 in Thai Population and Society

“Resilience in response to the impacts of COVID-19 in Thai population and society depends on the government’s perceived sensitivity to the potential problems. These challenges include changes in the overall population structure and behaviors of the population at the individual level. The Thai government needs to design policies to support and respond to the anticipated changes that are looming. These include the rapid ageing of the population, declining fertility, and shortages in the working-age population. There is little time to waste in addressing these challenges. The need for change is an opportunity for governments to focus on developing the population quality dimension to replace the declining quantity, and implement policies to enhance the potential of the population to be able to cope and have a quality lifestyles in a new normal that may be fraught with volatility and rapid, unpredictable change.”

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## The Gender Dimensions Perspectives from Research During the COVID-19 Pandemic

“ The social mobilization activity during the COVID-19 pandemic in Thailand that vastly attracted public attention was the advocacy for rights of the sexually diverse groups. This movement opens the eyes of society to the reality of the sexually diverse in its midst. The survey of IPSR during the period of pandemic spread of COVID-19 generated data which shine a spotlight on the sexual diversity, as well as demonstrate how the “gender dimension” is a complex concept. The lack of precision and thoroughness in research, understanding, including acknowledging the reality of gender diversity of the population, can be a hindrance to the formulation of appropriate laws, policies, services, and social protections for the sexually diverse groups of the population. ”

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## Equity and Thailand's Ageing Society in the COVID-19 Era

" While Thai society is trying to speed up recovery from the COVID-19 crisis, both the government and social sectors should use this opportunity to promote fair access to essential services of older persons through the use of digital technology that is user-friendly and inclusive to people of all ages. This includes accelerating preparations and education in terms of the economy, health, and social participation for the group of people who are about to become "future older persons" who may have different expectations and lifestyles from the current cohort of older persons. "

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## Replacement Migration Policy: Migration Management and Pathway to Residency and Thai Citizenship

" Although the COVID-19 pandemic is certainly a health and socio-economic crisis of mammoth proportions, the calamity has required the government, private sector, and the public to adapt and adjust their way of thinking, perhaps leading to a paradigm shift in certain areas. For example, COVID-19 has forced a re-examination of immigration law and policies around the world. One dimension of this re-think is the concept of "replacement migrant" to fill gaps caused by the dwindling numbers of indigenous working-age men and women in ageing societies. Thailand could develop a social participatory process and a proper migration management for different groups of population, e.g., stateless persons, migrant workers and their children, refugees, and long-stay foreigners. Therefore, replacement migration policy, migration management, and pathway to residency and Thai citizenship could be the instruments that create opportunity and revitalize Thailand after the pandemic. "

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## Eat, Live and Body Movement: New Normal in the COVID-19 Crisis

“The COVID-19 epidemic has created significant disparities in sufficient physical activity and food security across the spectrum of the Thai population, but especially the lower-income, older persons and the unemployed. In addition, among persons age 60 years or older, there was also severe food insecurity, particularly those age 80 years or over, living in the Northeastern region, with less education, and in debt. It is imperative that the government and other stakeholders place greater priority on introducing policies and mechanisms to support this vulnerable population to adapt so there is less inequality with other population groups, as that will have a positive effect on the revival of the country, and allow society to adapt to the ‘new normal’ lifestyle faster. ”

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## Adaptation of Social Science Research Methodologies in the Era of COVID-19

“The COVID-19 crisis has become a catalyst for a major adjustment in academia, forcing researchers to adapt and find new approaches to continuously create quality research. In recovering from the destruction and restrictions of COVID-19 pandemic, the important things researchers need to consider include maintaining the quality of research, research ethics, and the risk of increased inequality during a pandemic. Accordingly, researchers should use the COVID-19 crisis as an opportunity to increase quality and efficiency of research, including practicing flexibility and adaptation in the event of such a calamity. There should be a constant critical reflection process to be able to verify the correctness of a chosen research methodology in conducting further quality research. ”

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01

# Impact of COVID-19 in Thai Population and Society

Research cluster 1 :  
Society, Population and Family Changes



# Resilience in response to the impacts of COVID-19

## Introduction

The changing demographic structure of Thailand toward becoming a “complete aged society” has been widely discussed. However, the sudden advent of COVID-19 in late 2019 pushed the issue of the ageing society to a lower priority agenda. Instead, the country focused on the daily COVID-19 case counts, the harsh government containment measures, as well as the anxiety and fear of an invisible, lethal pathogen spreading throughout the country. At the societal level, many people might think that the demographic impact of COVID-19 will be in terms of excess mortality.

However, in reality, there is a more important phenomenon that is only being exacerbated by the pandemic and uncertainty about the future, i.e., the declining number of births, which is an even more powerful catalyst of demographic change. Looking at Figures 1 and 2, it can be seen that the number of births in Thailand has continued to decline over the past decade, from over 800,000 per year in 2012 to below 600,000 in 2020. What is more, in 2020-21, there was a significant demographic milestone when, for the first time in recorded Thai history, the number of deaths exceeded the number of births. As a result, the natural population growth rate became negative (-0.03 in 2021).

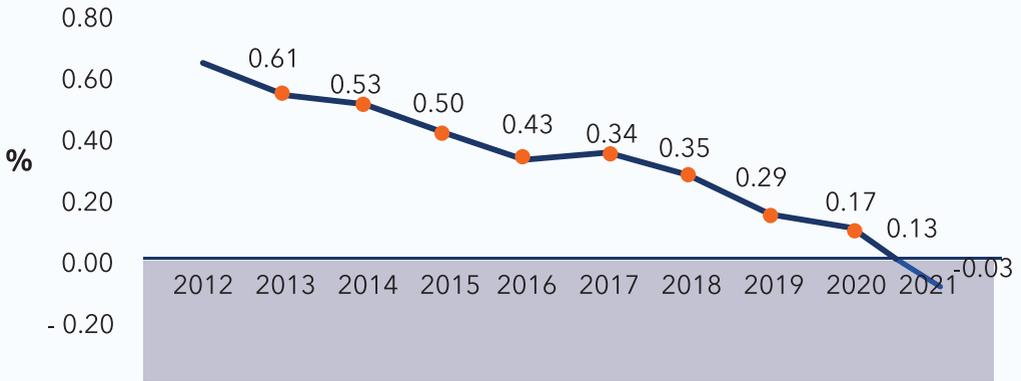


Figure 1: Natural Population Growth Rate of Thailand: 2012-2021

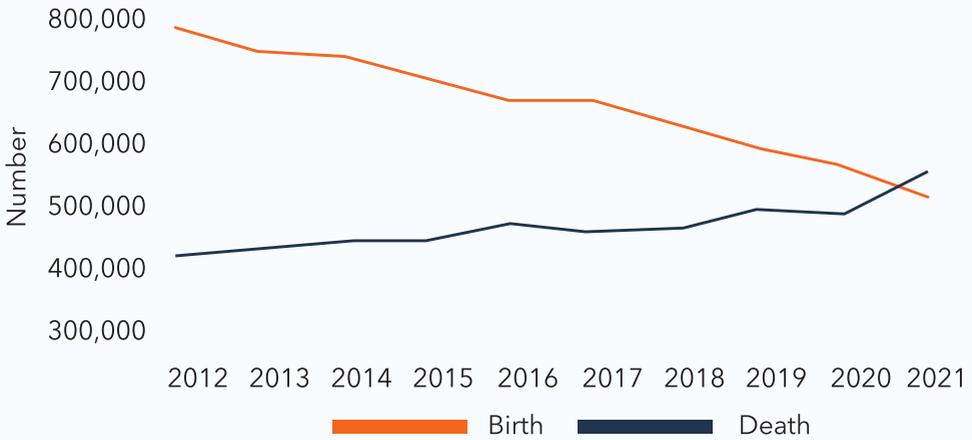


Figure 2: Number of Births and Deaths in Thailand: 2012-2021

Such massive changes in the vital statistics of the country directly affect the change in the age-sex structure of the population. This can be dramatically portrayed through a time series of population pyramids over the past 50 years. In 1970, the shape of the pyramid had a wide base and narrow spire. This reflected the fact that the proportion of the childhood and younger population was greater than all the older segments. However, in just 50 years, the population structure of Thailand has totally transformed, from a young society to a rapidly ageing population.

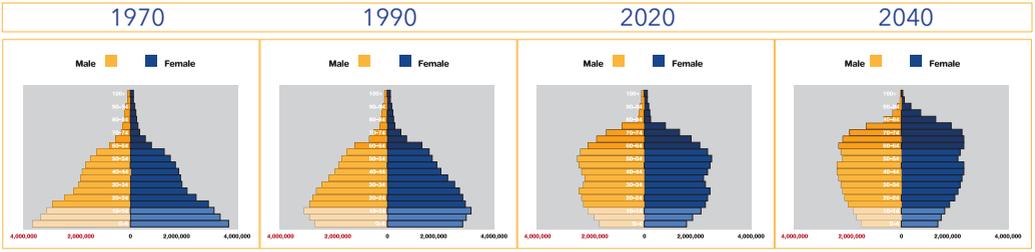


Figure 3: Thai Population Pyramids: 1970, 1990, 2020, and 2040

Sources: 1970 and 1990 Population Pyramids are based on data from the 1970 and 1990 Population and Housing Census, National Statistical Office; The 2020 and 2040 Population Pyramids are based on population projections for 2010-2040 (Revised Edition), NESDB

## When deaths exceed births

“In 2021, there were approximately 540,000 Thai newborns, or only half the number of children born 50 years ago, showing that the number of live births is at a record low. Furthermore, 2021 will be the first year when Thailand records fewer births than deaths. In 2021, the number of deaths was 560,000, which means that Thailand had a negative increase in the population of births and deaths for the first time in recorded history.” Emeritus Professor, Dr. Pramote Prasartkul (IsaraNews Agency, 2022).

This unusually low fertility situation is a phenomenon that is occurring in many countries around the world, not just Thailand. Even UNICEF made a bold statement with its December 2021 report, titled “Preventing a lost decade: urgent action to reverse the devastating impact of COVID-19 on children and young people.” That report observed that the COVID-19 pandemic has hindered progress in many areas that had accumulated over the decades. COVID-19 has severely affected children and has become one of the worst calamities in UNICEF’s 75-year history by worsening the situation of poverty, ill-health, poor access to education, malnutrition, child abuse, and deterioration of the mental health of children around the world (UNICEF, 2021).

## Who is most affected - those who are unable to take care of themselves

The devastation is the same for Thailand. The current generation of Thai children and youth are having their futures truncated. It is increasingly hard for them to see a path to a prosperous future through self-determination. They did not choose to be born into this world, or have their destiny imposed upon them. For this reason, this article summarizes three research studies that reflect the impact of COVID-19 on the adaptation and coping behavior of children and youth. The first article presents an example of how adolescents can adapt to COVID-19 and practice preventive behaviors. The second feature explores the effects of adaptation and the impact of online learning on health behaviors among children and youth. Increased screen-time among Thai youth is an issue that has been widely debated, particularly regarding its deleterious impact in various dimensions. Finally, the third piece reflects upon the impact of COVID-19 on the mental health of children and youth, and how this vulnerable population receives care and services. The data from the three studies will help to determine the impact on the population that is expected to be the future focus for national development, especially during a time when the Thai population is starting to decline in size.

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- UNICEF. (2021). Preventing a lost decade: Urgent action to reverse the devastating impact of COVID-19 on children and young people. (<https://www.unicef.org/reports/unicef-75-preventing-a-lost-decade> Retrieved May 20, 2022).

# Adapting to a world full of COVID-19 by adolescents aged 13-18 years

One group that is taking measures to prevent COVID-19 infection.  
How well can they do it?<sup>1</sup>

Patama Vapattanawong, Aree Jampaklay, Aksarapak Lucktong, Kasama Yakoh

---

With the sudden explosion of the COVID-19 pandemic around the world, governments and agencies initially conducted public information campaigns to instruct people to strictly follow measures to prevent infection, e.g., by sheltering in place, practicing social distancing, wearing a sanitary mask when in public, and practicing rigorous hand hygiene throughout the day. These guidelines can become habitual if seen to be effective and reinforced over time. However, one of the interesting aspects of this prevention effort is how it affects and is interpreted by the population of children and youth. Childhood and adolescents are periods of seeking fun with peers, and wanting to live independently. Thus, the question is how well this group of the population can or will adhere to the COVID-prevention guidelines, especially when they are out of the watchful eyes of parents, guardians, and teachers. The data for this study is drawn from the research project on ***“The long-term impact of diverse parental migration experiences on transition to adolescent: A case study of Thailand”*** That study surveyed a population of youth age 13-18 years, and the questionnaire included eleven questions on prevention of COVID-19. The following are some highlights of the findings.



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<sup>1</sup> This is part of the research project on “The long-term impact of diverse parental migration experiences on transition to adolescent: A case study of Thailand” funded by the National Research Council of Thailand 2020. The study population was 387 adolescents age 13-18 years. The study looked at compliance with COVID-19 prevention measures in two periods. The first period is between March and June 2020, and the second period is from January to October 2021. The target adolescents studied were the original target audience of the Child Health and Migrant Parents in South-East Asia Project, carried out in 2008 (through follow-up with the original households in that study).

## Findings

The eleven questions related to COVID-19 can be divided into two groups: behaviors that should be avoided, and behaviors that should be practiced, especially during outbreaks (Table 1). The survey found that, in terms of behaviors that should be avoided - e.g., participating in group activities or socializing, touching a patient with cold/flu symptoms, entering a crowd or crowded place, and travel to an endemic area - only 18.1, 3.1, 17.3 and 4.7%, respectively, of the sample reported practicing these behaviors initially. The percentage of target adolescents who continued to engage in these risk behaviors later actually **increased** across all indicators.

For behaviors that should be practiced, more than 90% wore a sanitary face mask each time when in public (96.9%), chose hot or freshly-cooked food (92.3%), washed their hands often with soap, alcohol gel, or alcohol spray after frequent exposure to risk surfaces (91.5%), and separated personal belongings and did not share things with others unnecessarily (90.7%). Fully 80.4% of the sample of adolescents socially distanced when in public or in groups, 76.0% only left the house or used public transport when necessary, and 75.7% avoided touching their face, eyes, mouth, nose, or ears unnecessarily. The prevalence of all of these essential prevention behaviors **declined** during the latter part of the pandemic. That trend reflects “prevention fatigue” that has been reported in many parts of the world, especially for younger populations who feel healthy and immune to the virus.

When classified by gender, male adolescents practiced less COVID-19 prevention than their female counterparts for all behaviors (see Table 1).

Table 1: Adolescent Risk Behavior and Prevention Behavior for COVID-19 by Sex (%)

Behavior	Male			Female			Total		
	1 <sup>st</sup> period	Latter period	Risk	1 <sup>st</sup> period	Latter period	Risk	1 <sup>st</sup> period	Latter period	Risk
	Participating in group/social gatherings	22.0	43.6	↑	14.4	36.8	↑	18.1	40.1
Touching a patient with cold/flu symptoms	4.8	5.9	↑	1.5	2.5	↑	3.1	4.1	↑
Entering a crowded place or where there are a lot of people	18.3	37.1	↑	16.4	38.5	↑	17.3	37.7	↑
Traveling to an endemic area	5.9	7.5	↑	3.5	2.5	↓	4.7	4.9	↑
Washing hands often with soap, alcohol gel or alcohol spray, after regularly touching the risk surfaces	91.4	85.0	↑	91.5	91.0	↑	91.5	88.1	↑
Avoiding touching face, eyes, mouth, nose ears with hands unnecessarily	71.0	67.2	↑	80.1	77.1	↑	75.7	72.4	↑
Wearing a sanitary face mask / cloth mask every time going out in public	94.6	83.3	↑	99.0	92.0	↑	96.9	87.9	↑
Keeping social distance, staying more than 1-2 meters away from others in public	74.2	56.5	↑	86.1	66.7	↑	80.4	61.8	↑
Leaving the house or using public transport only when necessary.	74.2	72.6	↑	77.6	72.6	↑	76.0	72.6	↑
Separating personal items, not sharing things with others unnecessarily	90.3	86.0	↑	91.0	87.6	↑	90.7	86.8	↑
Choose hot or freshly-cooked food	92.5	90.9	↑	92.0	92.0	↔	92.3	91.5	↑
<b>Number</b>	186			201			387		

Remark: The first period refers to March - June 2020, the latter period denotes January 2021 - October 2021.

The number of COVID-19 prevention behaviors which the target adolescents practiced correctly ranged from three to all eleven indicators in the early stage of the pandemic. In the latter phase of the pandemic, the proportion of adolescents performing a high number of prevention measures declined, and male prevention behavior declined more than their female counterparts (Figure 4).

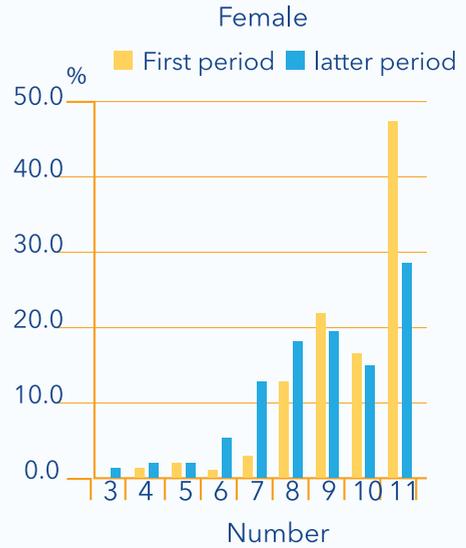
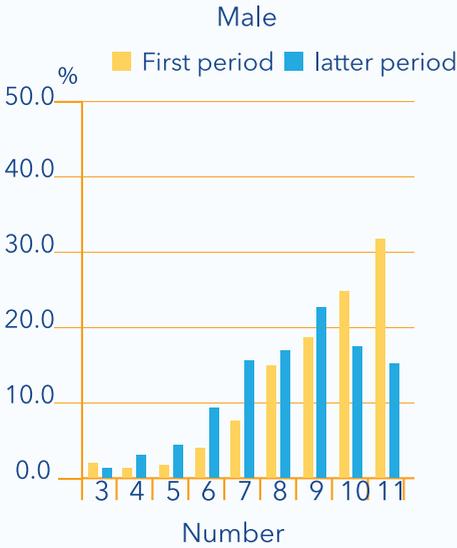


Figure 4: Proportion of the Sample by Number of Appropriate Prevention Behaviors by Sex  
 Remark: The first period refers to March - June 2020, the latter period denotes January 2021 - October 2021.

About half (52.7%) of all target adolescents exhibited worse prevention behavior as the COVID-19 pandemic persisted, while 35.4% maintained the same level of prevention behavior. Only 11.9% of adolescents showed improvement in prevention behavior over the two periods. There were no statistically-significant differences in behavioral changes between the male and female samples.

## Summary

During the COVID-19 pandemic in Thailand, a group of teenagers age 13-18 implemented the recommended prevention measures, but only to a certain extent, and males less than females. What is more, prevention “fatigue” seemed to set in, as the level of prevention behavior for both male and female adolescents declined over time.



