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Hard Hats, Soft Protection

Barriers to accessing social protection schemes for Cambodian migrant workers in the Thai construction sector – a constructivist grounded theory approach

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Abstract

Cambodian migrants in the Thai construction sector work in precarious working environments, with limited safety conditions and low wages. The use of social protection schemes has increased in recent decades, as a method of reducing the vulnerable against poverty and livelihood risks. However, despite the transformative potential of social protection, migrant workers face difficulties in accessing these schemes. Likewise, the knowledge of the barriers that migrant workers face is limited, as there have been few attempts to theorize the barriers that these workers face. Based on semi-structured interviews and focus groups with 25 Cambodian migrant construction workers and four experts, this thesis uses a constructivist grounded theory approach to develop a framework for understanding the barriers that these workers face in accessing social protection schemes in Thailand. This study finds that Cambodian migrant workers face barriers both in enrolling in social protection schemes and in utilizing schemes when they are enrolled. The most common barriers include a lack of information, restrictions on movement, and the acceptance of the current benefits of schemes. The framework created in this study provides a starting point for understanding these barriers, and consequently the steps needed to increase access.

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Abbreviations

ABAC	Assumption Business Administration College
AEC	ASEAN Economic Community
ASEAN	Association of Southeast Asian Nations
CMHI	Compulsory Migrant Health Insurance
FAR	Foundation for Aids Rights
GMS	Greater Mekong Subregion
ILO	International Labour Organization
Lao PDR	Lao People's Democratic Republic
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
NV	Nationality Verification
MSF	Medecins Sans Frontieres
NESB	National Economic and Social Development Board
MOU	Memorandum of Understanding
SSO	Social Security Office
SSS	Social Security Scheme
THB	Thai Baht
WCF	Workmen's Compensation Fund

1. Introduction

As in many parts of the world, the construction sector in Thailand poses the greatest risk of major injury and fatalities for workers, in comparison to other industries (Vongpisal & Yodpijit, 2007, p.7). Companies have limited control over the safety culture in the Thai construction sector, despite occupational health and safety negatively influencing productivity. Safety concerns are even more pronounced for Cambodian migrant workers, where language and communication barriers increase the likelihood of workplace accidents (ILO, 2016, p.40).

A global trend in helping to reduce worker's vulnerabilities[1], has been the introduction of social protection schemes. Social protection has quickly risen up the international development agenda in recent decades as a way to reduce poverty and vulnerability (Jones & Holmes, 2011, p.45). Social protection helps to reduce gender disparities in human development outcomes, and provide essential support to members of society who are unable to work (OECD, 2009, p.1).

Thailand has one of the most comprehensive ranges of social protection measures in the region. However, migrant workers have less coverage than Thai nationals and either face restrictions on being eligible for schemes or have difficulty utilizing schemes when they are enrolled. Social protection schemes provide one avenue to reduce the vulnerabilities of Cambodian migrant construction workers in Thailand, by providing health care, compensation for injuries and ensuring that workers have an income when they retire or are no longer able to work.

1.1 Research question

Based on qualitative interviews with migrant workers and experts, this study uses a constructivist grounded theory approach to create a framework for analysing the barriers that Cambodian migrant construction workers face in accessing social protection schemes.

The main research question is as follows:

How do Cambodian migrant construction workers perceive barriers to accessing social protection schemes in Thailand?

[1] Vulnerabilities refers to the "diminished capacity of an individual or group to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard" (IFRC, 2007).

This question focuses both on the barriers that migrant workers face in being enrolled in schemes, as well as why migrant workers do not utilize schemes when they are enrolled. This thesis focuses on the voices of these workers, as it is their experiences that we must understand to be able to improve their access to social protection.

1.2 Delimitations and relevance

Thailand was chosen as the geographical focus of this study, due to its status as being a country of destination for labour migration in the region. The study focuses on Cambodian migrant workers, as they make up almost half of the migrant worker population in the Thai construction sector. Likewise, they are also better represented in support services by non-governmental organizations (NGOs), in comparison to other nationalities, thus making it easier to gain access to interview these workers.

The construction sector was chosen as part of this study for a couple of reasons. Firstly, it is one of the most migrant dominant industries in Thailand. Secondly, there has been little previous research on the experiences of migrant workers in the sector. Similarly, interviews were conducted in Bangkok and neighbouring provinces, as this is where the majority of construction work occurs in Thailand.

Instead of using a previously created theoretical framework, this study instead takes a constructivist grounded theory approach. There are two main reasons as to why this approach was taken. First and foremost, there is currently a lack of available research that take an analytical approach to explaining social protection barriers. Grounded theory thus provides an avenue to conceptualise the social patterns and experiences that foster these barriers, while also being able to express the voices and concerns of migrant workers.

Secondly, there is also a lack of theoretical frameworks available that are applicable to the case of Cambodian migrant workers in the Thai construction sector. While there have been several well-known frameworks created on the access to health care - which is one aspect of social protection - for example, Andersen's welfare model, these models also do not take into account the voices of migrant workers. Moreover, these models often focus on access either from the perspective of utilization or enrolment, but not on both. Understanding that migrant workers face barriers both in enrolling in schemes and in utilizing schemes when enrolled, it is necessary to create a framework that encompasses both these factors. Grounded theory allows for the creation of such model, based on a reading of the interviews conducted with migrant workers.

Lastly, while social protection can refer to more than government schemes (see chapter two for more information on social protection schemes), this study only focuses on government-led social protection schemes.

1.3 Thesis structure

The first chapter provides an overview of the research problem, research question, and delimitations of the study. Chapter two focuses on the contextual background of labour migration in Thailand, Cambodian migrant workers, the Thai construction sector, social protection as a concept, and social protection schemes in Thailand. Chapter three presents the literature that is the basis for comparison and discussion of the findings. Chapter four outlines the methodology used to collect the research. Chapter five summarises the main findings of the study. Chapter six creates a framework for understanding the barriers to accessing social protection schemes for Cambodian migrant workers. Chapter seven concludes by summarising the main findings of the study in relation to the research question and provides areas for future research.

2. Background

To help contextualise the research question and focus of this study, this chapter provides an overview of texts which act as the empirical foundation of the thesis. Firstly, this section describes why labour migration is such a common occurrence in Thailand, and the factors within Thailand that cause a demand for migrant labour. On the other end of the migration process, this section also gives an overview of the push and pull factors that cause Cambodians to migrate to Thailand in search of work.

To help understand the importance of the construction sector to the Thai economy, this section describes the current economic situation of the sector. By highlighting the factors behind the recent growth in the sector, it is possible to see how it is likely that this growth will continue in the near future. This growth is of relevance to migrant workers, who make up approximately 80 per cent of the population.

Lastly, this section gives a definition of social protection and describes the three main social protection schemes available for migrant workers in Thailand. Understanding what migrant workers are entitled to, is an important first step in understanding the barriers they face in accessing these entitlements.

2.1 Labour migration to Thailand

Since the mid-1980s, Thailand has moved from labour-intensive operations to more capital intensive operations. This shift has also coincided with Thailand experiencing a contracting working age population and rising education levels, resulting in a shortfall of national workers which are willing to take low paid and intensive work. It is estimated that the demand for low and medium-skilled workers in Thailand will rise from 2.3 million in 2012 to 3.6 million by 2021 (ILO, 2016, p.2). In the last decade, this demand has largely been met by migrant workers from Cambodia, Myanmar, and Lao People's Democratic Republic (Lao PDR) **(**Chalamwong, 2011, p.12).

Current estimates indicate that there could be as many as 4 million migrant workers in Thailand. With most migrants working in the agriculture, manufacturing, construction, fisheries, and domestic work industries. With the increased demand in global labour markets continuing to increase, it is likely that the total number of migrant workers will continue to grow in coming years (Huguet, 2014, p.1).

However, migrant workers often face discrimination, despite the contributions that they make to the Thai economy. This discrimination against migrant worker can in part be explained by the public opinions regarding irregular[2] migrant workers in the country. According to an Assumption Business Administration College (ABAC) opinion poll, 59 per cent believed that that the government should not admit more foreign workers, and 82.5 per cent believed that foreign workers negatively impact on Thai workers that have lower skill levels (ILO, 2009, p.6).

2.1.1 Cambodian labour migration to Thailand

There are numerous push and pull factors as to why Cambodians migrate to Thailand in search of work. Long periods of war in Cambodia have stifled socioeconomic development in comparison to other countries in the region, with most of the population still being agrarian. Similarly, most farmers do not own their own land, due to delays in undoing the abolishment of private land that occurred during the Khmer Rouge era (Chaisuparaku, 2015, p.6). A growing youth population, environmental insecurity, and joblessness, alongside rising inequality and an increasing desire for social mobility also contributes to the desire to migrate (Bylander, 2006, p.7).

In Thailand, the shortage in available low-skilled workers, creates an availability of jobs for Cambodians, regardless of migration status. Relatively porous borders between Cambodia and Thailand, alongside an industry of brokers and middlemen, makes it easy to migrate to Thailand (Bylander, 2006, p.7). Cambodians are also able to rely on social networks to migrate, relying on family and friends for information and advice on how to migrate and how to find work (Ibid, p.4). These factors have led to the majority of Cambodian migrant workers, to migrate irregularly to Thailand (ILO, 2013a). Current estimates suggest that there are approximately 415,000 regular Cambodian migrant workers in Thailand. While there are no official estimates of the number of irregular workers, it is likely that there are at least as many regular as regular (ILO, 2017, p.2).

2.2 Thailand's rising construction sector

Asia is the largest construction market worldwide, accounting for 44 per cent of global construction spending in 2013 (Sito, 2014). Construction contributes to a large proportion of

[2] Irregular migrant workers refer to migrant workers that migrate "out of the regulatory norms of the sending, transit and receiving countries" (IOM, 2011).

economic activities in developing countries, especially those that require large infrastructure development (Kokkaew & Koompani, 2012, p.1). The Thai government aims to make Thailand a key economic centre in the Association of South East Asian Nations (ASEAN), and a hub of the ASEAN Economic Community (AEC). Part of this plan involves major infrastructure projects, including investments in rail, road and other core transport infrastructure at a cost of Thai Baht (THB) 1.8 trillion (≈US$520 billion) (Rueters, 2015).

