Thesis Title	Factors Associated with Immunization Status of Myanmar Migrant Children in Chiang Rai Province, Thailand
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ABSTRACT

Myanmar migrant children in Thailand have consistently shown lower immunization coverage compared to their Thai counterparts, leaving them vulnerable to vaccine-preventable diseases. Despite the growing migrant population and ongoing public health concerns in border regions, limited evidence exists regarding age-appropriate immunization among Myanmar children in Chiang Rai, an important migration corridor along the Northern Thailand–Eastern Myanmar border. Thus, this study aimed to assess the immunization status and identify its associated factors among children from Myanmar migrants in Chiang Rai province, Thailand. A cross-sectional study was conducted to collect data from Myanmar migrant caregivers aged 15 years and above, who have children under 7 years of age, living in Mueang District and Mae Sai District of Chiang Rai province using a validated questionnaire through face-to-face interviews. Chi-square or Fisher's Exact tests and binary logistic regression were used to identify factors associated with incomplete age-specific immunization, with a significance level of p-value less than 0.05.

Among 423 children analyzed, 91 children (21.5%) were found to be incompletely immunized according to their age-specific schedule. Regarding intrapersonal-level factors, over half (57.0%) were boy, 87.2% were born in Thailand, 46.3% were aged above five years, and the majority of children (82.3%) were covered by Thai health insurance schemes. Multivariable analysis identified six significant predictors of incomplete immunization. Children without birth registration in Thailand (aOR = 9.52; 95% CI: 3.74–24.27), children without health insurance (aOR = 14.03;

95% CI: 6.45–30.54), children with return migration history (aOR = 19.35; 95% CI: 8.48–44.13), caregivers with negative peer practice (aOR = 8.09, 95% CI: 1.47–44.54), caregivers mentioning time barrier (aOR = 4.09, 95% CI: 1.20–13.94), and those mentioning financial barrier (aOR = 7.07, 95% CI: 1.67–29.91) were significantly more likely to have incomplete immunization.

This study revealed a moderate prevalence of incomplete immunization (21.5%) among Myanmar migrant children, which was statistically significantly associated with factors across all three levels of the modified socio-economic model: intrapersonal, interpersonal, and institutional levels. At individual level, caregivers should be encouraged to have their children are registered at birth in Thailand, enrolled in appropriate health insurance schemes, and keep immunization records when traveling between Thailand and Myanmar. Community outreach activities and migrant health volunteer training are also recommended to promote practice among peers, reduce access related barriers such as time and money. Moreover, digital tracking system for immunization records and cross-border collaboration between Myanmar and Thailand should be developed to maintain consistent vaccination records and reduce gaps in immunization coverage among migrant populations.

Keywords: Chiang Rai, Thailand, Immunization Status, Children, Myanmar, Migrants, Factors.