# School closure during COVID-19 pandemic

which learning method is the most appropriate for Thai students?<sup>2</sup>

Dyah Anantalia Widyastari, Piyawat Katewongsa

With the containment measures and school closure, there has been an alarming level of anxiety and stress among children and youth. Being restricted in their movement, having to adjust their daily routines and learnings, boredom and loneliness due to lacking peer interaction were documented as the triggers of anxiety (Chaabane et al., 2021; Harjule et al., 2021; Viner et al., 2021). Changes in health-related behavioral patterns (i.e., physical activity (PA), active play, screen time and sleep) were also reported (Bruni et al., 2021; Chaabane et al., 2021; Guo et al., 2021; Lim et al., 2021; Velde et al., 2020). It is true that online learning may be seen as an innovative approach and is considered as the most feasible method of learning during a prolonged national crisis. But is it the most appropriate method for Thai students? Among the available learning alternatives, which one provide more supports and opportunities for Thai children and youth in achieving desired academic and health outcomes?

## Key findings

***During the COVID-19 pandemic, two of three (66.4%) Thai students shifted their learning from traditional classroom to fully online, 6.9% to partially online, 23.6% to handout/written assignment and 3.1% resumed their in-class learning.***

Fully online learning was mostly applied to older students (i.e., secondary students), and those who have adequate and stable internet connection and supporting facilities (i.e., space for online study). For students with limited internet connection, they were provided with free distance learning TV (DLTV) with few other additional methods (i.e., teacher home visit) whenever possible. Handout/written assignments were provided for younger students and those with no internet connection. In-class learning was only being implemented in the area where the COVID-19 had been declared at a safe level.

<sup>2</sup> This article is an excerpt from a published paper Learning Methods During School Closure and Its Correlation with Anxiety and Health Behavior of Thai Students. The full version of this article can be found at: Widyastari, D. A., Kesaro, S., Rasri, N., Saonuam, P., & Katewongsa, P. (2022). *Frontiers in pediatrics*, 10, 815148. <https://doi.org/10.3389/fped.2022.815148>

***About 32.8% of Thai students experienced anxiety of a moderate-to-severe level due to school closures and the implementation of various learning methods.***

With various and frequently changing learning methods being implemented during school closures, Thai children and youth are pressured to make multiple adjustment strategies. Adaptation to staying home orders and new learning deliveries, and the inability to optimally absorb the learning contents have further aggravated the youngsters' acclimatization towards the new lifestyle, and thus, may lead to anxiety.

***School closure-induced anxiety was reported at the highest level among students who attended fully or partially online learning.***

Fully online learning increases the risk of anxiety from 1) the absence of supports and intensive discussion with teachers and peers, particularly on the practical subjects (i.e., math, physics); 2) long duration (5-6 hours a day) of on-screen learning which imposed the students to visual fatigue; 3) increasing load of homework and assignments.

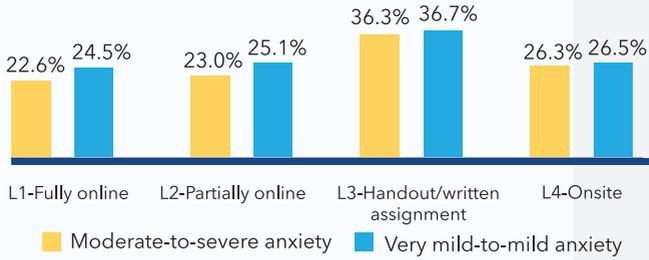
Compared to heavily structured online learning, students who attended in-class learning were 37.8% less likely to report moderate-to-severe anxiety (OR 0.6; p-value 0.021). Attending in-person classes means the students engaged in a full interaction with their teachers and peers, and received adequate support for subjects that require intensive guidance or discussion. Similarly, students who received handout/assignment methods obtained a higher level of flexibility in scheduling their learning and have less anxiety. While traditional class attendance relied heavily on teacher-student interaction, offline distance learning encourages a higher degree of family interaction during scheduling their learning. Receiving adequate support from their immediate family have been identified as protective factors against anxiety during school closure.

### ***School closure-induced anxiety significantly correlated with health-related behavior (PA, active play, screen time, and sleep)***

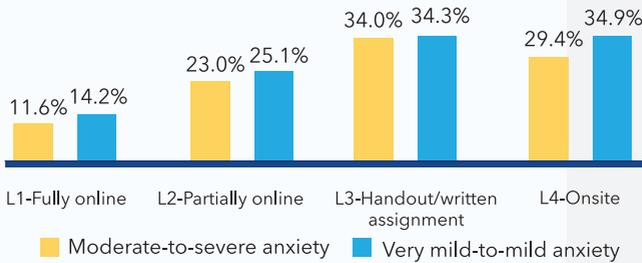
The transition from in-person class attendance to remote learning resulted in a longer screen time ( $\bar{x}$  393 minutes, SD 235, CI 387-399), with the highest duration among those who learned fully online (421 minutes) and partially online (382 minutes). School closures have also changed the students' healthy behavioral patterns i.e., physical activity, active play and sleep. The proportion of students meeting the recommended PA and active play guidelines was lower among individuals with moderate-to-severe level of anxiety. Students with moderate-to-severe level of anxiety were also less likely to comply with the recommended sleeping guideline (OR 0.6; p-value <0.001).

This study also suggested that interaction between learning methods and anxiety should not be neglected since it affects all aspects of healthy behaviors. The highest proportion of meeting 60-minutes PA guidelines was reported among students who received handouts/written assignments and reported mild anxiety. Students who attended in-class learning with only mild level anxiety also have more opportunities to accumulate a higher active play time, as shown in Figure 5.

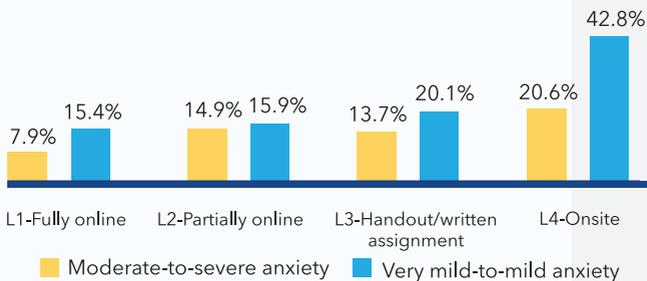
## (Physical activity)



## (Active play)



## (Screen time)



## (Sleep)

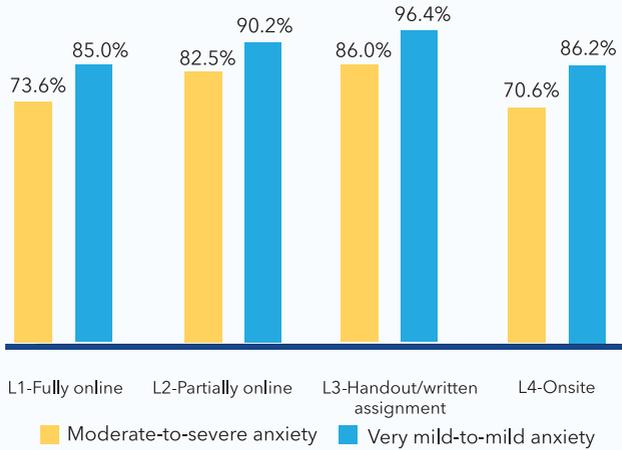


Figure 5: Adjusted Proportional Percentage of Meeting Health Behavior Guidelines by Learning Method and School Closure-induced Anxiety

### Recommendations for policy or practice

Given the undesirable effects of online learning for Thai primary and secondary students, it is necessary to evaluate and redesign the learning methods to prevent aggravated learning loss and adverse health outcomes. Future educational strategies should consider reducing the duration of online learning and provide more opportunities for physically active learning methods in home settings to prevent debilitating anxiety, and to encourage/maintain healthy behavioral patterns. Collaboration between school and family (parents/guardian) should be enhanced to ensure learning programs and activities meeting the expected academic and health outcomes.

### Resilience & opportunity

Although online learning is seen as the most feasible approach as an alternative to traditional classroom learning during the pandemic, this method was significantly correlated to anxiety and health behavior of Thai children and youth. The offline remote learning (handout/written assignment), on the other hand, provided more opportunities for students to meet all health behavioral guidelines and reduce the risk of anxiety.

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# The effects of COVID-19 on mental health and psychosocial support systems and services (MHPSS) for children and adolescents in Thailand<sup>3</sup>

Bhubate Samutachak, Tawanchai Jirapramukpitak, Napaphat Satchanawakul, Kanyapat Suttikasem, Burathep Chokthananukul, Udomluk Ratchasombat, Narumon Charoenjai, Tippawan Sirisambhand

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Whatever the direct impacts of the COVID-19 may be, be it physical health, economic hardship, social disconnectedness, or education interruption, all bottom down to deteriorated mental health (Equitable Education Fund, 2022; Institute for Health Metrics and Evaluation, 2022). In 2021, the Department of Mental Health reported that 28 percent of adolescents experienced a high level of stress, while 32 percent were at risk of depression and 22 percent were at risk of committing suicide. A survey led by UNICEF in 2020 also reported that 7 in 10 children and young people had poorer mental health due to the pandemic (UNICEF Thailand, 2020). What they were concerned about included household incomes, their studies, future education, and employment. It should also be noted that even before the break of the pandemic, Thai children and adolescents already experienced a substantial burden of poor mental health (UNICEF East Asia and Pacific Regional Office, 2020). It was estimated that mental disorders and self-harm were 15% of the total burden of disease among 10-19 year-olds, with suicide the third leading cause of death of 15-19-year-olds (Department of Health, 2022).

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<sup>3</sup> This paper is an excerpt from the research report “Strengthening mental health and psychosocial support systems and services (MHPSS) for children and adolescents in the East Asia and Pacific region: Thailand”. Funded by the UNICEF, the research is a multi-country project conducted concurrently in Thailand, Malaysia, Philippines and Papua New Guinea. The overarching project was led by the Burnet Institute; the research site in Thailand was conducted by the Institute for Population and Social Research.

This research employs a qualitative approach. The data was collected using key informant interviews with sector stakeholders. A total of 23 interviews were conducted. These included 17 interviews with government stakeholders from health (4), education (5), social welfare (2), justice (4) sectors, and public financing (2). Four interviews were also conducted with representatives from youth organizations, and two with non-government social welfare organizations. The interviews were conducted from August - to September 2022 via Zoom application due to the COVID-19 situation. The protocols and tools used for the data collection obtained ethical approval from the Institutional Review Board of the Institute for Population and Social Research, Mahidol University, reference number COA. No. 2021/06-141.



MHPSS

Social workers  
Community development officers  
Psychologists  
Guardians ( in institutional care settings )

Police  
Inquiry officers  
Prosecutors  
Judicial workers  
Lay judges  
Court psychologists  
Social workers

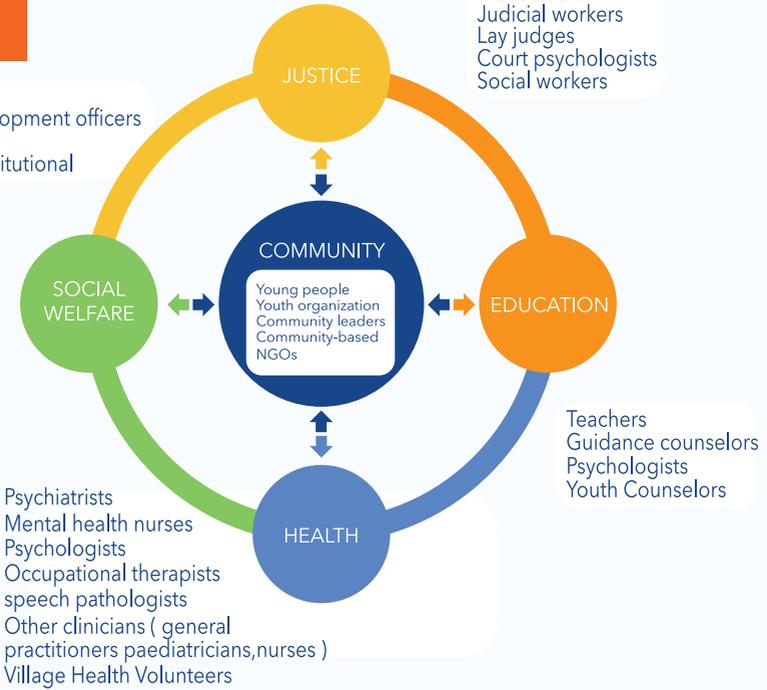


Figure 6: MHPSS Personnel & Services

MHPSS can be observed from a framework of three key tiers of action, i.e. mental health promotion, prevention, and responsive care. Its workforce constitutes personnel of different skills and specialization from various sectors. The workforce in the **health sector** (which has primary responsibility for delivery of responsive care) includes specialist clinicians (psychiatrists and mental health nurses) and Village Health Volunteers. In the **education sector**, teachers play a significant role in delivery of MHPSS actions in relation to responsive care and prevention. Guidance counselors, school psychologists, and youth counselors (YCs) also are responsible for whole-of-school mental health programs and coordinating action with teacher, parents, and students. The **social sector** workforce includes social workers, community development officers, psychologists, and guardians in institutional care settings. In the **justice sector**, the frontline officers, e.g., police, judicial officers, inquiry officers, are frequently and unavoidably called upon to provide social welfare or deal with acute mental health and behavioral concerns.

## Key findings

The outbreak of the COVID-19 aggravated the mental health situation of children and adolescents at least four-fold. Firstly, it adversely affected the family's economic situation, particularly wage-earning parents with middle-to-low and low income, thus creating tensions among all household members, including children. Secondly, the online classroom that became the mainstream learning method instead of a supplementary mode has restricted children to study alone at home, some were poorly equipped within the inappropriate locational setting, for a very long time. Boredom from limited socialization with friends, prolonged sessions, and heavy loads of assignments significantly added to children's tensions. Thirdly, as a consequence of the first and second reasons, domestic violence reportedly increased during the pandemic.

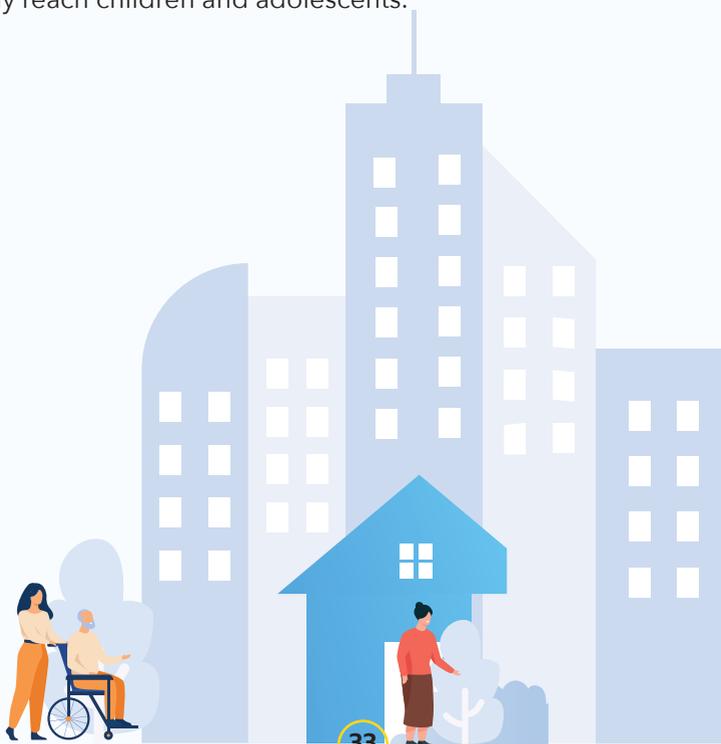
The Department of Women's Affairs and Family Development revealed that there were around 200 cases per month, approximately a 42 percent increase from the pre-COVID-19 years. Fourthly, the social distancing measures have curbed down or even suspended many mental care services and mental health-related initiatives that had been on their progress to improve the efficiency of the MHPSS for children and adolescents.



## Recommendations

COVID-19, even after being classified as endemic, is preventing societies around the world from returning to pre-COVID-19 normality. Many mental health services and programs related to strengthening MHPSS personnel will need to be intensified. All sectors involved in MHPSS must consider alternative means, particularly online and digital platforms, to continue their services to children and adolescents. In Thailand, there is almost universal access to online and digital platforms among youth, and this presents more opportunities to engage them for early identification of mental health problems.

Online technology can be used to support counseling, self-referral, telehealth for mental health care, interactive parenting programs, and integrating mental health into academic online education. These platforms can also provide training to MHPSS personnel in various sectors. More advanced methods and equipment, however, must be developed and applied to address the requirement of face-to-face training. In addition, MHPSS must seek more active participation of young people to skillfully drive these platforms to efficiently reach children and adolescents.



# Conclusion

**From the information and results of the above studies, it can be said that COVID-19 has affected the population and Thai society at least in two levels as follows**

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## **Overall Society Effects**

The sudden emergence of the COVID-19 pandemic acted as a “catalyst” for change in the demographic structure of the population. While these changes continued in the same direction and pattern, the speed of change increased. That is, Thailand’s transition into a “complete aged society” may have occurred sooner than expected because of the excess mortality wrought by COVID-19. While this is only a short-term effect on the increasing number of deaths, the decline in births increased as part of an on-going 50-year trend. COVID-19 may have further depressed fertility as couples may have delayed marriage or child-bearing due to the economic hardships from COVID-19 and the harsh government containment efforts. In addition, some couples may wish to wait to have children until the situation has improved. Whatever the causes, the enormity of the demographic transition that is accelerating in Thailand cannot be denied, and Thailand has entered negative population growth for the first time in recorded history.



## Population Behaviors

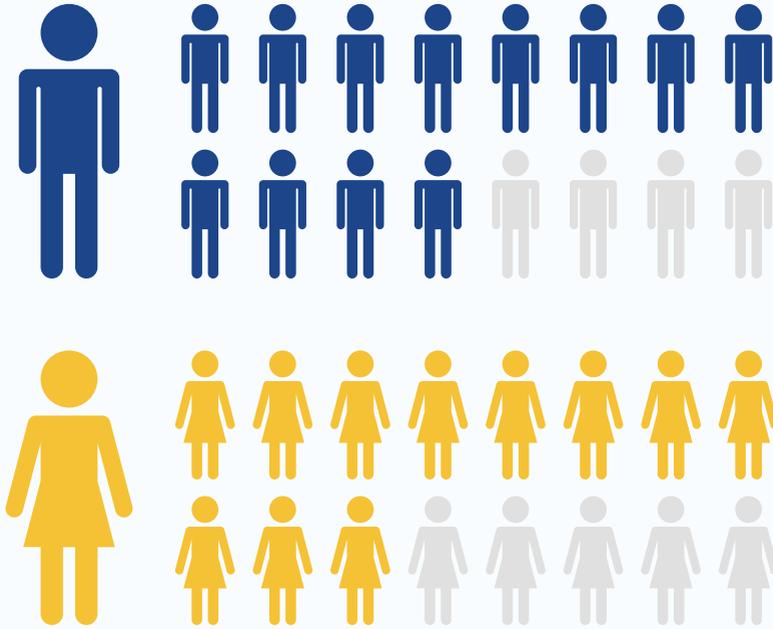
The results of the three studies in the childhood and youth populations in this compendium reflect that the new generation of Thais are having difficulty adjusting to the rigorous personal measures to prevent exposure and transmission of COVID-19. The efforts to contain the pandemic in Thailand have imposed drastic changes in the lifestyle of school-age youth throughout the country. On short notice, schools have been closed in the middle of the school year, and instruction has shifted to online teaching and/or exchange of lengthy take-home assignments. The confinement at home and loss of social contact with peers and classmates is surely having an adverse impact on youth emotional development, not least of which is the significant increase in time spent viewing electronic screens for school, entertainment, and socializing.

