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Protecting Migrant Children in Thailand: Importance of Social Integration and Roles of Civil Society

Chalermpol Chamchan*

This paper investigates access to birth registration, education, and health care for cross-border migrant children in Thailand. It also emphasizes the importance of integrating migrant populations into Thai society and the role local civil society organizations play in protecting and improving children's access to these rights. Data collected from previous fieldwork conducted in Thailand's border areas (Mae Sot-Tak, Chumporn, Ranong, Phang-nga, and Chiang Rai) from 2016 to 2020 is analyzed here. With regional variations, the quantitative survey found that between 40 percent and 80 percent of migrant children born in Thailand had their births registered. School enrollment rates for children aged 7 to 14 ranged from 50 percent to almost 100 percent. Notably, most children were enrolled at NGO-run migrant children's learning centers (MLCs), with less than half attending Thai regular schools (except for Chiang Rai, where Thai school enrollment surpassed MLC enrollment). When it came to access to health care, a large proportion of children (ranging from 30 percent to 95 percent) in all the surveyed areas lacked health insurance coverage. Qualitative data analysis revealed a discrepancy between Thai laws and their practical application. While regulations permit birth registration, school enrollment, and health insurance access for all migrant children regardless of their parents' immigration status, numerous obstacles still restrict their access to these rights. The analysis demonstrates that the social integration of migrants and active local civil society organizations can be crucial enablers and mechanisms for protecting migrant children's rights while simultaneously improving the quality of life for both cross-border migrants and local Thais in the communities surveyed.

Keywords: migrant children, cross-border migrant, birth registration, child protection, Thailand

Background and Objectives

Due to demographic transitions, with changes in its population structure, Thailand has been an aged society since 2005. With its low birth rate, the country is anticipated to

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have a smaller proportion of working-age population in the near future while the proportion of the aged population will keep growing (NESDB and UNFPA Thailand 2011). Correspondingly, some policy recommendations have been proposed and discussed, such as improving the quality of the future workforce with a greater focus on human development and quality birth, pronatalist policies to increase birth rate, accepting more migrant workers to fill the labor shortage, promoting active aging, encouraging older workers to remain in the labor market, and innovating and adopting new technologies (Pramote *et al.* 2019). The purpose of such policies is either to maintain the size of the labor force or to enhance the economic productivity of each labor unit. Labor shortage is one of the main concerns with an aging population. The issue of replacement migration has been discussed as a possible solution to the declining and aging population of many aged societies, such as Japan, South Korea, the United Kingdom, the United States, and the European Union (United Nations Population Division 2000). In the case of Thailand, migration of workers from neighboring countries—Myanmar, Cambodia, and Laos—might be an option to consider.

There are a large number of cross-border migrants residing, mobilizing, and working in Thailand, the majority of whom—around 80 percent—are from Myanmar. Many of them—especially low-skilled workers in the agricultural, fishery, construction, and manufacturing sectors (Aphichat, Wathinee *et al.* 2016; Harkins 2019)—migrated into Thailand without valid documents and consequently became undocumented for both residential and working status. The majority of workers are of reproductive age, and many of them have children who were born in Thailand (Ball and Moselle 2015). Although, according to regulations, migrant workers are expected to work in Thailand temporarily for a certain period and then return to their home country, in practice many of them have been living in Thailand with their family for years (Huguet *et al.* 2012). Some even plan to raise their children in Thailand and not return home (Chalermpol and Kanya 2022).

According to the United Nations Convention on the Rights of the Child (CRC) and the United Nations Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, all children below the age of 18 years—including those who were born to migrant parents—have a right to birth registration (United Nations 1989; Ball *et al.* 2017), which is the primary condition for facilitating other basic rights and protections. As defined by the United Nations Children's Fund (2013), birth registration is "the continuous, permanent and universal recording, within the civil registry, of the occurrence and characteristics of births in accordance with the legal requirements of a country." It is the official recording of the child's birth—and, in fact, of his or her existence—by the state administration. Information contained in the birth registration generally includes the names of the child and parents, date and place of birth, birth

attendants or witnesses, and name with signature of the registrar (UNICEF 2002). The record is crucial as a "passport to protection" that helps the child secure the right to a name and nationality (Inter-Parliamentary Union 2015). It also safeguards other human rights from childhood to adulthood—especially rights to health care and education; protections against human trafficking and other forms of exploitation and abuse; and state benefits and participation in society (UNICEF 2002). As reported by UNICEF in 2013, among children under the age of five in 158 countries, the births of more than one-third (35 percent)—or nearly 230 million—were not registered. More than half the unregistered births were in Asia (UNICEF 2013).

In the case of migrant children, birth registration is important because it provides documentary evidence of the child's nationality based on the nationality of the parents—even though in many host countries, including Thailand, nationality is not granted according to place of birth. A lack of birth registration as proof of identity and belonging to a nation-state often sets the stage for de facto statelessness and causes difficulties for both remaining in the host country and returning to the origin country (Ensor and Gozdziak 2010, cited in Ball *et al.* 2017). Since 2008, Thai law has adopted the principle of universal access to birth registration for all births in Thailand, including the births of children to displaced persons and parents who are either documented or undocumented migrant workers. The Civil Registration Act revised in that year includes "The Central Civil Registration Department Procedures for Issuing ID Cards for Non-Thai Persons," which gives tacit authority to proceed with issuing ID cards for everyone born in Thailand (Valenta 2007; Inter-Parliamentary Union 2015). However, in practice, there is still limited access to the civil registration system for migrant parents, with numerous obstacles and constraints that need to be investigated. When considering replacement migration as a solution for Thailand's shrinking labor force, second-generation migrant children might be a good choice to replace the workforce in the long run. Ensuring their access to birth registration, education, and health care, which are crucial for human development, is thus important both in terms of basic human rights protection and for the country to have a quality substitute labor force in the long term (Janta and Harte 2016).

