

## Demystifying Care Needs: Thailand Summary

- The population of Thailand is 71,697,000, projected to decrease to 67,880,000 by 2050.<sup>1</sup>
- Of this number, 3,233,701 or 4.8% of the population being children under five in 2023.<sup>2</sup>
- Children under 15 are 11,127,000 in 2022 (10,914,827 or 16.49% of the total population).<sup>3</sup>
- The average number of persons per household was 2.8 in 2019, with 44.8% being children under 5 and 20.9% children under 18.<sup>4</sup>
- In 2020 the median age of the population in Thailand was 39.7 but is expected to increase to 50.7 in 2050.<sup>5</sup> In 2021 there were 42.4 million people of working age (15-59 years old); 19.4 million formal workers and 20.2 million informal workers (NSO, 2022a; SSO, 2022), and the working population is 54% (NSO, 2022b), but is expected to drop by 11% by 2040.<sup>6</sup>
- The 2017 Disability Survey identified 3,700,000 or 5.5% of the total population as persons with disabilities needing care and assistance.<sup>7</sup> In 2020 the Department of Empowerment of People with Disabilities identified 2,027,000 persons in need of care (UNDP, 2022).
- The number of elderly persons over the age of 60 was 15,777,300 or 22% in 2020 (UNESCAP, 2022). The percentage of the population aged 60 and over is expected to more than double from 15.7% in 2015 to 35.8% in 2050 (ADB, 2020a). Together with China, Thailand has the highest share of elderly people in East Asia and is expected to have the highest elderly share by 2040. The proportion of those over the age of 80 who are most likely to require long-term care was predicted to increase almost fivefold to 10.7% (World Bank, 2016).
- The ageing population was 20% (13.1 million) in 2021, making Thailand an aged society, and will reach 30% (19.4 million) in 2035, making Thailand a super-aged society.
- The age dependency ratio of Thailand according to World Bank was 43% in 2021.<sup>8</sup>
- The Old Age Dependency Ratio was 18 in 2020, will be 50 in 2050, and 66 in 2080 (UNICEF, 2022c).

### 1. Public expenditure on care services as a percentage of the GDP

**i) Long term care services and benefits:** 87,580 million baht has been allocated for old-age allowances, and 225 million baht to renovate elderly accommodation.<sup>9</sup> Pensions were 2.0% of the GDP; the welfare of the elderly budget, which is 74-93% of the social protection budget, allocates 75% for government pensions, leaving less than 1% for other social protection programmes (UNICEF, 2022c). In 2014, the elderly welfare budget amounted to 270 billion baht, or 2.1% of gross domestic product (GDP). The budget is expected to increase to 680 billion baht by 2024, accounting for about 3% of the anticipated

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<sup>1</sup> UNESCAP 2022

<sup>2</sup> UNICEF 2023a

<sup>3</sup> UNESCAP 2022; ([www.boi.go.th/](http://www.boi.go.th/))

<sup>4</sup> UNICEF 2019

<sup>5</sup> UNESCAP 2022

<sup>6</sup> <https://www.reuters.com/article/thailand-population-idUSL3N14Z1PC>

<sup>7</sup> UNICEF 2022a

<sup>8</sup> <https://data.worldbank.org/indicator/SP.POP.DPND?locations=TH>. This is the ratio of dependents (people younger than 15 or older than 64 to the working-age population, ages 15-64).

<sup>9</sup> <https://www.thaigov.go.th/infographic/contents/details/5506>, 2022.

GDP. The budget for pension-related schemes is expected to increase from 287 billion baht to 698 billion baht by 2024.<sup>10</sup>

**ii) *Childcare/pre-primary expenditure*** was 58,508 million baht in 2019, less than 0.2% of the GDP. Family allowances were 0.5% of the GDP. Education was 3%, down from 4.4% (UNICEF, 2022c).

**iii) *Maternity, disability, sickness and employment injury benefits***: 16,321 million baht allocated for child allowances (0–6 years); 20,339 million baht for disability allowances; 48,514 million baht for social security benefits improvements. Health was 1.8% of the GDP. Social Protection was 2.6% up from 0.8% (UNICEF, 2022c).

**iv) *Paid and unpaid care work as % of GDP***: A 2022 study by the United Nations Development Programme (UNDP) found that women in Thailand spend an average of four hours per day on unpaid care work, including household chores, caring for children and elderly family members, and volunteer work. This unpaid work is estimated to contribute 7.7 trillion baht to Thailand's economy each year, or 52.4% of the country's GDP (UNDP, 2022).

The Thai government's 2022 budget allocated 205 billion baht for healthcare which represented a 4.4% increase from the previous year.<sup>11</sup> According to the World Bank, in 2018, Thailand spent 3.7% of its GDP on healthcare, which is slightly lower than the average for upper-middle-income countries.<sup>12</sup>

## 2. Care needs and care services in Thailand

Traditionally women (wives, daughters and female relatives) have been expected to take care of the elderly, chronically ill, disabled and children in households in Thailand. However, a rapidly ageing population, smaller family sizes and rising employment levels of women, all mean that the pool of caregivers is shrinking and the demand for care services is rising.

Jongudomsuk, et al., (2015), state that the Thai health and social welfare system should prepare for long-term care policies; adapt the source of financing; adjust the modes of care, (including support of home care and training of caregivers); and develop effective interface mechanisms between families, community care and health and other social services. There is also unequal access to services, insufficient quantity and quality of health resources and a lack of coordination within and between health institutions in delivering care services.

As Thailand becomes a rapidly ageing society the change in the dependency ratio from child dependents to elderly dependents has shifted the burden on the working age population (Jongudomsuk, et al., 2015). The shift in the population's age structure may make it difficult for the working-age cohort to sustain informal care over the longer term without formal support (Wongboosin, et al., 2020). Knodel, et al., (2017) also point out that Thailand's older population is disproportionately female due to lower female mortality rates throughout the life course. Elderly women are likely to have less resources and poorer health as they age due to lower earnings, lack of pensions and caring burdens.

### 2.1. Elderly Care:

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<sup>10</sup> Wongboosin et al. 2020

<sup>11</sup> Bangkok Post, 27 January 2021. <https://www.bangkokpost.com/thailand/general/2057643/b205bn-health-budget-agreed>

<sup>12</sup> <https://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?locations=XT-TH>

The number of elderly persons over the age of 60 in Thailand in 2020 was 15,773,000 or 22% of the population (UNESCAP, 2022). The 2017 Survey of Older Persons in Thailand<sup>13</sup> showed that most older persons sourced some of their income from government sources, but primarily received income from their own work and their children. Only the poorest elderly who lived alone depended on government sources. Desertion of elderly parents is very rare in Thailand; but the provision of care requires proximity between caregiver and recipient. Care is facilitated through co-residence, and family care will be affected by a decline in family size and family members moving away (Knodel, et al., 2017).

Surveys have found that 46% of the elders questioned thought their health was very good and 96.9% were able to live independently. Only 7% from 350 elderly persons randomly selected from 14 municipal areas of the central district, Nakhonratchasima province, Thailand, reported lacking caregivers when they got sick (Petchprapai, 2019) and in general the elderly seemed confident that their communities would assist them. The 2017 Report on Older Persons Survey found that there were 1,518,324 older persons who considered themselves to have poor health. The number of people reporting poor health was highest in the northeast, followed by people in the central region. Around 180,000 people were bedridden in 2017, and this number is also projected to increase to almost 500,000 in the next two decades (Kumagai, 2019, as cited in Glinskaya, et al., 2021). As functional limitations and daily living difficulties increase, assistance by caregivers becomes necessary (Knodel, et al, 2017). In 2017, 25.5% of individuals over 80 (around 400,000 people) reported requiring some assistance to conduct their daily activities. In the next two decades, the number requiring assistance is projected to increase over six-fold to almost 2.5 million (World Bank, 2021a).

