Healthcare Access for Elderly Burmese Migrants in Thailand, 2025

Diana Kachman

Luce Scholars Program 2024-2025

MAP Foundation Community Health and Empowerment Team

Abstract:

The focus of my investigation is healthcare access for elderly (55 years of age and older) migrants from Myanmar who are living in Chiang Mai, Thailand. This work dedicates itself to identifying common barriers to healthcare access and exploring possible solutions for this vulnerable community. To conduct this investigation, I created and distributed a survey to migrants who wished to participate (in English, Thai, Burmese, and Shan) including questions on their healthcare experiences in Myanmar, in Thailand, and with MAP Foundation. The majority of respondents attested to having chronic illnesses and seeking treatment for them. This signifies that healthcare in Thailand for Burmese migrants, especially older and more vulnerable adults, is fairly accessible. Although elderly migrants from Myanmar may face less accessibility barriers in Thailand than their home country, they can still suffer from a lack of accessibility to healthcare and eldercare services due to the language barriers and financial barriers. The majority of those surveyed pinpointed an existing language barrier and about 50% of participants noted affordability as a barrier to access. However, the majority of the migrants who received healthcare treatment in Thailand classified the treatment as easy to find and were satisfied with the quality and outcome of the services rendered. A possible solution to the language barrier is placing more importance on translators and their availability within public healthcare facilities. Regarding barriers caused by affordability, a possible solution is to extend insurance coverage to more migrants while making the available insurance options easier to understand.

Key words: healthcare accessibility, barriers to accessibility, Myanmar migrants, elderly migrants, language barrier, insurance, public health, hospitals

Acknowledgments

I would like to thank the Luce Scholars Program leaders, especially David Kim and Michelle Douenias. An immense thank you to my manager and CHE team leader Hark Murng, the head of MAP Foundation Brahm Press, and my coworkers at MAP. A thank you to Jennifer Lwin, who edited the translated version of this paper in Burmese. Finally, I would like to extend my sincere gratitude to the people who took the time to take my survey.

Index

Abstract ..…… 1

Acknowledgments …….. 2

Introduction …… 4

Thesis, Objectives, and Justification …… 15

Theoretical Framework ……..... 17

Methodology ……..... 21

Results and Discussion ……..... 22

Conclusions ……..…… 27

Recommendations ……...… 31

Limitations ……... 35

Works Cited ……..... 37

Appendix ……..... 44

Introduction

Due to political and social instability under the military junta rule in Myanmar, there has been an influx of migrants from Myanmar into Thailand. As of November 2024, Thailand hosts about 86,539 refugees from Myanmar, resulting in a need to confront challenges of resource accessibility.[1] Even before the current military junta seized power, the effects of numerous military coups and more than a century of British rule caused Myanmar to struggle to keep up with the needs of an aging population. Some concerning statistics in the past two decades included: 72% of older women and 54% of older men report inadequate access to food; 71% of older people express feelings of worries, anxiety, and loneliness; 68% of older individuals have less than a week's worth of savings; and 60% of older women and 52% of older men are unable to access health services.[2] As a response, there was an expansion of civil society groups, including those devoted to social welfare, particularly after the transition to democracy began in 2011.[3] This has had positive and negative consequences for many elderly people. The formation of many help groups meant that the needy elderly were able to have somewhere to live, yet at the same time it also led to an increase in the number of elderly people being abandoned by their families to these groups. Furthermore, even after the implementation of such programs, pensions remained rare in Myanmar and spending restraints limited the social welfare support provided by the government to the elderly, of whom about 45% said they lacked the sufficient income to meet their daily needs.[4] As of 2017, the government had no aged care facilities but supported 81 privately-run homes for the aged, which could accommodate more than 3,000 people.[5]

---

[1] "UNHCR in Thailand."
[2] "Alarming Challenges Faced by Older People in Myanmar."
[3] Thant Myint-U. *The Hidden History of Burma.*
[4] "Alarming Challenges Faced by Older People in Myanmar."
[5] "Myanmar's Needy Elderly."

However, any sign of burgeoning stability within eldercare disappeared on February 1st, 2021 when the military overthrew the freely-elected National League for Democracy in power.[6] Since then, Myanmar has been marked with crimes against its own civilians, including military attacks on healthcare facilities and blockades on medicines. Spurred by this assault on their right to healthcare and other human rights, offensives have been organized by allied ethnic minority militias and armed Burmese majority groups. As these have become increasingly successful, the military junta has resorted to indiscriminately bombing citizens, further damaging their healthcare infrastructure. They have continued to detain, arrest, and target medical personnel for taking care of protestors or participating in the "civil disobedience movement" (CDM), a nonviolent protest movement.[7] Hospitals are being ruined by invasions, occupation by troops, and homemade explosions. More than 70% of healthcare workers were estimated to have left the country by 2022, and the numbers have only risen since.[8] After about four years of internal conflict, Myanmar's healthcare system is barely hanging on by a thread and about 3.2 million people have been displaced internally with many others fleeing to neighbouring countries.[9]

Intensifying the healthcare crisis, an earthquake of 7.7 magnitude hit six regions within Myanmar on March 28, 2025, killing and injuring thousands of people.[10] In the midst of the already prevalent healthcare crisis, the earthquake destroyed three hospitals and damaged 22 others.[11] Disease outbreaks appear imminent as many now sleep outdoors in temperatures reaching as high as 39 degrees Celsius.[12] An estimated 100 people, the majority of which were

---

[6] Allison Krugman. "In Myanmar, Health Care Has Become a Battleground."
[7] Allison Krugman. "In Myanmar, Health Care Has Become a Battleground."
[8] Jonathan Head. "Myanmar Coup: The Doctors and Nurses Defying the Military."
[9] "Myanmar Events of 2024."
[10] Jonathon Foster and Thinn Thinn Hlaing. "Earthquake Pushes Myanmar's Health System to Verge of Collapse."
[11] Stefan Anderson. "Myanmar's Collapsing Health System Crushed Beneath Earthquake and Civil War."
[12] "Severe Electricity Shortages Plague Residents in Yangon amid Unpredictable Power Cuts."

children and the elderly, died in a similar heatwave in 2024 during a power outage, which have since continued to become more frequent.[13] Unseasonably hot weather is causing heat strokes, contaminated water is leading to watery diarrhea and dehydration as well as infections if it is used to clean wounds, and cholera has become a concern. HIV, tuberculosis, and malaria cases have spiked since 2021 and the earthquake now poses further danger to the people suffering from these diseases and illnesses.[14] Shortly after the 2025 earthquake, the World Health Organization commented on these health concerns: "Earthquake-related displacement, limited access to safe water and food, overcrowded displaced populations, poor sanitation, inadequate disease prevention measures and potential movement of rodents into urban areas increase the likelihood of water-borne, vector-borne, and airborne disease transmission and risk of plague re-emergence."[15] Under U.S. President Donald Trump, the United States pledged about $9 million to Myanmar after the earthquake, but due to almost all USAID staff being terminated, including the USAID team in the earthquake zone, the status of this financial assistance remains unclear. This has hindered the U.S.'s ability to respond and distribute funds while China, Russia, India, and other nations have come forth to offer assistance.[16] At the date of this publication, the healthcare crisis and domestic conflict continues.

In contrast to Myanmar's medical system, Thailand's Universal Healthcare Coverage scheme (UHC), initially introduced with the slogan "30 baht cures all diseases," provides a model for a stable healthcare system. The UHC was part of the package of policies that brought former Prime Minister Thaksin Shinawatra to power in 2001.[17] Under this scheme, the coverage rate rose to 99.6% by 2023 and many were also insured through employers or the civil servants

[13] "Severe Electricity Shortages Plague Residents in Yangon amid Unpredictable Power Cuts."
[14] Stefan Anderson. "Myanmar's Collapsing Health System Crushed Beneath Earthquake and Civil War."
[15] Stefan Anderson. "Myanmar's Collapsing Health System Crushed Beneath Earthquake and Civil War."
[16] "USAID Team Fired While in Myanmar Earthquake Zone, Ex-official Says."
[17] Jasmine Chia. "The History of Thailand's Universal Healthcare Coverage, and Its Uncertain Future."

medical benefit scheme.[18] The UHC scheme originally allowed every Thai citizen to access public healthcare services for a 30 baht copay. In 2009, this scheme was replaced under the slogan "free treatment for 48 million people" before the 30 baht copay was reinstated in 2012.[19] The 30 baht copayment is no longer required and the scheme is now known as the Universal Coverage Scheme or the Gold Card. Currently, if a Thai citizen is already insured through an employer or other scheme, then that coverage will be used first before the UHC scheme is used. The scheme has not been exploited or used opportunistically - the utilization of it among beneficiaries in Thailand was at 40% in 2020 as those who can afford out of network care continue to seek out that care.[20] It is most commonly used by low-income, older, and female groups, indicating that the scheme has indeed reached the poor and vulnerable groups it was designed for.