According to the literature, the main barriers to birth registration and other rights of migrant children are that they are not universally perceived as fundamental rights and consequently are given low priority by most relevant stakeholders, including migrant parents. In some settings where the legislation and administration of the civil registration system are open to facilitating accessibility to birth registration, there are socioeconomic as well as cultural barriers to impede the accessibility of migrant children (UNICEF 2002; Ball *et al.* 2017). Some factors that have been identified as constraints are a lack of sufficient information and knowledge about the requirements and procedures

for registration, illiteracy and language limitations, and low confidence among parents due to their illegal status and an uncertain future for themselves and their child in the host country. Previous studies have suggested that social integration in the host community, with clear directive integration policy as a long-term agenda at the macro level, can provide migrants with better abilities and opportunities to cope with these challenges (Valenta 2007; Pracha 2010; Huguet *et al.* 2012). Civil society groups, including nongovernmental organizations (NGOs) and community-based organizations, constitute another mechanism that can play an important role in this area—not only on the issue of migrant children's rights and protection but also for the migrant population in general (Jampaklay 2011; Chalermpol *et al.* 2016).

This paper aims to present the current situation with regard to access to birth registration, education, and health care for cross-border migrant children in Thailand. The importance of social integration among the migrant population in Thai society and the role of civil society (i.e., community-based organizations) to facilitate better access to these rights of migrant children are explored and highlighted.

Methodology

This study disseminates and analyzes the dataset from three studies on cross-border migrant children's families in Thailand during 2016–20. The first study is "A Baseline Survey of Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC) Project," conducted in September–December 2016 by a research team from the Institute for Population and Social Research, Mahidol University (IPSR-MU). A quantitative questionnaire survey and qualitative fieldwork were carried out in three study sites: Mae Sot (Tak Province), Ranong, and Chumporn in Thailand. The questionnaire survey collected quantitative data on status and access to birth registration, education, and needed health services of migrant households, with a focus on household members aged 0–14 years. Data was collected on 604 migrant households with 869 migrant children in Mae Sot (Tak Province, n = 338), Ranong (n = 231), and Chumporn (n = 300). Qualitative data was collected in each study site through in-depth interviews and focus group discussions with key local stakeholders, including members of migrant communities and community-based organizations, representatives from the local Thai authorities (civil registration office, public health facilities, public schools, local governmental organizations), and nongovernmental organizations. Approximately twenty key stakeholders were interviewed or included in focus group discussions in each study site.

The second study is "Migrant Children Population: Child Rearing, Access to Health

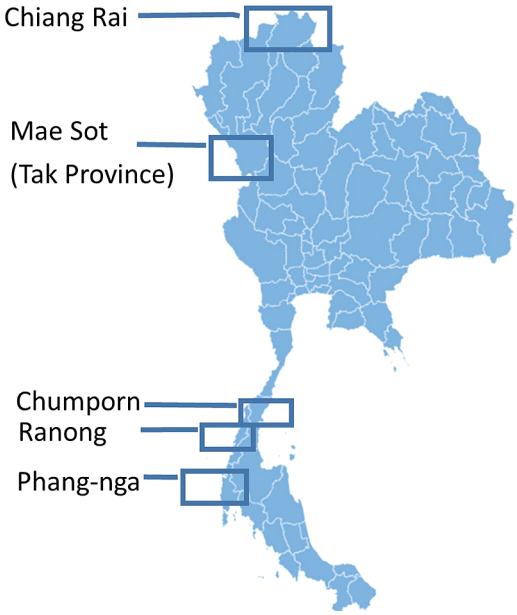

Fig. 1 Five Study Sites of Three Studies, 2016–20
Source: Author

Services and Education in Special Economic Zone (SEZ) Mae Sot, Tak Province," conducted by IPSR-MU in 2018. A questionnaire survey was carried out on migrant families, covering a total of 803 migrant children aged 0–14 years in the SEZ development area of Mae Sot (Tak Province). The study also included qualitative data collection through focus group discussions and in-depth interviews with 65 migrant children's caregivers as well as representatives of relevant local public, private, nongovernmental, and community organizations.

The third study is "An Assessment of Access to Birth Registration among Migrant Children: The Quantitative Study" conducted by IPSR-MU and UNICEF-Thailand. This study was based on a quantitative survey in January–March 2020 to assess access to birth registration, school enrollment, and health insurance coverage among 723 migrant children aged 0–14 years in two provinces: Chiang Rai (n = 417) and Phang-nga (n = 306).

The survey and data collection protocols of all three studies were reviewed and approved for research ethics by the Institutional Review Board, Institute for Population and Social Research (IRB-IPSR), before the fieldwork started. The certificate of approval (COA) numbers are COA. No. 2016/08-083, COA. No. 2018/10-307, and COA. No. 2019/11-447, respectively.

Cross-border Migrant Workers and Migrant Children in Thailand

Over the years, the Thai government has tried to regularize the millions of cross-border foreign migrants through One-Stop Service Centers (OSSCs), where undocumented migrants can register, at no penalty, and obtain travel documents and work permits for a limited stay in Thailand. At the same time, the government has implemented a nationality verification program for undocumented workers and ethnic minorities as a basis for issuing alien cards. Bilateral MOUs were negotiated between Thailand and its neighbors to systematize migrant worker management to fill the widening labor gaps in the Thai manufacturing and service sectors (Chalermpol and Kanya 2016). However, the job categories were limited to a few occupations, and permits were issued for only a two-year stay (renewable for an additional two years), after which the migrant had to return to the home country to restart the process. The Ministry of Public Health (MOPH) introduced a health insurance program for migrants and their accompanying dependents, but the migrants had to pay annual premiums in order to be eligible (Malee *et al.* 2017).