**2.1.1 Public elder care services:** In 2013 nearly half of the long-term care facilities were nursing homes and located in Bangkok (Sasat, 2013). By 2021 there were **25 public nursing homes** for older people, 12 operated centrally by the Department of Social Development and Welfare (DSDW), and 13 under the management of the provincial administrative organisations (PAOs) (Glinskaya, et al., 2021).

The number of residents in **assisted living facilities** for older persons under the Local Administrative Offices (LAO) in 2021 was 910 persons and under the Ministry of Social Development and Human Security (MSDHS) 1,286 (0.027% of total persons 11,312,447 in need of care over 60) (UNDP, 2022; MSDHS, 2016). Current government policy is focused on **community-level systems to care for older persons** in their homes, rather than building new public nursing homes. Continuity of care for those needing intermediate and long-term care remains problematic, since these two services have not been well developed. The service delivery system in hospitals does not support patients with disabilities or ease medical and social care within communities (Vichathai, et al., 2009 as cited in Jongudomsuk, et al. 2015).

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<sup>13</sup> The National Statistical Office of Thailand (NSO), has carried out a regular survey of older persons in Thailand. The latest was carried out during June–August 2017, covering a sample size of 83,880 households in both municipal and non-municipal areas across the Kingdom of Thailand to estimate the situation of 11,312,447 older people. See Teerawichitchainan, B., W. Pothisiri, and J. Knodel, (2019), “Thailand’s older persons and their well-being. An update based on the 2017 Survey of Older persons in Thailand”, for more information.

**Concerns are** that there are few options available to elders who need institutionalised care and a very small number of elderly are accommodated in nursing homes; the quality of the care is often not up to standard; the facilities are basic; and understaffed.

Jongudomsuk et al, (2015) found that while **rural health services** were well established and have contributed to the Universal Health Care (UHC) goals of equitable access and financial risk protection, **urban health systems** were dominated by hospital-oriented care, private clinics and hospitals, and lacked effective primary health care (PHC) systems. The 2015 World Health Organisation<sup>14</sup> report mentions that in urban settings, coverage of PHC is poor due to a weakness of local government in health-care provision. The Bangkok Metropolitan Authority has only 68 health centres serving an official population of 8 million (the unofficial figure is around 12 million, including 3 million domestic and 1 million international migrants) (WHO, 2015).

**2.1.2. Paid Elderly care services:** Dedicated care facilities for the elderly are fewer in number in Thailand compared to western countries. There are 800 **private nursing homes** in Thailand, the majority run by small for-profit operators with a maximum capacity of 30 beds and a few larger companies with a larger capacity (Glinskaya, et al., 2021). 30,000–50,000 baht per month appears to be the standard price for such services, but can be more expensive if extra services are required; such nursing home fees are unaffordable for the general public and therefore are still luxury services targeting wealthier families and foreigners (Wongboosin, et al., 2020).

**2.1.3. Community care:** To provide home-based assistance for older people, the **Home Care Service Volunteers** for the Elderly Programme was launched in 2003, to establish a system of community-based care and protection for older persons with chronic illnesses, especially for those who are bedridden, who have no caregivers, or who are underprivileged (Knodel, et al., 2018 as cited by Wongboosin, et al. 2020). By 2013, some level of services in all communities throughout Thailand had been provided involving over 51,000 elderly home care volunteers responsible for nearly 800,000 older persons.<sup>15</sup> However, the extent and quality of the services provided by such home care volunteers varies greatly across communities. Thailand's community-based long-term care pilot programme was established in 2016, and provided care to 219,518 elderly persons in 2019 (around 11% of the total number of people over 60) (DOP, 2020, as cited by Holliday, 2023). In 2018 the Ministry of Public Health organised more than 1 million **Village Health Volunteers**, each responsible for 60-80 people and working alongside 5-10 other volunteers to cover a whole community. 161,931 older persons in 4,795 sub-districts (66%) received LTC services.

**2.1.4. Semi-government supported care services:** All health services in community care services are covered by the Universal Health Coverage Scheme, but social care is provided by family members and volunteers with the support of the local administration, elderly clubs, and community resources (Chanprasert, 2021). They offer training and support for caregivers, as well as advocacy and awareness-raising activities. These services have filled

<sup>14</sup> The Kingdom of Thailand health system review (Health Systems in Transition, Vol. 5 No. 5), World Health Organization 2015.

<sup>15</sup> The budget for community-based LTC was 6,000 baht per person per year (ADB, 2020b). One projection estimated that universal coverage for community-based LTC for only those with severe dependency would cost about 0.16%–0.22% of gross domestic product and 0.6%–1.1% of government revenue. Investing in LTC system development may contribute to gross domestic product through the impact on workforce participation, particularly by women and older people, as well as through services, assistive devices and other care products (Ministry of Social Development and Human Security, 2013).

gaps in the government care system, but there are limitations to the care they can provide. 19,475 **senior-citizen centres** had been officially established by 2008 (Wongboosin, et al., 2020).

## 2.2. Childcare:

There are 12.8 million children under 18 in Thailand (UNICEF, 2023a). Grandparents traditionally have provided care for children<sup>16</sup>, mostly with the financial support of the (absent) parents. According to the 2014 SOPT<sup>17</sup>, overall 15% of persons aged 60 and older have at least one youngest co-resident grandchild with absent parents. In 3% of these cases, the grandchild's parents were absent because they died. In all the rest the parents were alive but living elsewhere (Knodel, et al., 2017); almost one in five children under 4 years do not live with their mother or father. Mothers and grandmothers provide most of the childcare services in Thai homes. Too few parents are engaging with their children in a meaningful, responsive and caring way, and many practise violent discipline (McCoy, et al., 2021).<sup>18</sup> Children's nutrition under 5 years is a concern, as rates of stunting, wasting and overweight have worsened in the last five years. Only 14% of infants in Thailand are exclusively breastfed during the first six months of life. Family-friendly policies such as parental leave and affordable, accessible, quality childcare are lacking, making it hard for parents to bond with their babies in the first few critical years of life. Government policy in Thailand recognizes the importance of Early Childhood Development, and public services are prioritized across different ministries and are free. However, these services often are disparate and are not effectively coordinated to provide children with opportunities and support.<sup>19</sup>

**2.2.1 Public childcare services:** According to a 2019 report by the Office of the Public Sector Development Commission, 84.7% of children aged 3 to 5 attended childcare centres; there are no specific public services for children under 3. If necessary, parents may send under-three children to childcare centres organized by public and private sectors. The caregivers in these centres must receive proper training concerning childcare and development. Parents and/or relatives are expected to cooperate closely with the childcare and development centres (UNESCO, 2007). Enrolment is not achieved among children in lower income groups, for migrant children and children from ethnic minorities. More than 20% of children who do not attend pre-primary education have delayed development in literacy and numeracy and are less likely to attend primary education. Only 60% of children living in households headed by a non-Thai-speaker attend primary education, compared with 78% in Thai-speaking households (UNICEF, 2020). In 2020 there were 20,407 **learning and childcare development centres** registered in Thailand. These are under the control of the Ministry of Interior (18,696); the Ministry of Social Development and Human Security (1,420) and the Bangkok Metropolitan Administration (291).<sup>20</sup> Village committees are actively

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<sup>16</sup> Northeastern Thailand is home to nearly half (47%) of the country's 'skipped generation' households – in which grandparents raise grandchildren in the absence of a mother and father (McCoy et al, 2021).

<sup>17</sup> 2014 National Survey of Older Persons in Thailand (SOPT) conducted by the National Statistical Office. Retrieved from <https://www.ilo.org/surveyLib/index.php/catalog/6644>

<sup>18</sup> In a nationally representative household survey, adults reported that family members subjected 75% of children aged 1–14 years to at least one form of physical or emotional punishment in the past month.