However, the growth of private hospitals has pulled doctors from government hospitals where there is already a shortage of medical professionals. While this has been a persistent problem, it became more visible as of 2019 since the share of private sector hospitals increased to 54%, an extreme uptick since the 1990s when it was only 10%. Doctors who move into the private sector can receive higher pay (sometimes, at least 3-4 times as much) and greater social mobility. Due to this, public hospitals cut costs by using cheaper medicine and keeping wages for the medical staff low. The sustainability of the UHC's financing was called into question because of these problems. From 2006 to 2018, spending on public healthcare increased by 12% and the UHC accounted for 40% of the costs. Given Thailand's aging population, the costs of UHC are due to further rise not only because of the aging population increasing but also because the disease profile of the population is changing. More Thai people are predicted to suffer from

[18] Kankanit Ciba. "Coverage Rate of Universal Coverage Scheme Thailand 2011-2023."
[19] Jasmine Chia. "The History of Thailand's Universal Healthcare Coverage, and Its Uncertain Future."
[20] Jasmine Chia. "The History of Thailand's Universal Healthcare Coverage, and Its Uncertain Future."

non-communicable diseases such as cancer, hypertension, heart disease, stroke, and diabetes when they grow older.[21] Yet, the scheme is set to reform and improve by sharing health data across multiple hospitals and clinics and expand its coverage by allowing its beneficiaries to seek health services in any public health unit. Currently, everyone must register for the scheme at a specific public hospital near them and must first access the health services at their registered hospital before they are transferred to another hospital if need be. The reform would cut out the extra step of having to stop at their registered hospital by allowing the scheme's beneficiaries to go straight to any public hospital in their province.[22] This will encourage patients to seek health services whenever they need it, regardless of distance from the hospital, which can be an important deterrent. This push began in 2024 and is coined the "30 Baht for Healthcare Anywhere" initiative.[23]

Another form of health insurance is the Migrant Health Insurance Scheme (MHIS), which is geared for documented migrants working in the informal economy, those working in the formal sector who are not covered by the Social Security Scheme (SSS), or those who are eligible for SSS but need health insurance for the three months before their coverage under SSS begins.[24] Before the MHIS was implemented, many migrants who were opting not to get medical treatment or were paying out of pocket for these services were at risk of exploitation and had poor access to health services. The MHIS is funded by an annual premium paid by the migrant workers and therefore the coverage lasts one year. Migrants register for MHIS at public hospitals and access the health services only at the hospital where they registered (although this is shifting under the "30 Baht for Healthcare Anywhere" initiative) as they do not have access to private

[21] Kwankamon Thanadkah and Alongkorn Chaladsook. "Is the Future of Thailand'S Health Care in Danger?"
[22] "NHSO to Expand "30-baht Get Treatment Anywhere" Pilot Project in Eight Provinces."
[23] "Rollout of Universal Health Coverage to Continue in 2024."
[24] Serena Fung. "Migrant Health Insurance Scheme in Thailand."

hospitals under the insurance. This scheme is compulsory because migrant workers are only approved for a work permit if they are enrolled in the scheme and have proof of a health check-up. It covers annual check-ups, maternity care, dental care, child health care, rehabilitation care, emergency medical treatment, communicable disease prevention services, and general medical treatment. It excludes fertility treatment, drug rehabilitation, psychosis treatment, long-term inpatient care, and several surgeries (organ transplants, cosmetic surgeries, and sex reassignment surgeries).[25]

The Social Security Scheme, on the other hand, is paid into by both the employer and employee on a monthly basis at a contribution rate of about 5% of the employee's salary.[26] The Social Security scheme (SSS) is open to both foreign and Thai workers. Workers must register with the Social Security Office and are entitled to the same benefits. They are entitled to injury or sickness benefits (including disease prevention), maternity benefits, disability benefits, death benefits, child benefits, old age benefits, and unemployment benefits (excluding those who have contributed for less than six months). The old age benefits in particular are in the form of monthly living allowances if the person is 55 or older and has contributed to the fund for 180 months or more, or a lump sum payment based on their contributions if they did not meet the minimum contribution period.[27] Migrant domestic workers and migrant workers in seasonal work (within agriculture, forestry, or livestock work) are not eligible for SSS and instead must enroll in MHIS.[28] Yet, the MHIS is only for documented workers and even if they are documented, they must go through a confusing and difficult enrollment process, filled with an inadequate amount of information about the program and a lack of language assistance. The lack of SSS coverage

[25] Serena Fung. "Migrant Health Insurance Scheme in Thailand."
[26] "Social Security in Thailand: Explained."
[27] "Thailand Social Security: What You Need to Know."
[28] "TOWARDS A BETTER LIFE: ENHANCING SOCIAL PROTECTION FOR MIGRANT DOMESTIC WORKERS IN THAILAND."

and the difficulties in joining the MHIS result in severe vulnerability for migrant workers. A Gurkha nanny and housekeeper from Myanmar writes about waiting for her employers to be in a good mood to ask them for a day off after she worked several months with no rest: “If they were happy and smiling I would ask if I could take a day off. I managed to get a day off every 3 months… The employers also had their excuses. For instance, they would say, ‘You don’t have a visa. If you go out you will get arrested. Do you want that to happen?’”[29] Due to their migrant status and the sector in which they work, these workers will reach retirement age with no stake in old age benefits despite working for several decades.

There has been progress in initiating policy reforms within Thailand and developmental programs to address the needs of the elderly at national and local levels. A crucial change in the Thai healthcare system came in 1978 with the introduction of a national policy on primary healthcare in the form of emphasizing the need to reorientate the health services providers to be more responsive to the needs of the people and to mobilize them to become active partners in health development.[30] Policies directly targeting the elderly began in 1980 with the first long term plan for the elderly, which took into account both the health and the social needs of aging people.[31] A few programs, projects, and services were created as a result of this first long-term plan and in 1992 the government introduced a policy to provide free medical services for the elderly.[32] This added to the existing policies of free medical services for the indigent and received copious support, but the allocated budget for these services was far from adequate. Rehabilitation, home visits, or long-term care facilities received little financial support.

---

[29] Champa. “Domestic Workers Need Social Protection Too.”
[30] “Declaration of Alma-Ata.”
[31] Pimonpan Wongboonsin et al. “The Ageing Society and Human Resources to Care for the Elderly in Thailand.”
[32] ศรีธำรงสวัสดิ์, ส. "Equity in Health Services Utilization among Thai Elderly under the Universal Coverage Scheme."

The health needs of elderly people have not yet been fully systematically addressed in practice under the current healthcare system. Now, most elderly Thais are aging at home and continue to be looked after by their families. It is becoming increasingly difficult, however, for this to be sustainable as the amount of aging Thais increases along with the number of Thai family members that need to be working, and therefore would be unable to stay home full-time to help. In the next 2 decades, the number of Thais over 80 years old requiring assistance is projected to increase over sixfold to almost 2.5 million.[33] Most older Thais depend on family and community care, as institutional long term care costs are high and many cannot afford it without government support. Thailand does have its Universal Coverage Scheme but this does not cover any institutional long term care due to the high costs associated with it. Institutional care services therefore remain underinsured and programs to help are limited in coverage. Shortages of suitably trained eldercare workers, a lack of appropriate training for family carers and aged care workers, and accessibility barriers also add to this issue. Despite these challenges, Thailand's healthcare system, including its attitude and efforts regarding eldercare, has had more time and support than that of Myanmar to develop.

Migrants from Myanmar have formed communities within Thailand, residing there with or without documentation. They typically live in provinces near the border such as Tak, Mae Sot, etc. as well as major cities such as Bangkok.[34] Refugee camps and temporary shelters are available, but some choose to reside in more general housing options while still living close to other migrants from the same country or from their same ethnic groups.[35] The work sectors migrants tend to work in are agriculture, food production, services, vendor, and construction with

[33] E. Glinskaya et al. "Caring for Thailand's Aging Population."
[34] "Overview of Myanmar Nationals in Thailand."
[35] "UNHCR in Thailand"

agriculture being the main work sector in Chiang Mai and vendor in Bangkok.[36] About 84% of workers do not have a written work contract with their employer, and 37% earn below the minimum wage.[37] Burmese migrants make up more than half of Thailand's migrant workforce.[38] An undocumented Burmese migrant reflected, "A migrant worker does not have the rights which every human being should have."[39] The exploitation and poor working conditions are difficult to fight when the migrant workers fear the alternative of returning to Myanmar. In response to these poor conditions, an employer told some workers, "If you don't like it, then go back and face the shooting."[40] Similarly, elderly migrants from Myanmar face an inaccessible document registration process, which leads to further difficulties and vulnerabilities, such as securing education for their children, resulting in a cycle of struggle through generations.[41] Due to the state of political unrest in Myanmar, it is also likely that most elderly migrants will not return to their home country. This means that they will have to set up roots within Thailand by themselves or through their family and worry about their health as they age.