It was reported that in 2016, 1.2 million cross-border migrant workers from Myanmar, Laos, and Cambodia registered with the Thai government through OSSCs. Of them, about 24,000 were workers' dependents, including migrant children (Office of Foreign Workers Administration 2017). Interestingly, the number of dependents registered at the OSSCs in 2016 appeared to be significantly lower than those in 2014 and 2015, which were about 93,000 and 39,000, respectively. Other groups of documented migrants were those who completed the nationality verification process and those who came to Thailand under bilateral MOU agreements. These groups of workers were reported to be 900,000 and 440,000 in 2017. Thus, the total number of documented migrants in Thailand was around 2.55 million at the time (Office of Foreign Workers Administration 2016). This number was, however, believed to be much lower than the actual number of migrants living in the country. According to the migrant population estimation by IPSR-MU in December 2015, the total number of migrant workers from Myanmar, Cambodia, and Lao PDR was estimated at 3,518,851; of them, 2,782,880 were from Myanmar, 454,000 from Cambodia, and 281,971 from Lao PDR. The number of workers' dependents was estimated to be 1,032,198, making a total of 4,551,049 migrants (Patama *et al.* 2016). By comparing the officially documented number with the estimated one, it may be concluded that nearly two million cross-border migrants were still left undocumented, though the exact number is unknown.

In the second half of 2019 (July–December), the number of migrant workers from the above three countries was estimated at 2,782,994. However, in the first six months

of 2020, the number had declined by about 300,000 to 2,472,978 (Yongyuth and Sirawit 2020).

With respect to migrant children (defined in this study as the population under 15 years of age who were children or accompanying dependents of migrant workers from Myanmar, Laos, and Cambodia), the actual number in Thailand is unknown, and it is difficult to find any reference even for an estimate. According to the 2010 national Population and Housing Census, the total number of migrants aged below 15 from Myanmar, Cambodia, and Lao PDR was reported to be 140,684: 107,519 Burmese, 22,799 Cambodian, and 10,365 Laotian (Office of the National Economic and Social Development Board 2013). An estimate in 2012 reported the number of migrant children as 311,000, accounting for around 10 percent of the estimated total migrant population in Thailand. Approximately half of them were believed to have been born in the country (Huguet *et al.* 2012). UNICEF (2020) estimated the total migrant population (documented and undocumented) in Thailand in 2019 at approximately 3.6 million. It estimated the number of accompanying dependents under the age of 18 years at about 14 percent, or approximately 500,000 children and youths (UNICEF 2020).

Findings

Access to Birth Registration

According to the United Nations Children's Fund (2002, 3), "Lack of birth registration is a violation of the child's inalienable human right to be given an identity at birth and to be regarded as part of society."

In the quantitative survey in five study sites during 2016–20, most of the migrant children aged 0–14 years were found to have been born in Thailand (ranging from 65.5 percent to 94.1 percent) (see Fig. 2). The proportion of children born in Thailand was found to be the highest in Phang-nga (94.1 percent) and Chiang Rai (92.8 percent) in the 2020 survey, followed by Chumporn (90.4 percent) and Ranong (82 percent) in the 2016 survey, and the lowest in Mae Sot-Tak (65.5 percent and 76.2 percent) in the 2016 and 2018 surveys, respectively.

With respect to migrant children's birth registration access, Thai law allows registration of birth in Thailand to parents who are undocumented migrant workers and/or entered the country and/or are working illegally (Roman and Sowirin 2019). However, in practice—based on the qualitative fieldwork in Mae Sot-Tak, Ranong, and Chumporn—there are numerous obstacles limiting access to the civil registration system. According to migrant parents and NGO representatives, there is a requirement for documentation

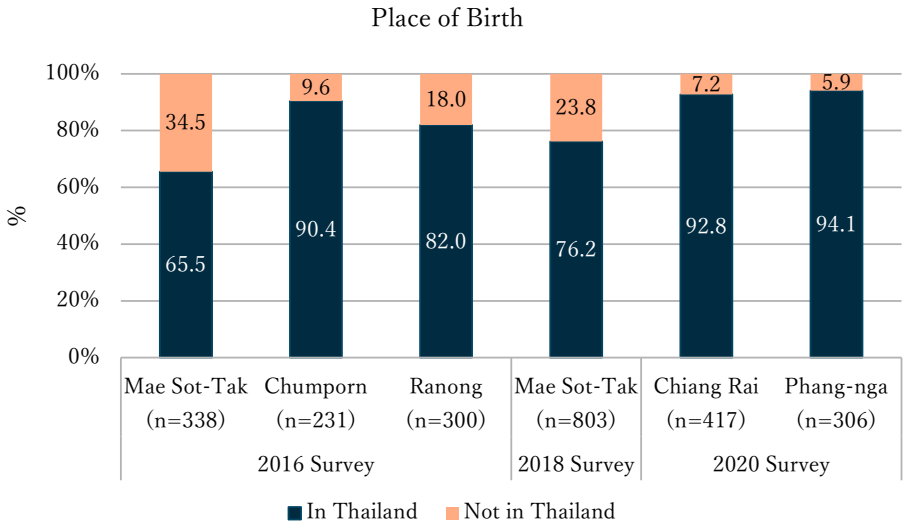

Fig. 2 Place of Birth of Migrant Children aged 0–14 Years in Five Study Sites
Source: Analyzed by author

(a birth certificate issued by the hospital if the birth was in the hospital, or a document or other form of proof signed by a Thai community leader if the birth was at home or in the community) to be presented to the registrar to affirm that the birth occurred in Thailand.