The impact at both the overall level of society and the level of individual behavior is something that urgently needs to be studied in greater depth. It is imperative that Thai planners and policymakers understand the trends and potential consequences in the medium- and long-term. There needs to be on-going surveillance of the negative impacts of these rapid changes through the use of data and knowledge-sharing as a basis for informed decision-making going forward.

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## 02

# The “Gender” Dimension: Perspectives from Research during the COVID-19 Pandemic

Research cluster 3 :  
Sexuality, Gender, Reproductive Health and HIV/AIDS

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Phongsak Sakulthaksin<sup>4</sup>

Over the past decade, the movement in support of issues related to the sexually diverse (LGBT+) is becoming more apparent and gaining more space in social media and other communication channels. That said, in the last three years, Thailand and the rest of the world have been in a state of stagnation as they battle the persistent COVID-19 pandemic. Still, given the intense political situation in Thailand, the social movement of diverse groups have also become intertwined with the political agitation of the times.

Sexually diverse groups have stirred up demands on various issues. Whether it is about legal gender recognition, the claim for the right to change one's name based on one's self-assigned gender, or the movement to legalize same-sex marriage, etc. In the process of social movements in the past, society learns new things. Gender diversity is also increasing, especially the concept about gender identity, and that is a different perspective than what Thai society has been accustomed to in the past.

Not so long ago, the sexually-diverse were grouped together by slang terms such as 'Lady-boy,' 'Katoey,' 'Tom-Dee,' 'Bisexuals,' 'Sao-Prapet Song,' etc. However, in the past several years, more accurate terms are being used to describe the sexually-diverse in mainstream society. One such term is "non-binary," which does not yet have a proper Thai translation, but is transliterated as a cognate. Non-binary refers to a gender identity that does not adhere to the framework of having two sexes (i.e., male and female), or can be referred to as "agender," meaning those who do not want or do not have any gender identity, as just one example. In the English language, the attempt to create an umbrella term for the sexually diverse has been through acronyms, such as LGBTIQN+ or LGBTIQAN+ or, as succinctly used in this paper, LGBT+, (i.e., lesbian, gay, bi-sexual, transgender) where the "+" indicates additional groups, since there are still many manifestations of gender identity that cannot be fully captured by this or any other acronym in use at present.

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Source : Spectrum



Source : Prachatai.com



Source: Prachatai.com



Source: Jim's Journey webpage

In 2008, the Institute for Population and Social Research (IPSR) of Mahidol University organized an annual population conference, which included a theme on “gender dimensions in population and society.” Research papers were presented that discussed the different definitions of the word “phet” (sex and gender in Thai), such as biological sex, physiological sex, and socially-constructed gender. The state of sexuality that flows in the context of life refers to the sexual lifestyle of an individual, i.e., practices related to desire and sexual expression, couple preferences, sex partners, and sexual intercourse (Archavanitkul and Tangcholati, 2008).

As the sexual diversity movement continues to evolve, there remain many issues to explore and define. IPSR's mid-year population meeting in 2022, once again, introduces the theme of the "gender dimension" as an update on data related to gender identity and sexuality from surveys conducted during the COVID-19 pandemic in Thailand, i.e., from 2020 to 2022.



In this section, the authors report on three studies conducted with LGBT+ respondents and, in view of the COVID-19 restrictions, the surveys used online data collection methods. These surveys are: (1) Survey of the social and economic impacts on youth in the context of COVID-19 in Thailand, as part of the UN Youth Working Group. That survey, conducted by IPSR, was led by Asst. Prof. Marc Voelker as the principal investigator (April-July 2020); (2) An online survey on LGBTIQAN+ health literacy issues under the project to develop a model for enhancing health literacy in the LGBTIQAN+ group, supported by a budget from the Office of the Thai Health Promotion Foundation (January 2021); and (3) A study of gender identity and patterns of health behavior, sexual behavior, and LGBT+ health service needs (February - March 2022).

Data from these three surveys enable an exploration of gender identity and sexual orientation of the respondents. The authors emphasize that the design of data collection tools is critical in order to reflect the reality of gender diversity. Thus, in questioning the “gender” of study participants, it is imperative to take into account the “dimensions” that are related to gender, sexuality, and sexual orientation.



# An online survey among general youth age 15-30 years on the impact of the COVID-19 pandemic on the sexual and reproductive health of youth aged

(April-July, 2020)

The prolonged COVID-19 pandemic has severely affected countries around the world, including Thailand. The impact of this mysterious pathogen is still evolving and requires continued study. The themes of many (non-clinical studies) on COVID-19 impacts have centered on the socio-economic, education and health effects. One survey in Thailand was conducted under the United Nations Youth Task Force, using online data collection techniques with six population groups to assess the impact on youth. Part of the survey of 823 general-population youth (conducted between June 11-July 12, 2020), addressed questions about youth sexuality and any impacts that COVID-19 had on this dimension of daily life. The survey included gender-related questions, categorized as sex assigned at birth (with response options: Female, Male, Intersex); and current sexual orientation (with response options: Feminine/Tom-Dee; MSM/gay; Transgender woman or man; Bisexual; Heterosexual; and Prefer not to say). Response to the two questions seems to be roughly balanced between gender and sexual orientation. In addition, the survey asked: "In the past 3-4 months in the context of COVID-19, did you have or live with some as intimate LGBTIQAN+ partners?" Overall, the survey found that about 30% of those surveyed said they had a sexual orientation that was not heterosexual, and 22% did not want to specify their orientation (Figure 1). Among those who did not want to respond, 22% said they had lived with an intimate sexual partner of the same sex during the COVID-19 situation, which suggests that the response options regarding gender/sexual orientation of the respondent did not always match or correspond to what s/he defined themselves as.

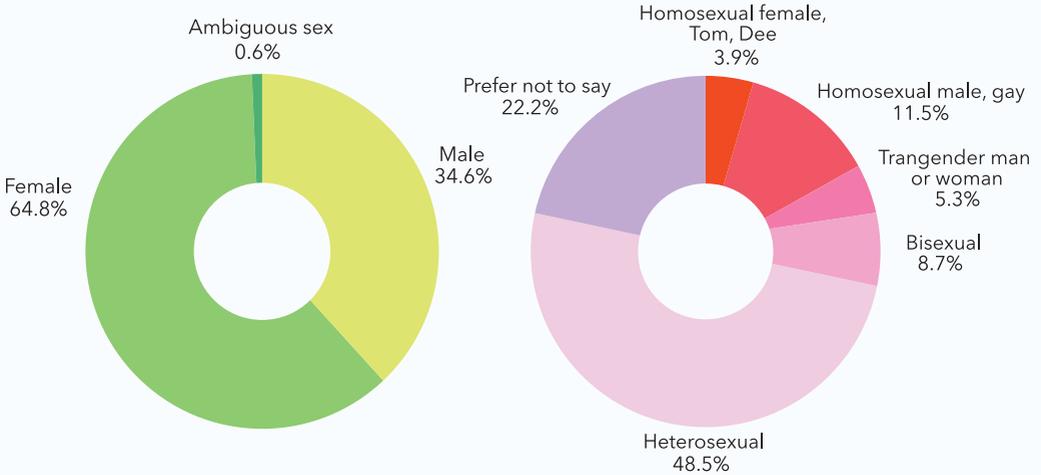


Figure 1: Assigned sex at Birth and Gender among Thai Youth (April-July, 2020)

When classified by sex, the survey found that 33% of youth whose sex at birth was male, and 7% whose sex at birth was female identified as homosexual, including lesbian, Tom, Dee, gay men. More females assigned at birth identified as bisexual than males assigned at birth (10% and 6%, respectively). Moreover, it is noteworthy that the survey found that 6% of females assigned at birth were transgender. The concept of transgender males (i.e., females transitioning to male) is relatively new to Thai society, both in terms of research and related services (Figure 2).

### Gender categorized by Assigned at Birth

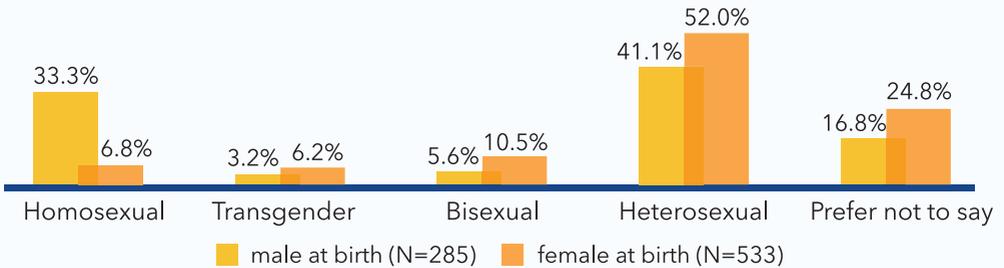


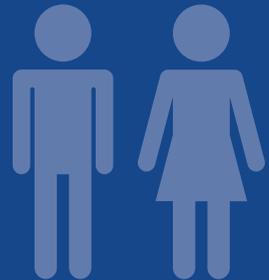
Figure 2: Gender at the Time of the Survey by Gender Assigned at Birth of Thai Youth

# An online survey of LGBT+ health literacy issues under the project to develop a model for promoting health literacy among LGBTIQAN+ groups

This survey collected data through an online platform during September 3 to October 4, 2020. There were 454 respondents who self-identified as LGBT+. Overall, 25% identified as females (e.g., lesbian, Tom-Dee), while 67% identified as males (e.g., gay, transgender, and bisexual). The remaining 8% of the respondents identified as bisexual, non-binary, asexual, transgender woman, or transgender man. However, the survey did not contain a question about the assigned sex at birth.



Figure 3: Current Sexual Orientation



# An online survey on gender identity and patterns of health behavior, sexual behavior, and LGBTIQAN+ health service needs

In this online survey, data were collected from February to March 2022. The researchers used what was learned from the respondents in the LGBTIQAN+ health literacy model development project workflow study, and added questions to probe gender diversity, with items about sex assigned at birth, gender identity at present, gender expression, and the gender identity of a partner, boyfriend/girlfriend, lover, or other type of intimate partner. The survey used response options for gender identity as follows: man, woman, Tom, Dee, lesbian, gay, transgender woman/Katoey, transgender man, queer, non-binary, cisgender, agender, or non-identified gender, etc.

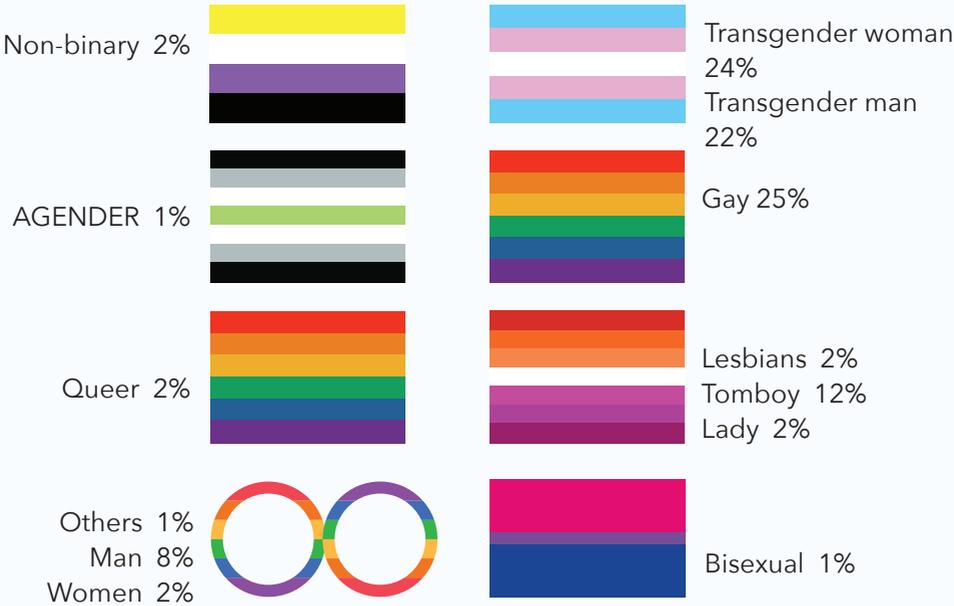


Figure 4: Current Sexual Orientation

## From these latest surveys on gender, the following are some salient points:

- A person who was female at birth and identifies as a gay man refers to a transgender man who has a male identity and may have masculine views or male characteristics;
- A person who identifies as a male may not be assigned as male at birth. The same is true for the person who identifies as a female, i.e., may not be female at birth.
- A number of LGBTIQAN+ define their gender identity as Queer, non-binary, cisgender, agender, or non-gender identity, among others.
- A person's gender identity and sexual orientation is fluid and can be part of a continuum throughout life. At least one in four survey participants said they had a sexual orientation and gender identity in the past that differed from their current gender.



## Summary

The first of the three surveys in this review had limited response options to the question on gender, which probably caused a number of respondents to decline to specify their sexual identity or orientation. Subsequent questions in the same survey indicated that many of these youth with non-response actually had same-sex relationships at some time in their life. The second and third surveys added more response options and questions to probe the gender “dimension” of the survey respondents, and that seemed to generate a more complete profile of Thai youth today regarding gender diversity.

Gender is made up of many dimensions: biological sex, physical sex, gender identity, sexual orientation, etc. These dimensions have both theoretical and practical implications for dealing with sexual and reproductive health care. Although these three online surveys might not represent the Thai national population, the survey among general youth suggests that up to half of today's younger generation are not identifying strictly as ‘heterosexual.’ This implies that the LGBTIQAN+ group should no longer be considered a minority or marginalized group in terms of population prevalence. In addition, the two more recent surveys in this review added more questions to probe gender diversity, and found that the “+” in LGBT+ is appropriate. Studies that seek to understand this in more detail are needed. Indeed, there may be up to 30 distinct gender identities in society today (Campo-Arias, 2010).

It is also necessary to understand that gender identity, sexual preference, or sexual orientation may not always align with an individual's sexual behavior. Some people who assert that they are clearly LGBTIQAN+ may not always have a sexual relationship with someone of the same sex. There is no fixed rule, i.e., that gender identity prescribes sexual behavior. That is, a heterosexual man does not need to be paired with a woman. Gays do not have to be with another gay or man; a Tom does not always have to be with a Dee. In terms of reproductive health services, practitioners need to consider sexual behavior of the different LGBTIQAN+ individuals in order to accurately assess risks and needs, and in the quest to provide services that are truly equal.

In conclusion, the gender “dimension” in sex is a complex concept. Lack of accuracy in education and understanding, as well as rejection of facts about the gender diversity of the population, can be a hindrance to the formulation of appropriate laws, policies, services and social protections. Research on population and societies, regardless of the main objective of the study, should be sensitive to the gender dimension, and use measures and methods of collecting data that reflect these important distinctions.



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มหาวิทยาลัยมหิดล  
สถาบันวิจัยประชากรและสังคม

03

# Equity and Thailand's Ageing Society in the COVID-19 Era

Research cluster 2 : Population Ageing

## Introduction

In 2022, Thailand has transitioned into a “complete aged society” whereby the population age 60 years or over is at least 20 percent of the total population. What is more, in less than a decade, Thailand will become a “super-aged society” in which the population age 60 years or older is at least 28 percent of the total population. That said, in the past two years since the advent of the COVID-19 pandemic in Thailand, this public health crisis has created difficulties for Thais in all segments of society, but especially older persons, and across all dimensions. Older persons have higher risk of Covid infection and death. In addition, older persons have faced difficulty accessing essential services and maintaining income stability, housing security, and regular social participation during the pandemic. It is said that COVID-19 has increased the misery of older persons, and they have become an even more vulnerable sub-group of the population than ever before.

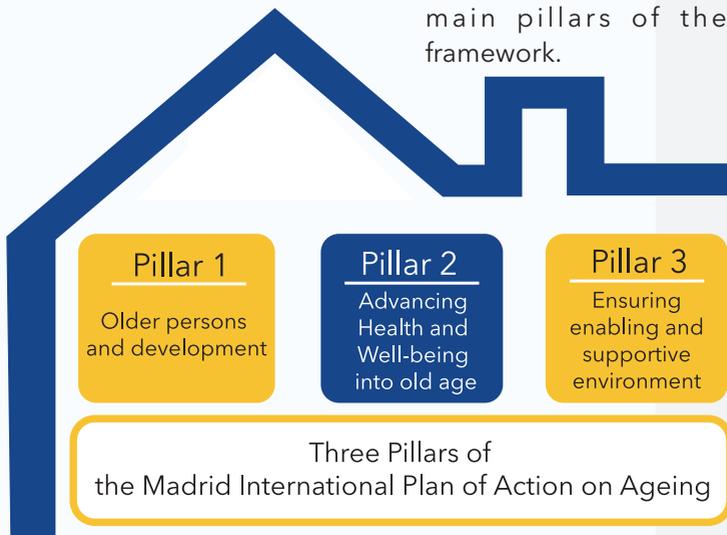
# MIPAA

## Madrid International Plan of Action on Ageing

Thailand has adopted the international conceptual framework for the development of older persons, which is built on a foundation of “Active Ageing,” “Healthy Ageing,” and “Ageing in Place”. That framework was developed as part of the “Madrid International Plan of Action on Ageing (MIPAA)” which can be used to design policies and drive action in the country. The three pillars of the MIPAA’s call to action are :

- (1) Older persons and development
- (2) Advancing health and well-being into old age
- (3) Ensuring an enabling and supportive environment.

However, the advent of the COVID-19 pandemic is presenting a formidable challenge to implementing the MIPAA in many countries, including Thailand. Of particular concern is inequality and injustice in accessing services of older persons during the health threats and restrictions imposed upon societies in the COVID-19 crisis. The isolation and vulnerability has noticeably eroded the quality of life of Thai older persons. Therefore, this brief summarizes the related research findings produced by the Institute for Population and Social Research (IPSR) that correspond to the three main pillars of the MIPAA framework.



Source: United Nations. (2002). Political Declaration and Madrid International Plan of Action on Ageing

**Assoc. Prof. Dr. Tawanchai Jirapramuk-pitak and Assoc. Prof. Dr. Sureeporn Punpuing** examine inequities in the dimension of health of older persons in Bangkok

**Assoc. Prof. Dr. Sutthida Chuanwan** reviews access to social services among older persons living alone: problems and challenges in providing services to reduce inequity and **Dr. Napaphat Satchanawakul** examines access to government assistance measures for older persons with low incomes in the context of COVID-19's lockdown. In addition,

**Assoc. Prof. Dr. Jongjit Rittirong and Assoc. Prof. Dr. Chalernpol Chamchan** has conducted a study on the concept of powerful ageing of older persons in the future and the expectation of the working-age population about growing old.

Finally, this brief summarizes a study on investing in children's education as a channel to reduce abuse of older persons based on evidence from Vietnam by **Dr. Truc Ngoc Hoang-Dang**.