While Thai healthcare is stronger, covering more of its people than that of Myanmar and not suffering from the same instability and violence, some accessibility barriers remain. Thailand's constantly changing residency requirements can pose a source of struggle for Burmese migrants attempting to reside in the country. The main barriers to access reported upon are language (50%), cost (45%), distance (42%), fear of being arrested (23%), and discrimination

---

[36] "Overview of Myanmar Nationals in Thailand."
[37] "Overview of Myanmar Nationals in Thailand."
[38] "สถิติจำนวนคนต่างด้าวที่ได้รับอนุญาตทำงานคงเหลือทั่วราชอาณาจักร ประจำเดือนธันวาคม 2563."
[39] Haymarn Soe Nyunt and Nicha Wachpanich. "Considered Neither Refugees nor Economic Migrants, Burmese Workers in Thailand Eke Out a Living in the Shadows."
[40] Haymarn Soe Nyunt and Nicha Wachpanich. "Considered Neither Refugees nor Economic Migrants, Burmese Workers in Thailand Eke Out a Living in the Shadows."
[41] Pyone Thidar Aung. *Decision on Later Life Migration of Myanmar Migrant Workers in Ranong Province, Thailand.*

(22%).[42] These barriers more often impact those who have recently arrived. Their residency status in particular can pose a significant barrier to healthcare access. Many migrants have been stopped on the way to accessing medical treatment and instances have been recorded of police further extorting them for money under threats of their immigration status, especially as they have no "proper ID." Doctors targeted by the military junta in Myanmar because they have offered treatment to anti-coup protesters have fled to Thailand. Within Thailand, they are oftentimes targeted by the Thai police for extortion based on the assumption that they are wealthy due to their previous occupations as doctors in Myanmar.[43] Furthermore, refugees often rely on free clinics run by NGOs. Thailand, however, has a legal obligation under both domestic and international law to provide access to healthcare to every person, including refugees (Article 51 of the Thailand Constitution ensures that "Every person shall enjoy equal rights to receive appropriate standard public healthcare.").[44] Still, refugees can face criminal penalties under Thailand's 1979 Immigration Act, which prohibits unauthorized entry or stay in Thailand.[45] They are therefore subject to arbitrary arrest and detention and are unable to get coverage from the public health insurance scheme used by migrant workers. Thailand's healthcare system remains, however, set-up to expand on the eldercare resources it provides.

MAP (Migrant Assistance Programme) Foundation is a grassroots NGO based in Chiang Mai, Thailand with a mission to empower Burmese migrants.[46] They do this by distributing up to date information on rights, policies, and laws in the language of the migrants (Shan, Burmese, etc.). Furthermore, they advocate for migrant workers to receive full labour rights, healthcare services, and for their children to receive proper education, all with the goal of helping them

[42] "Overview of Myanmar Nationals in Thailand."
[43] "Rights Group Decries Arrest of Myanmar Refugees Seeking Healthcare in Thailand."
[44] "Thailand: Ensure Healthcare for Myanmar Refugees."
[45] "Thailand: Ensure Healthcare for Myanmar Refugees."
[46] MAP Foundation. "Our Mission."

integrate into Thai society with the rights that they deserve. Its Community Health and Empowerment (CHE) team provides X-ray testing for tuberculosis as well as HIV prevention and management, and has reached thousands of migrants with these efforts.[47] The CHE team provides information on these topics, holds mass tuberculosis screening and STD testing with mobile clinics, and helps migrants who test positive for either TB or STDs to receive treatment. It is with the support and outreach efforts of the CHE team that this research project collected information on elderly migrants.

[47] MAP Foundation. “Community Health and Empowerment.”

Thesis, Objectives, Justification

Thesis:

Elderly migrants from Myanmar may face less accessibility barriers in Thailand than in their home country, but they can still suffer from a lack of accessibility to healthcare and eldercare services within Thailand due to language barriers, lack of funds, and lack of knowledge of assistance programs or organizations. This creates a vulnerable group within an already underrepresented group as elderly Burmese migrants will not be as (if at all) physically or mentally able to work within Thailand, learn Thai, and otherwise integrate themselves into Thai society as their younger counterparts. This paper asks elderly migrants to answer questions on the affordability, accessibility, and the overall quality of the healthcare services they received in Myanmar and in Thailand to determine what healthcare barriers exist in Thailand for Burmese migrants, and looks into how available and useful the services of the MAP Foundation are to them. This data will help formulate suggestions on how the Thai government and migrant assistance groups such as MAP can help tear down these barriers. The MAP Foundation works with migrants from Myanmar to strengthen their labour, healthcare, and human rights and it would be useful for them to learn for the first time the feedback of elderly people specifically to assess if they can take steps to reach more.

Objectives:

The objective of this paper is to determine whether prevalent barriers to healthcare access exist for elderly Burmese migrants within Thailand. This research paper can give them a platform to express what they have encountered and what they need with the intent of bringing attention to these issues and presenting some solutions for improving access. The data gathered is important

because their needs and experiences are not always given importance as they remain an underrepresented group in healthcare. The first phase of this paper is distributing a survey on healthcare experiences and access to Burmese elders whom MAP is in contact with to gather quantitative data.

Justification:

Reasoning: The participants are all immigrants from Myanmar to Thailand, they are 55 years old or older, and both documented and undocumented migrants participated. It is important to investigate how accessible the Thai healthcare system is to them and how accessible resources for their well-being are. This information can provide insight into their healthcare needs as well as give them an opportunity to share and preserve their experiences.

Importance: This study aims to gather data for the MAP Foundation about a number of elderly people who receive services from or are presently in contact with MAP. This will present both information about accessibility and possible ways to both improve and continue doing well on both a local level (community wise, amongst organizations such as MAP) and a national level (policy, public health measures, immigration laws, etc.). Lastly and most importantly, it will give a platform to an underrepresented population to voice their opinions about their experiences within the Thai healthcare system, how accessible it is to them and why, and what does and does not work for them.

Theoretical Framework

Prior research studies point to similar barriers or health-seeking behaviours amongst migrants in Thailand, regardless of age. These behaviours are often guided by how well they grasp the language and their documentation status. The studies contain suggestions for improvement that can be further studied, especially as these papers are from 2014, 2021, 2010, and 2023 as follows. This indicates that further studies need to be conducted in the present day as migration from Myanmar to Thailand continues due to political turmoil, natural disasters, and resulting lack of healthcare, employment, or educational opportunities. The importance of Thai public opinion is also emphasized because it can reflect government positions and efforts towards migrants, and how they're being treated by their surrounding society is integral to their ability to adjust and assimilate to Thai culture.

In "The Survey of Thai Public Opinion toward Myanmar Refugees and Migrant Workers: A Case Study of Tak Province" by Sakkarin Niyomsilpa and Malee Sunpuwan, Tak is named as one of the border provinces that houses refugees, asylum seekers, and migrant workers.[48] The research project utilized both quantitative methods through questionnaires and qualitative methods through in-depth interviews and focus groups. Thai people surveyed living in the border areas held more positive opinions towards refugees and migrants than those who lived further away. Those living in close contact with the migrants held a more positive outlook towards them and were less likely to view them as job competition or threats to their lives or properties than those living further away. Additionally, documented migrant workers were viewed more positively than undocumented ones, but most respondents did not believe that migrant workers should receive the same wages or labour protection as Thai workers. More than half, however,

[48] Sakkarin Niyomsilpa and Malee Sunpuwan. "The Survey of Thai Public Opinion toward Myanmar Refugees and Migrant Workers: A Case Study of Tak Province."

did support granting permanent residence to refugees and those marrying Thai people, although they still did not agree that Thailand should allow the children of refugees and refugees themselves to settle permanently in Thailand. The majority of respondents also supported documented migrants receiving the same standard of healthcare services as Thai people, including health promotion, health prevention, disease diagnosis, treatment services, and rehabilitation services. While they called for the public healthcare standards to be improved for migrants, the majority surveyed maintained that all migrant workers should pay for their own healthcare services rather than depending on the Thai government to finance these services.

"Decision on later life migration of Myanmar migrant workers in Ranong province, Thailand" by Pyone Thidar Aung explores the challenges of aging while being a migrant to a new country.[49] Inaccessibility of document registration poses a serious challenge because the system is complicated and works slowly, causing migrant workers to rely on brokers to complete the process and the brokers charge them so much that the migrants struggle to escape financial hardship. The survey investigated the duration of stay for migrants (consecutively staying for either less than 20 years or 20 years or more) and found that within five sub-districts of the Ranong Province half of the respondents had stayed in Ranong for more than 23 years. The author calls for skills development to be prioritized by the government in order to promote productivity and well-being. This becomes especially crucial as only about 56% wished to return to their homeland, and the likelihood of this occurring diminishes with time, especially due to low income and family burdens.

[49] Pyone Thidar Aung. *Decision on Later Life Migration of Myanmar Migrant Workers in Ranong Province, Thailand.*

"Factors Related with Health-Related Quality of Life for Adult Myanmar Migrant Workers in Muang District, Chiang Rai Province, Thailand: A Cross-Sectional Study" by Malulie Tongprasert, Prathurng Hongsranagon, and Piyalamporn Havanond is a cross-sectional study conducted among 401 Burmese migrants at two medical settings (a clinic and a hospital) in Chiang Rai.[50] The participants were interviewed face to face on socio-demography, work history, and accessibility to healthcare. The majority of the participants were women, ages 18-29, most without formal education and working primarily in domestic service or food service industries. They typically traveled anywhere between two to three kilometers to receive medical care and had a wait time of more than thirty minutes to be seen. The participants reported an inadequate amount of translators and forms in different languages. The factors most associated with a higher quality of life for those surveyed were individual perception within current health, susceptibility and resistance to illness, future health, and worry/ concern regarding health. While the quality of life of migrants living in Chiang Rai is concluded to be higher than in other regions where studies have been conducted (such as Samut Sakhon Province, Phangnga Province, etc.), the author urges further studies to be conducted to track long-term health-related quality of life.

"Health seeking behavior among Myanmar migrant workers in Khon Kaen Province, Thailand" by Nyunt Win, Wongsa Laohasiriwong, and Aye Aye San explores whether migrant workers from Myanmar seek out medical care when they need it and what could stop them from doing so.[51] Migrant workers are at higher risk of work-related injury and illnesses. Their occupations, ability to speak Thai, alcohol use, injuries, and chronic diseases were significantly associated with appropriate health seeking behaviour (i.e., having a chronic disease should cause

[50] Malulie Tongprasert et al. "Factors Related with Health-Related Quality of Life for Adult Myanmar Migrant Workers in Muang District, Chiang Rai Province, Thailand: A Cross-Sectional Study."
[51] Nyunt Win et al. "Health Seeking Behavior among Myanmar Migrant Workers in Khon Kaen Province, Thailand."

health-seeking behaviour but an inability to speak Thai may hinder one's efforts to seek medical help). This was a cross-sectional study using quantitative data collected during face to face interviews. Over half of the participants did not have appropriate health seeking behaviours, although the majority had health insurance. The majority also could not speak Thai and/or had an education level below high school. The paper concludes that language translators should be assigned in health centers to remove the language barrier because the participants could not properly discuss their health problems with their healthcare provider.