The required documentation may vary from case to case, based on the discretion of the registrar. Some sites require a photo of the newborn and parents, or a witness who attests to the birth (e.g., an employer). Some registrars might ask the local health center staff to screen the supporting documentation before issuing a report of the birth. In other sites, staff from the registrar's office might investigate and require evidence proving that the birth occurred in Thailand (rather than in the migrants' country of origin).

Delayed reports of a birth might incur a fine of 100 to 200 baht. Also, the registrar might set up a committee to investigate the proof of birth and reasons for late registration. Some key informants, including the registrar, mentioned that the parents' personal ID or passport needed to be provided to ensure accurate recording of data (e.g., spellings of name and address). A birth could be registered without these identification documents from parents, though that could impact the type of birth registration the child received. If the parents were undocumented migrants (having no valid documents to live or work in Thailand) but had ever registered a birth for a previous child, that documentation could be used as a reference for the current birth. In some study sites the registrar required at least one supporting document, even an expired one. Some other registrars accepted

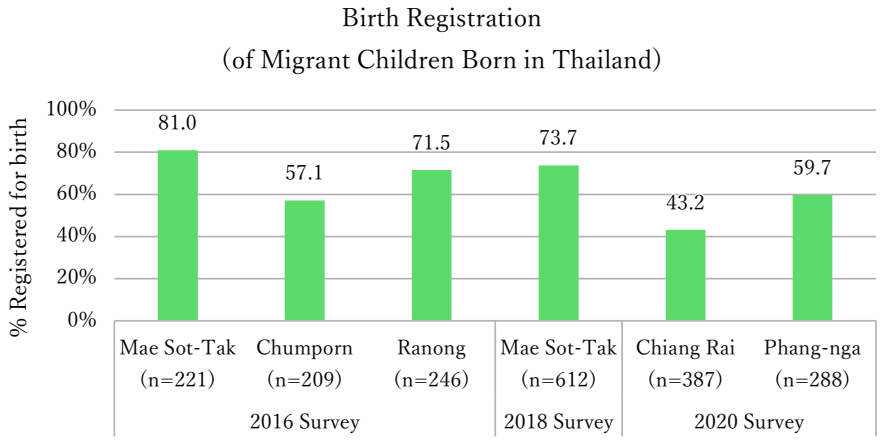

Fig. 3 Birth Registration of Migrant Children Aged 0–14 Years Born in Thailand in Five Survey Sites

Source: Analyzed by author

only current (i.e., non-expired) documents. Some registration offices would not register the birth if one parent had identification documents but the other did not. These examples clearly indicate the inconsistency of implementation and the discretion practiced at the operational level with regard to the birth registration regulations and guidelines of the 2008 Civil Registration Act in the study sites.

The results of the 2016 survey (see Fig. 3) show that the percentage of migrant children born in Thailand within the 15 years preceding the survey (aged 0–14 years in 2016) whose births were registered ranged from 81 percent in Mae Sot-Tak to 71.5 percent in Ranong, and 57.1 percent in Chumporn. This finding is somewhat inconsistent with the finding of the Thailand Multiple Indicators Cluster Survey (MICS) in 2015–16 that there were only 2.5 percent of children under the age of five in non-Thai families whose birth had not been registered (National Statistical Office 2016). In the 2018 survey, the percentage of migrant children in Mae Sot-Tak who had been born in Thailand and whose birth had been registered was found to be 73.7 percent, lower than the figure in 2016. In Chiang Rai and Phang-nga, access to birth registration of migrant children born in Thailand was reported at only 43.2 percent and 59.7 percent, respectively, in the 2020 survey.[1)]

1) It must be noted that this information is based solely on reports by migrant worker families during the questionnaire survey. Information on place of birth and whether the child's birth was registered or not was not verified through documents or provable evidence from the family. The use and interpretation of these findings are limited by this fact.

This finding indicates that since 2008, when Thailand implemented a policy allowing all children born in the country—regardless of their nationality or legal documentation status—to be registered at birth, there has been some improvement in migrant children's access to birth registration. However, the improvement is minimal (surveys during 2016–20 found that only 43.2 percent to 81 percent of migrant children were able to have their birth registered), suggesting that significant barriers or challenges still remain in ensuring widespread and equitable access. However, as the quantitative survey was conducted only for children who were born and living in Thailand at the time, the percentage of children with birth registration found in the survey is likely to be an overestimation. It is possible that some of the children born in Thailand but whose birth was not registered had moved or been sent back to their country of origin with or by their parents. As observed in Ranong, there were a number of migrant mothers who crossed the border to deliver a child at a Thai hospital and returned to Myanmar without registering the birth at the district office. In cases where parents did not register the birth, a commonly cited reason was that they did not know they needed to (29.2 percent). One-fourth of parents did not know where to register, 18 percent said there was a lack of personnel to assist them, and one-tenth could not speak Thai.

Access to Education and Health Insurance

According to the United Nations' CRC, economic, social, and cultural rights along with accessible and affordable education and health services must be protected and fulfilled for all children (UNICEF and National University of Lanus 2010). In keeping with this principle, Thailand has implemented the "Education for All" Policy since 2005. In cooperation with other relevant stakeholders in both the government and nongovernment sectors, the Ministry of Education provides education opportunities for all children in the country, including migrant children, irrespective of their or their parents' documentation (Premjai 2011; Kamowan 2013). Standard education in Thailand is offered from age 7 to 15 years.