Political protests and uncertainty caused contractions in the construction sector in 2014 (ILO, 2016). However, due to several relatively stable years, the sector has rebounded. In the fourth quarter of 2016, the construction sector expanded by 6.1 per cent, up from 5.2 per cent in the previous quarter. This was largely owing to the 11.7 per cent increase in public construction (NESB, 2017). Similarly, a report by Timetrics (2014) estimates that the Thai construction sector is forecasted to grow in real terms from US$17.4 billion in 2014 to US$19.9 billion in 2019.

2.2.1 Migrant workers in the Thai construction sector

The construction sector has long been a major employer of migrants. Historically, construction workers in Bangkok and the south of Thailand were internal Thai migrants from the Northeast, who returned for 1-2 months a year. Prior to the Asian financial crisis, this practice was accepted by Thai employers, however as Myanmar migrant workers became more readily available, internal migrants who returned home for seasonal work were fired. Because of this, Thai employers often preferred to employ migrant workers, leading to the gradual increase of migrant workers in the sector. Migrant workers currently make up 80 per cent of the sector, with about half coming from Cambodia and half from Myanmar (ILO 2014, p.44; ILO, 2016, p.1).

2.3 Social protection and migrant workers

Social protection refers to the full range of interventions and programmes that are undertaken by private, public and voluntary organizations to support individuals in overcoming risks and vulnerabilities (Kabeer, 2014, p.4). Social protection schemes help to protect vulnerable groups against “livelihood risks, and enhance the social status and rights of the marginalized with the objective of reducing the economic and social vulnerability of the poor” (Sabates-Wheeler & Devereux, 2004, p.8). Social protection can also help to increase the involvement of women in economic growth and protect the poorest and most vulnerable from shocks (Ibid).

Globally, there has been little focus on providing social protection schemes for migrant workers, despite it being a universal right (Universal Declaration of Human Rights, 1948, art. 22). Migrants are often seen as commodifiable and exploitable, flexible and expendable and it can be common for migrant workers to be without any form of workplace protection or rights (Hewison & Tularak, 2013, p.453).

The principle of nationality and features of national legislation pose a threat to migrants accessing social protection schemes. There are few examples of coordination mechanisms between countries to help increase the access for migrant workers. Likewise, when agreements do exist, they often only cover the formal sector, excluding the large numbers of migrant workers who work irregularly. This is even more pronounced for women migrant workers; whose work is more likely to be informal compared to men (ILO, n.d, p.1).

2.4. Social protection schemes in Thailand

There are three government social protection schemes available to migrant workers in Thailand: Workmen's Compensation Fund (WCF), Social Security Scheme (SSS), and Compulsory Migrant Health Insurance (CMHI). These three schemes have different eligibility requirements, which are largely dependent on migration status. Entering through the Memorandum of Understanding (MOU) process allows full coverage under schemes, while migrating irregularly and holding irregular status results in lower coverage. An overview of how the different migration schemes affect eligibility is given in figure 1 below.

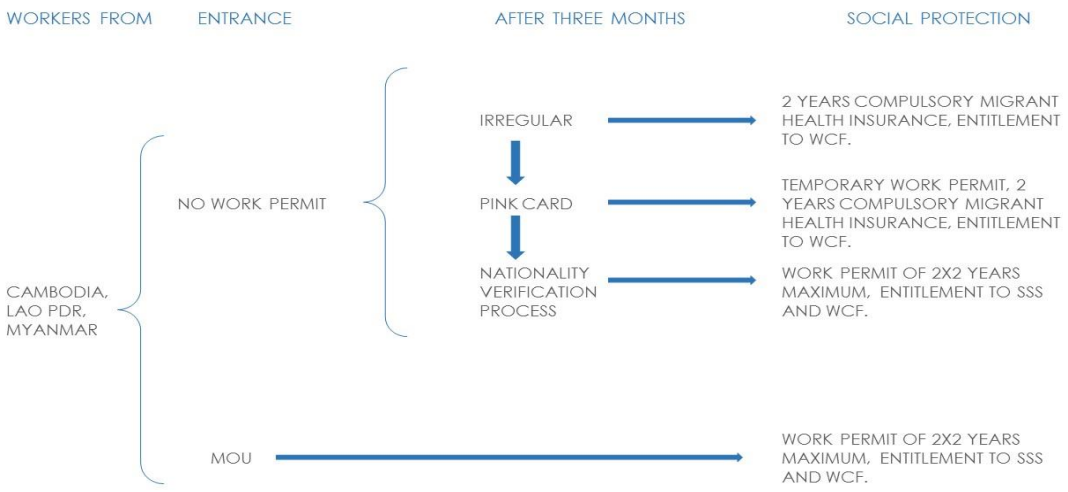

Figure 1. Migration schemes and eligibility of social protection schemes. Adjusted from (ILO 2013b, p.13).

2.4.1 Workmen's Compensation Fund

The WCF was set up according to the Workmen's Compensation Act, with the purpose of replacing employer's liability and to give equitable protection from injury, disease, disability or death that results from employment (OIC, n.d, p.1). This statute requires that employers immediately pay medical expenses upon injury or disability arising from accidents that occur at the workplace. The employer must also pay for funeral expenses, rehabilitation and a monthly percentage of wages. The WCF is based on equality of treatment, meaning that everyone is eligible, regardless of legal status. However, this is not always true in practice, where race, national origin, and religion have often used as the basis for discrimination (AMRC, 2009, p.9).

The WCF is financed only by employers, for which rates range from 0.2 – 1.0 per cent of wages, with the contributions being assessed based on the wages of their employees, up to a maximum of THB240,000/year/person. The rate also depends on the number of claims made during the year, and the contribution rate will be adjusted for the following year accordingly (ILO, 2011, p.2). To lower contribution fees, employers have been known to register small accidents, preferring to pay for medical fees themselves (Interviewee 27, 12 February 2017).[3]

2.4.2 Compulsory Migrant Health Insurance

In 2001, the Thai Ministry of Public health (MoPH) created a health insurance scheme for all migrants not covered by social security, called the CMHI. This scheme was then expanded to cover migrant's dependants including spouses and children in 2005. While the scheme used to be voluntary, it is now compulsory, though not being enforced. Unlike the WCF and SSS, the entire fee of the scheme is born by migrants, with no contributions from employers (Yan, 2016).

There are two ways to enrol in the scheme, for those that have started the nationality verification[4] (NV) process, they pay a two-year enrolment fee of THB1900 and a health screening fee of THB500 when they receive their pink card[5]. They will then be assigned a hospital or medical centre, and can visit that centre for a fee of THB30 per visit. For irregular

[3] See appendix I for a full list of interviewees

[4] Nationality verification refers to a registration system enacted by the Thai government with the purpose of regularising Cambodia, Lao PDR and Myanmar migrants. Provided that migrants are able to provide documentation to the satisfaction of their home country, they can turn their pink cards into temporary passports (ILO, 2012).

[5] The Pink card is a temporary form of ID that allows migrants to work in Thailand

migrant workers, they must voluntarily enrol themselves at a hospital and complete the screening (Yan, 2016). As of October 2015, there were 496,797 Cambodian migrant workers insured under the scheme (IOM, 2016, p.10).

The scheme has two main policies: "screening for and treatment of certain communicable diseases; and enabling access to health care for migrants" (Yan, 2016). The benefits covered under the CMHI include curative services, including antiretroviral therapy, and preventative and health promotion services. CMHI also excludes some services, such as aesthetic surgery. (Ibid).

2.4.3 Social Security Scheme

The Social Security Act of 1990 provides social security for employees in Thailand. Under the Act, the Social Security Scheme (SSS) provides seven benefits for employees: illness or injury, maternity, disability, death, child allowance, old age pension, and unemployment. Contributions are split between the government, employees and employers. The contribution for the full package is set at 5 per cent of the monthly salary of the employee, with an additional 5 per cent coming from the employer and another 2-3 per cent from the government.

Not all migrants are able to access social security in Thailand. Those who have entered through the MOU system from neighbouring countries, completed NV, or have entered on a non-immigrant visa and have a work permit can claim benefits under section 33. Previously, those who held pink cards were able to gain benefits, but this was later revoked (Interviewee 27, 12 February 2017). Migrants working irregularly and in the agriculture, fisheries and domestic work sectors are excluded from SSS (Hall, 2012, p.97).

3. Literature review

Having outlined the schemes that exist for migrants, it becomes necessary to ask whether migrants actually have access to these schemes. To answer this question, this section provides an overview of three studies which describe some of the barriers that migrant workers have faced in accessing social protection in Thailand. While these studies are more descriptive than analytical in nature, they help to problematize and raise potential access barriers that migrants face.

To compliment these descriptive studies, three access frameworks will also be outlined. These frameworks act as an introduction to conceptualising access. While these frameworks provide a useful starting point for understanding access to social protection, there are some limitations which do not allow them to be used as the theoretical framework for this study. Instead, these frameworks will act as a comparison point for the framework created in this study (see chapter six for more detail).

3.1 Studies on the access to social protection for migrant workers in Thailand

3.1.1 Access to social protection for migrant workers in Thailand's garment industries

A report by the MAP Foundation on migrant workers in Thailand's garment factories (2014), surveyed 58 migrant factory workers, across 10 different factories in Mae Sot[6]. All of these workers were documented and eligible for social security. However, over 90 per cent said that they did not know if they qualified for the SSS or that they were not able to access the SSS because their employers did not register them.

Only 9 of the workers (16 per cent) said that they were currently contributing to SSS, and only one person had used the card for health services. Of those paying, three people were contributing 4 per cent of their salary while also paying for CMHI, effectively paying twice for similar benefits. All of those not registered in social security system had purchased CHMI (MAP Foundation, 2014, p.26).

The study found two main barriers to accessing SSS. Firstly, to be eligible for SSS, migrant worker's employers must enrol them and make monthly contributions. Secondly, social

[6] Mae Sot is a district in Western Thailand that borders Myanmar. It is home to a substantial Myanmar migrant population.

security is more expensive than the migrant health insurance scheme, with some employers and migrants making the decision to register for CMHI instead of SSS to save money (MAP Foundation, 2014, p.24).