# Inequities in the dimension of health of older persons in Bangkok

Tawanchai Jirapramukpitak, Sureeporn Punpuing

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## Background

Urbanization affects population health and health inequalities in urban areas. Even in the big cities of developed countries such as Glasgow in the United Kingdom there was an 18-year life expectancy difference between those living in the Greater Govan (65 years) and Pollokshields West (83 years) communities, which can be attributed to a range of factors, including poverty, poor health behavior, drug use, violence, etc., which tend to be higher in communities with low life expectancy (GCPH, 2021).

In 2008-09, the WHO initiated a study of health inequalities and social determinants of health in collaboration with 17 major cities in 10 countries around the world. This is consistent with Goal #3 of the Sustainable Development Goals (SDGs) to ensure good health and promote well-being for all at all ages. Health disparities tend to have the greatest impact on older persons because they are more likely to have health problems than other age groups. This disparity becomes amplified in a society like Thailand due to the high and increasing proportion of the population that is older person, especially in Bangkok, which has the highest proportion of older persons of any province in the country.



## Study of health problems of the population of Bangkok



A study of a sample of 6,352 older persons aged 60 years or over residing in 13 districts of Bangkok examined health problems and social determinants of health such as income, and access to public welfare and various amenities. That study found that older persons experience inequality in various dimensions across districts, such as the prevalence of chronic, non-communicable diseases (NCD), access to various government services, and socioeconomic status (SES). In addition, the study found that a single factor might be associated with multiple dimensions of inequality. For example, older persons with high dependency are more likely to report income problems. In addition, familial caregivers of highly-dependent older persons were more likely to report the impact of caring for older persons on reduced income and being forced to leave one's job in order to care for the older person.

## Regarding illness inequality

the proportion of older persons with chronic NCD (hypertension, high cholesterol, diabetes) were more likely to be found in communities where the average SES was low, and household income was insufficient. The lowest proportion of older persons with chronic NCD in Bangkok was found in affluent housing estates. In addition, many older persons in Bangkok are retired government civil servants or have an immediate relative who is one, and enjoy the benefits of the Civil Servants Medical Benefits Scheme (CSMBS). It is noteworthy that the prevalence of mental health disorders correlates with the prevalence of NCD.

## Inequity of access to rights and benefits for medical care

There is inequity of access to rights and benefits for medical care, senior citizen pension, and disability welfare for older persons in Bangkok. Districts whose older persons relied on the government's Universal Coverage Scheme (Gold Card) for health insurance, also had the highest proportion relying on the meagre welfare subsidy for senior citizens and disability. Those districts are more rural than other districts of Bangkok and have fewer migrant populations, which may mean that the older persons have easier access to welfare benefits.

## Familial caregivers of dependent older persons

The sample which reported the greatest income burden for familial caregivers of dependent older persons was for those older persons with one or more disabilities. Areas of the district with higher proportion of caregiver burden were correlated with low SES and slum-like living conditions. Conversely, districts with caregivers who were not financially impacted by caring for older persons had higher SES and generally lower dependency status of the older persons.

## Policy Recommendations

The number and proportion of older persons in Bangkok are trending upward and at an accelerating rate. What is more, this is one of the most vulnerable groups of the population, especially as people reach advanced age. Thus, it is inevitable that the older members of the population will experience inequalities in social and health dimensions. The quantitative data bear this out, as this differential, district-level analysis of a large sample of older persons in Bangkok attests.

At the same time, these data should be used by planners and policy makers in Bangkok to give priority to addressing the needs of older persons, and identifying the most important factors which lead to hardship and indignities of ageing. Importantly, the Bangkok authorities must prioritize reducing inequality for older persons between communities and districts. Programs should attempt to expand access to essential social and health services for the most vulnerable populations. All older persons must be covered by one of the state health insurance and pension programs.



Measures should be implemented to ease access to these benefits, which are the rights of all Thai citizens. In the near-term, there needs to be an intensive effort to identify infirm older persons who live alone. In addition, programs should identify homes or dwellings where a familial care giver is struggling under the strain of caring for a dependent older person, usually someone with one or more disabilities.

Case managers can be assigned to these most vulnerable groups to help arrange outside assistance, and train relatives or household members on how to care for dependent older persons. There could be cadres of Village Health Volunteers and community health personnel who regularly check in on older persons who do not have a full-time companion or care provider. This case monitoring system can be facilitated by digital platforms. Such linkages will ensure that older persons receive the health care and social welfare they need when they need it. Individuals and lower-income families should not bear this burden alone.

A longer-term strategy to reducing health inequality among older persons in Bangkok involves implementing a 'life course' approach, starting from when the older person is still self-reliant and physically-mentally able to care for themselves. This approach addresses the factors that might contribute to vulnerability as a person ages. Such a preventive approach to dependency is likely to be much more cost-beneficial than waiting to intervene when a person is already in their later 'sunset years.'

**Source of data :**

Sureeporn Punpuing, Wannee Hutaphat, Wipaporn Jaruruengpaisan, Natnicha Loyfah, Tawanchai Jirapramukpitak, Malee Sunpuwan, and Sirinan Kittisuksathit. (2019). Social and Health Data Management at District Level in Bangkok: Model Development. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

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# Access to social services for older persons living alone

Problems and challenges in providing services to reduce inequity

Sutthida Chuanwan

In the near future, it is projected that more than half of Thai households will have at least an older member (age 60+ years). In addition, it is forecasted that the number of dwellings with older person(s) living alone will increase as well. The group of older persons living alone can be considered one of the most vulnerable segments of the Thai population.

They are at elevated risk of not accessing social services since, by living alone, they have no one to help them register for the services or travel to a service site. The situation becomes dire if these older persons have an illness or injury. As Thai society increasingly transitions to a population with fewer and fewer young people due to delayed marriage, preference for not having children, or choosing a single lifestyle, it is inevitable that older persons, as a proportion of the total population, will increase very rapidly in the decades to come. What is more, as more and more of these older persons end up living alone, it becomes imperative for social services to target this population to provide them with at least the minimum standard of quality of life.

## Households with older persons living alone is projected to increase

“Older-person households, or households in which the only occupants are age 60 years or older, including those who live alone, are increasing at an accelerating rate.”

Proportion of household with older persons living alone 1990 - 2020



A series of household socio-economic surveys by the National Statistical Office (NSO) during 1990 to 2020 show that older-person households increased from 3.4% of the total in 1990 to 16.1% 30 years later, or a five-fold increase.

More alarming, the proportion of households with an older person living alone increased from 1.3% to 7.2% during the same period.

## I didn't have anyone to take me to see the doctor.

This is a common explanation for why older people did not access the essential health care they needed.

Over one in four older persons who live alone do not have someone who can take them to see the doctor if they are ill or injured. This is a serious problem of health inequality in Thai society that is certain to worsen in the years ahead unless major steps are taken to fill the gaps. Older people who should get medical attention may avoid making the effort if they have to go alone, or might have to resort to hiring a neighbor or community leader to transport them. This problem was greatly exacerbated during the COVID-19 pandemic in Thailand when older persons were more vulnerable to infection but had less ability to travel to the hospital. Older persons with chronic NCD and who needed to take medicine on a daily basis had to rely on the network of Village Health Volunteers to retrieve their resupply of drugs from the hospital and deliver it to them at home. However, that was only a makeshift solution during periods of lockdown, travel restrictions, and self-quarantine. Thus, many older persons probably went without their prescribed medications for extended periods of time.

**Policy Recommendation:** Support “Volunteer services in the community as a helper,” and “transportation service for older persons in the form of a social enterprise” as a self-help operation of the community to bridge the gap in access to comprehensive and equitable health care services for older persons who live alone.

## Living alone contributes to a feeling of

anxiety, loneliness, depression, and a need for someone to visit them on a regular basis

Older persons who live alone are vulnerable to deterioration of their mental health. As these solo-dwellers advance in age, they are at risk of even more severe depression. This is especially the case for older women who tend to feel more anxious living alone than their male counterparts (NSO, 2020). A study of older persons living alone with no relatives or friends nearby is especially damaging for mental health. The sense of abandonment and loss of purpose in life can be overwhelming. This phenomenon is more acute in urban areas since people regularly move in and out of communities and tend to be strangers to each other. Thus, outreach programs to older persons living alone should prioritize the cities and municipal areas.

**Policy recommendation:** “The group of older persons living alone without relatives, lack of friends, who are in poor health or bed-ridden” is a population group that the government should give priority to. The state must find a way to deliver essential services to older persons at their domicile. One strategy is to implement an integrated home visitation system for older persons, and care for older persons by neighbors, volunteers, and the community at large.

## Directions for services to reduce

### inequality of access to social services

Older persons who live alone should be the top priority for outreach programs and care across the range of social and health services, including physical health, mental health, and economic assistance. The government or related entities must implement programs to provide essential care to these vulnerable people, and help them remain vibrant and self-reliant for as long as possible.

In addition, the **“core services need to be delivered to the house or domicile of the older person”** who lives alone. Those older persons should not be expected to have to travel for those services, even if they are living alone voluntarily. Some of these older persons have disabilities or will soon have them, and that makes it more important to conduct the home-based outreach. In the most extreme cases, some older persons are bed-ridden for much of the day, and they need daily visits by someone to help them with basic functions of living. This is most feasibly done by mobilizing eldercare volunteers in the home community to visit older persons living alone on a rotational basis. They can deliver meals and medicines, and help dependent persons with activities in daily living. This will also need back up by staff who are skilled in geriatric medicine and primary health care. Ultimately, the most sustainable approach is a community-based service with on-call outside support for higher-level health care needs





At the same time, there should be **“a system of travel support”** for older persons who live alone to enable them to get out of the house and engage in social activities with others or go do errands. In the past, this was done by adult children or grandchildren. In the absence of those support systems, the community or state must create some sort of linkage for older persons living alone so that they can continue to be active members of the community and society, and enjoy equal access to services and recreation to sustain their physical and mental health.

**Source of data :**

Sutthida Chuanwan, Kanchana Thianlai, Pannawat Thuenklin, Sittichat Somta and Wichan Choorat. (2022). Accessing social services by pre-aged and older persons in order to facilitate a suitable support approach, by different living arrangements. Nakhon Pathom: Institute for Population and Social Research Mahidol University.

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National Statistical Office. (2020). Health and Welfare Survey 2019. Bangkok: National Statistical Office.

# Access to government assistance for low-income older persons after the COVID-19 lockdown

Napaphat Satchanawakul

## Background

The COVID-19 crisis not only creates a greater risk to the life and health of older persons than other age groups, but also affects access to the social services network, including having gainful employment and steady income. In Thai society, there are still quite a number of older persons who are still working full-time. However, COVID-19 has affected the employment and income of older persons, especially the “low income” ones counting for more than one-third (39%) of Thai older persons.

## Findings of the Study

This study examined the impact of lockdown measures to control the spread of COVID-19 during 2020 on access to services and welfare of low-income older persons. Data were collected between October and November 2020 from 808 people aged 60 years or older who held state welfare cards. The survey found that three out of five (62%) older persons with low incomes sustained a reduction in household income due to the government-ordered lockdown measures, and the COVID-19 containment measures had a negative impact on the income of the main breadwinner of the household in over half the cases (53%). The effects on household income tend to have had a greater impact on those who were already economically vulnerable. Older persons who said they were dissatisfied with their living conditions were more likely to experience adverse economic impact. The survey found that the middle-old (70-79 years) and the old-old (80 years or older) were less likely to have experienced an adverse impact on employment than those in the young-old (60-69 years), and that difference was statistically significant.

After the implementation of the lockdown measures the Thai government implemented measures to provide immediate assistance to older persons with low incomes through payment of cash compensation to those who qualified. The study found that most of the older persons (92.1%) received

government assistance. Half received 5,000 baht per month for 3 months (51.1%), and 42.0% received 1,000 baht per month for 3 months (42.0%). Only 6.9% of lower-income older persons did not receive any COVID-19 cash subsidy from the government. It can be said that the government's assistance measures can reach older persons whose household income was diminished by COVID-19. This was because those receiving 5,000 baht per month for 3 months were three times more likely to have had a negative impact on their household income. Even though many older persons faced barriers to access government aid, the implementation of such stop-gap measures can help alleviate the suffering of those affected by the economic downturn during the COVID-19 period, especially older persons with low incomes.

Although the proportions of those who received the two types of monthly subsidies were not much different, the amount of subsidy received is related to older persons' access to digital technology. That is, older persons who wished to receive the higher subsidy (5,000 baht per month for 3 months) had to register through the online channel only. By contrast, access to the lower subsidy (1,000 baht per month for 3 months) did not require any online registration. In other words, the lack of Internet access among older persons exacerbated inequality of access to state assistance.

## **Policy Recommendations**

Older persons in Thailand have been able to access digital technology and the internet for more than a decade, and access certainly increased during COVID-19 due to the fact that so many people were confined to their homes for extended period of time. However, the differential access to state assistance measures due to the COVID-19 situation reflect that Thai society is also feeling the effects of the "digital divide", with older persons being the least likely to be digitally connected compared to other age groups.

In 2021, the United Nations launched a campaign on International Older Persons Day to create "Digital Equity for All Ages." The campaign called on governments around the world to focus on the risks and vulnerabilities facing older persons during the COVID-19 pandemic. This study indicates that a large number of low-income older persons continue to suffer from inaccessibility to state welfare and social protections due to limitations in technology and digital access. Thus, the government should consider strengthening mechanisms for improving access to the various assistance measures, and the mode of access should be user-friendly for people of all ages, but especially older persons.

That way, the government can ensure that economic aid measures can effectively and fairly address poverty in older persons and those affected by the COVID-19 crisis. Access to government assistance measures should not be unnecessarily complicated, and systems should take into account the limitations of older persons and the socially-disadvantaged who may not have computer, digital, or Internet skills, or even have the hardware and electronic connections to facilitate registration.

Since the COVID-19 pandemic engulfed Thai society, the government has developed many applications and digital platforms to help facilitate the public (and older persons) to access various state services and assistance. Although these government applications arose out of the good intentions, the number of users who are older persons is still a relatively small proportion. In addition, each application lacks integration of information between relief agencies. Thus, the mode of access may not be consistent with the needs of older persons (as well as other age groups) who want to use a single application that has all the services they need (i.e., a one-stop service).

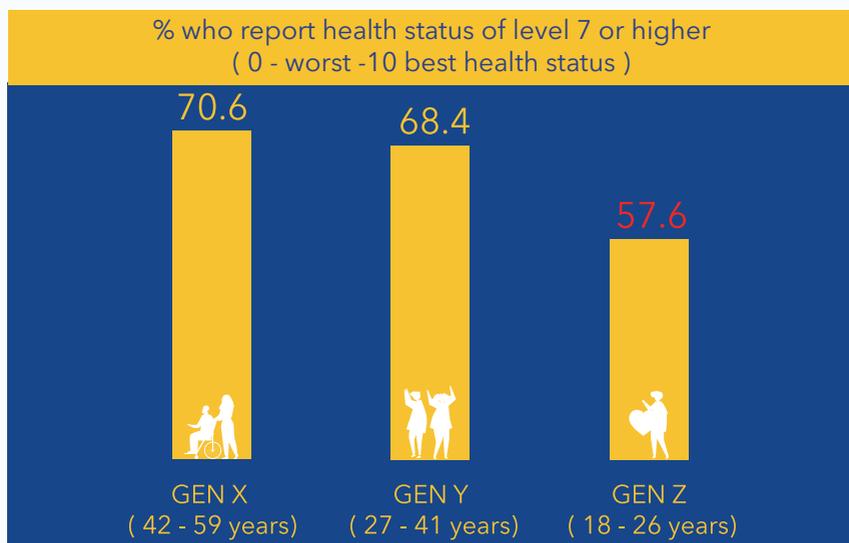


**Source of data :**

Napaphat Satchanawakul, Nattanee Satchanawakul, Nucharapon Liangruenrom, Wannee Hutaphat, Wipaporn Jaruruengpaisan and Sureeporn Punpuing. Service and care needs for low-income older persons during and after the lockdown measures due to the COVID-19 pandemic in Thailand. Nakhon Pathom: Institute for Population and Social Research Mahidol University.

# The new generation and their preparation for the transition into their 'sunset' years

Jongjit Rittirong and Chalermpol Chamchan



## Status of old-age preparation of the new cohort of Thais

The survey found that 72% of the 1,734 respondents aged 18-59 years know that Thailand is an ageing society, which shows that about **1 in 4 of the working-age population may not be aware that Thai society is ageing rapidly.**

### **1 in 5 respondents are not at all health-prepared:**

Only 57.6% of Generation Z, the youngest cohort (i.e., 18-26 years), thought they were healthy. That is lower than their older counterparts (Gen X and Y). Health risk behaviors of all ages, especially Gen Y and Z, includes eating too much spicy food, not getting enough rest and exercise, and excessive use of electronic screens (e.g., watching entertainment series or gaming).

The new generation claims to realize the importance of saving, and they desire financial freedom and a steady, passive income in retirement. However, most respondents still “saved to save” rather than “save to invest” which might not enable them to achieve the desired goal of financial freedom. Gen Z currently saves more in bank savings accounts and cash than Gen X and Y, who save more in the form of life insurance, mutual funds, community funds, or real estate investments.

Creating a family is not the goal of the new generation, and many claim they will not have children. About one in seven (14%) respondents want to rely on the state or retirement home if they become dependent in older age. People in Gen Y and Z tend to anticipate being more reliant on the state or an assisted living facility when they are older than Gen X, if they cannot live independently.

### Financial Freedom: What Workers of All Ages Expect

- GEN X matured in the era of high interest returns, so they work hard, save, and prepare for stability in retirement.
- GEN Y came of age in the inflationary era, with low interest returns. So, they work to create happiness today, and invest for stability of life in the near-term.
- GEN Z is in the digital age. They are eager to initiate early, accomplish quickly - invest early, retire early. The goal is financial freedom before the typical retirement age.



## Preparing for being an older person

### Good health is wealth: The sooner it starts, the more it adds value

The value of exercise from the age of 20:  
Men's health is worth 1.6 million baht,  
women's is worth 3.7 million baht  
(Khanthavit A., 2016).

Health promotion can be considered as a strategy to create financial stability. When a person is healthy there will be less cost for treatment of disease, and the person is able to work and earn longer. The workplace is an important environmental factor in promoting health. There should be healthy food options at affordable prices, and promotion of physical activity in the workplace by creating an environment to increase movement and reduce sedentary behavior. The worksite can incentivize exercise, and the employer can attach bonuses or pay raises to positive results of annual physical examinations, and as a strategy to help employees achieve concrete health goals.

### Invest for the future -- reduce the risk of inflation:

Digital Investment is popular in the new generation.



The new generation, especially Gen Z and Y, are interested in "saving to invest" in, say, real estate, the stock market, Bitcoin, etc. They accept higher risks than Gen X, thus providing a wider range of sources of income, assets, and investment management education. This mindset should be developed starting in the high school or college years, and then began to be actualized when starting out in a career. This cohort believes they are able to build financial stability for the future and for when they finally retire.

