



# Health Access for Informal Workers in Bangkok, Thailand

## Kanchana's Story

**K**anchana Changtsrong was born in 1960 in a small village in the Province of Ubonratchathani, located in the northeastern region of Thailand.

The residents of her village rely on rain and natural water resources for rice paddy cultivation. If there is a drought, the harvest is small and Kanchana's family does not have enough to eat.

During the non-paddy season, young boys and girls leave home to find work in cities such as Bangkok. Boys go to work in construction and girls as domestic workers, garment factory workers, assistant shop keepers and street vendors.

Kanchana, too, shared this state.



Photo: WIEGO

She is not entitled to any medical benefits, however, as her contract stipulates that her employer is only responsible for her salary. Kanchana alone is responsible for her own expenses in case of illnesses.

After graduating from Primary 4, Kanchana had to drop out from school and work alongside her parents. When she turned 17 in 1977, her elder sister, who was working as a domestic worker, asked if Kanchana would also like to work as a domestic worker for an employer in the same neighbourhood. Thus, Kanchana started a career as a live-in domestic worker and was paid 300 THB (10 USD) a month. By the time she turned 26 in 1986, she was earning 1,200 THB (36.42 USD) a month.

Later, a domestic worker friend of hers who had worked with a foreign employer introduced Kanchana to two single foreign women who had recently moved to Thailand and asked if Kanchana would like to work for them. She agreed immediately even though she hardly knew any English. The employers paid her 2,500 THB (45.52 USD) a month and sent her to study English during her free time. After the two employers repatriated, Kanchana used her English language skills to find a new job with other expatriates.

Kanchana has been working as a domestic worker for 37 years now, and earns 16,000 THB (530 USD) a month. Her current employer is an American family working with the US Embassy. She is not entitled to any medical benefits, however, as her contract stipulates that her employer is only responsible for her salary. Kanchana alone is responsible for her own expenses in case of illnesses.

Only one of her earlier ex-employers had provided her with private health insurance. She would not have had any problems in accessing health care service in any private hospital on the insurance company's list. However, other previous employers had not done so, and she has not negotiated or requested health insurance from any of her employers. She believes that she has not suffered many health problems due to her young age. Most importantly, she fears that the negotiation may dissuade an employer from hiring her.

Kanchana has never used Thailand's Universal Coverage (UC) - Thailand's state health insurance scheme (commonly known as the "Gold card") - because her civil registration is still registered in Ubonratchathani, her home province. Additionally, she does not have a permanent residence because of the nature of her employment, which usually requires that she reside with her employer. She changes employers often as they tend to be foreigners and live in Thailand for only one to two years. Thus, she has not transferred her UC health entitlement to her current location.

Furthermore, because of a friend's fatal experience, Kanchana has little trust in the UC. Her friend was suffering from a stomachache and sought medical service under the UC. However, the friend had to wait for two to three hours for a diagnosis from a doctor. The wait was too long, and Kanchana's friend did not survive.

As a result, Kanchana is not confident in the quality of the health care under the UC. She fears that she will only be prescribed with some Paracetamol tablets. She also voices that, "There are many patients using the UC. The service is overcrowded, takes a long waiting time. I do not have that much time for a long wait."

**She pays for all her treatments from her own pocket and sometimes she has paid up to 5,000 THB (167 USD) for medications.**



Photo: L. Tuttle

During the past three years, Kanchana has suffered several health problems, including atopic dermatitis (a skin rash), cardiomegaly (an enlarged heart, usually caused by high blood pressure), a herniated disc, dyslipidemia (lipoprotein overproduction or deficiency) and a water cyst in one of her breasts. She has to see a doctor every two months to take medications for her dyslipidemia, allergies and herniated disc. She also has to undergo a draining treatment for her cyst every six months at Ramathibodi Hospital, which is a famous hospital under a medical college.

She pays for all her treatments from her own pocket and sometimes she has paid up to 5,000 THB (167 USD) for medications. She worries that the health care costs are too high and that her income will not be able to cover all necessary expenses. She still finds UC to be daunting, however, and she has little knowledge in regards to how she might access and use it.



Photo: WIEGO

**About WIEGO:** Women in Informal Employment: Globalizing and Organizing is a global network focused on securing livelihoods for the working poor, especially women, in the informal economy. We believe all workers should have equal economic opportunities and rights. WIEGO creates change by building capacity among informal worker organizations, expanding the knowledge base about the informal economy and influencing local, national and international policies. Visit [www.wiego.org](http://www.wiego.org).