The study also found that leaving the responsibility solely up to the employer can be problematic. Some employers may not tell their employees that they are eligible for SSS, or may choose not to enrol their employees in the SS as they do not want to pay a contribution. Likewise, there have been cases where employers tell migrant workers that they are deducting the 5 per cent for their monthly payment, and then not making the contributions. When this occurs, workers are left without SSS. The study also says that it can be common that migrants are registered under a false employer's name, leaving them without coverage (MAP Foundation, 2014, p.25).

3.1.2 Access to health care in Phang Nga Province, Thailand

A 2011 study focuses on the experience of Medecins Sans Frontieres[7] (MSF) in their efforts to assist Myanmar Migrants to access health care in Phang Nga Province, Thailand (Veerman and Reid, 2011). The study highlights that the health care registration system for migrant workers is often expensive and cumbersome. To use the Thai public health system, migrants need to obtain work permits or obtain health insurance cards. However, before this occurs, employers must request approval from the Provincial Employment Office. When approval is granted and migrants have received a health check-up, they are then required to pay THB1900 for the work permit and an additional 1900 for the health insurance. Due to the difficult procedure, many employers do not start the process (Ibid, p. 971-972).

Similarly, the study notes that regulations and procedures can change from year to year, which makes it difficult for employers and migrants to follow. Some migrants hire brokers to submit necessary documents and paperwork, and make contact with officials on their behalf, however, this is not feasible for all migrants due to the expensive costs. Migrants without health care coverage need to pay the full fee of treatment, for example, a caesarean delivery in hospitals costs approximately THB10,000, almost two months' salary. Even for those who can afford treatment, there is the fear of being arrested on the way and being deported back to their home country, or being reported by hospital staff (Veerman & Reid, 2011, p.972).

[7] Also known as Doctors Without Borders

Having health insurance cards is not always a solution for particular diseases such as tuberculosis or HIV/AIDS, since treatment for these conditions are not covered by CMHI. MFS observed several other barriers which included: language, the cost of transportation and a lack of knowledge about health problems. MFS staff noted that some Myanmar migrants experienced longer waiting times than Thai citizens, and in a few cases, MoPH staff notified immigration police when irregular migrants were not able to pay medical fees. Similarly, due to public attitudes about migrant workers, some migrants feel they will be discriminated against and only seek treatment when their conditions are at an advanced stage (Veerman & Reid, 2011, p.971-972).

3.2.3 Experiences of migrant women in the Thai construction sector

A recent report by the ILO (2016), focuses on the experience of women migrant workers in the Thai construction sector. While the main emphasis of the report is on the working conditions of women, it does touch on social protection benefits. The study notes that some of the women in their study were unaware of social protection options or the benefits that they were entitled to. Of the 19 people in this study who were registered through NV, 12 had CMHI, four had social security and three did not have any form of coverage (Ibid, p.22).

The study noted that even though some migrants had CMHI, they often had difficulties using the scheme. Health access is restricted to a single hospital, consequently migrants were not able to receive care if they lived far away from the hospital allocated to them. This was further compounded by the high level of mobility in the construction sector, where it is common that workers move sites every one or two weeks. In the study, a Khmer woman noted that she had to pay THB400 each way in transportation to visit her hospital, which is more than her daily wage. In total, she paid THB20,000 over a 6-month period to cover all of her medical expenses. While the hospital fee itself is only THB30 under CMHI, the transportation cost alone means that it is restrictive for people (ILO, 2016, p.20).

Another issue related to the transliteration of names from their native language in to Thai, which resulted in names being spelt differently on various documents. It can therefore be difficult for migrants to prove who they are, which in turn makes it difficult to make claims (ILO, 2016, p.23).

One positive note from the study, was that the Social Security Office (SSO) had started visiting construction sites to provide information and increase awareness of the benefits that migrants

can claim. It was noted in the study that this was appreciated by workers and that they believed that this should happen more often (ILO, 2016, p.23).

3.2 Frameworks on access to social protection

3.2.1 MacAuslan and Sabates-Wheeler's framework of Structures of Access to Social Provisions for Migrants

MacAuslan and Sabates- Wheeler have developed a framework which is used for analysing migrants' access to social provisions. The foundation of the framework is that people lack equal access to social provisions (Sabates-Wheeler & MacAuslan, 2011, p.62). Under this framework, imperfections in markets for goods, services and labour combine in society to regularly exclude groups in society. The framework has two key claims, firstly that individuals everywhere face risks that may affect "their ability to provide adequately for themselves and those they depend on" (Ibid). Secondly, inequalities in access to physical, human and financial capital, "produce unequal outcomes that increase the frequency and negative consequences of these threats for these individuals and groups with poorer endowments and access" (Ibid)

In the framework, social protection operates under three mechanisms: market, non-market and networks, with each having different propensities to barriers and constraints. These constraints can be categorized under six different headings: financial, information, network, resources available, discrimination, and legality (Sabates-Wheeler & MacAuslan, 2011, p.75). Under the framework, different distribution schemes have different levels of hardness under the six headings. For example, financial barriers are much more likely to occur in market mechanisms than in non-market mechanisms.

As this study focuses on government social protection schemes, non-market distributions mechanisms are the most relevant to the study. According to Sabates-Wheeler and MacAuslan, non-market distribution systems are set up as deliberate attempts to achieve some level of welfare or political objectives. In this regard, non-market schemes differ from market schemes in that they restrict eligibility to certain groups, both explicitly and implicitly, these restrictions have the target of targeting a particular group of people (Sabates-Wheeler & MacAuslan, 2011, p.76).

Migrants in non-market systems may be disadvantaged in their access to distributions and schemes due to the following reasons: (1) the formal rules exclude them, (2) eligible migrants often face higher costs of proving eligibility, (3) they fare poorly in negotiations with

administrators, and (4) they are less able than non-migrants to engage with the rule makers (Sabates-Wheeler & MacAuslan, 2011, p.76).

3.2.2 The Andersen Healthcare Utilization model

The most widely used model for understanding individual access to health care is the Andersen Healthcare Utilization model, also known as the behavioural model of health services and the social behavioural model. Traditionally, this model has mainly been used to study health care in the United States and in the United Kingdom. The model, developed by Ronald Anderson, focuses on individual use of health services and considers them to be a function of three characteristics: predisposing factors, for example demographics and health beliefs; enabling factors for example personal income; and illness levels or needs, for example health status (Derose, Gresenz, & Ringel, 2011, p.1845).

It is important to note that there are different variations of the Andersen model, which have been adapted to different situations and needs. Originally, the model was used to distinguish between measures of potential access. According to Andersen, the model of health services originally focused on the family unit as the analysis. However, in subsequent work, Andersen shifted the focus to the individual level, due to difficulties in developing measures at family levels. Andersen also stresses that the model was initially used to explain the usage of formal "personal health services rather than to focus on the important interactions that take place as people receive care, or on health outcomes" (Andersen, 1995, p.1).

The model was later revised to include environment, health outcomes and health behaviour. In more recent times, the model has had an increasing focus on factors that go beyond the individual focus, such as challenges in health policy (Derose, Gresenz, & Ringel, 2011, p.1845). The most widely used variation of the model is from 1995, which is the fourth variation (Babitsch, Gohl & von Lengerke, 2012, p.13).

The fourth model is used to emphasise the "dynamic and recursive nature of a health services' use model which includes health status outcomes" (Andersen, 1995, p.1). The model also included and portrayed multiple influences on health services, which was included in the form of feedback loops as shown in figure 2 below. These loops represent that outcomes, affect predisposing factors, and also perceived needs for health behaviour (Ibid, p.5)

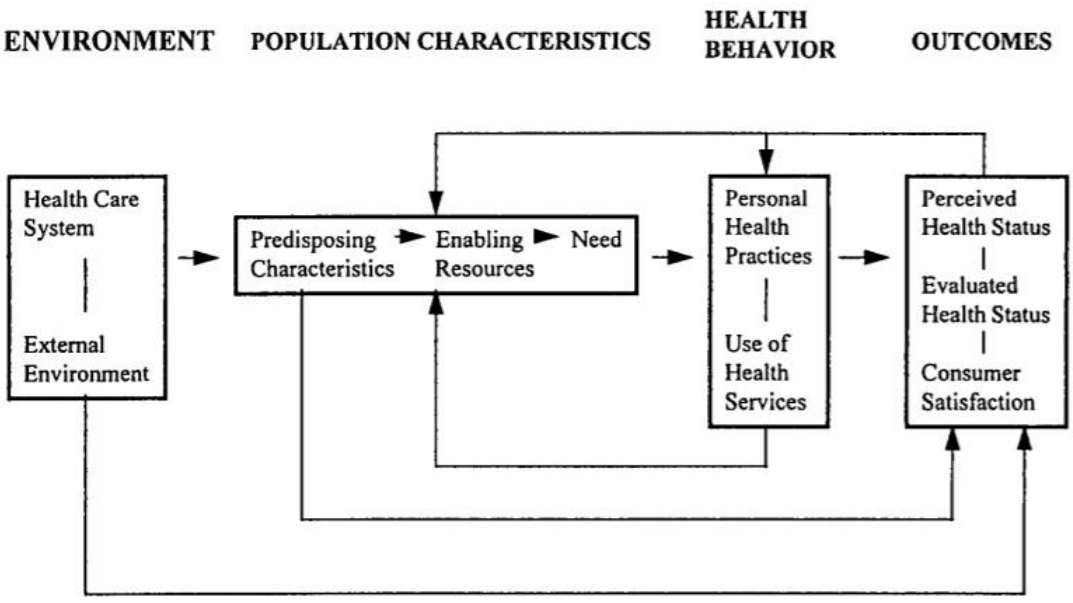

Figure 2. Andersen's Healthcare Utilization model (fourth variation) (Andersen, 1995, p.8)

3.2.3 Penchansky and Thomas' barriers model

While not as used as frequently as Andersen's behavioural model, the barriers focused framework introduced by Penchansky and Thomas has been influential in health care circles. The framework focuses on understanding health care disparities and acknowledges individual level factors such as income (Derose, Gresenz, & Ringel, 2011, p.1845). Penchansky and Thomas acknowledge that access is a disputed term, with a platitude of definitions. The authors see access as most frequently being associated with the ability and willingness of consumers to enter in to health care systems. The study first evolved as a method of determining the factors or phenomena that influence how consumers use health care systems, as the use of health care is often not fully explained by analysing the health state of clients (Penchansky & Thomas, 1981, p.127).