## The right to end one's life:

National Health Act  
2007 Article 12:  
"A person has the right  
to make a letter of  
intent not to receive  
medical intervention  
only to delay death at  
the end-stage of life, or  
to end unbearable  
suffering from illness."

The deterioration of one's health, mind, and body cannot be avoided. However, modern medical technology can keep people alive for extended periods, even if they are bed-ridden or unable to communicate, and have no quality of life. Therefore, everyone has the right to express their intention not to receive clinical interventions merely to prolong life when death is certain without it. People should also be able to choose to end suffering when the pain of illness becomes unbearable. Article 12 of the 2007 National Health Act provides that option. This study found that the majority of respondents of all ages (77%) did not want to burden their families if they were at the end-stage of life and could end it.

Therefore, they would give instructions to terminate life support if they were in a coma or otherwise incapacitated with no prospect of return to a quality life. The respondents are receptive to the idea of a "living will" to plan treatment in advance or discontinue medical treatment in the event that it would not result in quality of life. Therefore, knowledge of the right to self-selection of therapeutic procedures and biomarkers should be provided. The respondents should be encouraged to aware the value of learning about a living will from a young age, but would only put it in writing when they reached the age of majority, and be allowed to change the specifications over time.

### Source of data :

Jongjit Rittirong, Chalermopol Chamchan, Pimolpan Nitnara, and Nutnicha Loyfah. (2022). Expectation, plan, and preparation of the working-age across generations and living arrangements towards livelihood in the old-age. Nakhon Pathom: Institute for Population and Social Research Mahidol University.

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# Investment on own children's education as a channel to reduce elder abuse

Empirical evidence from Vietnam

Truc Ngoc Hoang Dang

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Elder abuse is a new concern in the context of population ageing in developing nations and Southeast Asian countries. This phenomenon is still being concealed and under-reported worldwide (Yunus, Hairi, & Choo, 2019). Elder abuse has also received less attention than, say, violence against women and children in terms of research, policy implementation, and intervention (Nelson, 2002).

In Asian countries, elder abuse cases are often unreported due to shame and anxiety about losing support from the family or being isolated from the community (Fraga Dominguez, Storey, & Glorney, 2021). Moreover, especially in Asia, elder abuse is overshadowed by the fact that, in these countries filial piety and respect for the elderly are extremely important cultural traditions (Pang, 2000). Thus, being exposed as engaging in such abuse would be especially shameful and thus best kept "hidden".

Rather than addressing the qualities of the elderly that may put them at danger of abuse, this study focuses on elder abuse perpetrated by their offspring in the setting of co-habiting with children, which is one of the most common living arrangements among older people in Asian nations. The premise of the study is that investing in children's education reduces the likelihood of being mistreated later in life. To examine the connection between the degree of education of the most educated child with receiving physical and mental abuse in older people, this study utilized data from the Vietnam Ageing Survey 2011 (VNAS). A probit regression was run and marginal effects are reported. The physical abuse and mental abuse measurement was based on Pillemer, Burnes, Riffin, and Lachs (2016). Physical abuse is defined as being shaken or hit, while mental abuse is defined as experiencing at least one of the three aforementioned abuse domains (namely, being spoken to harshly, not being allowed to talk, and being ignored in terms of providing input for family decisions on major events) in the previous 12 months.

Results reveal that the higher a child's education, the lower the chance that the elderly experience physical and mental abuse in the household. For example, when the other predictor factors are held constant, having a child with a university degree reduces the risk of physical and mental abuse of older people by 27.5 percent and 3.6 percent, respectively, compared to those who have a child with less than primary level education. Having a child with a high school, secondary, or completed primary education level reduces the likelihood of elderly people being physically abused by 15.1 percent, 10.6 percent, and 11.8 percent, respectively. All statistical models were tested at the 95 percent significance level.



Investing in children's education can reduce the risk of parents being abused, particularly for those who must remain with their children. In other words, there is a hidden cost of living with children in terms of abuse exposure at old age.

This finding is significant in our knowledge of elder abuse, particularly in Asian nations and countries whose cultural traditions emphasize intimate family bonds, and parents tend to live with their children from birth to old age, as is the situation in Vietnam (Teerawichitchainan, Pothisiri, & Long, 2015). Many studies show that living with one's children in old age is preferable to living alone because it reduces the burden of dealing with a disease, reduces loneliness, and increases happiness (Kooshiar, Yahaya, Hamid, Abu Samah, & Sedaghat Jou, 2012). However, this study reveals a hidden cost of living with one's own children in terms of abuse exposure. Aside from that, while research shows that investing in children's education can ensure well-being and security in old age (Mu & Du, 2015), this study adds to that understanding, namely, that investing in children's education can reduce the risk of parents being abused as the parents age, particularly for those who must remain with their children.

To summarize, investing in children's education provides long-term benefits for parents, not only in terms of economic gains and financial security, but also in terms of physical and mental stability in later life. The findings pave the way for more study on elder maltreatment by children in Vietnam, a typical nation in terms of living arrangements with elderly children. This research also serves as a lesson for Thailand, which is experiencing more rapid population ageing than Vietnam, has a similar family environment, but still has restricted policies on elder abuse.

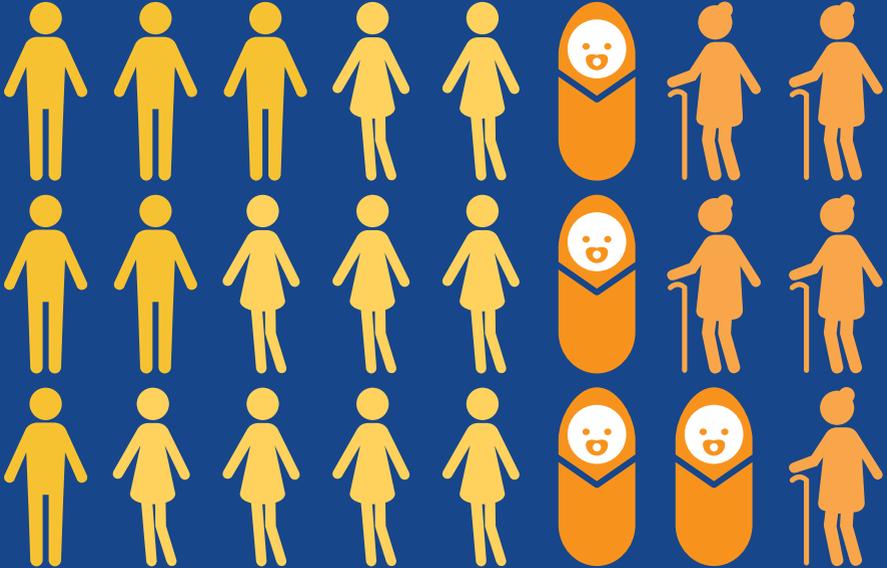


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## Summary

The COVID-19 pandemic has created unprecedented challenges for humanity, and has imposed new threats to health, livelihoods, rights, and well-being of older persons in many countries around the world, including Thailand. The COVID-19 pandemic in Thailand has emphasized that the risks and challenges faced by older persons are not new. Instead, the pandemic has served as a catalyst for society to acknowledge the problem of injustice that has accumulated and adversely affected older persons in Thailand for a long time. This is particularly true for low-income older persons who still do not have access to all the government services, welfare, and social protections that they are entitled to and which are necessary to maintain a minimum standard quality of life. While Thai society is trying to speed up its recovery from the COVID-19 crisis, the government and social sectors should use this opportunity to promote fairness in accessing essential services for older persons. There is an urgent need to introduce digital technology that is elder-friendly and inclusive to people of all ages. There is a need to accelerate preparation and knowledge in terms of economic, health, and social participation for those who are about to become “future older persons.” Those cohorts of working-age Thais may have expectations and lifestyles that are different from the current cohort of older persons. Thai society should turn the COVID-19 crisis into an opportunity to create a society that is more equal, fair, and caring for people of all ages, and in order to not allow society to leave anyone behind anymore.



04

# Replacement Migration Policy: Migration Management and Pathway to Residency and Thai Citizenship

Research cluster 5 :  
Migration, Urbanization and Labour Studies

## Summary of Content

Thailand has become an aged society. The population growth rate is below replacement, and natural growth will become negative and the population will begin to decline in absolute terms (in the absence of net positive in-migration). Indeed, the Thai National Statistical Office (NSO) reported that, in 2021, only 544,570 live infants were born, while deaths in the same year totaled 563,650. In addition, the number of the Thai working-age population is entering a period of accelerating decline. In 2017, Thailand had a labor force (population age 15-59) of about 43 million. That number is projected to decline to only 36 million by 2037 (Office of the National Economic and Social Development Council, 2013). Moreover, by 2100, the population of Thailand will decline by more than half, to about 36.3 million people (Vollset et al., 2020). For this reason, Thailand is beginning to contemplate a strategy to reduce the impact of the decline of its indigenous labor force by “replacement migration”, and social and legal integration of non-Thais into mainstream society. While the government seems to acknowledge that it will not be able to reverse the trend in declining Thai fertility, it is at least considering a pragmatic policy to limit the socioeconomic impacts due to its rapidly ageing population.

### **Research Cluster 5: Migration, Urbanization, and Labour Studies:**

Given this startling future demographic scenario, the Institute for Population and Social Research (IPSR) of Mahidol University, is conducting a series of studies on migration policy for replacement of the declining population, management of migration, and exploring the implications of granting permanent residence and naturalization of non-Thais in the working-age groups. These are issues that should be raised and discussed more often in 2022 academic conferences. If anything, the prolonged COVID-19 pandemic in Thailand is forcing the country to change its perspective on a range of social and economic issues. One of these is migration policy, in accordance with the changing population age structure and forecasts of a rapidly declining labor force. IPSR has been compiling research results, academic views, and policy opinions from faculty members and researchers of the Institute, including Professor Emeritus Aphichat Chamrathirong, Assoc. Prof. Dr. Chalermopol Chamchan et al., Assoc. Prof. Dr. Sureeporn Punpuing et al., Assoc. Prof. Dr. Sudarat Musikawong et al, and Asst. Prof. Dr. Sakkarin Niyomsilpa. The following is a summary of the main content:

**Prof. Emeritus Aphichat Chamratrithirong:** The article “Pathways to Replacement Migration Policy” reviews the trend of rapid decline in growth of the Thai population due to its ageing population structure and evolving social trends in marriage and family formation. Since it is unlikely that the government could ever reverse these powerful socio-demographic forces, Thailand should initiate immigration policies to replace the dwindling labor force before the situation becomes too difficult to manage. Such policies are more likely to be successful during a time when the competition for human resources is not yet high, and the Thai labor force has not decreased so much that social integration is difficult. To that end, Thailand should consider creating a pathway to Thai citizenship for foreigners who meet the appropriate criteria and in accordance with international human rights principles from a globalist perspective. This must be a deliberate and proactive policy which is formulated in consultation with key decision-makers and planners in the economic, social, and cultural sectors. There needs to be a calculation of the required quota of foreigners to partially replace the decline in indigenous Thai labor which, at current rates of demographic attrition, is at least 100,000 persons per year for the next 80 years. The target is likely to replace only one-quarter of population loss to soften the adverse effects of the decline in the population at large. The policy needs to be accompanied by a clear action plan and mechanisms to fast-track granting of citizenship to qualified foreigners. However, Thailand has to anticipate obstacles such as xenophobia and fear of Thais becoming a minority in their own homeland. Thus, there needs to be skillful and adequate participation of the public in the process of defining the policy and implementation of selective replacement immigration.

**Assoc. Prof. Chalermopol Chamchan et al.: Research on children of migrant workers: A demographic asset that should not be overlooked.**

This is a qualitative study about the impact of COVID-19 on the well-being of youth under age 18 years who are children of migrants from neighboring countries living and working in Thailand. The study looks at the impacts in terms of health, education, and child protection. The study found that children of migrant workers are at risk of multiple threats to their well-being. These include risks to proper health, nutrition, and parenting. Migrant primary school-age children are at risk for delayed learning and educational development. Migrant high school-age children are at risk for limited educational opportunities, infringement of rights, exploitation, and the typical rebellious adolescent risk

behavior. Many of these migrant youth are studying or have studied in the Thai school system, and can communicate well in Thai. They are familiar with Thai culture and society, and tend to want to remain in Thailand for the long-term once they finish their formal education and identify a career path. These second-generation migrants are potentially valuable human capital for long-term development of Thailand. Therefore, Thailand should formulate policies and mechanisms to ensure access to rights in various areas, such as birth registration, schooling, and health care, as well as universal childhood protection. These measures are not solely for the protection of migrant children; these youth could be critical as adults to the on-going development of Thailand's economy in the decades ahead.

**Assoc. Prof. Sureeporn Punpuing and Mary Rose G. Sarausad: Research on Urban Refugees and Labor Substitution in Thai Society.** This is a study to explore the problems and obstacles that arise during the transitional period of urban refugee life. Data were collected through in-depth interviews with 20 urban refugees and 14 representatives of relevant organizations between October and December, 2021. In early 2022, Thailand had over 5,000 intentional urban refugees from 40 countries around the world who were in Bangkok to apply to the UNHCR for asylum in a third country. While awaiting the deliberation of their case, these persons found temporary housing on their own, either in Bangkok or surrounding suburbs. These refugees claim to have fled from unlawful arrest or threats to their life due to their race or religion, or suffered other forms of human rights violations. Most have a high school education or even a bachelor's degree. Half of them have been in Thailand for more than a decade as refugees, and they are obliged to work, even if it is illegal, since they have to cover their own expenses while in Thailand. Usually, however, this work is menial, and pays them just enough to make ends meet. Thus, they are unable to apply their knowledge and skills which could be put to use for the benefit of the Thai society and economy. Given that Thailand will soon face the crisis of a shortage of skilled and semi-skilled workers, the government should explore temporary employment for qualified persons who have been granted refugee status by UNHCR so they can at least work and receive compensation that is commensurate with their education and skills. Such a measure would also be in line with the Universal Declaration of Human Rights and labor law.

**Assoc. Prof. Sudarat Musikawong and Adisorn Kerdmongkol:**  
**Research on debt generation from migration.** This study conducted a questionnaire-based survey of migrant workers in Thailand, most of whom are from Myanmar and Cambodia<sup>1</sup>. The study explored the issue of access to the implementation of the Thai Cabinet's resolution on regularizing migrant workers. The factors of interest include procedures that facilitate or hinder the actions of migrant workers and employers, the cost of implementing these procedures, debt burden of migrants, and the practice of deducting of a migrant's wages to re-coup processing fees. It was found that the process of registering migrant workers online is the procedure that requires the most assistance from others. Next most cumbersome include testing for COVID-19, examination to ensure the migrant has no disqualifying disease, and applying for a work permit online, respectively. The authors conclude that the Ministry of Labor's online system to facilitate registration of migrant workers is not as user-friendly as it should be. The cost of going through the procedures stipulated by the Cabinet resolution range from 8,480-8,680 baht, of which 6,500-6,600 baht is health-related expenses. Compared to the typical monthly wages of migrant workers, this expense is probably unaffordable for most migrants, and that is forcing many into debt at the outset of their migration experience. Therefore, Thailand should amend the rules and consider comprehensive immigration reform to achieve safe, fair and affordable immigration.

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<sup>1</sup> Migrant Working Group collected survey data with 195 people (45 questions) from March to August. Respondents were anonymous and were informed consent

**Asst. Prof. Sakkarin Niyomsilpa: Policy analysis on COVID-19, the change in Thailand's long-term visa policy.** This study examines how, after the emergence of COVID-19, many countries, including Thailand, have begun to change their policies and visa rules to attract high-quality tourists and migrants. For example, Thailand has created a category of visa which allows long-term stay in country to attract wealthy retirees or businesspersons. The so-called "LTR Visa" would allow a ten-year stay before renewal is required. Thailand is also considering special visas and work permits for remote workers and digital nomads who are skilled professionals from countries with advanced economies. These developments with Thai immigration are part of the emerging recognition of the concept of intentional "replacement migration." While Thailand already has other types of long-term visas which can be extended year-to-year, these are mainly used by persons over age 50 who have good pension income or foreigners married to a Thai. The so-called "Smart Visa" is issued by Immigration in collaboration with the Thai Board of Investment (BOI) focuses on skilled workers, however less than 1,000 persons have been approved since there are multiple conditions of applicants. Therefore, Thailand should analyze the skilled-labor database in various target industries, and take proactive measures to attract workers to fill gaps in the most needed areas, perhaps using a points-based system with scores based on education, experience, creative achievement, and patent ownership. There needs to be a clearly defined vision and objectives for each visa category. However, if Thailand is serious about attracting more foreign skilled labor to fill long-term labor shortages, they need to liberalize and streamline the conditions and criteria to attract the kind of migrants which the country needs most.



## The 5 key research issues of this forum are as follows

### 1. Pathway to “replacement migration policy”

Aphichat Chamrathirong

#### **The Thai population will decline by half by the end of this century.**

Demography is the study of size, structure, and distribution of the population, and the dynamics which drive changes in those dimensions. In its most basic form, a population is shaped by fertility, mortality and migration (i.e., in- and out-migration). For most of human existence, the norm was replacement fertility, in which births roughly equaled deaths over several generations (although there certainly were dramatic fluctuations due to conflict, infectious disease, and environmental calamity). Only in the past 100 years, when deaths were reduced by sanitation, vaccination, and cures for killer diseases did births start to significantly outnumber deaths, and populations around the world began to climb steadily. Thailand was one of the earliest countries to recognize the threat to socio-economic development of uncontrolled population growth, and it introduced a population control policy and unimaginably successful fertility control program. However, the program was so successful, that men and women started having fewer children to replace themselves (i.e., fewer than one son and one daughter on average). With contraceptive prevalence still high, and individuals deciding to delay marriage until older ages, and even some deciding they did not want to marry or have children, Thai fertility began to decline even faster than ever.

In 2021, a very important demographic event has occurred in Thailand: It is the first year in recorded Thai history when deaths outnumbered births. The computer models and forecasts indicate that this trend in declining population will continue throughout the 21st century. If Thai deaths cannot be adequately replaced by Thai births, then the only way to keep the population stable is through replacement migration and eventual naturalization of the immigrant population. In 2001, the United Nations Population Division (United

Nations, Department of Economic and Social Affairs, Population Division, 2001) has proposed the concept of “replacement migration” as a rational population management strategy, and which could already apply to many countries in Europe, North America, Australia, as well as Japan, and Korea in Asia, among other ageing societies.

What is more, the United Nations population projections for the end of the 21<sup>st</sup> century suggest that, if current global trends continue, Thailand will have had the greatest percent decline in population of any country in the world (after Japan) (United Nations, Department of Economic and Social Affairs, Population Division , 2019). Vollset et al. (2020) estimated that, by the year 2100, the population of Thailand will be reduced by more than half, or about 30 million people, if no action is taken.