According to Kanya Apipormchaisakul and Chalermpol Chamchan (2020), in the study sites there are two systems for educating children of cross-border parents. The first is through the Thai education system (including both formal and non-formal educational curricula) (Thithimadee 2021). However, the qualitative fieldwork showed that this required the child to be able to communicate in Thai to a certain level. Some schools gave language tests to help place foreign children at an appropriate level, but that was usually for older children. The default grade for new foreign students was primary grade 1. This could create glaring disparities when older migrant children were required to sit in the first or second grade with much younger Thai students. According to migrant

families, the documentation required for applying to attend Thai schools usually included an ID document from the parent or guardian (if that was not available, the Thai community leader or employer could vouch for the parent). Thus, even if a child did not have a birth certificate, he or she could attend school. From the qualitative fieldwork, it appeared that accepting a cross-border child into a Thai school seemed to be at the discretion of the school administration. But the schools in the study sites indicated that they had the capacity to accept more cross-border children if the demand was there. Migrant parents who chose to enroll their child in a Thai school were couples who planned or intended to work and live in Thailand for an extended period. They believed that if their child had a Thai education he or she would be able to find work more easily. Still, there was some prejudice in mixing children of foreign migrants with Thai students; this aversion was mostly on the part of Thai students' parents. Thus, in many schools and early childhood development centers, there was some segregation of Thai and non-Thai students.

The second education system for cross-border children is through learning centers—migrant children's learning centers, or MLCs—managed by local NGOs. During the study period, in some areas—for example, Mae Sot-Tak—MLCs were under the monitoring and supervision of the province's Education Service Area Office (Primary Educational Service Area Office Tak-2, 2021). The centers had to report their enrollment each year. However, they did not receive direct financial support from the Education Service Area Office or Thai government. MLCs did not require documents from the child in most cases, though they sometimes required documentation from the parents. Some MLCs were found to be collaborating with formal Thai schools to help foreign students improve their Thai language and academic skills in order to transition to Thai schools. In Mae Sot-Tak, MLCs were starting to connect with counterparts on the Myanmar side to arrange for the potential transfer of credits and qualifications. In Chumporn, students who completed the curriculum at an MLC could use their diploma to continue their studies in Myanmar without dropping a grade. However, the converse was not applicable: migrant children who had studied in centers or schools in their home country could not transfer those credits to Thai schools, due to the language difference.

In the quantitative surveys (see Fig. 4), it was reported that most of the school-age children (7–14 years) of migrants in the study sites were going to school: ranging from 84.4 percent in Ranong to 98.8 percent in Chiang Rai. The exception was Chumporn, where the percentage of migrant children studying in 2016 was quite low: only 50 percent. This finding still indicated a better educational situation among migrant children than the report by Save the Children (2016), which found that 60 percent of migrant children in Thailand were left out of school. Of the children who were studying in the study sites excluding Chumporn and Chiang Rai, a larger proportion were in MLCs than in Thai

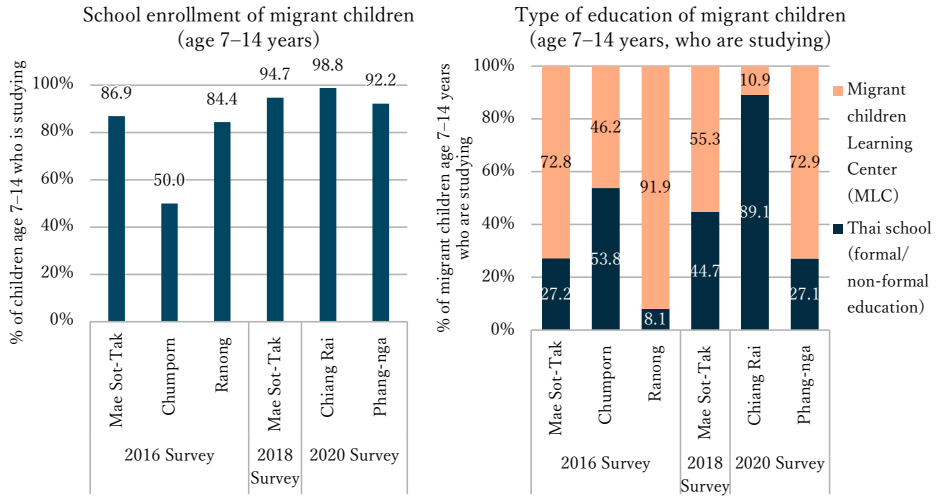

Fig. 4 Education Enrollment of Migrant Children Aged 7–14 Years in Five Study Sites
Source: Analyzed by author

schools. This was especially the case in Ranong, where the percentage of enrollment at Thai schools was very low: only 8.1 percent. On the other hand, in Chiang Rai and Chumporn, the enrollment of migrant students was found to be higher at Thai schools than at MLCs. This difference was due primarily to the unique contexts of migrant populations and educational management in each study site. MLCs are more easily available and better managed in Ranong, whereas they are less accessible in Chiang Rai and Chumphon.

When it comes to access to health insurance or health protection, migrant children under the age of seven years are eligible to buy health insurance at the child rate from public hospitals under the Ministry of Public Health in Thailand (Chalermpol and Kanya 2016). The Migrant Health Insurance Scheme is administered by the MOPH. The scheme was established in 1998 with the initial purpose of providing health protection to irregular migrant workers who had registered and applied for a work permit. The annual premium for migrant workers (including children aged seven years and above) from 2016 to 2020 was 1,600 baht, plus 500 baht for the medical checkup. For migrant children younger than seven years, the annual premium in 2016 was 365 baht (Chalermpol and Kanya 2016). In all the study sites, this health insurance was found to be sold by MOPH hospitals to newborn migrant children on the condition that the child's birth was registered and the child had a documented address.