These research papers have brought forth a significant amount of information to guide the scope of my project and have provided a foundation of background information. The difficulty in finding projects on populations who are both migrants and elderly (55 years of age and older) demonstrates that further research is needed not only to showcase the needs of migrants, but also vulnerable people within that community - the elderly, disabled people, etc. As Myanmar's civilian population suffers from the ongoing military conflict and humanitarian crises, the more difficult conducting research within Myanmar becomes. In Thailand, it may be easier to reach these underrepresented communities, but the research completed amongst these groups is not substantial and must continue as time goes by with the influx of migrants not slowing down, and with the ever changing public healthcare system of Thailand.

Methodology

My research question was: how accessible is healthcare in Thailand for elderly migrants from Myanmar? Currently, there is not a concrete number of elderly migrants from Myanmar that reside in Chiang Mai, but more than 2 million people from Myanmar live in Thailand as registered migrant workers as of January 2025.[52] Using the connections that the MAP Foundation has, the Google survey created for this research project reached 16 elderly migrants in Chiang Mai. Their ages were 55+ as a requirement to be close to the current retirement ages in Thailand (60) and Myanmar (62). After about two months of distributing this survey, the 16 answers were collected and organized to compare their answers. They were organized into graphs and into a reference chart of individual answers for visual guides into the data. I used previous research outlined in the theoretical framework to guide my research question and the questions on the survey. I avoided research bias by clearing my research questions with the head of my team to make sure the language was neutral and clear.

[52] "Overview of Myanmar Nationals in Thailand."

Results and Discussion

Out of the sample group of sixteen migrants, five responded in Thai, eleven in Shan, and none in Burmese or English. Thirteen participants were retired and three were still not able to retire. Only four out of the sixteen people surveyed had no other family living in Thailand with them. Nine had no health insurance and seven had some form of health insurance (five had a Gold Card, one had social security insurance, and one had migrant health insurance).

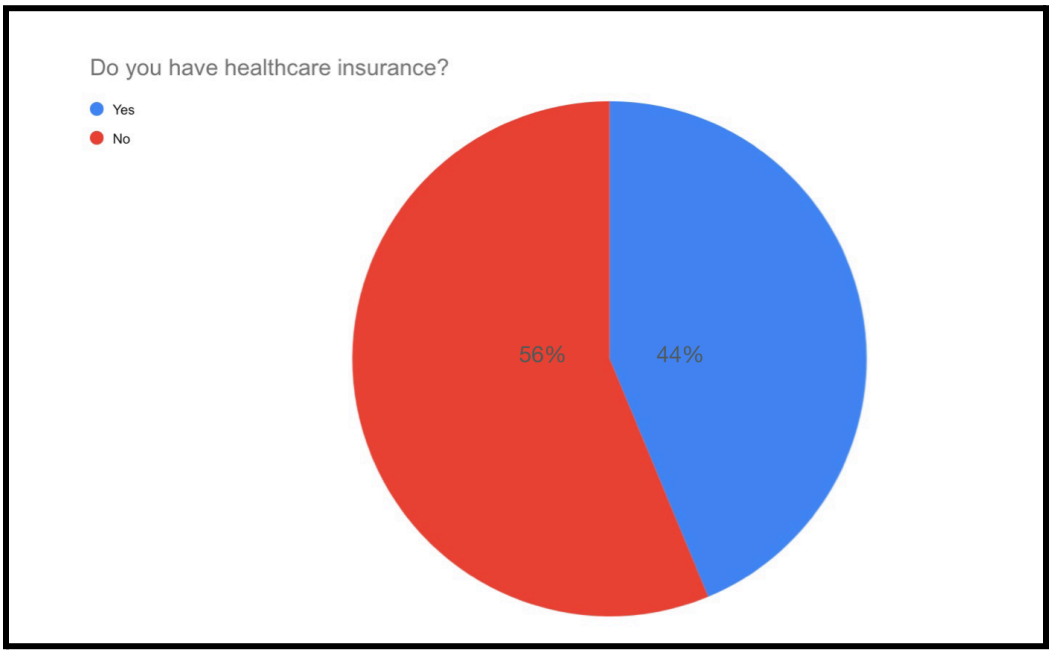


Figure 1. Enrollment in Healthcare Insurance of Elderly Burmese Migrants.

Six participants had not used MAP's services before and ten had, specifically for labour rights, health screening or referrals, and social assistance for women and children (in order of frequency). Out of these ten, nine believed that MAP's services were easy to find and all of them believed that MAP's services were easy to use. Eight total participants did not receive information from MAP about services and events (two of these eight had used MAP's services in the past, but they did not keep in contact to continue getting information) while the other eight mainly relied on face-to-face interaction in order to receive information from MAP. However,

two of those who used face-to-face interaction to receive information additionally received it from MAP Radio, and one participant from both face-to-face interaction and social media.

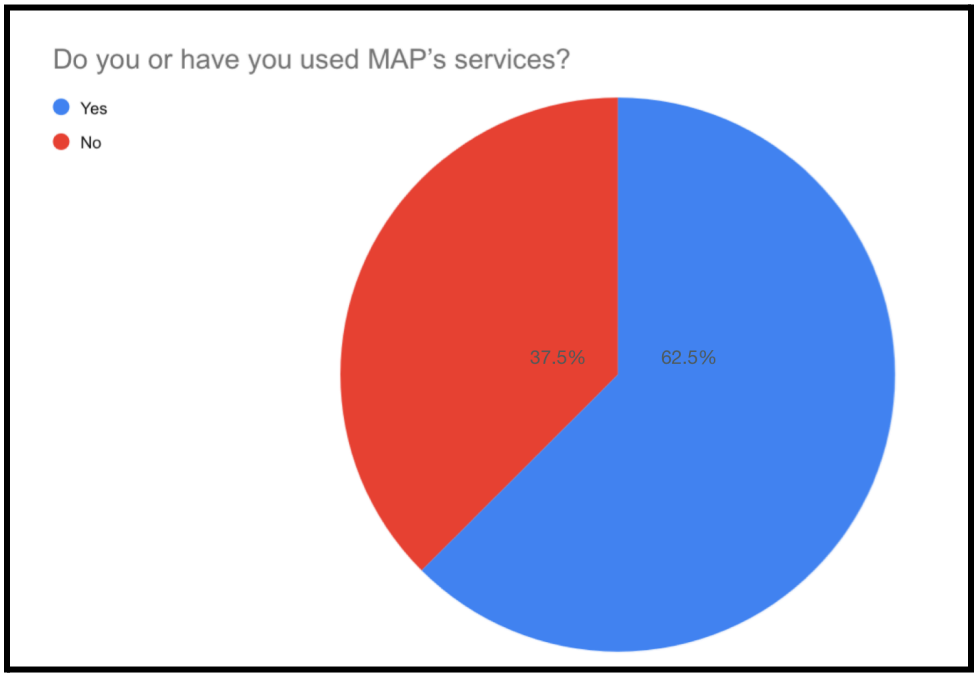


Figure 2. Present or Past Usage of MAP's Services by Elderly Burmese Migrants.

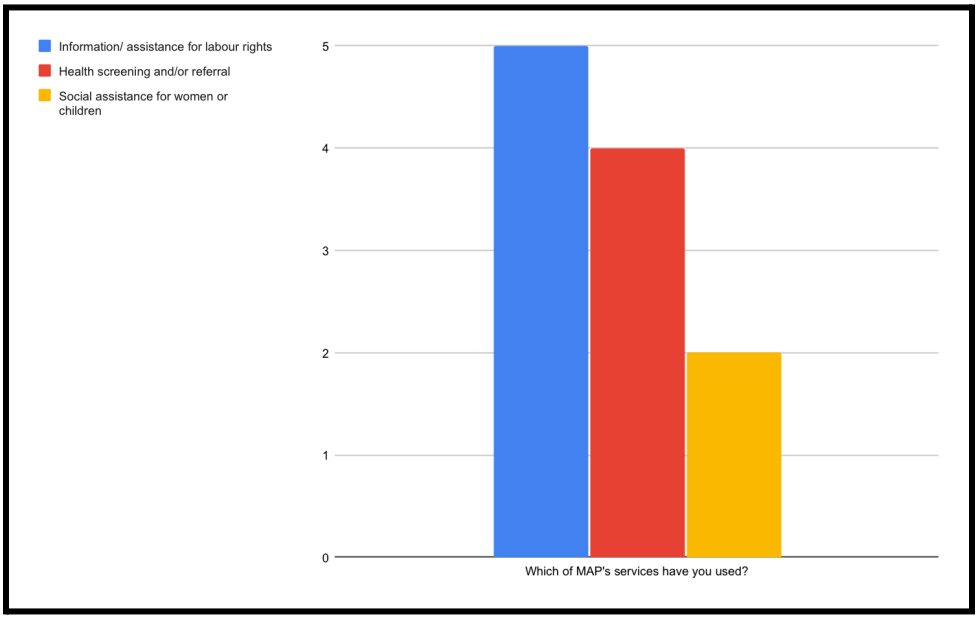


Figure 2.A. Types of MAP Service Used by Elderly Burmese Migrants.