This study provided five main characteristics to accessing health care; Availability, Accessibility, Accommodation, Affordability, and Acceptability. The study defines access as referring to the degree of fit between the client and the system. In this study, access is defined as "the general concept which summarizes a set of more specific areas of fit between the patient and the health care system" (Penchansky & Thomas, 1981, p.128). Availability refers to the relationship of volume between existing services and the types of needs of the consumer. Accessibility refers to the relationship between the location of services and that of the client, this takes in to account the travel time, distance and cost to reach services. Accommodation is

defined as the relationship between how the supply of services are organized to accept clients, and the ability of clients to accept these factors. Affordability refers to the price of services and if the client has the ability to pay for these services. Lastly, Acceptability refers to the relationship between clients' views about "personal and practice characteristics of providers to the actual characteristics of existing providers, as well as to provider attitudes about acceptable personal characteristics of clients" (Ibid, p.127).

In this model, the dimensions of access are seen as not easily separated. The authors argue that accessibility is often tied to availability, while a different service area may have the same availability but different accessibility. While all five factors influence access, Penchansky and Thomas see acceptability and not accessibility as the most important factors in access (Penchansky & Thomas, 1981, p.127).

3.3 Where to next and limitations of current research

The literature discussed above, provides a useful starting point in understanding the barriers that migrant workers face in accessing social protection schemes in Thailand. However, it is also necessary to recognise where the current literature falls short, and why it is important to build on the current literature.

The three empirical studies summarised, adequately detail some of the more common barriers that migrant workers face in accessing social protection schemes. In this sense, they are useful in problematizing the issue. However, the studies are analytical in nature and not theoretical. They provide a description of the barriers without going in to detail in to the origin or causation of barriers, nor the linkages between barriers. This is not the fault of the literature itself, rather it is an observation that there is a gap in grounding current empirical literature on the barriers to accessing social protection in theory.

With this understanding, how can this knowledge base be improved, and what information do we need to plug the current gaps that we have? First and foremost, it is necessary to get to the main courses of the barriers that migrants face. However, to be able to understand this information, it is first necessary to have a conceptual framework or a concept that is applicable.

As per the empirical literature, the current frameworks on the access to social protection have limitations. A common feature between the studies is that they most commonly focus on access as in the context of utilization. There are fewer frameworks that focus on enrolment, and even less that focus on both. This is in part, due to the majority of access models being developed in

the context of access for nationals, where there are fewer barriers to entry in comparison to migrant workers. Again, this is not a criticism of the models, rather an understanding that they were developed under a set of circumstances that is not as applicable to migrant workers.

Likewise, there are few models that look to take into consideration the unique factors that migrant workers face. When studies have been created with migrants as the focus, for example Sabates-Wheeler and MacAuslan's model, they have been created on a broader level, rather than based on the direct voices or opinions of migrants. Consequently, while this can mean that the model can be used for a wide range of cases, it runs the risk of not being a close enough fit for some cases.

Understanding these considerations, this thesis aims to create a framework that both encapsulates the voices of migrant workers, theorizes the linkage and route courses of barriers, and conceptualises barriers both in respect to utilization and enrolment. The above literature, while not used as a theoretical grounding, will instead be used as comparison to the created framework and findings of the report. This comparison will be useful in helping to identify new knowledge found, while also understanding commonalities between current research and this study.

4. Methodological discussion

Having identified the gaps in current literature in section 3, the following chapter outlines the methodological steps taken to remedy these gaps. The methodological discussion starts with an overview of how the study evolved over time, and why a constructivist grounded theory approach was taken. A summary of the history of grounded theory is presented for the reader to understand what grounded theory is, and the differences between versions of grounded theory.

Moving on from the research design, an outline of how the data was collected is provided. This includes a summary of sampling, the use of focus groups and semi-structured interviews, and translation. To show how this study constitutes a grounded theory approach, this chapter describes how the data was analysed after it was collected, including coding, memo writing, theoretical sampling, sorting, and diagramming.

Lastly, there is a discussion on ethics, reflexivity and positionality, as well as the limitations of the study. It is the cultivation of all these methods that has shaped how the research was conducted, and consequently how the results are presented and analysed.

4.1 Research design – turning towards a grounded theory approach

4.1.1 Adjusting methods

The question that I asked myself when designing the methodology of this study, was what is the most relevant methodology given my research question? I wanted the methodology of the study to be the best fit for the research, rather than which methodology I was most comfortable with. This thinking led to the research having two clear phases. The first stage was the methodology that I planned to enter the field with. On this note, my research questions were in part based on Sabates-Wheeler and MacAuslan's Barriers to Accessing Social Services framework.

However, while I was conducting my first focus group, I realised that there were a lot of experiences coming up that did not fit with what was described in the framework. This left me with a quick decision to make, should I stick with this framework, or should I try a different approach? During this initial focus group, I decided to disregard the questions that were more specific to the framework and instead focused on questions that were more flexible and about

the participant's experiences. Upon collecting the required data, I decided to take a constructivist grounded theory approach for analysing the data.

4.1.2 An overview of grounded theory

The qualitative research method of grounded theory was first developed by two sociologists, Glaser and Strauss in 1967. They defined grounded theory as the theory that was derived from data, systematically gathered and analysed through the research process (Long, Strauss & Corbin, 1993, p. 12). The emphasis behind grounded theory is to construct theory based on a data set (Khan, p. 226).

The creation of grounded theory came at a time where Glaser and Strauss were disenchanted with the undertaking of their study the Awareness of Dying (1965). During this study, the two researchers critiqued the overemphasis on verifying theories, often to the detriment of the research itself. They noted that the desire to create theory often becomes secondary to verification. They stressed that it was necessary to create theory that evolves from the data, rather than have theory created based on prior assumptions (Kenny & Fourie, 2014, p.2).

There were a number of methodological techniques which arose from the beginning of Glaser's and Strauss' work. They believed that data collection and the analysis should happen simultaneously, and be "conducted through the specific procedures of theoretical sampling, coding, constant comparison, saturation and memo writing" (Kenny & Fourie, 2014, p.2). These techniques were designed so that data was organised and coded into increasingly abstract concepts, ensuring "that the increasing abstraction of concepts is unequivocally substantiated and grounded in the research itself" (Ibid)

However, grounded theory has developed and evolved since its creation. Even between Glaser and Strauss, the idea of grounded theory was split into two camps. Glaser stayed closer to the original theory that he created with Straus, where categories are treated as being emergent from the data (Khan, 2014, p.227). However, Straus moved away from this original definition, moving the theory towards verification.

Charmaz was the first to introduce a social constructivist version of grounded theory, which argues that categories and theories do not emerge from the data, but instead are constructed. (2008, p.396). Under this version of grounded theory, the author does not create theory, but instead "creates an explication, organisation and presentation of the data rather than discovering order within the data" (Ibid, p.75). It is acknowledged that the researchers own

"personal, philosophical, theoretical, methodological background shape the research process and, ultimately, the findings" (Willig, 2013, p.77). Because of this, the theory that is created constitutes one reading of the data rather than the only reading (Ibid).

4.1.3 Why a constructivist grounded theory approach?

Rather than taking a classical grounded theory approach, I decided to use constructivist grounded theory. There were a number of key reasons as to why I chose this method. Firstly, I found that I agreed epistemologically with grounded theory, in that I wanted to emphasise the relationship between the researcher and the participant (Mills, Bonner & Francis, 2006, p.26).

Constructivist grounded theory differs from classical grounded theory, in that it focuses on how participants construct realities, rather than on conceptualised patterns or behaviours. Charmaz encourages those that use grounded theory to give a voice to participants, something that is not actively encouraged in classical grounded theory. As one of the main aims of this study was to give a voice to participants I believed constructivist grounded theory to be a better fit (Breckenridge, Jones, Elliott, & Nicol, 2012).

Lastly, the role of literature played a part in choosing constructivist grounded theory. According to classical grounded theorists, researchers should come into a field with either no or little knowledge on a topic. However, Charmaz rejects this notion, as she believes it is near impossible to research a topic with a blank slate (Puddephatt & Charmaz, 2006, p.15). As I had originally planned on using a different methodology on the outset of my study, I already came in with knowledge on the topic. As per Charmaz, I do not believe this to be an issue, as long as you are honest about your prior knowledge and are willing to think critically about your results.

4.2 Data and methods

4.2.1 Purposeful sampling

In total 29 people were interviewed as part of this study (see appendix I for a list of interviewees). This included 25 Cambodian migrant construction workers, as well as four expert interviews, with roughly equal representation between men and women. The interviews took place over the course of December 2016 to February 2017, with interviews taking place in Bangkok, Chonburi and Samut Prakan. Interviews were mainly conducted with migrant workers, as this study focuses on their experiences and voices. Experts were interviewed to

contextualise the findings of the migrant worker interviews and to provide recommendations of how to improve social protection access.

This study used both purposeful sampling and theoretical sampling (see section 4.2.8). With purposeful sampling, this corresponded to finding migrant workers with different forms of documentation status, including those that went through the MOU process, NV, had a pink card, or were undocumented. However, this was difficult to achieve in practice, as there are few NGOs in Thailand that assist migrant construction workers. Due to this, I had limited opportunities to interview all of the sample groups that I had originally planned to interview. Instead I was only able to interview undocumented migrant and migrants that had pink cards (Hammett, Twyman, & Graham, 2014, p.141).

4.2.2 Semi-structured interviews

15 participants (11 migrant workers and four experts) were interviewed using semi-structured interviews. This included 12 individual interviews, and 2 interviews conducted with pairs. During these interviews, I focused on allowing the conversation to be as fluid and casual as possible, to make the participants feel more comfortable. Due to the lack of current research on my research topic, semi-structured interviews allowed greater flexibility than structured interviews (Hammett, Twyman, & Graham, 2014, p.141).