The surveys revealed that health insurance coverage among migrant children remained limited in all study sites except Chiang Rai: only about one-third of children in

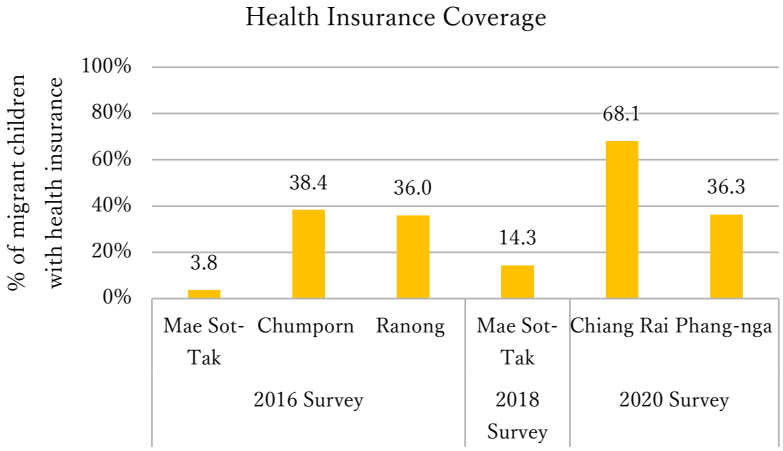

Fig. 5 Health Insurance Coverage of Migrant Children in Five Study Sites
Source: Analyzed by author

Chumphon, Ranong, and Phang-nga were covered (see Fig. 5). Coverage in Mae Sot-Tak was exceptionally low: only 3.8 percent, according to the 2016 survey and 14.3 percent in the 2018 survey. This limited health insurance coverage implied limited access to institutional health services for migrant children in Thailand. The situation in Chiang Rai, however, was different—there, health insurance coverage was found to be 68.1 percent.

Importance of Social Integration and Roles of Civil Society

"Social integration" here refers to, first, the acculturation or cultural adaptation of migrant populations to the local Thai community—for example, in terms of language ability and usage, daily clothing, having Thai friends, etc. Second, it can be indicated by the level of participation by migrants in daily or social activities in their local communities, for example, daily shopping at the local Thai market, greeting Thais, participating in religious and cultural events with Thai communities. According to the typology of Aphichat Chamratrithirong, Sureeporn Punpuing *et al.* (2016), there are four possible categories in the social integration of Thailand's cross-border migrant population (see Fig. 6).

"Integration" indicates the highest degree of social integration: migrants participate actively in the local community and at the same time are able to retain their own sociocultural identity. "Assimilation" is the second-highest category: migrants participate well in the local community but seem to lose their own sociocultural identity. The next category, "separation," is where migrants are unable to participate in the local community but are able to keep their own sociocultural identity. "Marginalization" is the

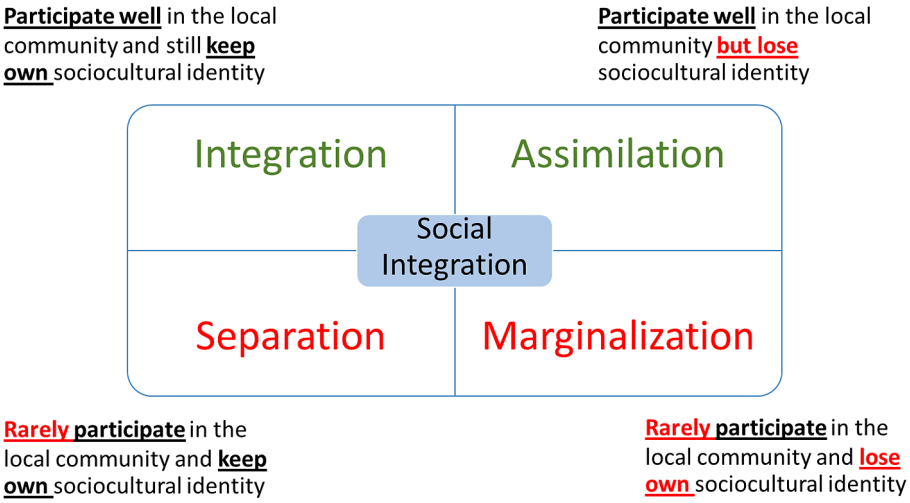

Fig. 6 Typology of Social Integration of Migrant Population
Source: Author, based on Berry (1992; 1997; 2002) in Aphichat, Sureeporn *et al.* (2016)

worst situation in social integration: migrants are unable to participate well in the local community but are unable to keep—or they lose—their own sociocultural identity after moving to Thailand.[2)]

Aphichat, Sureeporn *et al.* (2016) found that Laotian migrant workers appeared to be more socially integrated in Thai society compared to migrants from Myanmar and Cambodia. While Laotian migrants were found able to "integrate" with Thai society and culture—due to sociocultural similarities between Thailand and Lao PDR—Cambodian and Myanmar migrants were more "assimilated" and "separated," respectively (Aphichat, Sureeporn *et al.* 2016).

According to the findings from the first study (the baseline survey of the ECPMC project), improving migrant children's access to birth registration, education, and health care requires the social integration of migrants in local Thai communities. According to the 2016 survey findings (Fig. 3), only 81 percent, 57.1 percent, and 71.5 percent of migrant children aged 0–14 years born in Mae Sot-Tak, Chumporn, and Ranong, respectively, had their births registered. The survey also asked parents who had not registered their child's birth to provide reasons for not doing so (see Fig. 7). A common

2) Sumalee Chaisuparakul (2015) also studied the social integration of cross-border migrants in Thai communities, focusing on migrants from Cambodia. She ranked the levels of social integration from "assimilation" to "integration," "multiculturalism," and "segregation." According to Aphichat, Sureeporn *et al.* (2016), though "assimilation" might indicate a higher level of integration, the category of "integration"—where migrants keep their own sociocultural identity—seems to be more preferable.