Ten out of sixteen participants reported having a chronic illness and of those ten, eight sought medical treatment for this illness within Thailand. Of the eight, six believed the treatment to be sustainable (consisting of quality treatment that improved their condition) but only two believed it to be affordable as long-term treatment.

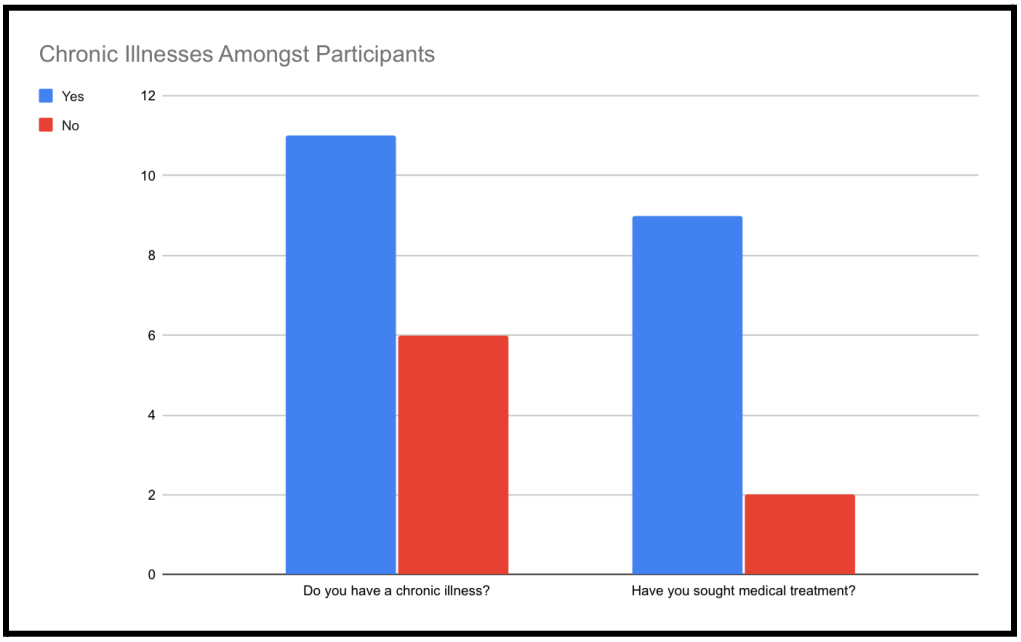


Figure 3. Chronic Illnesses and Treatment Among Elderly Burmese Migrants.

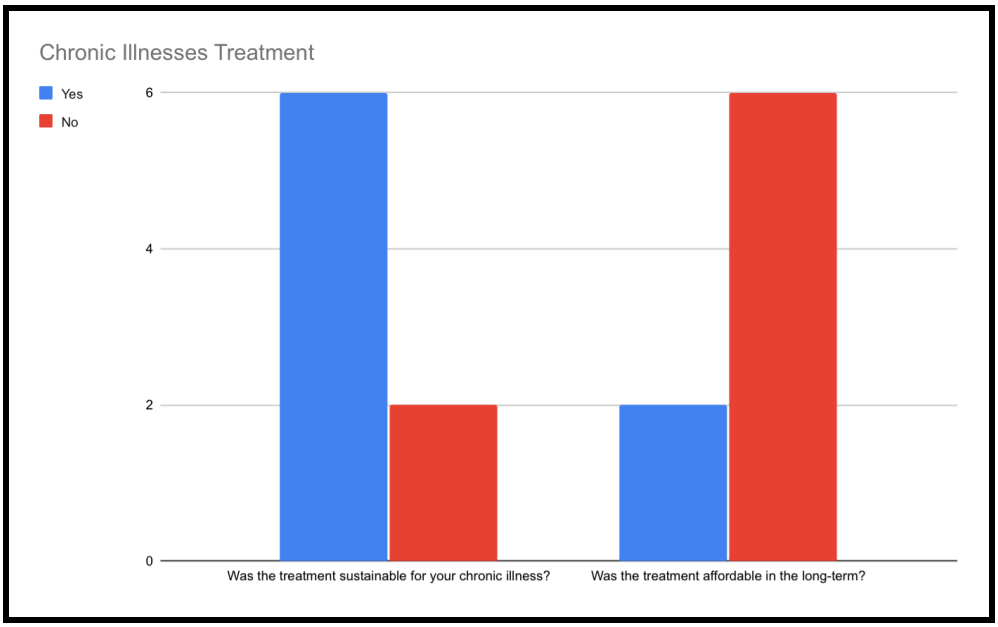


Figure 3.A. Sustainability and Affordability of Chronic Illnesses Treatment for Elderly Burmese Migrants.

Twelve participants out of the sixteen have visited a hospital or clinic in Thailand. Nine attested that these medical services were easy to find, seven said that they were affordable, and nine affirmed that the services received were of satisfactory quality. Nine confirmed that there was a language barrier present and eleven out of the twelve were satisfied with the outcome of their treatment.

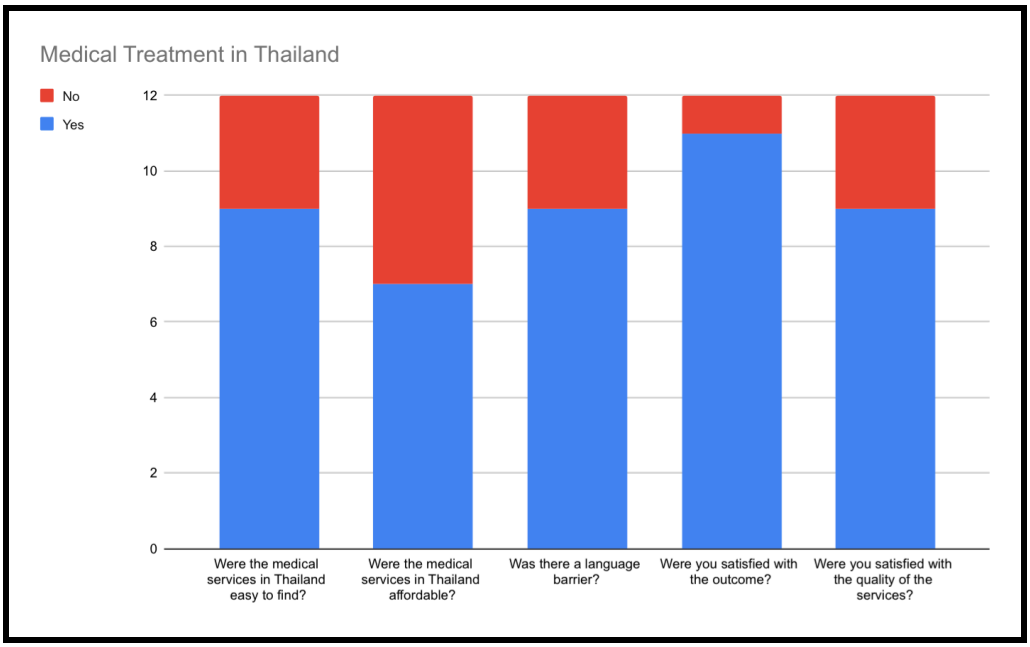


Figure 4. Experiences of Elderly Burmese Migrants with Medical Treatment in Thailand.

Three participants have received medical treatment in Myanmar. Two attested that the healthcare services there were easy to find, and one that it was affordable. Two were satisfied with both the quality of the services and the outcome.

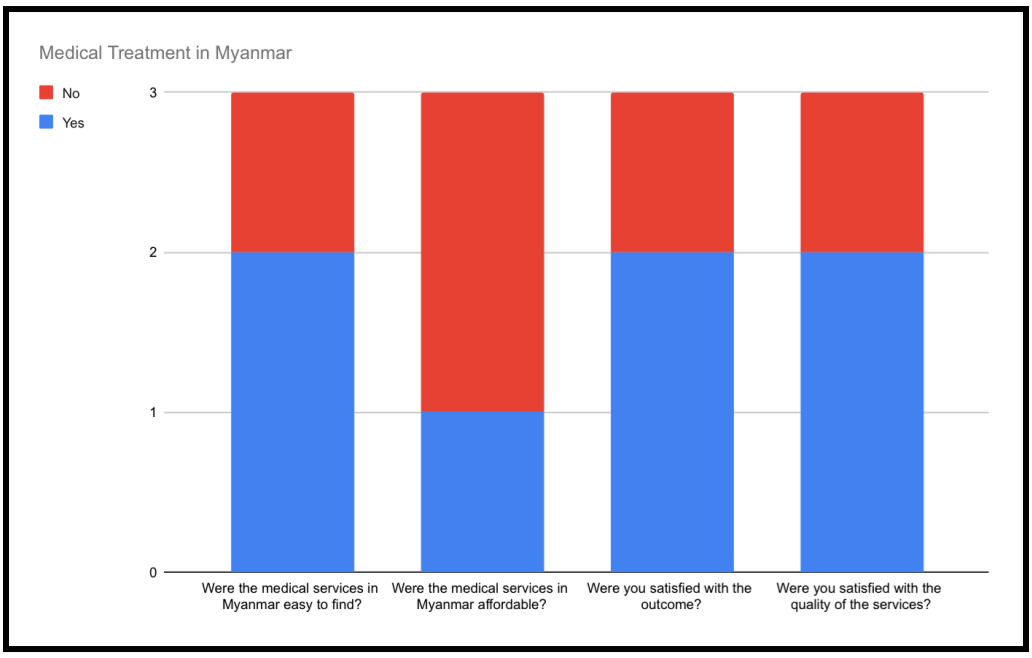


Figure 5. Experiences of Elderly Burmese Migrants with Medical Treatment in Myanmar.