## **'Replacement Migration' as an unavoidable prospect**

While the growth rate of the Thai population approached zero, many countries and parts of the world continued to be adding persons. Eventually, the large numbers of non-Thais will begin to seep into the country, just as a flowing body of water will find the least elevation. Although it does not yet have a replacement migration policy, Thailand should avoid passive acceptance of uncontrolled in-migration from other countries. Instead, the government should aim for a stable and secure population through well-planned measures. The first step should be the formulation of a replacement migration policy soon, to begin to replace the shortage of working-age Thais that is already hampering domestic industry, manufacturing, and the services/hospitality sector. This will require a change of mindset or accepting a new paradigm in which foreigners are seen as an asset for the country and not a threat or intrusion. The government and mainstream society needs to see working-age migrants as a valuable human resource which can help the Thai nation survive and thrive. A replacement migration policy requires clear goals, targets and an action plan to import and integrate migrants into the workforce and mainstream society. At present, there is a surplus of those potential migrants in the region, and Thailand can be selective about whom it invites in. However, in the future, as the concept of replacement migration takes hold in other countries, the demand for this surplus human resource will become more competitive, both in the Greater Mekong Sub-region, Asia at large, and globally. In addition, importing foreign labor now, while the Thai population is still quite numerous, will make it easier to seamlessly integrate them in Thai society now, and eventually as naturalized citizens in the future.

Granting Thai citizenship to foreigners to replace the indigenous population that is being lost each day needs to be proactive. This can be done in steps and with rules that are precise and appropriate by applying the principles of human rights and global citizenship. The Thai public must be involved in this momentous decision-making process across the social, economic, and cultural dimensions. At the same time, this policy must not be implemented from a defensive posture. Instead, Thailand needs to be forthright and assertive about welcoming its working-age neighbors, and making them feel as an appreciated and integral part of mainstream Thailand. The country needs to identify an "optimal pathway" which can help foreigners smoothly transition through guest-worker permits, long-term extensions of stay, residence visas, land ownership rights, and Thai citizenship.

## Long-term plan and opportunity for Thailand

If the projections are accurate, then during the remainder of the 21 century, Thailand will “lose” 30 million people. If we consider replacing just 25% of that lost generation (or about 8 million people), then Thailand would need to import (and help attain Thai nationality) as many as 100,000 people<sub>t</sub> per year. Based on a cursory review, there are already good candidates for filling this need among those who were born in Thailand but have not obtained Thai citizenship. Indeed, this group comprises a fairly large number. As of December 31, 2021, data from the Bureau of Registration Administration indicate that the total number of non-Thais residing in Thailand stood at 973,656 and increased to 975,663 as of May 3, 2022. Of these, over 700,000 were stateless persons (i.e., unknown nationality, undocumented persons). Others include 100,000 refugees in nine temporary shelters (many of whom were born in Thailand), and the approximately 30,000 children of non-Thai migrant workers who are born in Thailand each year. Thais need to see these groups as an opportunity, not a crisis. A first step is to portray these non-Thai residents as a human resource, and ease the rules and conditions for citizenship in order to be more inviting and inclusive.

As of 2022, there were 259,065 people in the national civil registration system who were not Thai citizens but did have nationality verification documents. Most are from countries in Asia (82.5%), followed by Europe (13.4%), and North America (2.6%). Knowing this distribution of foreign nationals is a prerequisite for setting quotas for replacement migration by nationality in accordance with the economic needs and potential for cultural integration in ways that are appropriate and palatable to Thai society.

## Obstacles that must be overcome

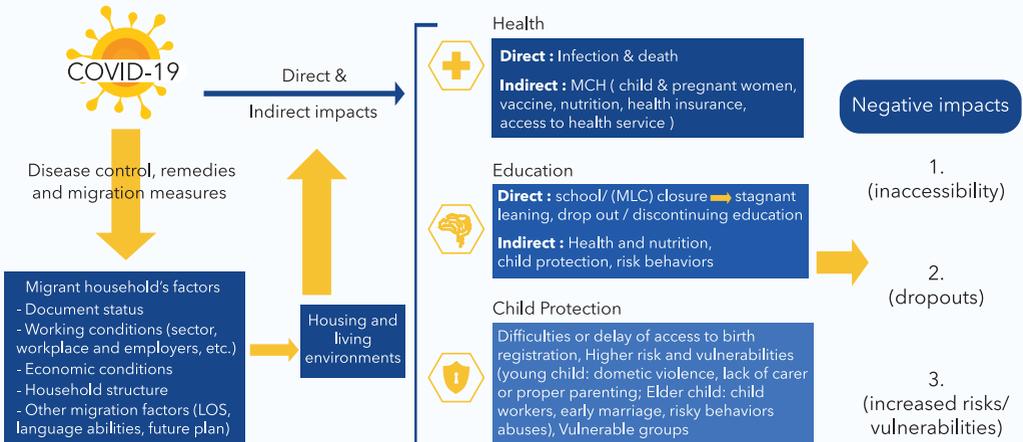
One of the major obstacles to the replacement migration policy is xenophobia, or Thai nationalism. To skillfully address this potential barrier, there must be transparency about the policy and proposed measures, followed by participation of the public in order to generate a national consensus that this policy is necessary for the survival of the Thai nation, and that there is little time to spare since the population will begin to decline rapidly in the coming years. There need to be working groups that are appointed to produce target quotas, criteria for selection, and various pathways to integration of foreigners in the Thai economy and society.

## 2. Children of migrant workers

A demographic asset that should not be overlooked

Chalernpol Chamchan, Watinee Boonchalaksee, Kanya Apiphonchaisakul, Pannawat Thuenklin, and Pongsak Muensakda

The project “Assessing the Situation of Migrant Children and the Impact of COVID-19” is being implemented by IPSR with support from the EU COVID-19 Response and Recovery Program through ActionAid Thailand (Feb. 64 - Jan. 20). The objective of the project is to study the impact of Covid-19 on the well-being of children under 18 years of age whose parents are migrant workers from neighboring countries. The study looks at children’s well-being in terms of health, education, and child protections. Data were collected in Bangkok, Samut Sakorn, Chonburi, Ranong, Tak (Mae Sot District), and Chiang Mai Provinces. The following graphic portrays the conceptual framework of the study:



Based on the results of the study, policy-makers need to consider the following: (1) Mechanisms and immediate measures to monitor, assess, and assist in mitigating the impact of the COVID-19 situation on children's health, education, and protections; (2) There should be a database for migrant children in Thailand, and that should be integrated with counterparts of relevant agencies; (3) There should be long-term policies under the concept of "replacement migration" in the management of children of migrant workers from neighboring countries. The following are more considerations:

**Health:** There is the need to continue to address on-going problems while promoting a new way of maternal and child (newborn) health, provide health insurance coverage for all migrant children, and develop cadres of Migrant Health Volunteers to provide manpower in supporting mainstream health services.

**Education:** Thailand needs to introduce medium- and long-term measures to promote education for migrant children in accordance with the local context and learners' needs, and personal conditions (migrant children and their families), including education in the Thai school system, the non-formal education system, and the Migrant Children Learning Centers.

**Child Protection:** There is a need to support access to birth registration rights for all migrant children born in Thailand, and develop assistance mechanisms and protections for migrant children at the local level that takes into account the risk status and vulnerability.

*“...In accounting for the declining number of Thais in the working-age group by replacement migration, we should value and prioritize the group of migrant children who can be part of the driving force of the Thailand's future development. This will require policies and mechanisms to maintain access to rights and protections in various fields, including birth registration, education, and health, including protection of children from risks in various fields. There needs to be national unity and recognition of the value of this approach to inclusion. The strategy and implementation need to be clear and with guidelines so that all stakeholders are aligned under the same vision and mission...”*

### 3. Urban refugees and filling shortages in the Thai labor force

Sureeporn Punpuing and Mary Rose G. Sarausad

#### Situation of Urban Refugees

“Refugee” means a person who is obliged to emigrate due to conflict in politics, religion, race, nationality, social group, or other oppressive factor. Most refugees are unable to return to their country of origin because of fear of arrest or threat to life. There are two groups of asylum seekers in Thailand: Refugees who live in temporary shelters or camps provided by the Thai government and the United Nations High Commissioner for Refugees (UNHCR).<sup>2</sup> There are systems to oversee the situation of these persons until they can be resettled in third countries. Currently, Thailand has 91,363 refugees in nine camps on the Thai-Myanmar border (UNHCR, 2022). The second group is what is referred to as “urban refugees” and includes those intending to apply for the formal status of “asylum seeker” to settle in a third country with the help of UNHCR. There are currently 5,155 people from about 40 countries living in Bangkok and surrounding urban areas, but they do not live in camps like the first group (UNHCR, 2021).

As Thailand is not a signatory to the 1951 Refugee Convention and the 1967 Protocol, nor does it have a national legal framework for specific protections for refugees and asylum seekers, these vulnerable populations are subject to Thai immigration law, just like any other foreigner in Thailand. Furthermore, the refugee status certificate issued by the UNHCR is not recognized by the Thai government. As a result, refugees who are illegally residing or working in Thailand run the daily risk of arrest, detention, and deportation to their country of origin.

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<sup>2</sup> UNHCR has a duty to protect and find sustainable solutions for refugees. There is a “no pushback” principle to countries where refugees face serious threats to life or freedom.

## Research summary

The purpose of this research was to study the problems and obstacles arising during the transitional period of refugee life in Bangkok<sup>3</sup> by collecting historical data before, during, and after emigrating and entering Thailand. Between October and December 2021, the researchers conducted in-depth interviews with 20 urban refugees from Southeast Asian countries, South Asia, the Middle East, and Africa, and 14 representatives from related public and private organizations. The study found that urban refugees face a variety of problems and obstacles, including illegal immigration status, overstaying their permit to stay, not having a work permit, and lacking access to health care and education. This paper presents only the information relevant to the group of urban refugees (i.e., not those in registered camps).

Of the 20 respondents, the vast majority (80%) had at least some high school up to a bachelor's degree education, and about half had a bachelor's degree (five from English-speaking countries). They have lived in Thailand for more than ten years. Although urban refugees who have been granted refugee status by UNHCR receive a monthly accommodation allowance of approximately 3,000 to 5,400 baht, the length of time these urban refugees have had to wait for a third country to accept them, plus the hardships caused by COVID-19, means that these refugees are forced to try to find work even though they know they are not entitled to. The group with higher education speaks English well, and most have worked for non-governmental organizations (NGOs), as teachers, interpreters, volunteers (staff of churches, NGOs), or general contractors. These groups of refugees cannot apply their knowledge and skills that would be more beneficial to Thai society due to their limbo legal status. There is the case of one female refugee who fled from Pakistan by herself due to sexual harassment and coercion. She has a bachelor's degree in teaching but cannot find gainful employment due to her inability to obtain a work permit and corresponding visa.

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<sup>3</sup> The project on "The Transitional Lives of Bangkok's Urban Refugees." Collaboration of the Asian Institute of Technology and the Institute for Population and Social Research, Mahidol University

## Policy recommendations

As noted, Thailand is facing a shortage of skilled and semi-skilled workers, and that shortage will only worsen in the future if urgent action is not taken. It is therefore proposed that the government take this opportunity to create mechanisms to allow refugees who have been granted refugee status by UNHCR to work and receive compensation that is appropriate for their abilities, as that would be in line with the Universal Declaration of Human Rights (Amnesty International Thailand, n.d.) and labor law of Thailand.

### 4. Indebtedness due to migration under the COVID-19 situation

Adisorn Kerdmongkol and Sudarat Musikawong

#### Collection of data on the labor force

Most of the respondents in this questionnaire-based survey are from Myanmar and Cambodia, and had an alien card (Pink Card). Some had a work permit application or a work permit replacement form.

#### Research summary

This study focused directly outcomes of the Thai Cabinet resolutions and related procedures that facilitate or hinder the actions of migrant workers and employers, the cost of operations, and debt obligations, including the deduction of wages to re-coup processing costs from migrant workers. The online migrant worker registration process was the step that required the most assistance from others (93 respondents), followed by COVID-19 testing (70 persons), screening for serious diseases (59 people), and applying for work permits online (55 people).

Most migrant workers only have mobile phones to access the Internet. The design of an online system that is not migrant-friendly is also a burden for users, and they have to rely on others to do it for them. The Covid testing and screening for serious diseases can only be done at a government hospital. That introduces the burden of travel and related costs, especially if an interpreter's services are needed. Most importantly, due to outbreaks of COVID-19 (e.g., during April 2021), many government hospitals suspended the medical examinations for foreign migrant workers, and the deadline for

registering with the Labor Department expired for many in the interim. Many migrants did not have enough income to sustain them during the lengthy registration process and, therefore, fell into debt. Other migrants did not have the required documents to register, or did not understand the procedure for registration, or the steps were too cumbersome.

The cost of complying with the Cabinet resolution entails health-related expenses of up to 6,500-6,600 baht, while only 1,980-2,080 baht is required for a license fee or identity document. Total costs per the Cabinet resolution should range from 8,480 – 8,680 baht for the two types of migrant workers. In fact, this survey of migrant workers found that most (79.2%) paid more than 10,000 baht to complete the process. Fully 37.5% paid 10,001-13,000, 16.7% paid 13,001-16,000, and 25.0% paid more than 16,000 baht. Only 16.1% paid less than 8,000 baht for the procedures stipulated by the Cabinet resolution, and 4.2% paid from between 8,001-10,000.

### Policy recommendations

The COVID-19 situation and problematic regulations pose a risk of exacerbating the problem of illegal migration, especially the ones that put more financial burden onto migrants. With financial burden, these regulations become difficult to follow and possibly push them into informal labor, subsequently create more debts for migrants. Thailand should initiate an approach that facilitates labor migration. This can alleviate labor shortage and long-term population decline situation in the country, in accordance with replacement migration policy.



## 5. COVID-19 and the Transformation of Thailand's Long-term Visa Policy

Sakkarin Niyomsilpa

### COVID-19 and modifying Thailand's visa policy

After the Covid-19 pandemic took hold around the world, Thailand changed its policy regarding several visa laws and regulations. On May 10, 2022, the Cabinet approved a long-term resident visa (LTR Visa) for high-potential foreigners with a validity of ten years (The Secretariat of the Prime Minister, n.d.). This new provision of Thai Immigration reflects a shift from the focus on temporarily importing low-skilled workers from Thailand's lower-income neighbors, to attracting skilled migrants and those who have wealth, and enable them to stay for an extended period of time. While it is too soon to assess the effectiveness of this action, the Cabinet resolution is an acknowledgement of the need for a replacement migration policy.

### Thai long-term visa

Currently, Thailand has several visas categories which allow a longer stay than can be obtained by the average work permit, marriage visa, and retirement visa. These other categories of visas have the following features:

1) The 10-year, long-stay visa (Long Stay O-X) was created in 2016 as a type of tourist visa, focusing on retirees age 50 years and for nationals from 14 higher-income countries only. The visa has rather high financial requirements, such as a deposit of 3 million baht, and the visa holder is not allowed to work full-time while in Thailand. Not many foreigners have elected to apply for this visa.

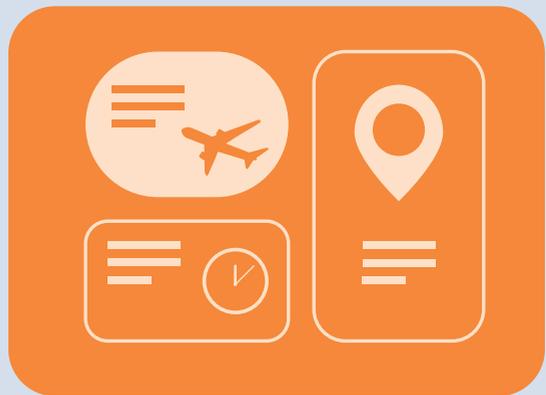
2) In 2018, the Board of Investment (BOI) initiated the "SMART Visa", which offers a 4-year stay to attract high-skilled science/technology professionals, high-level executives, investors, and start-up entrepreneurs.<sup>4</sup> However, only 741 persons have been granted this visa in the four years since its inception (The Ministry of Labor, 2022).

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<sup>4</sup> Thai Cabinet: Has approved the implementation of the SMART Visa according to the resolution of the Strategic State Government Administration by granting the One Stop Service Center for Visa and Work Permit to move the SMART Visa policy forward

3) Thailand Privilege Card (Thailand Elite Card): This is a form of tourist visa for persons with high purchasing power and frequent travel to Thailand. The applicant has to pay a high, non-refundable processing fee (e.g., 500,000 baht or more). The Elite Card was launched during the administration of Thaksin Shinawatra. However, up to the beginning of 2022, there have been only approximately 16,000 visas issued in this category (Thansetthakij, 2022, February 17).

4) Long-term resident visa (LTR). The LTR is valid for ten years. The Office of the National Economic and Social Development Board (NESDB) expects that, between 2022 and 2026, the LTR visa will attract around one million migrants (WorkpointToday, 2022, May 11). The LTR is Thailand's most obvious admission by the government to-date of the need for a replacement migration policy.



## Policy recommendations

1) To-date, long-term-stay visas focus more as a source of revenue for the country, instead of replacing the dwindling number of Thai working-age population. Therefore, Thailand should formulate guidelines for serious measures to support replacement migration with an emphasis on skilled workers.

2) The essential data on the work force in Thailand is distributed among many government agencies, without links and integration of information. Therefore, there should be a single agency responsible for compiling and analyzing data on labor in Thailand, especially for the higher-skilled work force in various industrial fields. That information can be used in identifying gaps, and determining measures to proactively attract skilled workers in priority occupations.

3) Thailand should use the scoring system to prioritize applicants for extended stays in the country. Applicants would be assigned points based on quotas and various qualifications such as age, educational qualifications, experience, language ability, history of creating inventions and innovative work, possession of patents, etc. These attributes should be given higher priority than an applicant's income, or charging an exorbitant processing fee, in order to attract younger applicants.

4) The government should define the targeted missions for each visa policy. For example, the SMART Visa should aim to attract skilled workers to the target industries, while the LTR visa may be expanded to a wider range of skilled people, freelancers, digital nomads, and artists. The Elite Card focuses on the wealthy and investors.

5) The current long-term visa policy is incomplete. In the absence of citizenship rights and local integration, Thailand should enable more long-term visitors to apply for permanent residence, and create a more expeditious path to Thai citizenship.

## COVID-19: Resilience and opportunity

COVID-19 has forced Thailand to adjust its immigration policy by initiating the LTR Visa. Thailand is beginning to accept the need for policies along the line of “replacement migration.” However, there are many measures that Thailand can take now to slow down the impact of the decline of the indigenous working-age population.



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05

## Eat, Live and Body Movement: New Normal in the COVID-19 Crisis

Research cluster 4 :  
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## Executive Summary

The COVID-19 pandemic has affected the quality of life of nearly everyone in society to a greater or lesser degree. In order to avoid or mitigate the negative effects, people are struggling to adapt by living in a new way. However, the ability to adjust to this “new normal” is not the same for all groups of the population. Fragile populations with health, economic, and social constraints are more severely affected, and adapt more slowly to a pandemic situation like COVID-19. This can be seen from the findings of studies of changes in physical activity and the recovery rate of different groups of the population during the pandemic, which exposes disparities which persist, even after the pandemic threat has waned.

Even though it would seem that the people working in the services sector have a better ability to adapt well, survey results show that life satisfaction in terms of physical health is inferior to other aspects. In addition, the findings from a survey indicate that the percentage of advanced older persons (age 80+ years), those who lived in the Northeast, had less formal education, were in debt, and were the primary breadwinner for the household had significantly more severe impact on food security than the general population of older persons.