The interviews were conducted with a tentative list of questions and topics, however I found that some of the most useful information came from follow up questions and allowing the interviewee to lead the topic of the conversation. Similar wording was used between interviews to allow for consistency (Bryman, 2015, p.473).

4.2.3 Focus groups

One focus group was conducted as part of this study. This included 14 Cambodian migrant workers. The focus group was conducted as a way to see how members discuss issues as a group, rather than individuals. I wanted to see how people respond and build upon each other's ideas, and build on the interaction within the group (Bryman, 2015, p.503). The focus group was also conducted to provide an opportunity to allow participants to probe each other's reasons for holding a particular view (Ibid). During the interview, I found that the topic tended to shift to the issues that most concerned participants, which is useful, "since the viewpoints of the people being studied are an important point of departure" (Ibid).

One limitation of the focus group was the size. I originally planned on running two focus groups, however, the participants indicated that they felt safer and more comfortable in one group. Because of the size of the group, I often found that there were a few participants dominating the discussions. To counteract this, for some questions I would go around the group and allow everyone to contribute if they felt comfortable doing so (Hammett, Twyman, & Graham, 2014, p.153). While this caused some management issues, the most important priority is that those being interviewed feel comfortable and safe.

4.2.4 Language and the use of translation

The focus group discussion was conducted in Thai with the help of an interpreter. Originally the discussion was to be conducted in Khmer, however I could not find a Khmer to English interpreter available on that day. While I was able to get useful answers from most of the participants, some in the focus group did not have a high level of Thai proficiency. Due to this, some of the participants had to use another member of the group to translate from Khmer to Thai, and then the translator from Thai to English. There is the possibility that there may have been some slight changes in language due to this this double translation. Likewise, some participants may have chosen not to contribute as much as they could have due to language barriers. Ideally, I would have been able to have someone translate from Khmer to English, however when the NGO found participants for the focus group I was told that they all spoke Thai.

All semi-structured interviews with migrant workers were translated from Khmer to English, through the help of an interpreter from the Foundation for Aids Rights (FAR). This allowed the participants to speak in their native language, and I could see in comparison to the focus group, that the interviewees seemed to be more talkative. One point of difficulty with this was that the translator had not spoken extensively in English in recent years, and therefore I often had to explain questions multiple times before we both understood each other. While this did not necessarily cause an issue, it may have caused some confusion for participants.

4.2.5 Transcribing

All the interviews conducted as part of this study were transcribed word for word. This was a necessary step as I wanted to be able to directly quote the experiences of those interviewed. While the quality of the recordings was generally of a high quality, there were a few minor instances where background noise caused one or two sentences to become inaudible. This was

only a minor issue, as I was able to back up the recordings with notes taken during and after the interview.

4.2.6 Coding

Coding in grounded theory contains two main phases. Firstly, an initial phase which involves naming each word, line or segment, followed by a focused, selective coding that uses the most frequent collection of themes. During the initial coding, I kept the categories as broad as possible, which involved coding the transcripts line by line. As some common themes started to emerge, I began to recode some of the previous entries into these common themes (Charmaz, 2006, p.46). As part of this method, I kept coding until I reached the point where no new properties or patters emerged (Glaser, 2001, p.91). This entire process was conducted using the software NVivo,

4.2.7 Memo writing

In grounded theory, memos constitute notes about data as well as the conceptual connections between categories. The memo-writing process runs parallel to the coding and analysis, with the aim of capturing emergent theoretical codes and categories (Holton, 2010). During the coding process, I kept memos on nodes and phenomena that appeared. These memos were initially brief and focused on node to node. Later in the process, the memos became more extensive, as the level of conceptualization increased (Ibid). This coding assisted in the creation of the framework as it helped to create an understanding of how the barriers link together. I found this to be a useful exercise, as I would constantly go back to my memos during the re-coding phase.

4.2.8 Theoretical sampling

Theoretical sampling refers to gathering more data that focuses on the categories that have been created during the coding and memo writing phase. Theoretical sampling has the purpose of elaborating and refining categories in your emerging theory (Charmaz, 2006, p.96). Theoretical sampling “raises questions, suggests relationships, highlights gaps in the existing data set and reveals what the researchers do not yet know” (Sbaraini, Carter, Evans, & Blinkhorn, p.10).

After the initial coding and memo writing I found that some of my categories were not well developed, and had some contradictions. To further develop these categories, I reached out to the NGOs that assisted with my original sampling, to help with finding more participants.

Unfortunately, I was not able to meet with more migrant workers and instead I set up interviews with experts to bridge the knowledge gap I was facing. As I wanted the model to still be based on the voices and experiences of migrant workers, I was not able to add any new categories to the framework. Reaching out to experts did however allow me to understand some of the contradictions in the data gathered.

4.2.9 Sorting and diagramming

Once the categories had been developed through coding, memo writing and theoretical sampling, I started the process of sorting. The sorting process involved laying out memos by hand, until I found an order that fit the logic of the categories (Charmaz, 2006, p.116). Based on the sorting of memos and concepts, I created a diagram of the framework for the barriers identified in the research. The purpose of this framework was to help visualise the framework for the reader, as well as to "generate comparisons, categorisation, sorting and, most importantly, understanding the connections between concepts" (Nelson, 2015, p.19).

4.4 Ethics, reflexivity and positionality

It is important to take into consideration and be attentive to the hierarchal structures that dictate research. (Sultana, 2007, p.325). Likewise, it is also important for researchers to consider how agency and constraints shape how we interact with others (Meadow, 2013, p.467; Charmaz 2008, p.398). I carefully considered my own positionality and background, both in designing my research as well as when conducting research. Understanding that I come from a very different background from than those I was interviewing, I tried as much as possible to avoid reinforcing systems of power and control.

One important part of my research is that I wanted to be able to write with the people I was interviewing rather than about them (Sultana, 2007, p.375). I, therefore, aimed to create shared meanings with the participants, and to have the research to be less exploitative and more reciprocal (England, 1994, p.243). At the start of interviews, I made sure to explain to participants that I wanted to hear about their own experiences.

However, finding commonalities with participants was something that I struggled with early on. Nethertheless, I found that most participants were willing to speak openly during interviews. There were however some participants who at first did not understand why I wanted to speak with them, due to a lack of trust. To help build this trust relationship, I used two NGOs as gatekeepers. This helped with interviews, as the translator that I used for most of my research

was a volunteer with an organization they trusted. I also made it clear at the start of each interview that participants could end the interview at any time, and did not have to answer any question they did not feel comfortable with.

There was also at times a sense of curiosity about the research I was conducting. While conducting interviews, it was not uncommon for other people to approach and listen into the interview. This caused some confidentiality issues, as I could not always find a space that was away from others. To help lessen this impact, I would save more sensitive questions until I was just speaking with the interviewee (Hammett, Twyman, & Graham, 2014, p.153).

There were also some gender specific aspects that I had to be aware of with my interviews. Despite women making up almost 50 per cent of workers in the construction, it still remains a male dominated sector in terms of power relationships (Scheyvens & Leslie, 2000, p.120). Some of the questions that I asked were regarding pregnancy. To help participants feel more comfortable, I always made sure to either have a female translator or note taker present when asking these questions.

4.5 Limitations of the methodology

Due to difficulties in accessing participants to interview, it was not possible to get a wide-ranging demographic of participants. During the planning of this study, I had originally planned to interview workers from Cambodia, Lao PDR and Viet Nam. However, there are currently few NGOs supporting migrant construction workers in Thailand. The NGOs that I was able to teach, only worked with Cambodians. This is not an issue in itself, as the results still represent the experiences of those that I interviewed, however the framework would have benefited with some comparison, to see if there are differences between nationalities.

There are also limitations that relate to the use of grounded theory. Grounded theory provides freedom and flexibility for researchers, however this does not always turn out to be positive. Because grounded theory has less rigid guidelines than some other methodologies, it can be difficult to follow for new researchers. The works of Glaser and Strauss provided little guidelines on how to conduct grounded theory, instead of leading it up to the researcher to decide. However, Charmaz (2006) provides a more practical set of guidelines, which mixed both flexibility and practicality. In contrast to this, because the guidelines are more set out, there is also the risk that researchers may take these guidelines as a recipe rather than suggestions (Allen, 2010, p.1614)

Grounded theory also has the potential to be exposed to bias, as the generation of the theory is based on a reading of the results by the researcher. To mitigate this risk, it is recommended that those conducting grounded theory research delay their literature as much as possible (Ford, 2009, p.74). However, while some of the literature review was conducted after the framework had been created, I still read widely on the topic before the interviews. This pre-reading may have shaped the finding of the results.

5. Principal findings

The following section will focus on some of the key findings of the study, with the aim to highlight the voices and experiences of Cambodian migrant construction workers in accessing social protection schemes. This chapter will be split into three parts; enrolment, utilization, and gender specific challenges. Firstly, the chapter highlights which schemes migrant workers have enrolled in, if any, and consequently the challenges and experiences that they have faced in enrolling in schemes. Following from this, the second part of the chapter focuses on the experiences of migrants in utilizing schemes. It describes why migrants either cannot or choose not to access schemes. Lastly, the chapter summarises the gender specific challenges that women migrant workers face in accessing social protection. This is to highlight that women face additional challenges that fit across both enrolment and utilization.

5.1 Enrolment

Of the 25 migrant workers interviewed as part of this study, one was currently enrolled in the social security scheme, with 14 previously having held social security. The most common form of social protection accessed by participants was CMHI, with 20 workers currently enrolled in the scheme. There were four migrant workers who currently had no enrolment in the SSS or CMHI.

5.1.1 Documentation, migration stream and eligibility

All of the participants interviewed entered Thailand irregularly. The cost of migrating through formal channels such as MOU agreements was viewed as too expensive and lengthy. Instead, the workers found it timelier and more cost-effective to come without documentation.

> If I make it in Cambodia [passport] I have to spend a long time and it is so expensive, if I make the pink card in Thailand it is easier than in Cambodia and the employer will help us (Interviewee 17, 6 January 2017).