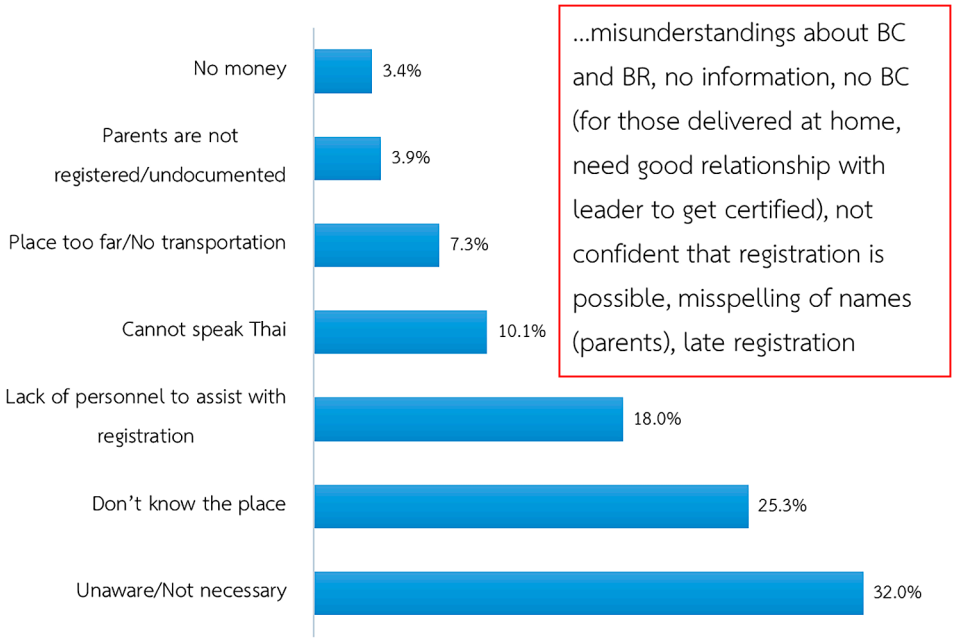

Fig. 7 Reasons for Not Registering Birth of Migrant Children from the 2016 Survey in Mae Sot-Tak, Chumporn, and Ranong (n = 178)

Source: Analyzed by author

reason given by parents was that they did not know they should or were not aware that birth registration was important (32 percent of all sampled children without birth registration in the three survey sites, n = 178). This is similar to the problem found in a study in Indonesia on access to birth registration for children of transnational labor migrants (Ball *et al.* 2017). About one-fourth of migrant parents in Thailand did not know where to go to register, 18 percent said there was a lack of personnel to assist them, and one-tenth could not speak Thai.

The qualitative fieldwork (in 2016 and 2018) revealed that the main barriers to birth registration included misunderstandings about the difference between the birth certificate (or birth notification) issued by the Thai hospital where the child was delivered and the birth registration that needed to be processed at the civil registration office. It was found that many migrant parents thought the certificate and registration were the same document; thus, when they received the certificate, they did not visit the civil registration office to register the birth. Another problem is that many migrants, though aware of their right to register the birth of their child born in Thailand, were not confident that registration was possible or allowed by the Thai authorities.

Some migrant parents ran into problems when the information on different sets of documents was inconsistent. One common problem was variations in the spelling of the parents' names in the Thai language on the personal ID form (i.e., work permit, temporary passport) and the birth certificate from the hospital. In cases of home births,[3] parents were required to get a report or certificate of birth (considered to be a birth certificate) issued and signed by the local leader (i.e., the village headman). In some cases, an additional document was required from the employer of the parent(s) who were cross-border migrants. This group was more at risk of not having their child's birth registered compared to those delivering in a hospital. In some cases local officials did not fully cooperate in the birth certificate process or were slow in issuing documents, causing parents to miss the 15-day birth registration deadline. Late birth registration was more complicated, requiring more documentation and evidence. In addition to these problems, the fieldwork found that some Thais (including hospital staff and community leaders) still did not clearly understand the implications of birth registration nor the rights of migrant populations, which in many cases became obstacles or constraining factors in access to birth registration for migrant children. Some Thais still held the misunderstanding that registering a cross-border birth would confer Thai citizenship to the child.

Based on the above findings, social integration can play an important role in facilitating better communication and cooperation among stakeholders in order to mitigate barriers to birth registration for migrants. It can help with resolving issues of misunderstanding and lack of awareness among the migrant population as well as Thais about the importance of birth registration and its difference from a birth certificate; misspelling of migrants' names in Thai documents, which are filled out mostly by Thai personnel who do not know how to correctly spell the name based on the original spelling; lack of support in getting the report of birth for babies delivered at home or in the community from Thai village headmen; lack of knowledge about the location, procedure, and documentation requirements for birth registration. These problems can be resolved with support from local Thais in the community or from Thai authorities at a civil registration office or public hospital. The stakeholders here are identified as the migrant population themselves, Thais in the general population, Thai and migrant community leaders, migrant workers' employers, and Thai authorities (especially civil registration officers

3) Some pregnant migrant women do not deliver their child in a hospital (and do not attend antenatal care facilities) due to a variety of reasons—for instance, a lack of documentation, personal ID, or health insurance. Also, migrant couples who give birth in Thailand usually have to bear the entire cost of delivery. There are other barriers, such as communication or language difficulties, lack of knowledge about the distance to be traveled, and too long a distance to the site for delivery (especially in remote areas).

as well as health staff at hospitals and Tambon Health Promotion Hospitals).

In Mae Sot-Tak, Ranong, and Chumporn, community-based organizations (CBOs)—civil society groups with support from local NGOs—played a crucial role not only with respect to migrant children's rights but also other issues. Most of these CBOs were created spontaneously by groups of cross-border migrants trying to address common problems they faced. The work was driven by a volunteer mindset of regular people and leaders in the community. Some CBOs that were more organized had formed cremation funds, community health posts, and health savings funds to support members. At the time of the study (2016–18), the CBOs were populated mostly by non-Thai migrants, with some informal participation from Thais. Without Thai members, most of the CBOs faced difficulties and constraints. In some areas, a new model of CBOs with a mixture of Thai and migrant members was introduced, with encouragement and support from NGOs and local authorities. When a CBO is developed and strengthened with enough capacity, it is expected to serve as the intermediary for various activities (covering not only birth registration but also health care, savings, education, and social welfare) to improve the quality of life of both migrants and Thais in the community. CBOs are ideally situated to serve as a link between migrant populations, local Thais, and government agencies (see Fig. 8).

