Thesis Title	Health Insurance Status and Its Associated Factors Among Myanmar Migrant Workers in Chiang Rai Province, Thailand
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ABSTRACT

Thailand, one of the Southeast Asian countries, the country's geographical location, its economic development and cultural diversity, such characteristics attract millions of migrants, especially its neighboring countries, Cambodia, Lao PDR, Myanmar and Vietnam. Thailand is seen as a pioneer of migrant health coverage in the ASEAN region with the expansion of UHC program. However, the rate of healthcare service utilization by migrants and the enrollment of migrant health insurance schemes still remains lower than the main insurance scheme of Thai citizens (UHC). This community-based cross-sectional study aimed to assess the health insurance status and identify factors associated with insurance enrollment among Myanmar migrant workers in Chiang Rai Province, Thailand. A structured questionnaire was administered to 350 participants recruited via snowball sampling in Chiang Rai Province. Data were collected through face-to-face interviews and analyzed using descriptive statistics, Chi-square or Fisher's Exact tests and logistic regression to identify significant predictors of health insurance status with significance p-value <0.05. The results revealed that 41.1% of the participants were uninsured, while 58.9% were covered. Among those with insurance, the Social Security Scheme (SSS) was the most common type of coverage (61.5%), followed by the Migrant Health Insurance Scheme (MHIS) at 40%. Among them, some participants are covered by both schemes. The predisposing profile showed a young adult population (mean age 35) largely employed in the construction and factory sectors. Despite 65.1% being long-term residents in Thailand, a significant health security gap remains. Enabling factors highlighted economic barriers, with 50%

of workers earning 9,000 THB or less monthly, forcing insurance costs to compete with basic survival needs. Furthermore, 50.6% possessed poor knowledge regarding insurance schemes and health literacy levels were largely constituted of interactive level (67.7%). Multivariable analysis identified several critical predictors for having no health insurance: residing in Mueang (AOR=6.52) or Mae Sai (AOR=6.68), compared to those who live in other districts of Chiang Rai Province and having no legal documentation (AOR=30.94) compared to those under the MOU system. Most significantly, participants whose family members had no health insurance faced 37.6 times higher odds of being uninsured compared to those with insured family members (AOR=37.64, 95% CI=8.84-160.29). Other significant factors included having never paid out-of-pocket for health services (AOR=3.89) compared to those having out-of-pocket experience, lack of awareness of insurance (AOR=21.8) and holding a negative perception of health insurance (AOR=22.6). To improve enrollment, the study recommends streamlining documentation processes, utilizing Migrant Health Volunteers (MHVs) to bridge language gaps, and implementing community-centered outreach to shift perceptions of insurance from a financial burden to a protective safety net.

Keywords: Myanmar Migrant Workers, Migrant Health Insurance, Health Literacy, Andersen's Behavioral Model, Chiang Rai