> Because my friend told me I can go without documents, no problem, I can work in Thailand and making the passport is so expensive in Cambodia (Interviewee 16, 6 January 2017).

For others, the procedure was complicated and they did not understand how to go through formal channels.

> When we were both in Cambodia we did not understand how to do anything [migration process] (Interviewee 25, 7 January 2017).

Even when migrant workers know that there are risks associated with irregular migration, they often feel that they do not have a choice.

> Even if I have no documents I can have an opportunity. I know that I may have problems if I get caught by the police. But I have to come to Thailand, because in Cambodia there is no work and I cannot earn money (Interviewee 21, 7 January 2017).

Due to the irregular status of migrant workers, they are unable to be enrolled in the SSS. They can be enrolled in CMHI, once they start they start the NV process and get a pink card. However, migrant workers are not always able to start this process when they first arrive in Thailand. Most of the workers interviewed as part of this study said that they only received the pink card after being in Thailand for at least two years. During this time, they were without any documentation or social protection coverage.

5.1.2 Wages and financial restrictions

Financial restrictions were some of the main barriers that migrant workers faced in enrolling in social protection schemes, largely in relation to securing documentation to be eligible for schemes, as well as being able to pay the fees for CMHI. On average, migrant workers had to pay a combined fee of 6000 THB to obtain the pink card and CMHI, which equates to 20 days' salary. However, some workers were asked to pay higher fees from their employer.

> I want to make the new pink card and health insurance, but I made the pink card before and only paid 5300 baht. But now the employer told me maybe 8000 baht so I do not want to continue, because I do not have enough money (Interviewee 19, 6 January 2017).

The Thai minimum wage is set at THB300 per day, but this is often a ceiling rather than a floor for migrants working in the construction sector. Some men were able to earn slightly above this amount, earning THB350 per day, though this was rare. None of the women in this study earned above minimum wage, with some earning as low as THB170 per day. This result is similar to the findings in the ILO (2016) report, which found that the majority of migrant workers were routinely paid on or below minimum wage.

Similarly, when looking at the motivation of those who migrated, the majority of people indicated that they migrated because they were not able to secure regular work back in Cambodia, therefore often coming with low capital. Likewise, most the workers were supporting family members back home, and had little disposable income left over after they sent remittances, and paid for things like food, water, and electricity. The combination of low wages, and extra financial commitments, makes it difficult for workers to save enough to pay for the pink card and CMHI.

5.1.3 Understanding social protection

One of the most common themes across informants was a lack of understanding of the social protection schemes available in Thailand and the concept of social protection. This is not surprising, considering that rules and regulations can change from year to year, and implementation of schemes can diverge in practice from what is written under Thai law.

> I have never heard about it [social protection], here [there is] nobody to tell me about it (Interviewee 19, 6 January 2017).

These findings are similar to those presented in the MAP Foundation study, where 90 per cent of participants were unaware if they were eligible for social security. Likewise, the MFS study also noted that the enrolment procedure for migrant workers was cumbersome and can be lengthy.

Social protection coverage in Cambodia does not exist to the same extent as it does in Thailand. People have not grown up with social protection and therefore the majority have never heard of it before entering Thailand (Interviewee 26, 27 January 2017). Migrant workers are therefore unlikely to actively seek enrolment unless it is a requirement.

> When I was in Cambodia I never heard about this [social protection], nobody talks about this (Interviewee 20, 6 January 2017).

However, this is not to say that migrant workers are not capable of understanding social protection. When presented with information about the schemes from employers or friends, interviewees often had strong opinions about the benefits and limitations of the different schemes.

5.1.4 Reliance and power relationships

Power dynamics and hierarchy also play a role in the access to social protection. A Cambodian migrant worker explained that even though she was aware that she should be able to get CMHI, she was not comfortable with bringing this up with her employer, due to the fear of losing her job. Migrant workers are reliant on their employers to enrol them in schemes, causing a power relation which builds on the vulnerability of migrant workers. Similarly, while some workers previously had social security, they were not able to obtain it when they changed jobs, as their current employer did not enrol them.

> Before I worked in Bangkok, the employer made the documents, but I came here [and] there was nobody to make it [SSS] (Interviewee 15, 6 January 2017).

Work permits and pink cards in Thailand are tied to your workplace, meaning that if workers change jobs they often have to reapply for documentation, resulting in the loss of entitlements. This is a major issue in the construction industry due to the high level of subcontracting that takes place. Migrant workers may only spend one week at a site, before moving on to another (Interviewee 28, 21 January 2017).

5.1.5 Accepting and seeing the benefits of social protection

How migrant workers view different social protection schemes plays an important role in if they are active in trying to be part of social protection schemes. The following exert from the focus group shows the different viewpoints on if the migrant workers prefer to have social security or CMHI.

> I prefer social security because it covers more stuff (Interviewee 2, 11 December 2016).

> I prefer health insurance because it is cheaper, as [social security] you have to pay each week and it sums up to a higher amount (Interviewee 7, 11 December 2016).

> Social security is better in my opinion, because it supports a lot more (Interviewee 6, 11 December 2016).

Likewise, 11 of the migrant workers who participated in the focus group had previously held social security and then had it cancelled. The workers were unaware why it had been cancelled, as they did not receive any information from their employee or the SSO. This sort of situation

fosters a lack of trust in the system, and therefore migrant workers are less likely to want to be involved in schemes.

> We have already paid so much towards it [social security] and they cancelled it and we don't have the card to use (Interviewee 14, 11 December 2016).

> For the social insurance, you have to pay for each month, and you have to pay until you retire. Because we are immigrants, we will not get it back and we do not have any control over it, if the government wants to cancel then they cancel (Interviewee 17, 11 December 2016).

However, despite the negative perceptions of some of the aspects of schemes. The majority of workers still saw benefit in having social protection.

> I want to have the pink card, because when I go to the hospital I can pay just 30 baht (Interviewee 16, 6 January 2017).

Similarly, multiple participants indicated that they would like to be able to receive old age benefits. The majority of participants expected their family to take care of them when they retired, however some expected that their family would not be able to do this, and therefore saw gaining a pension as a way to secure an income when they are no longer able to work.

5.2 Utilization

Even when migrant workers can enrol in schemes, they still have constraints in being able to utilize the schemes they are enrolled in. These barriers include a lack of understanding of what they are entitled to, restrictions on movement, and a lack of acceptance or need to use the schemes.

5.2.1 Having information about social protection

Migrant workers in this study often had a lack of information on what they could claim under different social protection schemes. When asked about what they could claim under CMHI, the majority either said that they did not know, or they mentioned benefits that were not included in the schemes. All of the participants in the focus group were given a medical card stating the benefits that they could use as part of CMHI. However, this does not appear to be common practice across Thailand and it is dependent on the hospital to issue the card. The rest of the

migrant workers interviewed in this study did not receive this card and therefore had a lower knowledge of what could be claimed.

One issue with the CMHI card and the SSS card is that all the information is written in Thai. As not all the participants in the study could read Thai they had to rely on friends that could read Thai for information. Those that could speak Thai often had more information about social protection schemes and were more comfortable seeking information relating to social protection.

> I know [what it can be used for] because it is listed here [indicates to card], it [is] only used for sickness. if you fall you will not be covered (Interviewee 14, 11 December 2016).

Unlike the ILO report (2016), none of the workers had received any information from government officials about what they can claim under different schemes. Likewise, none of the workers had received any organization support regarding social protection. However, the workers at the focus group said that they were told by their manager what benefits they could claim under CMHI.

> For myself I never get injured, but my nephew got injured and the employer took care of him, but the employer withdrew the salary (Interviewee 15, 6 January 2017).

None of the participants of the study were aware of the WCF, despite that they should all be covered under the scheme. Instead, they said that their employer would cover the costs of the treatment if they got injured. However, on occasion the employer would deduct hospital bills from their salary.

5.2.2 Restriction of movement

Restriction of movement also plays a part in the lack of access to social protection schemes. Migrant workers are often not able to travel to hospitals or clinics as they either do not have means of transportation or because they are afraid that they will get caught by police.

> I only stay here because I am afraid the policemen will catch me. I do not understand about Thai language, I come back from work and sleep (Interviewee 17, 6 January 2017).

> Yes, I am afraid sometimes, I do not want to go anywhere because my card expired (Interviewee 19, 6 January 2017).

> Before I had the card, I was caught by the policeman, for one day and the policeman took me back to Cambodia. The same for my wife but she stayed in the prison for 48 days Interviewee 24, 7 January 2017).

This finding was also prevalent in the ILO report, however in a different context. In the ILO report, migrant workers were not able to visit the hospital due to the large financial cost. However in this study, it was largely restrictions on movement that stopped workers from visiting hospitals.

It is also a common practice for employers to hold documents and this was the case for 14 participants in this study. The workers were allowed to make photocopies of documents. However, copies of documents are often not accepted by policemen, run the risk of being fined or deported if caught without documents.

5.2.3 Being reliant on your employer

Without having their own means of transportation, participants said that they are reliant on their employer to take them to the hospital if they are sick or unwell. However, if the employer is not there, then they have to wait.

> I would like when I get sick that the employer would hurry up and take me [to the hospital]. One time when I was sick the employer was not free and I could not go (Interviewee 15, 6 January 2017).

Similarly, in the case of accidents on the worksite, it is up to the employer or manager to ensure that workers receive funding from the workmen's compensation fund. However, in practice, employers often do not report accidents as it raises the amount that they will need to pay to the fund (Interviewee 29, 12 February 2017).

5.2.4 Acceptability of utilization

Acceptability also plays a role in the utilization of social protection schemes. Due to the high risks associated with visiting clinics or hospitals, migrant workers must believe that it is worth the risk to go.

> If we get seriously sick we have to go to hospital and use the card. If we have a little problem, we buy the medicine and do not go to the hospital (Interviewee 25, 7 January 2017).

One of the positive notes to come out from the study was that there was a general consensus that the quality of treatment that they received was high, and that no one in the study received any form of discrimination in hospitals. Previous reports such as that by the MFS found that migrant workers often face discrimination at hospitals and have to wait longer times than Thai nationals. While this may still be an issue in Thailand, this was not found in this study.