<sup>19</sup> Early childhood development | UNICEF Thailand; National Statistical Office of Thailand. Thailand Multiple Indicator Cluster Survey 2019, Survey Findings Report, 2020.

<sup>20</sup> Department of Children and Youth, 2019; NSO and UNICEF, 2020. Retrieved from <https://www.unicef.org/thailand/media/6231/file/UNICEF%20Annual%20Report%202020%20EN.pdf>

involved in managing the childcare centres in rural villages and some urban poor communities where community participation in ECCE programmes is successful. By 2001 there were 67,200 **pre-school classes** in 29,410 rural primary schools, serving almost 1.4 million children each year (UNESCO, 2007).

**Concerns** are that teacher to child ratios were 1:20 in 2014 and only 34% of the facilities met government quality standards (UNDP, 2022).

**2.2.2. Paid (private) Childcare services:** Enrolments in 2020 (Ministry of Education, 2020, as cited in OECD, 2021) were 63% in private and 27% in public facilities in the Bangkok Metropolis and 31% in private and 69% in public facilities in other provinces. In 2000-2001, children in private **kindergartens** account for 28% (547,411 children) of the total enrolment figure for pre-primary classes. The average class size in private pre-schools is 30 children for each class of 3-year-olds and 31 in each class of 4- and 5-year-olds (UNESCO, 2007). Among high-income working women, 10% say they rely on a **childcare facility**, while only 1% low-income working women use such facilities. Focus group discussions with women workers in the informal economy in the cities revealed that many women cannot rely on other family members because they are rural migrants, or no longer live in extended family households.<sup>21</sup> Childcare is covered by family members, domestic workers, early childhood centres (ages 3–4 are publicly funded), private sector nurseries, and large employer childcare facilities (rare).

**Demand gaps and concerns** are that there are no government assisted options for infants and children up to age three; there is no trust in the quality of publicly funded centres (3 - 4 age group in particular); there is a lack of transportation; available centres are poorly located and have inconvenient hours; and unaffordable non-government options (UNDP, 2022). ILO (2022e) calculates the childcare policy gap <sup>22</sup> in Thailand at 2.8 years, which is the time between paid leave benefits and universal Early Childhood Care and Education.

### 2.3. Disability care:

According to data from the Department of Empowerment of Persons with Disabilities, there were 2,027,500 persons with disabilities registered in 2020 (3.05% of the total population) as Disability ID card holders and 1,840,000 (90.8%) received benefits (World Bank, 2021b). Long-term care services for people with disabilities are limited, with many PWD relying on their families for care. There are 10 residential homes for PWD in Thailand. The mental health system has no day treatment facilities or community residential facilities for people with mental illness (Jongudomsuk, et al., 2015).

Adults with severe disabilities usually have diminished earning capacity, this puts paid care services beyond their reach (UNWOMEN, 2016). In 2009, Ministry of Social Development and Human Security regulations stipulated that paid personal assistants who assist people with disabilities to access public services and to live independently were to receive 50 baht/hour for 6 hours care/day. In 2011, five personal assistants from each province and 25 from Bangkok were trained (Jongudomsuk, et al., 2015).

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<sup>21</sup> Alfors, Laura (2016), "Our Children Do Not Get the Attention They Deserve", WIEGO.

<sup>22</sup> Universal ECCE starts at 36 months; childcare leave is 3 months, leaving 33 months without cover.

### 3. People in the care sector

The Department of Older Persons (2021) has listed the number of care sector workers in Long Term Care : 1,039,726 **Village Health Volunteers**; 44,807 Ministry of Social Development and Human Security (**MSDHS**) **Volunteers**; 94,968 **Caregivers**<sup>23</sup>; 15,114 **Care managers**<sup>24</sup> and 13,387 **Community aged volunteers**.<sup>25</sup>

#### 3.1 Caregivers

According to the 2007 Disability Survey, 139,000 older persons had difficulty in carrying out daily routine activities such as eating, bathing, etc.<sup>26</sup> 96.8% had caregivers and only few of them, 4500 persons (3.2%), had no caregiver (Chunharas, et al., 2009, as cited by Jongdomsuk, et al., 2015). Most caregivers were their family members: 46.7% were their children, and 27.8% were their spouses. Those in the age group of 60–69 years old were mainly cared for by their spouse, while those in the 80+ age group were mainly cared for by a married daughter. Phetsitong, et al. (2019), found that the need<sup>27</sup> for caregivers was highest in urban areas, and in the richest households (7.2% in 2014), and was correlated with poorer health, possibly due to more very elderly persons living in these households. Poor households presented the lowest percentage need for caregivers, accounting for 5.9% in 2014 (27 990 households). In **rural areas**, 94% of caregivers co-reside with the care recipient and others are likely to live adjacent or very nearby and usually are family members (Knodel, et al., 2016, in WB, 2021b).

The data reveal that non-family members play a very small role in daily-activity care provision, even in the age group of 80+ years old (Wongboosin, et al., 2020). The 2017 Survey of Older Persons found that paid caregivers represent such a small percentage of those providing personal assistance (0.4%), that the extent to which they serve as an alternative to, or supplement, family care is low (Teerawichitchainan, et al., 2019).

The formal sector includes **trained caregivers** such as nurses and nurses' aides who have been trained in elderly care and receive payment by providing care services. There are also **paid care assistants** with or without certificates from the caregiver training institutes certified by the Ministry of Education, who work at the homes of older persons.

**Informal or family caregivers** refer to persons who have never been trained but care for patients and are the husbands/wives of the patients, and usually both of them are aged; and family caregivers who provide home-based care to the patients who are their family members. Unpaid family caregivers continue to provide most of the care work in Thailand.

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<sup>23</sup> "Caregivers" refer to people providing care in the formal sector. These 94,968 caregivers (or care assistants) are trained persons who can be working in institutions as well as in private homes. They are paid employees either by the institutions, service providers or private employers and they have been trained and certified.

<sup>24</sup> Care managers in this scheme are specially trained nurses, physiotherapists, or social workers. They assess the eligibility of older persons and prepare a care plan (ADB, 2020a). Care managers may arrange for a home nurse to visit or for help with housecleaning and preparation of meals. They may locate a pharmacy that delivers medications or arrange for transportation to and from the doctor's office. Retrieved from <https://www.merckmanuals.com/home/older-people%E2%80%99s-health-issues/providing-care-to-older-people/continuity-of-care>.

<sup>25</sup> Department of Older Persons, (2021), [www.dop.go.th/en](http://www.dop.go.th/en)

<sup>26</sup> NSO, 2007; Chunharas, et al., 2009 as cited in Jongdomsuk, et al., 2015.

<sup>27</sup> The household need for caregivers of older persons is defined as having at least one older person in the household who needs a caregiver for caregiving.

Tangchitnusorn, et al.,(2022), flagged concern regarding the low health literacy and insufficient training of family caregivers and in-home paid caregivers. They call for multiple formats and settings of job training and supportive consultation networks.

**Informal helpers** refer to persons who provide assistance in household chores or assisted daily living to care recipients who are their relatives, friends or neighbours without pay.

**Gaps in caregiver availability:** Approximately 226,000 skilled long-term care workers are needed to fill the care services gap (Scheil-Adlung, 2015, as cited in UNDP, 2022). Domestic workers could be an important part of meeting this demand, particularly in the short-term. In the long-term, however, there is a need for public investment in the care economy so that families can choose between institutional care and provision of the necessary services through qualified household employees (López, 2023). Poor working conditions and low pay in LTC service provision are common, with high staff turnover, contributing to care workers having gaps in pay and pensions later in life. The Ministry of Public Health of Thailand certified 77,853 caregivers in 2016–2018, while the number of home- and bed-bound older adults reached 180,821 (NHSO, 2020, cited by Tangchitnusorn, et al., 2022).