Two types of CBOs were observed to exist in the study areas—one formed independently by migrants and the other as an externally funded project of an NGO or external agency. In the independent CBO, members volunteered their services and expected no monetary compensation. While the willingness of volunteers to work for the community was commendable, independent CBOs' capacity was limited compared to CBOs that received external funding support. Capacity building—for fundraising, project proposal writing, program management and monitoring, and skills in coordinating with Thai counterparts—is believed to be important for strengthening and sustaining cooperative work by independent CBOs in the long run.

Conclusion

From the quantitative and qualitative data collected in three studies during 2016–20 on cross-border migrant families in Thailand, this paper describes birth registration among migrant children born in Thailand and gives some evidence about their access to education and health protection. Based on quantitative surveys in five study sites, it was found that among migrant children aged 0–14 years born in Thailand, 40 percent to 80 percent of the births were registered with the local Thai registrar. The main reasons for not

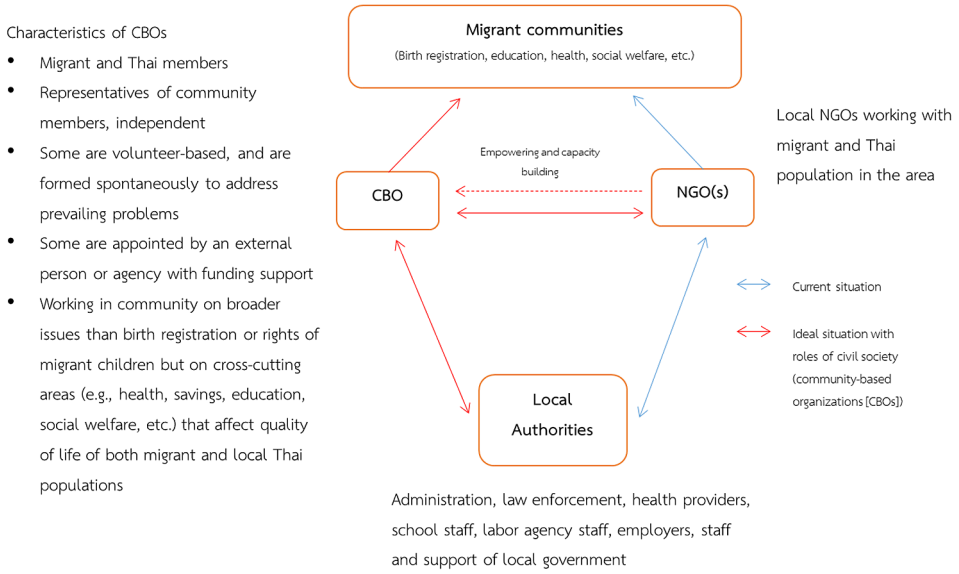

Fig. 8 Role of Civil Society in Supporting Migrant Communities and Enhancing Migrant Child Protection: The Community-Based Organization (CBO) Model

Source: Author

registering births included a lack of awareness among migrant parents about the importance of registration, a lack of information about where to register, a lack of information about personnel who could assist with the registration procedure, an inability to communicate in Thai, transportation difficulties, etc. Other problems that constrained access to birth registration included misunderstandings among migrants about the difference between a birth certificate and birth registration, a lack of confidence that the registration of migrant newborns was allowed by Thai officials, the documentation required for registration, inconsistent spelling of migrant parents' names in required documents (e.g., the ID document and birth certificate), and difficulty getting a birth report from Thai community leaders in cases of home births. There was also a misconception among local Thais that registering a cross-border birth would confer Thai citizenship to the child; this could limit support from local people in facilitating access to birth registration, etc.

This paper spotlights some specific issues that social integration on the part of migrants could help to facilitate or mitigate, including barriers of access to their children's birth registration. Coordination and communication among stakeholders can be enhanced or improved through social integration. CBOs are highlighted as another recommendation from the qualitative findings to act as an intermediary mechanism linking the migrant

community to local Thais and Thai authorities for various purposes. Such purposes go beyond birth registration to include aspects such as health care, savings, education, and social welfare. CBOs are expected to take on the roles of NGOs currently working in the area, with the hope that they will be more sustainable and better responsive to the needs of both migrant populations and local Thais.

Though this was not investigated in the current study, experiences in European countries suggest that providing migrant children with access to education and language training could be a potential strategy for promoting social integration of the migrant population (Dayton-Johnson *et al.* 2007; Janta and Harte 2016). This study on five study sites found that 50 percent to almost 100 percent of migrant children aged 7–14 years were studying, but only a small proportion were enrolled in Thai schools where Thai was the medium of instruction. Most of the children were enrolled at NGO-run migrant children's learning centers. As shown by a previous study, Thai immigration law restrictions that grant only temporary status to migrant children, with almost no possibility of granting permanent residence—and thus have unclear implications for the children's legal status in the future—are the key factors explaining why migrant parents see less benefit to sending their children to Thai schools (Kamowan 2013). In order to address and resolve issues that discourage migrant parents from sending their children to Thai schools, such as the temporary status of migrant children and the uncertainty of their future legal status, it is necessary to have a clear and coherent integration policy for the migrant population that might link to a pathway to citizenship or possible residency status for the children. This would enhance access to birth registration, education, and health care for migrant children and at the same time promote the social integration of migrants into the Thai community. The country would also benefit from these children—and the migrant population in general—as a replacement for the declining domestic workforce in the long run.

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Notes

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