Likewise, many of those who had CMHI were happy that they only had to pay THB30 when they visited doctors. This made them more likely to get treatment than when they had no insurance, as they felt it was more affordable.

5.3 Gender specific challenges

There are several gender specific challenges that migrant workers face in accessing social protection schemes. Firstly, women on average receive lower wages than men, with no women in this study earning morning than the Thai minimum wage. In fact, women earned up to 50 per cent less for the same work and at the same work site.

> I get 270 baht per day … But the men not like that [sic]. The men can earn 350 baht or 400 (Interviewee 25, 7 January 2017).

Many migrant works in this study relied on overtime work to supplement their income, however, over time work was often not available for women, even when it was afforded to their male counterparts. This severely reduces the earning power of women migrant workers.

> I do not get overtime … women have no overtime (Interviewee 23, 7 January 2017).

No women in this study received maternity pay or leave. Some women did say that they could take time off from work to give birth or take care of their children. They still had to reapply for work when they wanted to return, indicating that it was not in fact maternity leave, but instead they were fired with the chance of a later rehire.

> If you have a big belly they automatically stop your work. After you take your leave to give birth (Interviewee 17, 11 December 2016).

There were mixed findings in relation to the access to pre-and antenatal care. One migrant woman used CMHI to visit the hospital and only had to pay THB30 per visit, but others were not as fortunate. One woman without CMHI had to pay for medical expenses herself, which rose to THB7000 in total.

Overall, there was a lack of knowledge about access to services for pregnant women. Although the majority of people in this study had the CMHI, not all were aware that this could be used when seeking treatment related to their pregnancy. Instead, many decided to return home to Cambodia to give birth as they thought they would have to pay high fees when giving birth in Thailand.

6. Creating a barriers framework

Based on the findings presented in chapter 5 and the methodological techniques discussed in chapter 4, the following chapter presents and discusses a framework for conceptualising the barriers to accessing social protection schemes for Cambodian migrant workers in the Thai construction sector. It draws upon the voices and experiences of Cambodian migrant workers, to visually represent how they perceive barriers to accessing social protection.

The framework defines access as encompassing both enrolment in social protection schemes as well as being able to utilize schemes once enrolled. By including both enrolment as well as utilization it also provides a more rounded view as to how Cambodian migrant workers access or have problems accessing social protection while in Thailand. The chapter will start by first explaining the barriers that workers face in enrolling in schemes. Following from this, there will be a discussion on the linkages between barriers and the contribution and limitations of the model. A visual representation of the mentioned framework is represented in figure 3 below.

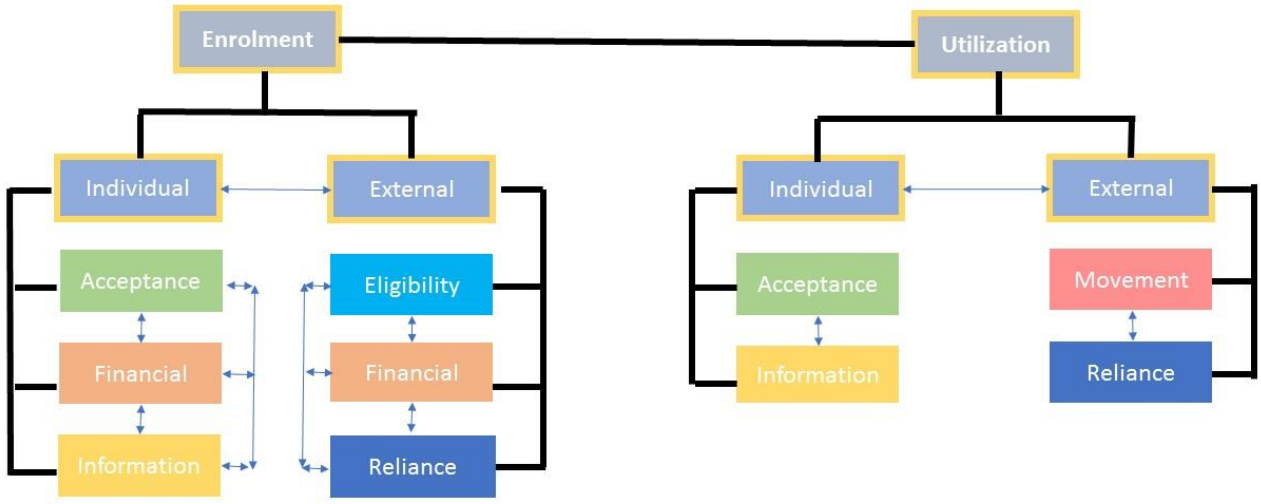

Figure 3. Barriers to accessing social protection schemes for Cambodian migrant construction workers in Thailand (original creation based on the conducted research).

6.1 Enrolment

The first step in being able to access social protection schemes is to be able to enrol. Based on the interviews in this study, there are a number barriers that Cambodian migrant construction workers face in enrolling in social protection schemes. These barriers can be categorised into individual and external barriers.

6.1.1 Individual barriers

Individual barriers refer to barriers that arise from the personal characteristics of the migrant workers. Regarding enrolment, these barriers explain why some migrant workers face difficulties or chose not to enrol in schemes. There are three key personal barriers, acceptance financial, and information.

Firstly, **Acceptance barriers** refer to how willing migrant workers are to take up social protection schemes and take the necessary steps to be able to enrol. Acceptance, therefore refers to how worthwhile the schemes are for the migrant worker. There are a few key aspects that determine a person's acceptance of a programme. Furthermore, the migrant worker must view that the scheme is going to benefit them, and secondly, they must also see that the costs (financial, time, emotional etc) are less than the benefits of the schemes.

How willing someone is to be enrolled in a scheme, is based on the characteristics of the programme in comparison to the expectations of the migrant workers. In principal, acceptance refers to the trade-off that people face in everyday decisions and what they value. In this regard, many migrant workers in the study indicated that they preferred to migrate irregularly – thus making them ineligible for SSS- because the cost was lower, and they did not see increased value in being a regular worker. There are a number of personal factors as to why people may have different views on the acceptability of programmes. This can include the culture, finances, education levels, and personal preferences.

Information barriers refer to being able to understand how to enrol in social protection schemes and how to meet the requirements of those schemes**.** Therefore, information barriers refer to instances where migrant workers do not have the adequate information to understand, or make informed decisions about enrolling in social protection schemes. Relating this to the findings of the study, some migrant workers indicated that they migrated irregularly as they were not aware of the correct procedure for entering through regular channels. Because of this lack of information, migrant workers were not able to meet the eligibility requirements of SSS.

For others, information barriers meant not being aware that social protection schemes existed in Thailand. Consequently, because they were unaware of schemes, they were therefore not able to actively seek enrolment in schemes.

Financial barriers, refer to any situation that is related to the cost of procedures and/or the socioeconomic status of an individual. In the case of this study, there are a number of financial barriers that restrict migrant workers. A large proportion of the workers who participated in this study indicated that they were not able to gain full-time employment in Cambodia, or their wages were not high enough to support their families. Because of this, the workers generally have very little capital at their disposal to migrate with. This often leads to migrant workers migrating irregularly into Thailand, as the cost is lower than formal migration schemes.

Similarly, the cost of programmes can be expensive for migrant workers. In order to enrol in the CMHI, migrant workers must pay for two years' coverage upfront. This can prove to be too expensive for some, and they therefore chose not to enrol.

6.1.2 External barriers

External barriers refer to difficulties that lay outside the control of the migrant worker. These are factors that migrant workers are not able to directly or easily influence. In the case of this framework, this includes eligibility, financial and reliance barriers.

This framework views **Eligibility** as being able to meet the conditions and holding the right to be part of a social protection scheme. Eligibility thus encompasses the rules and regulations that determine the access to social protection schemes. As government led social protection schemes are created to address either welfare or political objectives, it is usually the case that some people will be excluded from some schemes. Migrant workers in general have little say in the decisions made on social protection schemes, and little say on who is able to register, therefore it can be seen as an external barrier as it is outside of their control.

Financial barriers are also present in external barriers. Migrant workers are not able to control the cost of migrating through formal migration schemes, and they are not able to control the cost of schemes such as CMHI. In this instance, while the migrant workers own personal finances and earning power dictates if they can enrol in schemes, the cost of the schemes also present a barrier to migrant workers.

Lastly, **Reliance barriers** refer to how reliant migrant workers are on other people to be able to enrol in schemes. In the case of Thailand, in order to enrol in SSS, their employer must register them. Therefore, even when migrant workers are eligible, they are not always able to enrol as their employer does not either want to register them as that means they have to pay contributions.

6.2 Utilization

Utilization refers to if migrant workers are able to use the social protection schemes that they have been enrolled in. As per enrolment, there are both individual factors that influence utilization.

6.2.1 Individual barriers

The personal barriers which influence utilization include information and acceptance barriers.In the case of this framework, the definitions of information barriers and acceptance barriers stay the same between enrolment and utilization, however the nature of the barriers change.

Information barriers, in the context of utilization, refers to two things. Firstly, migrant workers must understand what coverage they are entitled to, and secondly, they must also understand how they can utilize this coverage. Linking this to the study, very few of the workers had an understanding of what social protection was, this meant that some did not know they were enrolled in certain schemes, for example WCF.

Similarly, most of those interviewed either did not understand what benefits they could claim, or had misconceptions about what they could claim. Some mentioned that they planned to use CMHI to cover them in the case of accidents, however CMHI cannot be used for these benefits.

Acceptance barriers, once again, refer to how willing someone is to utilize a scheme. In the case of this study, some participants were not willing to utilize CMHI when they were unwell, because they preferred to use home remedies. For others, the risk of being caught by police outweighed the desire to gain treatment, and they therefore chose not to visit the hospital.

6.2.2 External barriers

Movement barriers refer to difficulties in being able to travel to access social protection services and includes issues relating to restrictions of movement. In the case of this study, this

was found regarding employers holding the documents of their employees, leaving employees with the risk of being arrested or making informal payments if they were caught outside their workplace. In the Thai construction sector is common practice for employees to be made to live in housing complexes provided by their employer. These complexes are often far away from hospitals, which can restrict utilization, as workers do not have a means of transport to visit services.