### **Caregiver training:**

Until recently, long-term care and community care facilities lacked adequate care standards but in July 2020 the Ministry of Health adopted regulations establishing standards for care providers. Sasat (2013a,b) points out that caregiver training is required in family and home-based care services for older persons (as from Ministry of Public Health announcement) but not enforced. Caregiver training in Thailand is provided by public and private institutions owned or managed by medical or nursing professionals (Wongboosin, et al., 2020). Six different courses are offered : 18 hours of training for volunteers who care for older people in their family and volunteers for general elderly care; 70 hours of training for village health volunteers and elderly caregivers; and 420 hours of training for all individuals (Wongboosin, et al., 2020). Tangchitnusorn, et al., (2022) state that registration and licensing is only available for caregivers working in certified care facilities and not for in-home paid caregivers and they urge the government to promote recognition by providing registration and licensing, responsive incentives and benefits, social and community protection, family care coordination support, further education and training, and consultation channels.

**Domestic workers** employed in private homes provide paid care services. Tangchitnusorn, et al., 2022, refers to these workers as **In-home Paid Caregivers** (IPCs). Domestic workers provide care for all elderly age groups and most have never received any training (Teerawichitchainan, et al., 2019). Holliday (2023) considers domestic work as covering two overlapping sets of activities in care work: (i) **direct, personal and relational care activities**; and (ii) **indirect care activities**, including, but not limited to, cooking and cleaning and household management. There is a significant **overlap between domestic work and care work** done by domestic workers. López (2023) reports that the majority of domestic workers in Thailand provide households with indirect care services such as cleaning (60%), cooking, driving and other maintenance tasks (16%).<sup>28</sup> A smaller proportion of domestic workers (7.1%) provide direct care services for children, elderly and PWD. Care work provided by domestic workers is likely to also involve indirect care services, such as preparing food and cleaning after the person under care.

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<sup>28</sup> Source: Thailand, NSO, IES, 2014-18.

There are no skills requirements for domestic workers in Thailand, but there are qualification standards. These are set by the Thailand Professional Qualification Institute (TPQI) and cover four levels (Holliday, 2023). Only 19% of workers in the study reported receiving any training. Of these, all reported receiving the training in Thailand, with 87%<sup>29</sup> reporting that the training had been on cleaning and was provided by their employer. The study found that training does not seem to be important in hiring, experience was the preferred criterion, even though 46% of employers said they would increase wages after training.

### 3.2 Local domestic workers

**Number of Thai domestic workers:** Since domestic workers are not registered in Thailand, it is difficult to determine the number of persons employed as domestic workers. A survey done in 2012 identified 251,000 domestic workers<sup>30</sup> and in 2022 it was estimated that there are between 289,760 and 1.4 million domestic workers in Thailand (ILO, 2022b). The number of men in domestic work has increased by 85% in recent years due to the growth in male-dominated occupations, such as driving (López, 2023). In a 2018 study, the Social Security Office estimated there were 1,220,000 households with domestic workers nationwide and 1,431,000 domestic workers in total (López, 2023). A 2021 report states that approximately 290,000 domestic workers were employed in Thailand (ILO, 2021b), however, this figure underestimates the number of domestic workers, as many work informally and are not captured in official statistics.

**Percentage of the working population:** Domestic workers make up 0.8% of all employed persons, and 1.6% of wage employees (López, 2023). In Thailand, domestic work accounts for 1.1% of female employment, but 2.4% of female employees. The data also suggests that domestic work is often an important source of paid work for workers in older age groups, especially for women: of all domestic workers aged 65 and older, nearly 80% were women (López, 2023).

**Average monthly wages:** According to a 2020 report by the International Labour Organization (ILO, 2020c), the average monthly wage of domestic workers in Thailand is **7,050 baht**. However, this wage varies depending on the type of work, with live-in domestic workers earning an average of **6,465 baht** per month, while live-out domestic workers earn an average of **8,535 baht** per month. The minimum daily wage was 328 baht (in 2023) or at least **7,800 baht** per month for 6 working days per week as required by the section 28 of the Labour Protection Act, B.E. 2541 in **2015**. Domestic workers are entitled to be paid at least once a month and must be paid in Thai currency unless an agreement has been made with the employer. If a worker works on a public holiday, she or he must be paid an extra day's wage (Panthip, 2017). Tangchitnusorn, et al., (2022), found that **in-home paid caregivers** in their study earned 19,590 baht per month and a few earned 30,000 baht or more for 24-hr service. 50% of these workers reported they had been on a two-day intensive course prior to working and some were trained and given work via a company, while others found their own employment. Five of the participants were certified nurses' aides and had been on a training course costing 7,000 baht for 420 hours.

**Hourly rates and working hours:** Hourly rates for online platform workers: 180 baht (López, 2023). There are no legal provisions regarding work hours, overtime and break periods during the

<sup>29</sup> n = 203. This study focused on migrant workers.

<sup>30</sup> National Bureau of Statistics, Thailand: The Labour Force Survey. Quarter 2: April-June 2012

workday, therefore a standard 8-hour workday with a 1-hour break does not apply to domestic workers and there are no provisions for hourly overtime pay (Panthip, 2017). Working hours per day vary between 7–15 hours.

Live-in domestic workers may work longer hours, and their work hours may be less defined than those of live-out domestic workers. Anukul (2019) found that although all the caregivers in her study had either a separate room or bed, some caregivers had to stay with their care recipient for 24 hours or sleep in the same room. Domestic workers are less likely to work within the range of normal weekly hours and are more likely to work very short or very long hours compared with their employee counterparts. An Informal Employment Survey (IES), 2018, from the National Statistical Office (NSO) stated that the average working hours a week for domestic workers was 4.1 hours more than other workers, at 46.7 hours a week (ILO, 2023).

### 3.3 Migrant domestic workers

**Number of migrant domestic workers:** The Department of Employment in 2021 indicated that there were 127,015 migrant domestic workers in Thailand, of whom 84% were women (ILO, 2023). This does not include undocumented workers. Many migrant workers are filling gaps in the domestic work sector in Thailand. These workers often face various challenges, including language barriers, lack of access to healthcare, and exploitation by employers.

Most migrant workers do not register themselves as domestic workers, as formal employment often ties them to a single employer who could prevent them from leaving. ILO (2006) reports that 8% of domestic workers interviewed reported they had been confined by their employers. 60% of domestic workers stated their employers did not allow them to leave the house to meet with others or receive visitors. Employers felt justified in restricting freedom of movement of workers and withholding documents as they were protecting their investment given the costs incurred to legally register the workers (ILO, 2006). Two thirds of employers of migrant domestic workers agreed that migrants were good for Thailand because they were cheap. Employers frequently complained about the cost of registering migrants, when in fact these costs were covered by the workers or by employers through salary deductions. In 2018 there were 129,000 migrant workers registered as domestic workers.<sup>31</sup>

**Percentage of the working population:** Unknown

**Average monthly wages:** Most migrant domestic workers are less than 18 years old and earn about 400–3,000 baht per month (Anukul, 2019). Another source reports 8,532 baht wages per month.<sup>32</sup>

**Hourly rates and working hours:** Often more than 14 hours a day.<sup>33</sup> Many migrant domestic workers are employed in live-in arrangements, which means that they are often on-call 24 hours a day and may be responsible for providing care at any time. Average working hours per day are 8 hours, 6 workdays per week. 32% work 17–18 hours per day (Anukul, 2019). Domestic workers working via social media platforms are increasing in numbers and are reporting better wages and more freedom (Holliday, 2023). Migrant domestic workers in Thailand were less likely to engage in care work (Holliday, 2023), and

<sup>31</sup> 2022, <https://www.tcijthai.com/news/2018/5/watch/4089>

<sup>32</sup> <https://prachatai.co/journal/2019/04/821136>

<sup>33</sup> 2018, <https://www.tcijthai.com/news/2018/5/watch/4089>

Wongboosin, et al., (2020) states that it is illegal for foreign workers to work as caregivers in nursing homes.