Conclusions

Although the charts and graphs were constructed by question, not by each individual's full set of answers, the sixteen participants each had unique experiences and their answers demonstrated that. Twelve people have family living with them in Chiang Mai, indicating the possibility of setting up roots not only for themselves, but for their descendants. As thirteen participants are retired, it can be assumed that other family members provide the main source of income for their entire family.

The data centered on chronic illnesses painted a rather mixed picture of healthcare accessibility in Thailand. Those who had no health insurance and had a chronic illness, reported still being able to access treatment for this chronic illness, demonstrating that these health services can still be accessible without insurance albeit more expensive. Interestingly, out of five people who had a Gold Card, two had a chronic illness but still did not seek treatment in Thailand while three did. This almost split figure could possibly be attributed to confusion over how the Gold Card works or a hesitance over going to medical facilities despite being insured. Ten participants had a chronic illness and eight participants sought treatment for it. The majority of them believed the treatment to be sustainable, i.e. high-quality treatment that can effectively treat their illness, especially if given the time it needs to ease their illness. Yet, the majority also found the treatment to be unaffordable over the long-term, signifying that while the treatment would be doable and effective, and therefore sustainable for the long-term, most would not be able to afford to treat their chronic illness or can only afford it for certain periods at a time. Furthermore, seven participants had some sort of health insurance, either a Gold Card, MHIS, or

SSS, and were not significantly more or less likely to have positive healthcare outcomes than those who were uninsured when seeking out treatment for chronic illnesses.

All six participants who reported having no chronic illnesses were uninsured, which does invite the question - could they have a chronic illness such as heart disease, dementia, diabetes, arthritis, etc. and be asymptomatic? If there is a possibility that some of those who reported having no chronic illness are actually asymptomatic, it would make sense that they would not visit a hospital or get checked for this because they do not feel "sick." Regardless of insurance status, twelve total participants visited a hospital or clinic in Thailand. The majority found that these medical services were easy to find, affordable, of satisfactory quality, and were overall satisfied with the outcome of their treatment.

However, a great majority also confirmed that there was a language barrier present. This indicates that while affordability and ease of finding these services is less of a barrier than predicted, the language barrier between Thai and Shan (or less commonly, Burmese) remains prominent. A language barrier such as this can discourage people from seeking treatment, cause miscommunications within treatment, or even be a source of anger and frustration that can lead to disrespectful treatment or dismissal of concerns out of hand. This is similar to the findings in "Health seeking behavior among Myanmar migrant workers in Khon Kaen Province, Thailand" by Nyunt Win, Wongsa Laohasiriwong, and Aye Aye San. Even though the majority had health insurance and a reason to seek out medical care, the majority also could not speak Thai and this inability to communicate in Thai hindered any efforts to use their insurance/ seek out care in general.[53] This outcome is similar to the one outlined within this paper as the language barrier is prominent, especially amongst migrants who are older. Their age can make it difficult to learn a

[53] Nyunt Win et al. "Health Seeking Behavior among Myanmar Migrant Workers in Khon Kaen Province, Thailand."

brand new language, to find classes that would support them, and to make further connections in their new surrounding community that can help them with the language barrier.

As displayed in Figure 5, only three participants sought medical treatment in Myanmar before moving to Thailand. One participant was completely satisfied with the ease of locating, cost, outcome, and quality of the medical services they received in Myanmar, but a second participant was completely unsatisfied with the same list. The third and final participant who had received treatment in Myanmar was satisfied with the ease of locating, outcome, and quality of the treatment but unsatisfied with the cost. As the entire set of participants have been living in Thailand since before the recent earthquake, frequent blackouts, and a substantial number of hospital closures, it can be assumed that if similar research was conducted within Myanmar now, the answers would be more negative. The healthcare treatments in Myanmar are currently of poorer quality with lower access than those in Thailand, yet Thailand has also had more political stability under which it developed its healthcare system.[54]

A bit less than half of those surveyed have not used MAP's services before. Still, the majority of those who used MAP's services relayed that they were easy to find and easy to use. Despite the vast majority of the participants being retired, five participants (three of whom were retired) used MAP's services for assistance or information on labour rights. Besides the two people who could be using it for firsthand labour assistance, this could also imply that their main connection to MAP is through their adult children or other family members as those family members would be the ones working to support them and the rest of their loved ones. The second most popular service (second most used by a difference of only one person) is health screening or referrals, which is understandable as aging is often accompanied by a susceptibility to new

[54] S. Srichampa and M. Bhuban. "Our Neighbor's Health Security Affects Our Own: A Case Study of Humanitarian Assistance Provided by Thailand to Myanmar."

illnesses or an exacerbation of chronic illnesses. MAP specifically assists with tuberculosis and STD screening and management. Tuberculosis is especially important to screen for amongst this population because it spreads from person to person through the air and as many migrant families live together in close quarters within communities, this can result in hotspots and disproportionately impact elderly people with weaker immune systems. Furthermore, if an elderly migrant did have a chronic illness, they may not have been able to manage it effectively before being in contact with MAP who can help them navigate the Thai healthcare system.

From this set of data, it is clear that the Thai healthcare system has strong treatment results, quality service, and is fairly accessible. However, it is imperative that language barriers be addressed as well as how costly these treatments could be as long-term treatments can only be successful if they are continuously accessed. It is clear that the migrant community has been contributing to Thai society, often at the expense of their own health, therefore they should be able to reap the benefits of their efforts. Elderly migrants in particular are more susceptible to chronic illnesses and need more access to healthcare resources due to decades of work and often less than ideal living conditions. Steps towards having more healthcare resources and treatments be in the native language of migrants would also be a step towards integrating migrants from Myanmar into Thailand so that they may build a foundation for their descendants to have an easier time living, working, and accessing benefits within Thai society.

Recommendations

Translation services, especially within public hospitals that receive a diverse set of patients, need to be improved upon. Language translators should be formally trained and assigned to patients in health centers to remove the language barrier. Many participants cannot properly discuss their health problems with their healthcare provider, especially elderly migrants who have spoken a different language the majority of their life. There is currently no formal recognition of qualifications for on-demand interpreters (many hospitals do not have in-house interpreters) and any hospital "on the job" training provided to these freelance translators can cause a lack of clarity about their role.[55] Thai hospitals can increase the amount of translators available during patient consultations by providing formal training to Burmese interpreters. This would open up new positions within the hospitals and doctors could then encourage patients to use these services. By offering them a translator from the get-go and emphasizing that it is not a burden of effort or time, physicians will be able to build trust and provide these patients with the best treatment possible.

Another recommendation is an increase in guidance for migrants about insurance and navigating their immigration status. As many elderly migrants are retired and relying on their family for financial stability, they will also need more guidance in their own language about how their insurance and immigration status could differ from those of their family members. Thailand's system for migrants and what they need to do to ensure a "documented" status is constantly changing and many migrants cannot keep up, much less those that have less of a grasp on the language and little knowledge of where to access this information. Furthermore, there is an increasingly high chance that many of these elderly migrants from Myanmar will not be able

[55] Titaree Panwichatkul et al. "The Experiences of Burmese Healthcare Interpreters (Iam) in Maternity Services in Thailand."

to return home. If their focus is to build roots for their children to benefit from and completely integrate themselves into Thai society, the Thai government can provide paths to doing this successfully. They can do this by streamlining the application process for residency through having specific and constant requirements for documentation and ensuring that the government policies address the challenges migrants face while in the process of applying for documentation (education access for their children, healthcare access, etc.).[56] Under Thai law, if a child is born in Thailand, it is only considered a Thai national if at least one of its parents is a Thai national or if both parents are foreign permanent residents.[57] Thailand currently offers a path to citizenship if someone was born in Thailand to parents from an ethnic minority group and has lived in Thailand for at least fifteen years.[58] They are eligible to apply for citizenship by filing a petition at a Thai district office, and the screening and approval period can take more than a year. However, lowering the required number of years of residency (currently at 15) if they have a plan to live in Thailand long term may be worthwhile. One of the first steps towards easing the process of citizenship is increasing the spread of information over any changing guidelines for visas, insurance plans, etc. as well as providing more guidance on accessing these resources in languages such as Burmese and Shan. Secondly, increasing the amount of people that are able to access insurance plans and other benefits would give them a more stable position within Thai society, integrating them further on a more equal level that would benefit their younger family members.