To address the problem of sedentary behavior, the Thai government, in collaboration with various sectors, has a duty to enhance knowledge, understanding, and motivation of society to engage in healthy physical activity, as well as fostering the development of a conducive environment to active living. There should be programs to help all groups to have regular physical activity, and worksites need to ensure that their workforce has an appropriate amount of physical activity in the workplace each day (World Health Organization).



In terms of food security, the government sector should play a leading role in forging agreements among government agencies of all ministries and all levels (i.e., “whole-of-government commitment”) to improve the food systems so that it promotes food security and nutrition, and contributes to the economic foundation of the country. In addition, emphasis should be placed on the development of the country’s food policy that “leaves no one behind,” especially the vulnerable groups, with a focus on reducing food and nutrition inequalities in all population groups. At the same time, the law should be improved and there should be policies that make healthy food accessible to all segments of the population. There should also be a mechanism to monitor the situation of food security and nutrition of the Thai population – especially the fragile groups – continuously and comprehensively around the country.

## **Introduction**

The COVID-19 pandemic has forced many countries around the world to impose lockdowns, closures, curfews, and other measures to limit people’s travel or opportunity to be in crowded conditions. People have been strongly advised to self-quarantine and, if outside the home or neighborhood, to socially distance, wear a sanitary mask, and avoid lingering at indoor shops or worksites. While these measures have been proven to limit the extent of spread of an airborne pathogen such as COVID-19, the restrictions in movement and socialization has had a severe impact on the lives of most, especially during lockdowns and closure of places of employment. These harsh restrictions are certain to have some long-term impacts on the health and socioeconomic status of people throughout society (Gill, Adenan, Ali, & Ismail, 2022).

UN agencies such as UN DESA have reported on the adverse impact of the pandemic on lifestyles and, in particular, the curtailment of group physical activity, with a corresponding reduction in individual physical activity. During the pandemic, adults and youth spent significantly more time viewing electronic screens, and sleeping patterns have changed for the worse, resulting in unhealthy weight gain and decreased physical fitness (United Nations, 2020). People in lower-income families are particularly vulnerable to these deleterious effects of COVID-19 and government containment measures. When lockdowns are ordered, worksites and schools are closed. That means that more family members are confined to the home for longer periods. Many of the lower-income groups live in cramped, sub-standard housing, and that further limits the opportunity for healthy physical activity during periods of restricted travel and social isolation.

The FAO, WFP, WHO, and UNICEF also issued a joint statement on the impact of COVID-19 on food security and nutrition, and how the pandemic is negatively affecting changes in the entire food system (UNICEF, 2020). The pandemic has disrupted the global economy and food systems, with the poorest segment of the population sustaining the most impact. The decline in employment and income opportunities as a result of the COVID-19 crisis has widened the food access gap between the poor and the better-off populations (Swinnen, 2020).



In Thailand, the government has ordered periodic lockdowns where large outbreaks of COVID-19 have occurred. However, the most pervasive impact has been due to the closure of the country to non-essential travel, essentially shutting down the foreign tourism sector, and the ordered closure of entertainment establishments across the country. At various times, the government implemented nighttime curfews, apparently believing that COVID-19 was more likely to spread at night than during the day (Rajatanavin, Tuangratananon, Suphanchaimat, & Tangcharoensathien, 2021). All of these factors, and many more, have greatly reduced the physical activity of the Thai population, and forced people to be more sedentary than they would like. The percentage of the Thai population having sufficient physical activity during the first year of the pandemic fell 19.1 percentage points, from 74.6% in 2019 to 55.5% in 2020 (Piyawat Katewongsa and Kornkanok Pongpradit, 2020). However, in late 2021, when the government started to relax the COVID-19-containment measures, the proportion of the population having sufficient physical activity had rebounded somewhat, to 63% (Thailand Center for Knowledge Development in Physical Activity, 2021). Still, there are many sub-groups of the population who may be trapped in a pattern of insufficient physical activity, and may not recover to previous levels despite the lifting of restrictions.

In terms of food security of the Thai population, a 2019 study by Jintana et al. Found that approximately 3% of Thai households with under-age-five member(s) faced food insecurity (92% moderately, and 8% severely). Higher-income households were less likely than lower-income households to experience food insecurity. Meanwhile, households in non-municipal areas had less food insecurity than those in municipal areas (Jankhotkaew, Chandrasiri, Charoensit, Vongmongkol, & Tangcharoensathien, 2022). In addition, more than 70% of households with an under-age-five member(s) in ethnic communities in Thailand's north region where are also facing food insecurity (Roesler, Smithers, Wangpakapattanawong, & Moore, 2019). Food insecurity is one of the major risk factors for malnutrition in the Thai population, and the country has not yet been able to eradicate this scourge.

This article on the topic “Eating, Living, Moving: A New Way of Life in the COVID-19 Crisis” presents data on the situation related to the behavior and way of life of Thais during the COVID-19 pandemic, with a special focus on physical activity and food security, and how COVID-19 is having a differential impact on sub-groups of the population, leading to troublesome inequalities in society. This discussion focuses on the general population and specific groups greatly affected by the pandemic (i.e., the working-age population and older persons) and concludes with policy recommendations to improve the quality of life of the Thai population when COVID-19 becomes pandemic



## Findings

The Thai COVID-19 pandemic and response has greatly affected the availability of physical activity options and the level of food security of the population. However, the impact is not felt equally across the various sub-groups of the population. The most vulnerable include those with no income, unemployed, the under-educated, those with chronic disease, older persons, and debt holders. These groups are suffering from a lack of sufficient physical activity or more severe food insecurity than other groups of the population.

According to a study by Piyawat Katewongsa and Kornkanok Pongpradit (2020), it was found that, in general, government measures to control the pandemic widened the gap of inequality in physical activity during 2020, followed by a slight recovery in 2021. However, it is an unequal recovery, and there remain persistent disparities among sub-groups of the population. The percent of the population engaging in sufficient physical activity in 2021 was still about 12 percentage points lower than during the pre-pandemic period (i.e., 2019). The Gini coefficient was applied to measure disparity in the duration of physical activity between 2019 and 2021. That analysis found a steady increase in inequality, from 0.416 in 2019 to 0.440 in 2020, and to 0.487 in 2021. The relative difference of the Gini coefficient was 5.7% and 17.1%, respectively, between time periods.

When comparing the situation of recovery among different sub-groups, it was found that some populations still had lower levels of sufficient physical activity than others. The groups who are having difficulty returning to pre-pandemic levels of physical activity include: (1) those with no income; (2) the unemployed; (3) those with no access to physical activity options or lack of facilitating features in the neighborhood that would be conducive to physical activity; (4) older persons; and (5) those with incomes less than 3,500 baht per month. In addition, it was found that being a resident of Bangkok, being age 18-24 years, having primary school education or less, not having an opportunity to participate in physical activity campaigns, and having a chronic disease (e.g., diabetes, heart disease, high blood pressure, all types of cancer, allergies/asthma, kidney disease, high cholesterol) were determinants of higher risk of insufficient physical activity.

Although the working-age population is not among those facing the greatest deficit in physical activity, they still have suffered an impact of the pandemic on physical health. A survey of quality of life and happiness of Thai workers was conducted in 2020 and 2021, and found that happiness increased across all dimensions in 2021 – except for good physical health, which remained constant (Figure 1). In addition, the sample responded that the pandemic had more negative impacts on happiness than any positive effect. The happiness dimension that was found to be most negatively affected was good physical health, and nearly half the sample of workers reported a slight-to-severe negative impact (47.9%). This is consistent with the results of a survey conducted by the Thailand Physical Activity Knowledge Development Center (TPAK) of IPSR, Mahidol University which found that the percentage of sufficient physical activity of the Thai population in 2020 (including men and women) decreased 20 percentage points, from 74.6% in 2019 to 55.5% in 2020 (TPAK, 2021).

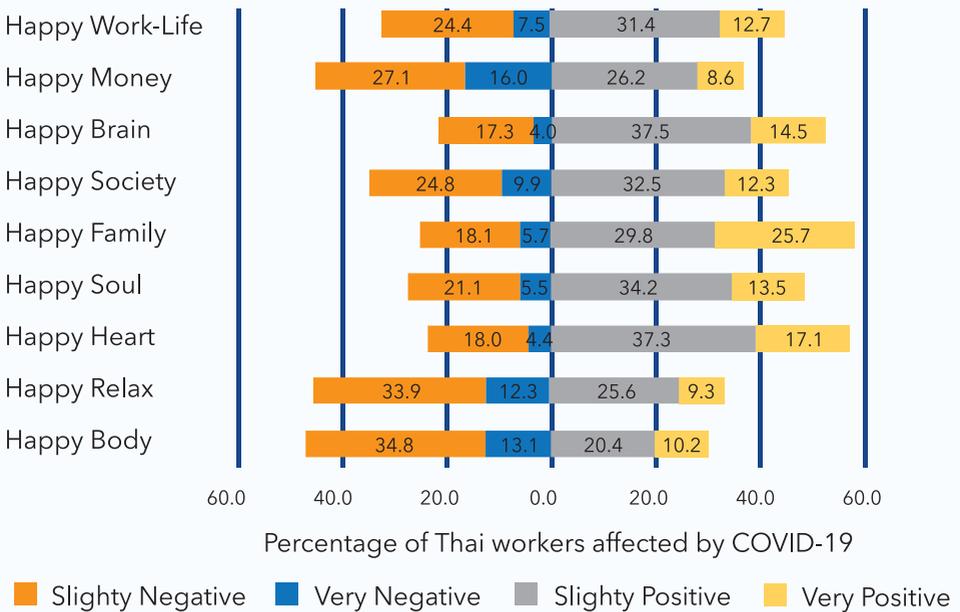


Figure 1: Scores of the Impact of COVID-19 on Happiness dimensions among Thai workers in 2021 Survey of HAPPINOMETER: Worker’s Quality of life, Happiness and Organization Engagement, National Level, 2021

These findings can be attributed to a number of factors, including the effect of the enforcement of the Royal Decree on Public Administration in Emergency Situations and restrictions on duration of travel outside one's residence/neighborhood (Press Office, Department of Public Relations, 2021). The restrictions include strong admonishment to shelter in place, avoid lingering in shops or places with large number of people, work from home, and wear a sanitary mask whenever in public. These restrictions would clearly have a direct and dampening impact on physical activity of many people, especially the working-age group (age 18-59 years). This impact is reflected in the sharp decline in the percent of the working-age population with sufficient physical activity (from 74.6% in 2019 to 55.5% in 2020). As a result, periods of extreme sedentary behavior increased to over 14 hours per day during the pandemic, especially for female office workers (TPAK, 2021).

The COVID-19 pandemic has also greatly affected the level of food security of the Thai population. In particular, older persons have been slower to adapt in this critical era than other sub-groups of the population. The Food Insecurity Survey of Thai Population Age 60 Years in 2020 (IPSR, 2021) applied FAO's Global Food Insecurity Experience scale, and found that the factors influencing the level of food insecurity among Thai older persons during the pandemic were age, region of residence, education level, debt, and role in providing food for the household.

Advanced older persons (80 years or over) were 2.6 times more likely to have moderate-to-severe food insecurity than the youngest older persons (60-69 years), whereas older persons in the Northeast were 2.4 times more likely to have moderate-to-severe food insecurity than their counterparts in the South. Those with primary education or less were 2.4 times more likely to have moderate-to-severe food insecurity than older persons who had attained secondary school or higher education. In addition, older persons with debt were 2.1 times more likely to have moderate-to-severe food insecurity than those without debt. Finally, older persons who were the main breadwinner for the household were 2.1 times more likely to have moderate-to-severe food insecurity than those who were not (Figure 2).

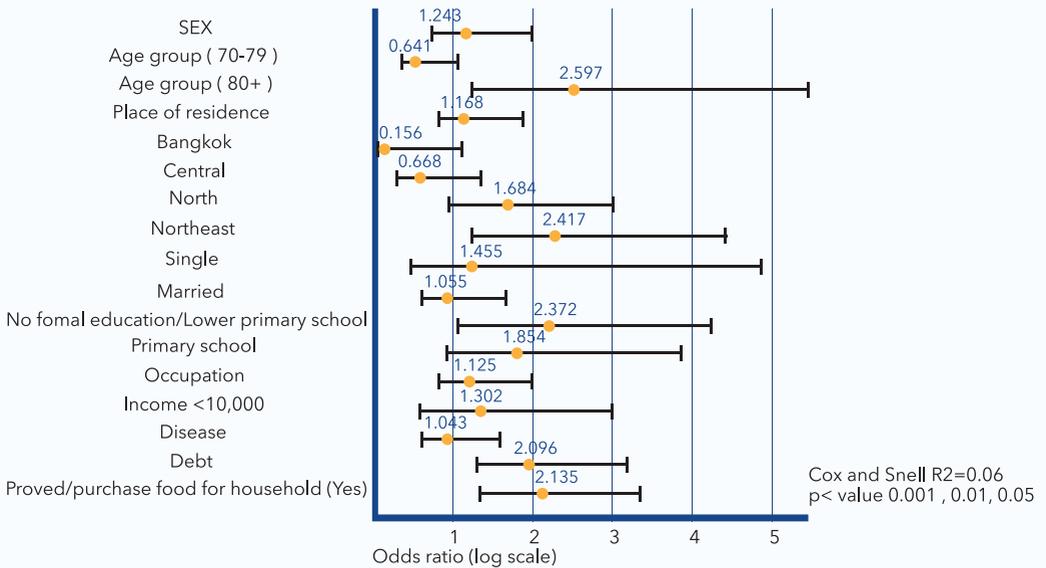


Figure 2: Comparison of Food Insecurity among Older Persons by Characteristics  
(Source: Fruit and Vegetable Consumption Situation among Thai People, IPSR 2021)

From the situation of physical activity and food security in the Thai population, it is clear that the COVID-19 pandemic affected groups of the population unequally. In particular, older persons are more vulnerable to decreased physical activity and food insecurity, and there should be programs which specifically target this vulnerable group so that they can adopt healthier lifestyle behaviors and keep pace with the mainstream population. The data from surveys also suggest approaches and opportunities to develop and improve policies, measures, and operations of the government and stakeholders to accelerate the recovery of the population and the revitalization of the country to settle into the 'new normal' as soon as possible.



### Promoting physical activity

1. The Thai government, academia and civil society should collaborate to create a more active lifestyle norm in society by enhancing knowledge, understanding, and appreciation of the benefits of physical activity in daily life. All people in the population should be encouraged to engage in productive physical activity every day, according to their interests and ability. Programs should use effective communication channels that are appropriate for the times, such as online social media and health communication by popular influencers, among other opinion leaders.

2. The government, academia, and civil society should work together to promote the development of active environments by creating physical spaces that are inviting and conducive to the well-being of the population in various fields, and providing equal access to all groups of people by focusing on convenience and safety. This includes strategies to integrate urban planning and transport policies by prioritizing walking and cycling to get around, and the use of public transportation instead of private vehicles. There need to be more parks that are in/near the home neighborhood ('Pocket parks'), more sidewalks within the community, and open courtyards among clusters of houses where group physical activity can be performed.

3. The government, academia, and civil society should work together to promote opportunities for active people, and promote access to opportunities and programs to help all groups to engage in regular physical activity. There are various activities that encourage direct participation of vulnerable population groups who are the target of health promotion interventions. There should be information services and advice on how to incorporate more physical activity into one's daily life, as well as guidelines on safe physical activity. Special emphasis should be given to least active groups such as children and youth, older persons, people with disabilities, and the lower-income by creating shared facilities in the community to initiate physical activity.

1. The government sector is the leader in forging agreements among government agencies from all ministries and levels (“whole-of-government commitment”) to adopt the common goal of making the Thai population more secure. A key element of that goal is food security, and that is the bedrock of achieving the global SDGs as well.

2. The government, academia, and civil society should work together to transform the food system so that it directly promotes food security and nutrition, and contributes to the development of the foundations of the economy by generating income for farmers, so that society is closer to self-sufficiency for all its consumption needs.

3. The government should ensure a government policy responds to “leave no one behind,” especially the vulnerable groups. This policy should focus on reducing food and nutrition inequalities among people of all ages and educational levels, and formulate policies, laws, and support mechanisms to help people access healthy food.

4. The government and academia should work together to implement mechanisms to monitor the situation of food security and nutrition of the Thai population, with a special focus on vulnerable groups. Such a system would provide regular feedback on the results of programs to the relevant agencies to help them fill gaps in food security and nutrition, and improve efficiency of implementation.

### Summary

Even though it appears that Thailand has controlled the spread of COVID-19 so that it will soon become a milder endemic form of illness, some lifestyles have completely changed for the worse, and may become permanent unless there are urgent interventions. The so-called “new normal” is an opportunity to instill norms and values in society to promote a better quality of life through physical activity and healthy eating behaviors, and supportive environments. It is noted that the COVID-19 pandemic impacted some groups in society more than others. Thus, the government, academia, and civil society need to work together to precisely define who the priority target groups are, and then work together to design programs and interventions to reverse the trend of sedentary behavior, promote active environments and active people including enhancing food security. Those efforts will help shield the society in the event of another public health crisis by reducing the vulnerable segment of the population.

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มหาวิทยาลัยมหิดล  
สถาบันวิจัยประชากรและสังคม



06

## Adaptation of Social Science Research Methodologies in the Era of COVID-19

**Research cluster 6 :  
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## Resilience from COVID-19 and Opportunities

The COVID-19 pandemic in Thailand has had a particularly strong impact on field-based social science research. That is because most qualitative research in the humanities requires on-site, in-person contact with people in their home communities or work-life settings. Consequently, the lockdowns, travel restrictions, social distancing requirements, and quarantines to contain the spread of COVID-19, have drastically reduced the ability to conduct on-site research and the willingness of people to participate in face-to-face data collection.

The major challenge for social scientists in the COVID-19 era is how to reach the target population in authentic ways that will not bias or hinder data collection. This is an important issue for both quantitative and qualitative research. In conducting quantitative research, it is extremely important to obtain information that is representative of the target population. The research team needs to go to the target area to create a sampling frame and collect data by in-person interviews, often in close proximity to the respondent, and perhaps in a room where others cannot eavesdrop. However, social distancing and self-isolation by vulnerable people means that large segments of the sample population are inaccessible to standard social science data collection methods. If the hard-to-reach and marginalized populations are inaccessible to data collectors during the COVID-19 crisis, that might seriously threaten the representativeness of any sample, and selectively omit those in most need of attention, thus exacerbating inequalities.

In conducting qualitative research, having close inter-personal contact with the target population is directly related to obtaining quality data. This is because qualitative data collection requires establishing rapport and trust between the researcher and the study participants. This can happen mainly through inter-personal contact and direct communication. In addition, the qualitative researcher needs to understand the social context of the sample, and this requires observation of surroundings and interactions that are not possible through remote data collection.

In any event, for the research to continue in the context of the continuing spread of COVID-19, research methods need to be adapted to suit the situation. The following are some guidelines:



## 1. Use of technology

Use of modern communication technology is becoming a more popular approach to conducting data collection during the COVID-19 era. This includes collecting data through remote, online channels instead of face-to-face interactions, such as surveys, in-depth interviews, or group chats through online platforms and tools. Today, there are a number of applications that make it easier to collect information online, such as Zoom and WebEx, which are increasingly popular for conducting interviews or group discussions online, or Google Forms, that make conducting online surveys even more convenient.