### 3.4 Caregivers in elderly nursing homes, homes for PWD, care homes etc.

**Number of caregivers in care homes:** According to Ministry of Public Health data, as of September 2020 there were 85,733 caregivers and 13,706 care managers providing care to 301,765 elderly people under the UHC. In 2020 the number of elderly who need caregivers was 741,766 according to a local source.<sup>34</sup> Data from the Department of Older Persons, state that there were 110,082 persons employed as caregivers and care managers and 1,097,923 employed as volunteers.<sup>35</sup> Elderly people requiring 24-hour care with no relatives or other relatives, needed 22,887 volunteer caregivers in 2021.<sup>36</sup> There is a clear shortage of LTC staff; it is estimated that there are only 0.7 formal LTC workers per 100 persons aged 65 years and over. As a result, an estimated 83.9% of the elderly are excluded from formal LTC services (Scheil-Adlung, 2015, in WB, 2021b). More than 225,000 workers would be needed to fill the existing coverage gaps (Sasat and Sakunphanit, 2018, in WB, 2021b). Since the capacity of institutional care facilities in rural areas is extremely limited, and the private LTC services are costly and located in distant urban centres, the need for LTC in rural areas is met by informal LTC workers/ caregivers within the family (Rittapol, 2013, in WB, 2021a,b), as in the past.

#### **Percentage of the working population:**

The Ministry of Public Health of Thailand certified 77,853 caregivers in 2016–2018 (NHSO, 2020, as cited by Tangchitnusorn, et al. 2022). A study done in 2017 identified 696,018 Community health workers (WHO, 2017) as 10% of the total health care workforce.

**Average monthly wages:** Caregiver with a nursing degree, 218,436–332,813 baht per year; 25,000 baht per month (www.erei.com). Full-time caregivers without a nursing degree cost at least 8,000–10,000 baht per month in Chiang Mai, and slightly more in urban centres like Bangkok (World Bank, 2021a). While it is still uncommon for families to hire paid caregivers, the practice is growing. In 2017, 0.6% and 0.2% of the elderly reported having paid professional caregivers as their main source of assistance in urban and rural areas respectively. Between 2012 and 2017 the home care market grew by an average of 7% per year. Comparing monthly expenses between the two types of services, home care is around 10% cheaper than a nursing home, and more in line with the Thai cultural preference for taking care of elders at home (Laosopapirom, 2017, in World Bank 2021a). However, the UHC does not cover private home-based care (nursing), so the cost of such services is borne fully by the patient.

**Hourly rates and working hours:** 138 baht per hour (www.erei.com). Caregivers in homes for the elderly and disabled work long and irregular hours, including night shifts, depending on the needs of the residents. They may also be required to work weekends and holidays. Firms face several challenges recruiting, deploying, and retaining qualified workers. Workers are paid poorly relative to the nature of the work and lack job security and employer-based social protection. Retention rates for care workers are low, as workers either transition to

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<sup>34</sup> <https://kb.hsri.ot.th/dspace/bitstream/handle/11228/2544/hs1573.pdf?sequence=3&isAllowed=y>

<sup>35</sup> [www.dop.go.th/en](http://www.dop.go.th/en)

<sup>36</sup> <https://thaitgri.org/?p=39648>

better paying and easier work in the health sector or leave the profession (Suriyanrattakorn, et al., 2021).

### 3.5 Volunteers

Government-provided home and community-based care in Thailand is volunteer-driven (Pagaiya, et al., 2021). Volunteers serve as a link between the elderly in communities and health care professionals through home visits and organizing health education and physical exercise sessions for the elderly in the communities (WB, 2021a). Several local administrative organisations promote access to health services for the elderly in the form of health ambulances. Services are provided in rural and urban areas.

**Village Health Volunteers** provide support to the elderly, particularly through home visits and organising exercise and health education sessions. The 2017 Survey of Elder Persons reported that 52% of respondents had received a home visit either from health personnel or from the Home Care Service Volunteers for the Elderly program. However, in a 2018 survey, only 2% of Thai people aged 60 and over reported receiving care from a care centre staff member or a health specialist (World Bank 2021, as cited by Holliday, 2023). The prevalence of visits from each source increases with the age of the respondent. Home visits of all types are more common for rural than urban elderly (Teerawichitchainan, et al., 2019). Expanding the roles of Local Administrative Organizations (LAO) and Village Health Volunteers (VHVs) could help meet increased demands (World Bank, 2016) but transfers the burden of (largely unpaid) care on women in their communities.<sup>37</sup> Lloyd-sherlock, et al. (2017)<sup>38</sup> found that the services provided by the volunteers were not adequate to meet the care recipients' needs and required training and support from other LTC services. There are benefits to the physical and mental health of older people and a greater uptake of other services through the VHVs, but unmet care needs and signs of a growth of unregulated private services still exist.

One million **village health volunteers (VHV)** were recruited by the Ministry of Public Health in 2018; each responsible for 60-80 people and working alongside 5–10 other volunteers to cover a whole community. Village health volunteers are paid 1,000 baht monthly (World Bank, 2021a). In 2018, 161,931 older persons in 4,795 sub-districts (66%) received LTC services. Pagaiya, et al., (2021) found that VHV made up 91.8% of paid caregivers while they were working as VHV. The services provided by the paid caregivers covered health services, social support, activities of daily living, and housing and environment surveillance. In home visit services, most of the activities carried out were assisting with the activities of daily living, providing moral support to patients and their families and advising on health promotion and prevention. Basic rehabilitation services were also provided and wound dressing was provided in some cases. Caregivers were paid based on the number of dependent elderly people in their charge; they were paid 50–100 baht per patient visit. 50%

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<sup>37</sup> Building on the established system of volunteer village health workers, the community-based LTC pilot program recruited both paid and volunteer caregivers from the local community. The evaluation of the pilot program highlighted the more consistent quality of services delivered by paid caregivers over volunteer caregivers, which has important implications for ensuring consistency in care for vulnerable adults (ADB, 2020b).

<sup>38</sup> The Governments of Costa Rica and Thailand have implemented broadly comparable interventions to deploy volunteers in long-term home care. Both countries trained older volunteers from local communities to make home visits to impoverished and vulnerable older people and to facilitate access to health services and other social services.

received around 1050 baht per month, and 45% of them received twice that amount.<sup>39</sup> Retention of the caregivers was high in the study, perhaps reflecting the prior experiences of the caregivers as VHV, their familiarity with health care services, their good attitude toward the people they served which created a good working environment. The caregivers reported that their working time was flexible, and they were able to work close to their hometown.

In 2019, the Government launched a plan to develop the programme and elevate the volunteers to be “household doctors”. Network presidents from each village were selected to attend a training session about endemic diseases and epidemics, prevention methods, physical and mental health issues, and using Thai folk wisdom and traditional herbs for medicinal purposes. The Government also supported the VHV to use modern technology for more efficient health promotion efforts in the communities. At present, there are approximately 1,040,000 VHV in Thailand and 15,000 public health volunteers in Bangkok.<sup>40</sup>

### 3.6 Caregivers (or teachers) in childcare centres/ nursery schools

**Number of childcare workers:** Unknown. There are 20,123 Learning and Childcare Development Centres.<sup>41</sup> Existing services for the 0-3 age group operate in an unregulated environment and vary across the public, private and non-governmental sectors with different curricula and pedagogy. This has resulted in inconsistencies in caregiver training (UNICEF, 2020). Teaching staff in the early childhood sector includes classroom teachers with a 4 year degree (kindergarten/preschool classes), caregivers (child development centres/daycare), and administrators.<sup>42</sup> Caregivers must be over 18 years old and have completed the nine years of compulsory education. National standards for childcare centres require all caregivers to undergo a six-week training course before staff are hired or within three months of their employment, provided by any institution approved by the Ministry of Education (UNESCO, 2007). Childcare worker training is at least 420 hours or three months (Wongboosin, et al. 2020).