Prior to the need for reliable and affordable healthcare access to treat brief or long term illnesses, labour rights need to improve in order to avoid many of the health problems that form

[56] Htun Htun. “Challenges for the Rights of Refugee Children in Thailand under the UN Convention and the Reservation Withdrawals: Inclusive Policy, Exclusive Practice.”
[57] “Are Children Born in Thailand Automatically Thai Citizens?”
[58] Pimuk Rakkanam. “Thailand Opens Citizenship Pathway for 80,000 Stateless People.”

in the first place. While all participants in this study were nearing or at retirement age, not all were retired, and assistance for labour rights was one of the most common reasons to communicate with MAP. Unsafe and dangerous working conditions can be tied to the development of chronic illnesses. Treatment for tuberculosis or sexually transmitted diseases in the earliest stages helps prevent future complications and for many migrants, these and other illnesses can prevent them from making a living due to the cost and potential of missing work, so they do not seek treatment or are unable to access it. If employers do not provide the migrants working for them with fair working conditions, they not only rob them of proper healthcare access, they cause them to lose their dignity. They deserve the ability to take sick days off, receive fair pay, and access the same rights as other working people. To improve labour rights, the Thai government can focus on ratifying the International Labour Organisation (ILO) conventions, which recognizes workers' freedom of association, their right to organize, and right to collective bargaining.[59] Organizations such as MAP continue to fight for improved labour rights, but they need to see bold strides made by the government.

Based on this research, I believe that MAP can focus on increasing their reach amongst the older population as there are no concrete statistics on how many elderly people MAP consistently reaches. Almost half of the participants reported having not made use of any of MAP's resources despite a visible need in the form of the high rate of chronic illnesses and lack of medical insurance. Many older people may not have social media and/or may rely on word of mouth to obtain their information on resources. While MAP's Facebook and website hold valuable news and information, another possible way to lead older people to these resources or to provide them with the contact information for MAP is through simple language and visuals such

[59] Yongyuth Chalamwong and Ratree Prasomsup. "Respect Labour Rights to Avert Sanction."

as posters and brochures placed in commonly visited, informal settings. This could include local markets, community centers, and perhaps temples if MAP collaborates with Buddhist monks or leaders. Another possible idea is to create a local support group specifically for elderly Burmese migrants to support them in their needs and foster community.

Some questions I still see present after this study are: how difficult is it to obtain and access medical insurance? What paths to citizenship are being explored, especially in regard to what doors it opens for affordable and accessible medical care? What is integration into Thai society looking like for elderly migrants and their children? Do the rates of this integration improve the health statistics of the community from Myanmar? Finally, how accessible is healthcare to other vulnerable subsets within this community, such as disabled people? I believe that answering these questions would allow those within the healthcare community to advocate for more accessible, affordable, and effective healthcare solutions underrepresented populations.

Limitations

I recognize that because it was my first year working for the MAP Foundation and because my Thai and Burmese language skills are limited, the migrants we worked with would not know or trust me as much as they would trust my coworkers, who have worked with this community for a longer period of time. Additionally, I was hesitant to bring more attention to migrants with potential undocumented statuses by trying to interview them in person, especially with my limited language skills that could have made the data collected susceptible to miscommunication. Despite my initial desire to conduct qualitative research for this paper, it made the most sense to collect quantitative data for the first paper in MAP written specifically about the elderly. If any further studies about the elderly or a vulnerable subset within this already underrepresented population follow, both quantitative and qualitative data would paint the clearest picture of their needs.

I chose to create my survey in Google forms and distribute it electronically because it would remove the spoken language barrier as well as ensure that the participants did not feel uncomfortable or put on the spot. This choice, however, narrowed the scope of my research's reach. Additionally, the participants had a wide range of experiences and it was a small number of people surveyed, so the data is limited. The electronic platform may have also increased the difficulty of use as some elderly people struggled in navigating the "next," "back," and "submit" buttons before I added a reference guide for those buttons in each language of the survey (English, Thai, Shan, and Burmese). Furthermore, the translation of the questions in the different languages can create potential barriers to understanding and confusion, risking a misinterpretation of meaning. I did not know any Shan and relied on others (all of whom were fluent speakers) to help me perfect the translations within the surveys. The risk of

misinterpretation in written responses is less than that of misinterpretation in spoken responses due to the ability of the participants to take their time filling out the survey without misunderstanding me, especially as I had my translated survey checked and edited. Furthermore, the majority of the questions are in “yes” or “no” form, making it easier for me to organize without needing significant assistance in translating, as I would for qualitative face to face interviews.

References

ศรีธำรงสวัสดิ์, ส. "Equity in Health Services Utilization among Thai Elderly under the Universal Coverage Scheme." *Journal of Health Science of Thailand*, vol. 15, no. 5, 2021, pp. 685–96. *Thai Journal of Health Science*, https://thaidj.org/index.php/JHS/article/view/10249.

"สถิติจำนวนคนต่างด้าวที่ได้รับอนุญาตทำงาน 7 . คงเหลือทั่วราชอาณาจักรประจำเดือนธันวาคม 2563." *Office of Foreign Workers Administration*, 30 Dec. 2020, www.doe.go.th/prd/assets/upload/files/alien_th/a0bf3232bdb42f5fe6dbe66cfa75b02c.pdf.

"Alarming Challenges Faced by Older People in Myanmar." *HelpAge International*, 21 Jul. 2023, www.helpage.org/news/alarming-challenges-faced-by-older-people-in-myanmar/.

Anderson, Stefan. "Myanmar's Collapsing Health System Crushed Beneath Earthquake and Civil War." *Health Policy Watch: Independent Global Health Reporting*, 4 Apr. 2025, healthpolicy-watch.news/myanmars-collapsing-health-system-crushed-beneath-earthquake-and-civil-war/.

"Are Children Born in Thailand Automatically Thai Citizens?" *Thailand Legal Resources*, 2020, www.legal.co.th/resources/visa-immigration-law/nationality-law/are-children-born-thailand-automatically-thai-citizens/.

Aung, Pyone Thidar. "Decision on Later Life Migration of Myanmar Migrant Workers in Ranong Province." *Thailand*. 2021. *Chulalongkorn University Theses and Dissertations (Chula E TD)*, no. 7722, https://digital.car.chula.ac.th/chulaetd/7722.

Chalamwong, Yongyuth, and Ratree Prasomsup. "Respect Labour Rights to Avert Sanction." *Thailand Development Research Institute*, 22 Jan. 2020, tdri.or.th/en/2020/01/respect-labour-rights-to-avert-sanction/#:~:text=The%2520next%2520logical%2520move%252C%2520therefore,trade%2520%E2%80%94%2520and%2520in%2520trade%2520boycotts.

Champa. "Domestic Workers Need Social Protection Too." *International Labour Organization Voices*, 15 Jun. 2022, voices.ilo.org/stories/domestic-workers-need-social-protection-too.

Chia, Jasmine. "The History of Thailand's Universal Healthcare Coverage, and Its Uncertain Future." *Thai Enquirer*, 23 Apr. 2020, www.thaienquirer.com/12090/the-history-of-thailands-universal-healthcare-coverage-and-its-uncertain-future/.

Ciba, Kankanit. "Coverage Rate of Universal Coverage Scheme Thailand 2011-2023." *Statista*, 20 Mar. 2025, www.statista.com/statistics/1114576/thailand-coverage-of-universal-coverage-scheme/.

"Community Health and Empowerment." *MAP Foundation*, www.mapfoundationcm.org/en/home-thai/community-health-and-empowerment.html.

"Declaration of Alma-Ata." *World Health Organization*, 8 Oct. 2019, www.who.int/publications/i/item/declaration-of-alma-ata.

Foster, Jonathon, and Thinn Thinn Hlaing. "Earthquake Pushes Myanmar's Health System to Verge of Collapse." *Think Global Health*, 8 Apr. 2025, www.thinkglobalhealth.org/article/earthquake-pushes-myanmars-health-system-verge-collapse.

Fung, Serena. "Migrant Health Insurance Scheme In Thailand." *Pacific Prime*, 29 Oct. 2024, www.pacificprime.com/blog/migrant-health-insurance-scheme-in-thailand.html.

Glinskaya, E., et al. "Caring for Thailand's Aging Population." *World Bank Group*, 2021, documents1.worldbank.org/curated/en/249641622725700707/pdf/Labor-Markets-and-Social-Policy-in-a-Rapidly-Transforming-Caring-for-Thailand-s-Aging-Population.pdf.

Head, Jonathan . "Myanmar Coup: The Doctors and Nurses Defying the Military." *BBC*, 7 Jan. 2022, www.bbc.com/news/world-asia-59649006.

Htun, Htun. "Challenges for the Rights of Refugee Children in Thailand under the UN Convention and the Reservation Withdrawals: Inclusive Policy, Exclusive Practice." *Chiang Mai University School of Public Policy*, 7 Feb. 2025, spp.cmu.ac.th/challenges-for-the-rights-of-refugee-children-in-thailand-under-the-un-convention-and-the-reservation-withdrawals-inclusive-policy-exclusive-practice/#:~:text=Enhancing%20Policy%20and%20Implementation%20Consistency,and%20adherence%20to%20established%20policies.

KO SOE, H. (n.d.). "Myanmar's needy elderly." Frontier Myanmar. https://www.frontiermyanmar.net/en/myanmars-needy-elderly/

Krugman, Allison. "In Myanmar, Health Care Has Become a Battleground." *Think Global Health*, 4 Mar. 2024, www.thinkglobalhealth.org/article/myanmar-health-care-has-become-battleground.

"Myanmar Events of 2024." *Human Rights Watch*, 2025, www.hrw.org/world-report/2025/country-chapters/myanmar#:~:text=Aid%20Blockages%20and

%20Displacement,-The%20junta%20has&text=From%20January%20to%20June%2C%20humanitarian,of%20fighting%20in%20October%202023.

Myint-U, Thant. *The Hidden History of Burma: Race, Capitalism, and the Crisis of Democracy in the 21st Century*. *W.W. Norton & Company*, 2019.