Reliance barriers, in the context of utilization, refers to how reliant migrant workers are on others to help them utilize schemes. As was mentioned in the findings, migrant workers are often reliant on their employers to take them to clinics or hospitals when they need to get treatment. While employers generally do not charge for this, the employer is not always available or willing to take workers, which can lead to delays in receiving treatment.

6.3 Linkages and overlap between barriers

The barriers presented in this study should not be viewed as mutually exclusive, as there are numerous links and overlap between the barriers. In fact, many instances can be included under multiple barriers. As represented in figure 3, there are feedback loops represented in the model, which are used to show the interrelated nature of the barriers.

Taking as an example the interrelation between **Financial barriers** and **Acceptance barriers**. Migrant workers may be unwilling to enrol in a social protection scheme, for example CMHI, because they believe that the fee for the scheme is too expensive. The reason as to why they feel the schemes is too expensive could be due to the low wages that they receive.

Likewise, there also the same barriers represented in both utilization and enrolment. **Information barriers**, are present in both enrolment and utilization. To be able to enrol in schemes, migrant workers must understand the steps that need to be taken to enrol. Then, once they have enrolled, they must also need to understand how to use the system and also what they are covered for. It is also necessary to understand that improving the access to social protection cannot be achieved by improving only one aspect of the model. Instead, there needs to be efforts made to increase access by working across all areas in the framework.

6.4 Potential use and contribution of the framework

The above framework builds on the knowledge base created by the three frameworks identified in the literature review, while also simultaneously taking a different approach to access. Unlike

the previous frameworks, this framework conceptualises access both from the perspective of utilization and enrolment, rather than just one of these factors. Similarly, while Penchanksy and Thomas' model and the Andersen Healthcare Utilization model only focus on health care, this model is applicable to a wider range of social protection, including social security and workmen's compensation.

There are several similarities between Sabates-wheeler and MacAuslan's framework and the framework presented in this study. Both frameworks contain barriers relating to finances, information, and legality. However, there are also some key differences. The framework created in this study is focused on the direct voices of migrant workers, rather than at a broader level. This shift in focus allows a greater understanding of the individual barriers that workers face. Secondly the framework contradicts some of the assumptions made by Sabates-wheeler and MacAuslan. Under their model, financial barriers are an unlikely occurrence in non-markets systems, however this was found to be a major hurdle in this study.

While the framework was created based on the experiences of Cambodian migrant workers, it may also be applicable to non-Cambodian migrant workers in the construction sector. Understanding that this model is only one reading of the result, the categories created as part of the framework are still broad enough to be applicable to other migrant workers. Cambodian migrant workers make up approximately half of the migrant worker population in the sector. Consequently, it is important to understand the barriers faced by other workers in the sector. It is likely that the same barriers manifest themselves with these other populations, and this framework could be used to categorize the barriers that these workers face.

The relevance of this framework in global migration should also be considered. The number of international migrants is at its highest point in history, as more and more people cross borders in search of work (UN, 2016). The eligibility for migrant workers to access social protection differs from country to country, however having difficulties in accessing social protection is not limited to Thailand. This framework could act as a starting point for research in other countries, and be adapted or built on, depending on the national context.

6.5 Limitations of the framework

One of the limitations of the model is that it represents one reading of the results. Consequently, it is understood that there could be multiple ways to show the model based on the same results. Similarly, there were also barriers presented in previous studies that were not found in this

report, such as facing discrimination at hospitals. Consequently, it is likely that there are barriers that Cambodian migrant workers face that is not covered by this model.

The framework presented is only based on government social protection schemes, and therefore cannot be used to identify or analyse network, or market social protection schemes. This may make the model less applicable to places where these forms of social protection are more common.

7. Conclusion

This chapter summarises the main aspects of the findings and analysis given throughout the study. This section also proposes areas for future research.

7.1 Summary of findings

The goal of this study was to determine *how do Cambodian migrant construction workers perceive barriers to accessing social protection schemes in Thailand*. This study found that the barriers that they face are both multifaceted and interlinked. To show how these barriers relate and to conceptualize the barriers that that these workers face, a framework was created using a constructivist grounded theory approach. This framework categorized barriers into two main phases; enrolment and utilization. Under these two phases, barriers were split into individual barriers and external barriers.

The framework created in this thesis helps to reduce the current knowledge gap in conceptualising the barriers to access that migrant workers face in the Thai construction sector. While this framework is based on one reading of the results, it still has the potential to be adapted and used in the context of non-Cambodian workers in the sector.

One of the key findings of this study is that migrant workers commonly face information barriers in both enrolling in schemes and utilizing schemes when enrolled. The majority of the participants in the study had never heard of the concept social protection. Similarly, when enrolled, migrant workers did not always understand what benefits they were entitled to. Language barriers, a lack of outreach from employers and government officials, as well as social protection schemes not existing in the country of origin all contributed to this lack of understanding.

One common theme to come out of the report was that migrant workers saw the benefit in CMHI, and expressed gratitude that they only had to pay THB30 per visit. Similarly, the quality of treatment was deemed high when using hospital services. However, the cost of enrolling was viewed as prohibitive for some. Likewise, a lack of trust in officials and the government systems means that workers are often hesitant to spend money on schemes, such as the SSS.

The withholding of documentation was a major concern for the workers, as without documentation they run the risk of being arrested and deported. This dissuaded some workers

from visiting the hospital when they were unwell, instead only choosing to go if they had serious conditions.

The barriers identified in this study were further compounded for women migrant workers. Women earned less than men and were not able to receive any overtime work. Consequently, the financial earning capacity of women in the sector is decreased, making it more difficult for women to enrol in schemes such as CMHI. Likewise, women also had the added risk of losing their job due to falling pregnant.

Lastly, because the barriers presented in this study are interlinked, it is not possible to make substantial improvement by only focusing on fixing one barrier that workers face. Instead, there needs to be efforts made to view barriers at a wider level, so that interventions and solutions can be based on an understanding of the linkages between barriers.

7.2 Future Research

While this study provides a starting point for determining the barriers to accessing social protection schemes for Cambodian migrant construction workers, there is still the need to conduct further research. Firstly, it is necessary to look at migrants who have passed the NV or gone through the MOU system, as these workers were not included in this study. Similarly, it is also important to have further research conducted to determine if these barriers are only relevant to Cambodian migrant workers, or if they are also relevant to other nationalities, including those from Lao PDR and Myanmar.

Moreover, there have been few studies that have looked into the detailed breakdown of costs that migrant workers pay in order to migrate. One of the main reasons why migrant workers in this study chose to migrate irregularly, was due to the high cost. By having a study look at the breakdown of costs for migrant workers, it could be determined which areas to look into reducing fees. This could help in making the regular migration channels more financially affordable for migrant workers and consequently increase the coverage of migrant workers in social protection schemes.

Lastly, while this study focuses on government social protection schemes, there is the need to analyse the informal networks that migrant workers use to gain social protection. Family networks play an important role in providing health care in Cambodia. By determining the alternative routes that migrant workers take to accessing social protection, we can move a step closer to determining how to link formal protection schemes with informal networks.

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Appendices

Appendix I. List of interviews

Interviewee	Date of Interview	Gender	Position	Interview location
Focus group with migrant workers				
1	11/12/17	F	Construction worker	Wat Bang Ya Praek, Samut Prakan
2	11/12/17	M	Construction worker	Wat Bang Ya Praek, Samut Prakan
3	11/12/17	M	Construction worker	Wat Bang Ya Praek, Samut Prakan
4	11/12/17	F	Construction worker	Wat Bang Ya Praek, Samut Prakan
5	11/12/17	F	Construction worker	Wat Bang Ya Praek, Samut Prakan
6	11/12/17	F	Construction worker	Wat Bang Ya Praek, Samut Prakan
7	11/12/17	M	Construction worker	Wat Bang Ya Praek, Samut Prakan
8	11/12/17	F	Construction worker	Wat Bang Ya Praek, Samut Prakan
9	11/12/17	M	Construction worker	Wat Bang Ya Praek, Samut Prakan
10	11/12/17	F	Construction worker	Wat Bang Ya Praek, Samut Prakan
11	11/12/17	M	Construction worker	Wat Bang Ya Praek, Samut Prakan
12	11/12/17	M	Construction worker	Wat Bang Ya Praek, Samut Prakan
13	11/12/17	M	Construction worker	Wat Bang Ya Praek, Samut Prakan
14	11/12/17	M	Construction worker	Wat Bang Ya Praek, Samut Prakan

S**emi-structured interviews with migrant workers**				
15	6/1/17	M	Construction worker	Construction site, Sattahip district, Chonburi Province
16	6/1/17	F	Construction worker	Construction site, Sattahip district, Chonburi Province
17	6/1/17	M	Construction worker	Construction site, Sattahip district, Chonburi Province
18	6/1/17	F	Construction worker	Construction site, Sattahip district, Chonburi Province
19	6/1/17	M	Construction worker	Construction site, Sattahip district, Chonburi Province
20	7/1/17	F	Construction worker	Construction site, Si Racha district, Chonburi Province
21	7/1/17	F	Construction worker	Construction site, Si Racha district, Chonburi Province
22	7/1/17	M	Construction worker	Construction site, Si Racha district, Chonburi Province
23	7/1/17	F	Construction worker	Construction site, Si Racha district, Chonburi Province
24	7/1/17	M	Construction worker	Construction site, Si Racha district, Chonburi Province
25	7/1/17	F	Construction worker	Construction site, Si Racha district, Chonburi Province

Semi-structured interviews with experts				
26	21/1/17	N/A	Senior Specialist, Gender, Equality and Non-Discrimination, ILO	ILO Regional Office for Asia and the Pacific, Bangkok
27	27/1/17	N/A	Chief Technical Adviser - Promoting and Building Social Protection in Asia (3rd Phase), ILO	ILO Regional Office for Asia and the Pacific, Bangkok
28	31/1/17	N/A	Director, MAP Foundation	Thailand Cultural Centre, Bangkok
29	12/2/17	N/A	National Project Coordinator – TRIANGLE in ASEAN, ILO	ILO Regional Office for Asia and the Pacific, Bangkok