However, online data collection may not be suitable for all demographics and data needs. Video or audio recording is another option that may reach a wider population, and this can use an application that the research participant is already familiar with. One study used WhatsApp to allow participants to record 10-15 minutes audio messages to voice their opinions and describe work experiences during COVID-19. The sampled individuals were asked to send in a recording every two weeks to generate a time series (Gardner, 2020). For the Thai population, the more widely-accessed application is LINE, and that can generate the same type of recording.

Other approaches, include digital ethnography, which can be a viable approach to collecting information about the population of interest during a time when they are unable to travel. Researchers can collect data from public websites such as messages, videos, images, online behaviors, social relationships, or data from other information networks (Burrell, 2009). Researchers can observe the behavior of people online, participate in conversations or events, set up topic-specific webpages, blogs, forums, or post messages to gather opinions of people online. This approach may be appropriate for a population with regular Internet use, and who are comfortable with expressing opinions through various social media channels. Therefore, it may be suitable for research on certain issues and for certain populations only.

Researchers in South Korea used a digital ethnography approach to assess the understanding of a sample of mothers' about stigma of COVID-19 patients. Researchers enlisted the cooperation of 15 "Mom Cafe" groups (which had already formed on their own) to collect and analyze the comments made by mothers about exposure to COVID-19. The comments were collected during January-May 2020. Researchers found that these opinions are natural and honest, especially when members use pseudonyms to protect their privacy. The online postings are long enough to analyze the discourse that has taken place. This made it possible to understand the attitudes of a portion of society toward Covid-infected persons at a point in time without having to go into the field to collect data one-on-one (Kim & Chung, 2021).

For quantitative research, data collectors were able to avoid travel by using online questionnaires or phone calls to interview the target population. Access to the target population may need to use snowball techniques or access the sample through social media networks in order to gain trust and cooperation.



## 2. Increasing cooperation with researchers in the region

The prolonged COVID-19 pandemic and response in Thailand made travel to field study sites more difficult. Thus, central teams of researchers can collaborate with regional and provincial universities to collect data from people in their locality. Those regional and provincial teams would be more likely to earn trust of respondents since they are familiar with the local dialect and the socio-cultural context. Collaborating this way reduces unnecessary travel during periods of travel restrictions and concerns about exposure or spreading the virus to vulnerable populations. Researchers should also consider the involvement of local communities and organizations in study areas to create a more participatory atmosphere and approach. For cross-regional collaboration of researchers to be successful, it is important to have strong team leaders, and to recruit a local research team that knows the area and the local culture well, and can mobilize effective community involvement (Wright & Harvey, 2020). The COVID-19 pandemic has also led to changes in research topics and the allocation of limited budgets in order to maximize efficiency. For example, there is heightened interest in the inequalities in society that COVID has exposed or exacerbated.

The following are case studies to illustrate research methodology on topical issues of the moment.

### **Alternative research model 1: Cost-Effective Analysis with the OneHealth Tool**

OneHealth Tool is a cost-effective health analysis tool that was designed by the United Nations Inter-Agency Working Group on Costing (IAWG-Costing) with technical assistance from the World Health Organization. The focus is on national planning and resource needs assessment in low- and middle-income countries (Inter Agency Working Group on Costing, 2013). The tool helps to examine different scenarios in the health investments for a target population, and determine the optimal level of investment for a given need. OneHealth Tool simulates a health situation to see the price (cost) and impact of different intervention programs according to the situation so that the optimal program can be formulated. The diagnostic can be applied to various health target groups, adjusting various parameters to strengthen health systems that are most cost-effective in the long-term. This can inform planning of health policy measures according to cost-effectiveness and cost-benefit analysis results.

The monetary cost can be analyzed against the effectiveness with health units such as prevalence, mortality, and Disability-Adjusted Life Years (World Health Organization et al., 2003). The OneHealth tool provides near-empirical evidence to support policy action in health promotion, and has been applied in Thailand. The following is a brief description of those two applications:

### **1. Cost-effective analysis of an intervention to promote physical activity by providing brief advice as part of routine care**

This is a measure at the level of 'Good Buy Intervention' from the recommendations of the World Health Organization that targets behavior modification at an individual level with short tips to motivate and inspire healthy behavior change by encouraging increased physical activity (World Health Organization, 2017). In actual practice, it would be difficult, challenging, and costly to implement measures in the field. Using OneHealth Tool, policy makers can assess the cost and effectiveness of past operations to use as information for planning and developing new measures going forward. The analysis found that the current implementation of physical activity promotion measures with short-term counseling could reduce the prevalence of physical inactivity in the Thai population from 34.6% in 2021 to 32.7% by 2030. The cost of implementing such measures would be approximately 3,194 baht per one person to meet sufficient physical activity. (Piyawat Ketwongsa et al., 2021).

### **2. Analysis of the cost-effectiveness of a Brief Intervention to help smokers quit**

This example reviewed an intervention to help smokers quit. Studies have shown that stopping smoking for only 20 minutes helps lower blood pressure of chain smokers; and the longer the duration of cessation, the better the health outcomes. There are three types of assistance methods that are widely used to help smokers quit: Short-term advice; phone-counseling; and texting to phone numbers to provide advice and motivation to quit. This can be supplemented by use of nicotine replacement therapy in cases where this is prescribed by health professionals (Control & World Health Organization, 2003). A cost-effectiveness analysis found that the prevalence of smoking would decline from 17.4% in 2021 to 15.5% in 2030. The cost of implementing the measure would be approximately 243 baht per one tobacco user reduction (Piyawat Katewongsa et al., 2021).

These two examples of cost-effectiveness analysis using the OneHealth Tool program suggest that the current implementation of health promotion measures in Thailand has the potential to have significant impacts on health behaviors and improved health indicators of the population if implemented on a wide scale. In addition to providing near-empirical information for planning and programming, the analysis allows policy makers to weigh the cost and benefit of different scenarios and different mixes of interventions to attain the optimal results for the budget at hand. This is especially important during the COVID-19 era, since health budgets are being strained more than ever before. Therefore, cost-effectiveness analysis with the OneHealth Tool can provide a visualization of the costs in which the budget should be allocated in an effective way in each of the existing health promotion measures, and to prioritize health system strengthening strategies by filling gaps in programming, and conducting cost comparison given the available financial resources. This facilitates the creation of scenarios and adjusting priorities to strengthen systems for sustainable outcomes through long-term planning and policy-making of health systems to generate the most benefit.

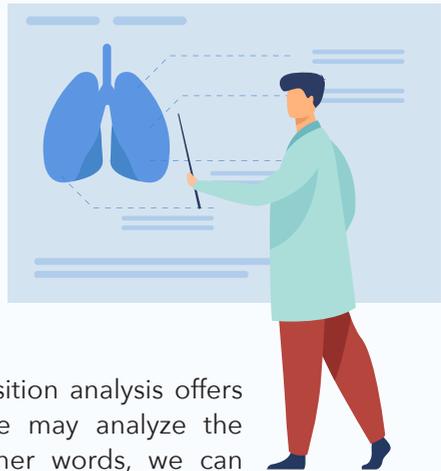


## Alternative research model 2: Decomposition analysis

The focus on economic inequality in relation to population characteristics is often of little interest to demographers. In the field of population studies, most studies often sought to either explain the determinants in a narrow field of interest within target populations, or looked for an association between two characteristics within a population. In order to achieve a higher acceptance rate in publishing in the field of population and sociology in respectable journals, there is higher competition in research quality as well as new innovations in research methodologies. In this research brief, I introduce the decomposition analysis method, a research approach whose results, when compared to traditional regression analysis models, may offer in-depth answers regarding the contribution of independent variables in modeling. Because such methods evaluate socioeconomic inequalities associated with population characteristics.

Decomposition analysis is frequently used in economic research. However, I highly advise demographic and social science researchers to employ this research method, since it allows us to be flexible in modifying the variables in an analytical model, further allowing researchers to assess socioeconomic disparities in relation to a specific population issue.

To be more explicit, decomposition analysis offers three significant advantages. First, we may analyze the correlations between variables. In other words, we can analyze the determinants of population behaviors or characteristics we are interested in, just as we do with other regression analysis models. Second, by using the concentration index, we can determine whether each independent variable in the model makes a strong or weak contribution to the dependent variable (by dividing the percentage contribution by the total 100 percent contribution of all factors in the model), from there, decomposition analysis can propose an impact policy that prioritizes the element that has a stronger relationship than the rest of the factors in the model. Third, we may analyze



the inequality between the rich and the poor, regarding the variable of interest and by what elements are closely associated to economic disparity when we use decomposition analysis (the positive index will represent rich people, and negative index will represent poor people).

To assist readers to quickly comprehend the explanation and to be able to debate the results of the decomposition analysis approach, the next section will offer a brief account of a study that utilized decomposition analysis to explain economic inequality in depressive symptoms among Myanmar and Vietnamese older persons. Depression symptom was measured in this study based on five common questions which were adapted from the Center for Epidemiologic Studies Depression (CESD) scale and the 36-item short-form health survey (Radloff, 1977; Ware & Sherbourne, 1992) including one positive feeling – happy and four negative feelings: poor appetite, lonely, depressed and sleeping difficulty with possible responses including 0 (not at all), 1 (some of the time) and 2 (often/most of the time). The research rationale, results and discussion will be summarized in this section, however, I will omit other information such as country context, literature review, variable construction, descriptive statistics and in-depth explanations.

This study uses the concentration index (CI) and the CI decomposition analysis to measure the inequality in both countries and to quantify the contribution of each social determinant to the inequality in each country. This kind of research contributes to the literature in relevant fields in several aspects. Previous studies in Vietnam and Myanmar mostly focus on social determinants of depression and depressive symptoms (Bich et al., 2019; Dao, Nguyen, Nguyen, & Nguyen, 2018; Giang, Nguyen, & Tran, 2019; Sasaki et al., 2021; Vu et al., 2019; Yamada, Yoshikawa, & Matsushima, 2020), the corresponding social determinants of inequalities in depressive symptoms are thus not well understood. The CI decomposition analysis is well-suited to bridge that research gap by not only quantifying the degree of socioeconomic-related inequalities in depression symptoms but also explaining the contribution of each determinant to the observed inequality. My study reveals in Vietnam, socioeconomic related inequality in depression symptoms was largely explained by subjective income (47.4%), followed by financial support from children (14.6%). For example, the inequality in depression symptoms in Vietnam would have been 47.4% lower if subjective income were equally distributed across the wealth distribution. Likewise, subjective income (89.7%)

and financial support from children (4.6%) were also the major contributors toward explaining the inequality in depression symptoms in Myanmar. Some other results we can extract from the CI results table are as follows, for both countries, older persons who feel the negative effects of subjective low-income, receive financial assistance, have a level of education of high school and higher tend to be less depressed **than those who are not, and such depression is more concentrated among** the rich compared to the poor. Older people living alone have a higher tendency toward depression than older people living with other people in the household. The level of depression for older people living alone is more concentrated in the poor than in the rich.

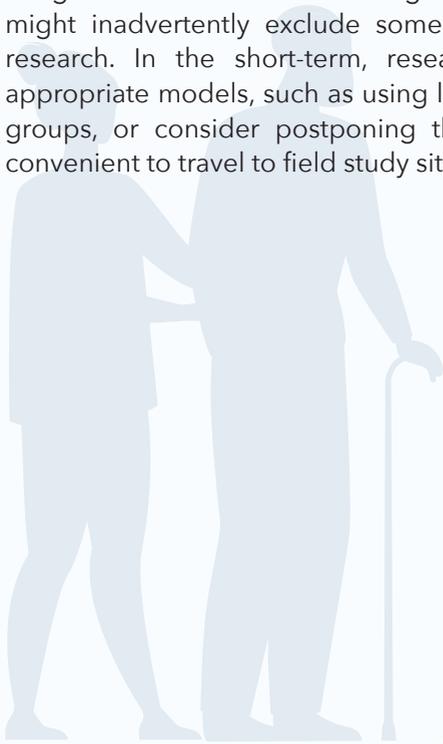
In general, a decomposition analysis not only assesses determinants of a population's characteristics but also determines the percentage contribution of each determinant in the model for this population issue. Moreover, as mentioned above, the biggest contribution of this analytic model is the analysis of inequality associated with socio-economic status in relation to population characteristics. Thus, connected with the COVID-19 pandemic, the gap between rich and poor and socio-economic inequality is predicted to widen due to uncertainties about the economic situation within countries. Therefore, the application of decomposition analysis has important implications for resilience & opportunity for studying at-risk populations. Using decomposition makes it possible to propose appropriate policies for each target population. As a result, demographers and social scientists should learn and utilize the decomposition method because of its potential for in-depth assessments.

## Resilience and Opportunity

The COVID-19 crisis is a catalyst for a major adjustment in social science research. This crisis surely not the last time such a calamity will befall Thailand. In the future, there are likely to be other forms of crises, such as natural disasters, climate change, or political turmoil. Research will have to adapt and find new approaches to continuously generate quality research. The COVID-19 crisis helps to shine a light on the path to recovery and the opportunities in research methodology.

**Resilience:** Researchers need to consider how best to maintain the quality of research, research ethics, and protection against increasing inequality as a result of COVID-19. That said, Covid also is prompting researchers to explore different methods of research. In terms of research quality, adjusting the research model to an online format has both advantages and disadvantages. The advantage for data collection via group discussion or online interviews include convenience in time and space. Research participants tend to feel more comfortable and safe in their own homes or familiar locations. Therefore, they may be more inclined to share their frank opinions (Dodds & Hess, 2021). Also, the cost of online discussion or interview is considerably less (in both money and time) than organizing an onsite group conversation or personal interview. The disadvantage of online data collection is the lack of an opportunity to foster a trusting relationship that might encourage the participant to open up more, especially about sensitive issues. Importantly, conducting research online will be accessible to only those who have the access to and facility with online channels. Therefore, there is a risk of selection bias in excluding the segment of the population that is less digitally-literate.

The ethical considerations in conducting online research include protecting the privacy of research participants. Online study participants are unable to know whether there were others who are listening in during the interview or discussion. Thus, the researchers need to devote extra time to reassure participants of the privacy of their conversations, and the confidential treatment of any recordings, the data itself, and how it is processed or presented (Palys & Atchinson, 2012; Tiidenberg, 2018). There are also ethical considerations in conducting social research during a stressful time when there are travel restrictions, Covid death and disease among neighbors or family members, and loss of income and ability to see friends, acquaintances and colleagues. There is an abundance of documentation about the deleterious effects of COVID-19 on the physical and mental health of people, and the socio-economic impact across the board. Researchers need to consider instituting guidelines so as not to disturb fragile respondents or increase their burden during these critical times and, in some cases, consider postponing or canceling data collection if it will be too stressful for the intended participants. Finally, regarding equality, using the online format for social science research may not be appropriate for everyone, especially marginalized and hard-to-reach groups. The adoption of an online model might inadvertently exclude some populations that are essential to the research. In the short-term, researchers may need to consider other appropriate models, such as using local networks to reach these vulnerable groups, or consider postponing the data collection until it is safe and convenient to travel to field study sites.



**Opportunity:** Researchers should use the COVID-19 crisis as an opportunity to develop to increase quality and efficiency of research methods. The COVID crisis has forced many social science researchers to change from traditional methods that require traveling to collect data in-person, to collecting information through online channels. Therefore, researchers should take this opportunity to analyze cost-effectiveness of online research compared to conducting field-based and inter-personal data collection. For group discussions or interviews on certain research topics or demographic groups, the researcher may find that using online channels is clearly more cost-effective, and they should continue doing that even after the COVID-19 situation eases. However, for some research topics or groups of participants, the cost reduction may not be worth foregoing in-person interaction.



This should be an opportunity to assess the appropriateness of using online channels in order to develop research methods that are more effective. It could be an opportunity to increase community involvement in research work. Both academic and local stakeholders might relish having a greater role in conducting data collection in the field as part of a larger collaborative effort. Researchers may consider adjusting their role, and serve more as a consultant to local research teams rather than the primary implementer. That would go a long way to empowering researchers in the field.

In the long-term, there should be more sharing of research data so that researchers can combine data from multiple studies (both quantitative and qualitative). If researchers have access to research data from other studies, they can deepen their understanding of various social phenomena without the need to spend time and resources in the field to collect more data.

Ultimately, the COVID-19 crisis should be an opportunity for researchers to develop their own abilities and insights. They can use this time to learn how to be more flexible and how to adapt in times of crisis. Researchers should employ a consistent and self-critical reflection process to be able to verify the correctness of their chosen research methodology to enhance the body of quality research.

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# Mahidol Population Gazette

## Population of Thailand, 2022 (Vol.31 : January 2022)

Estimated Population at Midyear 2022 (1<sup>st</sup> July)

	Male	Female	Sum
<b>1. Total Population (x 1,000)</b>	<b>31,933</b>	<b>34,278</b>	<b>66,211</b>
<b>2. Population by Area of Residence (x 1,000)</b>			
Urban area (population living in all types of cities and municipal areas)	19,059	20,497	39,556
Rural area (population living outside urban areas)	12,869	13,786	26,655
<b>3. Population by Region (x 1,000)</b>			
Bangkok Metropolis	4,009	4,337	8,346
Central (excluding Bangkok Metropolis)	9,514	10,179	19,693
Northern	5,222	5,660	10,882
Northeastern	8,693	9,369	18,062
Southern	4,490	4,738	9,228
<b>4. Population by Age Group (x 1,000)</b>			
Children (under 15 years)	5,353	5,093	10,446
Labor force (15-59 years)	21,087	21,644	42,731
Older persons (60 years and over)	5,493	7,541	13,034
Older persons (65 years and over)	3,492	5,185	8,677
Pre-school ages (0 - 5 years)	1,888	1,787	3,675
School ages (6-21 years)	6,442	6,162	12,604
Women of reproductive age (15-49 years)		16,129	
<b>5. Life Expectancy at Birth</b>			<b>Male 73.6 Years</b>
(average number of years a person could expect to live after birth)			<b>Female 80.7 Years</b>
<b>6. Life Expectancy at Sixty</b>			<b>Male 18.3 Years</b>
(average number of years a person could expect to live after age sixty)			<b>Female 23.7 Years</b>
<b>7. Life Expectancy at Eighty</b>			<b>Male 6.1 Years</b>
(average number of years a person could expect to live after age eighty)			<b>Female 8.6 Years</b>
<b>8. Vital Rates</b>			
Crude birth rate (per 1,000 population)			8.2
Crude death rate (per 1,000 population)			7.9
Natural growth rate (percent)			0.0
Infant mortality rate (per 1,000 live births)			7.6
Child (under 5) mortality ratio (per 1,000 live births)			10.9
<b>9. Total Fertility Rate</b>			
(average number of children a woman would have throughout her reproductive years)			<b>1.21</b>
<b>10. Contraceptive Prevalence Rate</b> (percent)			<b>73.0</b>
<b>11. Households with Only Older Person</b> (percent)			<b>13.8</b>