"NHSO to Expand “30-baht Get Treatment Anywhere” Pilot Project in Eight Provinces." *National Health Security Office*, 18 Mar. 2024, eng.nhso.go.th/view/1/DescriptionNews/NHSO-to-expand-30-baht-get-treatment-anywhere-pilot-project-in-eight-provinces/601/EN-US#:~:text=The%2520expansion%2520is%2520a%2520result,30%252Dbaht%2520healthcare%2520scheme.%E2%80%9D.

Niyomsilpa, Sakkarin, and Malee Sunpuwan. "The Survey of Thai Public Opinion toward Myanmar Refugees and Migrant Workers: A Case Study of Tak Province." *Institute for Population and Social Research, Mahidol University*, 2014, ipsr.mahidol.ac.th/ipsrbeta/FileUpload/PDF/Report-File-477.pdf.

"Our Mission." *MAP Foundation*, www.mapfoundationcm.org/en/.

"Overview of Myanmar Nationals in Thailand." *IOM UN Migration*, Apr. 2024, thailand.iom.int/sites/g/files/tmzbdl1371/files/documents/2024-10/overview-of-myanmar-nationals-in-thailand-october-24.pdf.

Panwichatkul, Titaree, et al. "The Experiences of Burmese Healthcare Interpreters (Iam) in Maternity Services in Thailand." *Elsevier*, Jun. 2018, www.sciencedirect.com/science/article/abs/pii/S1871519216302645.

Rakkanam, Pimuk. "Thailand Opens Citizenship Path for 80,000 Stateless People." *Benar News*, 2 Jan. 2017, www.benarnews.org/english/news/thai/stateless-12302016172431.html#:~:text=To%20obtain%20citizenship%2C%20Grisada%20said,the%20criteria%20and%20procedures%20involved.

"Rights Group Decries Arrest of Myanmar Refugees Seeking Healthcare in Thailand." *LiCAS.News*, 1 Nov. 2023, www.licas.news/2023/11/01/rights-group-decries-arrest-of-myanmar-refugees-seeking-healthcare-in-thailand/.

"Rollout of Universal Health Coverage to Continue in 2024." *The Nation*, 16 Dec. 2024, www.nationthailand.com/blogs/news/policy/40044187.

"Severe Electricity Shortages Plague Residents in Yangon amid Unpredictable Power Cuts." *Mizzima News From Myanmar*, 29 Mar. 2025, eng.mizzima.com/2025/03/29/20622.

"Social Security in Thailand: Explained." *Acclime*, 2025, thailand.acclime.com/guides/social-security-explained/.

Soe Nyunt, Haymarn, and Nicha Wachpanich. "Considered Neither Refugees nor Economic Migrants, Burmese Workers in Thailand Eke Out a Living in the Shadows." *Equal Times*, 24 Mar. 2023, www.equaltimes.org/considered-neither-refugees-nor?lang=en.

Srichampa, S., and M. Bhuban. “Our Neighbor’s Health Security Affects Our Own: A Case Study of Humanitarian Assistance Provided by Thailand to Myanmar”. *Journal of Language and Culture*, vol. 43, no. 2, Dec. 2024, pp. 160-82, https://so03.tci-thaijo.org/index.php/JLC/article/view/277084.

"Thailand: Ensure Healthcare for Myanmar Refugees." *Fortify Rights*, 26 Oct. 2023, www.fortifyrights.org/tha-inv-2023-10-26/.

"Thailand Social Security: What You Need to Know." *Benoit & Partners International Law Firm*, 16 Oct. 2024, benoit-partners.com/benefits-social-security-thailand/#:~:text=The%20Thailand%20social%20security%20system%20in%20Thailand%20provides%20old%2Dage,pension%20starting%20at%20age%2055.

Thanadkah, Kwankamon, and Alongkorn Chaladsook. "Is the Future of Thailand'S Health Care in Danger?" *Thailand Development Research Institute*, 6 Mar. 2018, tdri.or.th/en/2018/03/future-thailands-health-care-danger/.

Tongprasert, Malulie, et al. "FACTORS RELATED WITH HEALTH-RELATED QUALITY OF LIFE FOR ADULT MYANMAR MIGRANT WORKERS IN MUANG DISTRICT, CHIANG RAI PROVINCE, THAILAND: A CROSS-SECTIONAL STUDY." *College of Public Health Sciences, Chulalongkom University*, 2010, he01.tci-thaijo.org/index.php/jhealthres/article/view/157142/113939.

"TOWARDS A BETTER LIFE: ENHANCING SOCIAL PROTECTION FOR MIGRANT DOMESTIC WORKERS IN THAILAND." *IOM UN Migration*, 2020, thailand.iom.int/stories/towards-better-life-enhancing-social-protection-migrant-domestic-workers-thailand#:~:text=Migrant%20domestic%20workers%20have%20no%20access%20to%20social%20security&text=Although%20the%20MHIS%20helps%20paying,as%20for%20example%20retirement%20fund.

"UNHCR in Thailand." *The UN Refugee Agency*, 30 Sept. 2024, www.unhcr.org/th/en/unhcr-in-thailand.

"USAID Team Fired While in Myanmar Earthquake Zone, Ex-official Says." *CNBC*, 6 Apr. 2025, www.cnbc.com/2025/04/06/usaid-team-fired-while-in-myanmar-earthquake-zone-ex-official-says-.html.

Win, Nyunt, et al. "Health Seeking Behavior among Myanmar Migrant Workers in Khon Kaen Province, Thailand." *International Journal of Public Health Asia*, 2023, ijphap.com/index.php/home/article/view/53/54.

Wongboonsin, Pimonpan, Yupin Aungsuroch, and Nobuko Hatsukano. "The Ageing Society and Human Resources to Care for the Elderly in Thailand." *Human Resources for the Health and Long-term Care of Older Persons in Asia*, edited by Yuko Tsujita and Osamu Komazawa, ERIA, 2020, pp. 104–135.

Appendix

Language	Are you 55 years old or older?	Are you retired?	Do you have family with you here?	Do you have health insurance? If so, which?	Have you/ do you use MAP's services? If so, which?	Are MAP's services easy to find?	Are MAP's services easy to use?	Do you receive information from MAP? How?	Do you have a chronic illness?	Have you sought medical treatment for this?	Have these services been sustainable as a long term treatment?	Have these services been affordable as a long term treatment?
Thai	Yes	Yes	Yes	MHIS	No	X	X	No	Yes	Yes	Yes	No
Thai	Yes	Yes	Yes	No	Yes, social assistance for women and children	Yes	Yes	Face to Face	Yes	Yes	No	Yes
Thai	Yes	Yes	Yes	No	Yes, health screening or referral	No	Yes	Face to Face	Yes	Yes	No	No
Shan	Yes	Yes	Yes	No	Yes, health screening or referral	Yes	Yes	Face to Face	No	X	X	X
Thai	Yes	Yes	Yes	No	No	X	X	No	No	X	X	X
Shan	Yes	Yes	Yes	No	Yes, labour rights	Yes	Yes	Face to Face	No	X	X	X

Shan	Yes	No	Yes	UCS	Yes, labour rights	Yes	Yes	Face to Face	Yes	No	X	X
Shan	Yes	No	No	SSS	Yes, labour rights	Yes	Yes	Face to Face, Radio, Social Media	Yes	Yes	Yes	No
Thai	Yes	Yes	No	UCS	Yes, health screening, social assistance	Yes	Yes	Face to Face, Radio	Yes	Yes	Yes	Yes
Shan	Yes	Yes	Yes	No	Yes, health screening	Yes	Yes	No	No	X	X	X
Shan	Yes	Yes	Yes	No	Yes, labour rights	Yes	Yes	Face to Face	No	X	X	X
Shan	Yes	Yes	Yes	No	No	X	X	No	Yes	Yes	Yes	No
Shan	Yes	No	No	UCS	No	X	X	No	Yes	Yes	Yes	No
Shan	Yes	Yes	Yes	No	No	X	X	No	No	X	X	X
Shan	Yes	Yes	No	UCS	No	X	X	No	Yes	No	X	X
Shan	Yes	Yes	Yes	UCS	Yes, labour rights	Yes	Yes	No	Yes	Yes	Yes	No

Have you visited a	Were these medical	Were these services	Was there a language	Were you satisfied with	Were you satisfied with	Have you visited a	Were these medical	Were these services	Were you satisfied with	Were you satisfied with

hospital in Thailand?	services easy to find?	affordable?	barrier?	the outcome of the services?	the quality of the services?	hospital in Myanmar?	services easy to find?	affordable?	the outcome of the services?	the quality of the services?
Yes	Yes	Yes	Yes	Yes	Yes	No	X	X	X	X
Yes	Yes	No	Yes	Yes	Yes	No	X	X	X	X
Yes	Yes	No	Yes	Yes	Yes	No	X	X	X	X
Yes	Yes	No	Yes	Yes	Yes	No	X	X	X	X
Yes	Yes	No	Yes	Yes	Yes	No	X	X	X	X
Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	No	Yes	Yes	No	X	X	X	X
Yes	Yes	Yes	No	Yes	Yes	No	X	X	X	X
Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No
No	X	X	X	X	X	No	X	X	X	X
No	X	X	X	X	X	No	X	X	X	X
Yes	No	No	Yes	Yes	No	No	X	X	X	X
Yes	No	Yes	Yes	No	No	No	X	X	X	X
No	X	X	X	X	X	No	X	X	X	X
Yes	No	Yes	Yes	Yes	Yes	No	X	X	X	X
No	X	X	X	X	X	Yes	Yes	No	Yes	Yes