**Percentage of the working population:** No information

**Average monthly wages:** Childcare worker, 41,000–56,100 baht per month  
Pre-school teacher 37,300–104,000 baht per month (www.salaryexplorer.com)

**Hourly rates and working hours:** Childcare worker 169 baht per hour. Pre-school teacher 167 baht per hour (www.erei.com).

**Types of care work (direct / indirect / both) performed:**

Caregivers are responsible for ensuring the safety and wellbeing of children, providing them with food, and engaging them in educational and recreational activities.

## 4. The situation of domestic workers

The International Labour Organization (ILO) has developed a 5R framework for decent care work.<sup>43</sup> The framework emphasises **recognising, reducing and redistributing** unpaid housework and care through gender transformative care policy packages; **rewarding** care

<sup>39</sup> One district from each of the 11 health areas in Thailand was recruited as the study sites. Inclusion criteria included being an LTC-piloted district since 2016.

<sup>40</sup> UN volunteering database, <https://knowledge.unv.org/country/thailand>

<sup>41</sup> 2021, [http://mis.moe.go.th/wp-content/uploads/2022/10/T18\\_2564.pdf](http://mis.moe.go.th/wp-content/uploads/2022/10/T18_2564.pdf)

<sup>42</sup> UNESCO, (2007), “Country Profile commissioned for the EFA Global Monitoring Report 2007, Strong foundations: early childhood care and education”. <https://unesdoc.unesco.org/ark:/48223/pf0000147249>

<sup>43</sup> Care work: ILO welcomes EU Care Strategy in the European Parliament and calls for recognition and better rewarding of care workers

workers fairly, while generating sufficient care jobs to meet care needs and promoting decent work, including equal pay for work of equal value and jobs free from violence and harassment, for the paid care workforce in all their diversity; and **representing** care workers with rights, organization, voice and representation in decision-making, social dialogue and collective bargaining.<sup>44</sup>

#### 4.1 Labour protection to ensure decent work

Domestic workers are not included in the general scope of Thai labour laws. According to the National Statistics Office (NSO) domestic work is classified as informal economy work and domestic workers are not employees under the Labour Protection Act, which is the main labour law in the country. As domestic workers are classified as household workers, and often without a fixed place of work and employer, they are not entitled to the same level of protection and benefits as other types of workers. The first Thai legislation to protect the rights of informal workers employed in private households was the Home Worker Protection Act (B.E. 2553) (ILO, 2013a,b). The Ministerial Regulation Nr. 14 (B.E. 2555), passed in 2012, provided more protection for domestic workers and added to existing coverage of domestic workers under the Labour Protection Act (1998) (WIEGO, no date).

The Labour Protection Act 1998 (Amended 2007) requires that domestic workers receive a **contract** from their employers. These provisions include that employers give their domestic employees in advance **notice of contract termination, compensate the employees for their work, and cover the cost of returning home**. Employers of domestic workers are required to pay employee **wages at least once a month** and annually provide at least **six days of paid leave** after working for a year (Kongtip, et al., 2015).

The Ministerial Regulation Nr.14 addresses several issues such as **holiday pay, sick leave and minimum age** for admission to domestic work, and in passing the Regulation, the Ministry noted that the provisions were brought into line with ILO Convention 189 on Decent Work for Domestic Workers. However, the Regulation only lifts some restrictions rather than creating positive rights. Some important issues have been left out, for instance, relating to occupational health and safety protection, working hours, maternity protection, arrangement of basic welfare services, minimum wages and prohibition of wage deduction and compensation in the case of termination of employment. The government must extend full labour rights under the Labour Protection Act, including wage protection, to domestic workers, potentially through accelerating the approval process of the amended Ministerial Regulation No. 14.

*Ms. K. (56, domestic and care worker, Bangkok) said: “Domestic Workers are not recognized in the national care agenda. We are invisible. I used to propose many things but the government always dodges and said that they cannot do it because the law does not allow. For example, I used to propose the government to create a platform for registration of domestic workers as well as employers of domestic workers, but the government does not take action. I feel that the government cares for the employers but not us as domestic workers. Every time that we as domestic workers propose some things, the government officers always answer that she/he will ask the employers first. This is not only once of my experience dealing with government officers, especially, with the officers at the Ministry of Labour. I am really upset.”*

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<sup>44</sup> Marlene Seiffarth, Florence Bonnet and Claire Hobden, The road to decent work for domestic workers, Geneva: International Labour Office, 2023.

#### 4.1.1 Working hours :

##### **X There is a lack of reduction of work burden, working hours and lack of rest and opportunities.**

Many domestic workers, especially migrant workers, provide live-in care, which involves living with the care recipient and providing round-the-clock care as needed. This can involve a high level of responsibility and may require the domestic worker to be available for emergencies or unexpected care needs. The 2018 Informal Employment Survey reports that domestic workers work 4.1 hours more per week than other workers.<sup>45</sup>

*Ms. K. (56, domestic and care worker, Bangkok) said: "I know that there is a plan to develop the Ministerial Regulation No.14 and one of them is related to working hours, which are required to be no more than 8 hours per day. However, I do not expect [it to change] because it takes a long time, especially, during this time - - a time for a new election. When we have a new government, they will not continue to develop the Ministerial Regulation No.14 as proposed."*

*Ms. P. (56, care worker, Bangkok) said: "There are no legislations and policies in place to regulate and reduce working hours for domestic workers. We can see among NDWT members, many of them have to work more than 8 hours a day without compensation."*

#### 4.1.2 Minimum wage:

##### **X There is a lack of reward in no minimum wage law for domestic workers**

*Ms. K. (56, domestic and care worker, Bangkok) said : "We, as domestic workers, we are not protected under the national legislation on minimum/living wages. [it is in the proposal for developing Ministerial Regulation No. 14]. As for overtime compensation, we used to get it but during and after COVID-19, we dread to ask for overtime compensation because we are afraid that the employers might terminate us. It is not easy to find jobs during and after the COVID pandemic."*

The minimum daily wage is 328 baht (in 2023) or at least 7,800 baht per month for 6 working days per week as required by the section 28 of the Labour Protection Act, B.E. 2541 in 2015. In January 2021, the Thai government announced plans to extend the minimum wage to cover domestic workers, including those who live with their employers but nothing has been implemented. Migrant domestic workers have less power to negotiate with employers and they work longer hours for less pay. The LPA of 1998 provides rights for workers to file a case against employers to pay their fair wage or compensation of an unpaid wage.<sup>46</sup>

#### 4.1.3 Salary increases

##### **X There is a lack of reward in no salary increases in recognition of skills and experience.**

*Ms. P. (56, care worker, Bangkok) said: "Generally, there are no policies or models for salary increase to account for accumulation of skills and experience of domestic workers but it depends on the employers."*

<sup>45</sup> Informal Employment Survey data as cited in ILO, IOM and UNWomen 2022.

<sup>46</sup> <https://www.ilo.org/dyn/natlex/docs/WEBTEXT/49727/65119/E98THA01.htm>

Domestic workers who have gained experience as childcare workers are not recognised by the Education Department. There are no policies to recognise skills or experience.

#### 4.1.4 Food and accommodation

**X There is a lack of regulation of deductions made by employers.**

Anakul (2019) found that the paid domestic workers received food and housing as in-kind payment in case of direct employment and as supplementary food in case of employment through agencies. As many employers deduct from wages for various reasons without prior consultation or knowledge of the workers, López (2023) states there is a need to regulate the number of deductions that are made for live-in working arrangements, such as food and accommodation.

#### 4.1.5 Protection against gender-based discrimination, harassment and violence

**X There is a lack of regulation and enforcement of protection against harassment.**

Under the Labour Protection Act and the Constitution of Thailand, all workers are protected from workplace harassment and discrimination. Any worker who experiences harassment or discrimination in the workplace can file a complaint with the Ministry of Labour or the National Human Rights Commission. Additionally, the Civil and Commercial Code and the Penal Code of Thailand include provisions related to sexual harassment and gender-based violence, which are applicable to all workers, including domestic workers. The Gender Equality Act also prohibits discrimination based on gender.

The most common form of abuse towards domestic workers noted is verbal, such as scolding or yelling (57%). One-third of domestic workers had been threatened by their employers, 17% had been touched without their consent and 8% touched (ILO, 2006). Adult migrants were more likely to experience sexual harassment and undesired physical contact with their employers and most did not pursue their right to complain. Migrant domestic workers are often asked to withdraw charges of human rights violations if the case can be settled through wage compensation (WIEGO, 2012). The government must make the complaints mechanism more accessible through increased provision of interpretation support and the translation of materials into different languages. The law should expand the definition of sexual harassment to include harassment by co-workers and other third parties and expand protection beyond employees.

#### 4.1.6 Labour inspection

**X There is a lack of recognition of domestic and care workers' needs and rights.**

The Labour Protection Act provides for the inspection of workplaces to ensure compliance with labour laws but labour inspection and enforcement of labour laws is difficult and not done consistently. If domestic workers want to complain, they face challenges in accessing legal protections and redress. They can lodge a petition with the labour inspector but the Ministry of Labour only investigates alleged factories, and not labour exploitation in private homes. Although migrant domestic workers who are trafficked or exploited are protected under the Trafficking Act 1997 (2008), or the Child Protection Act (2003) for minors, the attitudes and actual practice of law enforcement authorities are not always positive toward

migrant workers. In cases of labour exploitation or human rights violations of migrant domestic workers, there seems to be limited protection and assistance (WIEGO, 2012). The government must develop protocols to detect abuse, including forced labour, with random house checks and domestic worker interviews.

## 4.2 Representation and collective bargaining rights

**X There is a lack of representation of domestic and care workers in policy-making.**

Thailand's Labour Relations Act of 1975 allows workers to form unions and engage in collective bargaining, but the act specifically excludes domestic workers from coverage (Wannasiri, 2020).<sup>47</sup> Domestic workers do not have the legal right to form or join a union, engage in collective bargaining, or participate in a strike.

In 2018, the Ministry of Labour issued a regulation allowing domestic workers to form a "group" or "association" for the purpose of promoting their interests and protecting their rights. While these groups are not recognised as unions and do not have the right to engage in collective bargaining or strike, they serve as a platform for organising and advocating for the rights of domestic workers. Several non-governmental organisations (NGOs) and labour advocacy groups provide support and advocacy for domestic worker rights. Since its inception in 2006 the IDWF (International Domestic Workers' Federation) has been a key advocate for the rights of domestic workers globally and in 2011 the ILO Convention C189 Decent Work for Domestic Workers was ratified (IDWF, 2022).

Despite these positive developments domestic workers still face significant legal and practical barriers to engaging in policy dialogue and law-making processes. Many domestic workers are migrants and may face language and cultural barriers that limit their ability to engage in advocacy and policy dialogue. Furthermore, domestic workers are not legally recognized as employees under Thai labour laws, which makes it difficult for them to assert their rights and participate in policy dialogue. The government must provide clear, barrier-free access to freedom of association and collective bargaining as well as enabling domestic workers to establish trade unions.

*Ms. C. (47, domestic and care worker, Bangkok). said: "The government used to allow us to propose to them information as well as our needs. I understand that this was only a partial public hearing where the government wanted to work on policies, which were related to domestic work/domestic workers. But, as far as I know, we have no chance to be as a representative in the committee for decision-making."*

## 4.3 Access to social security, social insurance and social services

**X There is a lack of recognition of workplace and home social protection needs for domestic workers.**

### 4.3.1 Pension schemes

- **Public pension:** The public pension scheme or **National Savings Fund (NSF)** is available to all workers, including caregivers and care workers in the paid workforce. This fund is not popular as benefits are small or contributions are high if benefits are to be worthwhile (only 6.6% of the population is covered). Workers who have made

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<sup>47</sup> [https://www.civicus.org/documents/reports-and-publications/eena-reports/thailand-CIVICUS-FOA-assessment\\_en.pdf](https://www.civicus.org/documents/reports-and-publications/eena-reports/thailand-CIVICUS-FOA-assessment_en.pdf)

contributions to the NSF for at least 10 years are eligible for retirement benefits when they reach the age of 60. There is a co-contribution from the government depending on contributions and age and the fund allows scheduled withdrawal of benefits (World Bank, 2021b). According to IES data <sup>48</sup>, 48% of domestic workers are older than 45, and benefits such as old-age pensions could boost the numbers of women obtaining pensions in Thailand (López, 2023).

- **Old Age Allowance:** All Thais are covered by the Old Age Allowance (81.7% coverage), a non-contributory fund which is paid out monthly from age 60. The amount is quite small (600 to 1000 baht depending on age) and although most elderly access the pension, only the poorest are reliant on it. The OAA does not apply to elderly living in public facilities and to those who receive other government income support (e.g., pension schemes from government employment).
- **Social Security Fund (SSF):** The mandatory pension scheme for employees in the formal sector is the Social Security Fund (SSF) 33 or 39, which is managed by the Social Security Office (SSO). Domestic workers are not covered by section 33 or 39 but can join the SSF under section 40 if they register as another occupation, for example as care worker. Article 40 of the Social Security Act offers a choice of insurance schemes (Nankongnab, et al., 2015).<sup>49</sup> Only 62% of Thai workers and 23% of migrant workers surveyed were aware of fund-related pensions (López, 2023).<sup>50</sup>

#### 4.3.3 Unemployment benefits

**X There is a lack of reward of work done by domestic and care workers.**

Unemployment benefits are available to workers who have contributed to SSF 33 or 39, the mandatory social insurance program. Since domestic workers are not covered by Section 118 of the Labour Protection Act, domestic workers are not entitled to severance pay. The lack of formal unemployment benefits for domestic workers is a significant gap in the social safety net. Lack of maternity protection often means termination on pregnancy and lack of income while breastfeeding and raising small children. Fearing loss of income, many mothers bring their small children to work (Alfers in WIEGO, 2016). Of the estimated 21.2 million informal workers in Thailand, just 3.24 million (15%) made voluntary contributions to the Social Security Fund (SSF) in 2019, and none of these are eligible for unemployment insurance under the terms of their coverage (Lamanna, et al., 2021).

#### 4.3.4 Assistance for workers with employment injuries or occupational disease

**X There is a lack of recognition of occupational safety needs for domestic workers.**

- **Occupational Safety and Health (OSH)** is not practiced by employers because of the cost of investing in protective measures and lack of awareness of the dangers. Care and domestic workers are at risk due to inadequate prevention practices, lack of knowledge, and inadequate protective equipment. Social security gaps fail in providing domestic workers with treatment of work-related accidents, diseases, and injuries; unemployment and retirement insurance; and workers' compensation (Kongtip, et al, 2015). Domestic workers who suffer from accidents or occupational diseases are covered for medical care under UHC.

<sup>48</sup> NSO, Informal Employment Survey (IES), 2018. <https://www.ilo.org/surveyLib/index.php/catalog/6640>

<sup>49</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5812463/>

<sup>50</sup> n = 405

- **Sickness and employment injury benefits:** Ministerial Regulation No.14 (2012) entitles domestic workers and informal care workers to paid sick leave, no more than 30 working days per year. Under the Social Security Fund, employers are required to contribute to a social security fund (SSF 33) on behalf of their employees, which provides benefits in the event of an employment injury or sickness. Domestic workers are only eligible to receive social security benefits if their employer voluntarily registers them with the social security system. and then must not register as domestic workers.
- **Workmen's Compensation Fund (WCF):** covers regular formal sector migrant workers, again depending on their employer's compliance. Only domestic workers employed by a service company or agent would have access to benefits under the Workmen's Compensation Fund (WCF). Most employers of migrant workers (except for domestic workers and street vendors) are legally obliged to contribute to the WCF, but many employers do not comply (IOM, 2021). Informal workers had 4.0 million accidents in 2012, a rate 10 times higher than formal sector workers (Kongtip, et al., 2015).

#### 4.3.5 Medical care and sickness benefits

##### X There is a lack of recognition of domestic and care workers medical needs.

- **The Universal Healthcare scheme (UHC),** provides free or low-cost medical care to Thai citizens and legal residents, including domestic workers. To access the system, domestic workers must first obtain a Thai national identification card or a certificate of residence from their local district office.
- **Migrant Health Insurance (MHIS):** Under the Health Examination and Health Insurance of Foreign Workers Act B.E. 2562 (2019), regular migrant workers must purchase migrant health insurance as part of the work permit application process. The insurance is only available at public hospitals and must be purchased from the public hospital where the worker undergoes their medical check-up on arrival (ILO, 2023). The MHIS scheme for migrant workers is a contributory scheme and paid out-of-pocket by the worker. Many migrants are undocumented and are not covered by the health insurance scheme (ILO, 2023). In September 2019, only 823,420 migrant workers and dependents were enrolled in the MHIS scheme, and in August 2020, the number of workers with active MHIS membership dropped to 510,211 (IOM, 2021).

*"Being domestic workers, we are protected by the Ministerial Regulation only. Even though, many domestic workers as well as employers of domestic workers do not know about this regulation. Some of us expected to be under Social Security Section 40 but we are able to get little benefits, it does not cover our needs. For example: when we are unemployed, we do not get the unemployment benefit, when we get sick, we have to buy medicine from drug store instead of going to see the doctor in the hospital (by using 'gold card') [universal healthcare coverage] due to complicate process."* Ms. K. (56, domestic and care worker, Bangkok).

- **Social Security Fund (SSF):** Holliday (2023) found that domestic workers in her study reported being enrolled in one or more social protection schemes, with 62% being covered by the UHC; 21% of respondents reported being enrolled in social security schemes that are not available to domestic workers, indicating being employed by a service provider or a company rather than by a private household. Domestic workers employed by cleaning or care service firms are benefiting from full labour and social protection, unlike domestic workers employed directly by households. The majority of

benefits for those of active age are provided via the contributory Social Security Fund sections 33 and 39, which are only provided to those currently or formerly working in the formal sector. Only a very small minority of informal-sector workers contribute to the Social Security Fund section 40 and to the National Savings Fund (ILO, UNICEF, IOM, and UN Women, 2022a).

#### 4.4 Family-friendly workplace policies in Thailand

**X There is a lack of recognition of domestic and care workers in family-friendly workplace policies and a lack of redistribution of care obligations.**

- **Parental leave:** Thailand has no policies and laws regarding parental leave (ILO, 2022c).
- **Flexible working arrangements and onsite childcare:** There are no specific policies or laws regarding flexible working arrangements that allow for workers' care responsibilities nor onsite childcare or near the workplace options (Knodel, et al. 2017).
- **Maternity protection:** Under the LPA all pregnant women are protected from night shift work and cannot be forced to do hazardous work. No further protection is offered to domestic workers. Mothers with no employment-related benefits receive maternity health care benefits from the UHC. Under SSF 33, 39 or 40, maternity protection includes leave, cash and medical benefits; health protection at the workplace; employment protection and non-discrimination, breastfeeding arrangements at work.<sup>51</sup> All formal sector female employees are entitled to a maximum of 98 days of maternity leave, which is partially paid at a rate of 49 days at 100% of their regular pay, and the remaining days at a rate of no less than 50% of their regular pay (ILO, 2020a). The SSF covered 47.5% of all women who gave birth in 2019 (UNICEF, 2022b). No policy covers breastfeeding breaks or rooms at work (ILO, 2020a).
- **Maintenance of children and elderly parents:** Domestic workers face challenges in caring for their children or elderly parents while working long hours or living away from home. The **Child Support Grant** (CSG) is an unconditional cash transfer for children aged six and under, but is targeted at the poorest, excluding those earning wages above a certain level. 55% of children under 5 receive no assistance and only 17% of children are covered by the Child Support Grant. The **School Lunch Program** provides free or subsidised meals to students in public schools (65.7%).<sup>52</sup> The **Old Age Allowance** is a social pension paid to anyone over the age of 60 not covered by formal insurance schemes. The **State Welfare Card** provides allowances to eligible recipients in “near cash” for food, transport, water, electricity and cooking gas vouchers. The SWC covers 57.2% of the poorest 20% of the population (World Bank, 2021b) and excludes wage earners. Challenges associated with the State Welfare Card include significant targeting errors, low level of benefits and a suboptimal mix of benefits. **These universal schemes are not enough to cover the needs of poor or low-income families.** Child allowances and support grants (Social Security Fund and Child Support Grant) cover less than one fifth (17.2%) of children aged 0–14, although coverage is close to 40% for children aged 0–6 years. Despite the 15-year Free Education Policy, 7% of children are not in school (mostly located in the central and north-eastern regions) and thus are not eligible for the child allowance after age 6 years. There is no large social assistance or other

<sup>51</sup> <https://mprp.itcilo.org/allegati/master/Master.pdf>

<sup>52</sup> UNESCO, 2007

non-contributory programme aimed at improving nutrition for out-of-school children, (ILO, UNICEF, IOM, and UN Women, 2022a).

*“There is a big gap between the growing care needs and the public care infrastructure in Thailand. I heard that there are some day care centres but there are some limitations about the service hours, which is not helpful for the parents who have to work outside. [the childcare centre closed at 3 p.m. while the office hours of their parents are 5 p.m. so nobody takes care of children between 3-5 p.m.] (Ms. K., 56, domestic and care worker, Bangkok).<sup>53</sup>*

## 5. Conclusion

Advocacy for decent work and social protection for domestic workers in Thailand is an essential part of the care agenda. Domestic workers doing care work in private households are unable to access social protection, are not protected by legislation regarding wages, working hours, unemployment, maternity benefits and pensions. The work they do is essential, yet not valued, and they often feel insecure due to the lack of government support and low social recognition (Tangchitnusorn, et al., 2022).

Care workers are working under time and remuneration deficits but can rely on government social protection coverage, if registered by their employers, and are more respected in society (Narknisorn, 2012). There is high demand for care work, but no willingness by employers to raise remuneration and reduce workload. Mental health and physical conditions are covered by universal health coverage and social security benefits, but especially women in their later years will suffer from ill-health and poverty.

Domestic and care workers suffer under the lack of childcare provision, especially for young children (Alfers, in WIEGO, 2016). Domestic workers may acquire skills in nursing and childcare but will not be credited or recognised by the relevant official bodies and official upskilling may be impossible due to costs and time deficits. Care policies need to achieve decent work for the care workforce, including domestic workers.

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<sup>53</sup> Key informant interviews were collected by Dr. Boonsom Namsomboon, Secretary General of the Foundation of Labour and Employment Promotion (FLEP), Thailand.

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