Protracted statelessness and nationalitylessness among the Lahu, Akha and Tai-Yai in Northern Thailand: Problem areas and the vital role of health insurance status

Chantal Herberholz

Chantal Herberholz is Associate Professor at the Faculty of Economics, Chulalongkorn University, Bangkok. She is currently the director of the Centre for Health Economics and can be reached at chantal.h@chula.ac.th.

Abstract

Thailand has one of the largest stateless populations in the world. Stateless people are denied access to basic rights and services, driving inequality and discrimination and threatening peace and security. This article aims to explore the problems that stateless people are facing in their daily lives, with a focus on healthcare services, health insurance coverage, and mobility. Primary data were collected in 2020 from 108 stateless and nationalityless adults in Chiang Mai province, belonging to three ethnic minorities, and analyzed using a mixed methods approach. The respondents are exposed to daily environmental stressors, the most serious being exclusion from the Universal Coverage Scheme, mobility restrictions and the absence of land rights. While out-of-pocket health expenditures increase financial vulnerability, a lack of health insurance is also associated with perceived poor quality of care and unmet healthcare needs. However, observed differences among the three ethnic groups highlight that some problems are specific to individual ethnic groups and not necessarily a consequence of citizenship problems. Given the experience Thailand has gained in achieving universal health coverage for Thai citizens, there is an opportunity to address the healthcare plight of Thailand's stateless and nationalityless population through prioritizing the expansion and improvement of the existing Health Insurance for People with Citizenship Problems policy.

At the end of 2018, nearly 4 million people worldwide fell under the UNHCR's statelessness mandate, however, statelessness is estimated to exceed 10 million people globally. The 1954 UNHCR Convention relating to the Status of Stateless Persons defines "Stateless Persons" as "*individuals who are not considered citizens or nationals under the operation of the laws of any country*". In the Thai literature the term "stateless" is further broken down into the *stateless* and the *nationalityless*, the latter being "*persons who are habitually resident in Thailand and whose rights are protected by the Thai State but who have neither Thai nor any other nationality*". Nationalityless persons, in contrast to stateless persons, are registered in Thailand's civil registration system. Basic human rights, including the right to health and access to basic healthcare are, however, typically tied to having a legal nationality. Excluding populations from enjoying basic human rights is not only extremely damaging in terms of human development, but may also threaten peace and security by engendering conflict and violence. Several studies have found that horizontal inequalities, i.e., multidimensional inequalities across geographic areas or ethnic or other social groups, are associated with group mobilization and conflicts. Conflicts arising from group-based grievances may escalate into violence, especially if deprivations are perceived to result from state actions of exclusion and discrimination against a specific group. For example, both Brown and Croissant argued that perceived discriminatory state actions contributed to conflict escalation in Southern Thailand. Statelessness generates and reinforces economic, social, and political inequalities by excluding vulnerable groups from citizenship. While numerous studies examine access to healthcare and health outcomes of vulnerable groups, most notably refugees, there are very few studies that specifically focus on stateless populations. However, while refugees and the stateless may be exposed to similar problems, there is nevertheless substantial heterogeneity between and within refugee and stateless

populations in terms of the types of problems faced and their perceived severity.[1]

Thailand has one of the largest stateless populations in the world, with many of its stateless people belonging to ethnic minority groups (for example, the so-called "hill tribes"). The causes of statelessness in Thailand can be broadly classified into three types that are not mutually exclusive, i.e., problems with civil registrations, changes in nationality laws, and voluntary or forced migration from neighboring countries. Most problems are with civil registration, mainly resulting from a failure to be recorded in civil registration surveys (conducted since 1956) and/or failure to register a birth. In the past, hill tribes were living in very remote areas, associated with opium cultivation, which were not enumerated by the authorities (specific hill tribe surveys only started in the 1960s). The 1956 civil registration survey made a formal distinction between Thai and non-Thai people possible, thereby enabling selective inclusion and exclusion. Against the backdrop of communist insurgency and emerging nationalism, distrust toward ethnic minorities intensified and nationality laws became more restrictive in the 1950s and '60s. Disadvantaged groups, including the hill tribes, were perceived to be particularly receptive to communist ideology and to pose a threat to national security. Given the influx of refugees from neighboring countries being perceived as a problem, and to prevent the spread of communism, some groups of people had their Thai nationality revoked following the retroactively implemented Revolutionary Party Announcement No. 337 B.E. 2515 (1972). This announcement, that was to remain in force for two decades, stated that citizenship was tied to the citizenship of parents instead of the place of birth. The matter was further complicated by an influx of illegal migrant workers attracted by Thailand's economic development during the 1980s and '90s. Close ethnic and kinship ties among refugees, illegal migrant workers and native highland groups, especially in border areas, made identification of the latter increasingly difficult. To secure borders and control movement, several colored identification cards were issued between 1967 and 2007 as a means to distinguish between Thai and non-Thai people and to convey different types of status. This system of cards has been described as "*chaotic, inconsistent and arbitrary*" and gave rise to mis-categorization, fraud, and widespread mistrust. Hill tribes were stigmatized as aliens and associated with national security risks, environmental degradation, and narcotics. Conflicts over natural resources between hill tribes and Thai people emerged, turning violent in some instances.[2]

Thailand has one of the largest stateless populations in the world. Despite the introduction of health insurance cover for people with citizenship problems, there are still many gaps in registration and service delivery. The resulting hardships create an inequality that may threaten peace.

Migration flows have been linked with conflicts and violence, although pathways are complex and depend on a range of contextual factors. Empirical analysis has shown that cross-border flows of refugees are a mechanism through which conflicts spread across neighboring countries. Such conflict spill-overs can be driven by refugees who expand their rebel networks into the host country to continue their operations. In addition, refugees impose negative externalities on receiving areas, which can cause discontent among the local population, create tensions and lead to violent conflict.[3] From the 1980s onwards, when communist insurgency troubles dissipated, several cabinet resolutions and amendments of relevant laws were passed to tackle issues surrounding Thailand's stateless population. Hill tribes and other ethnic groups started to receive residential immigration status from 1995 onwards. However, in 1999, hill tribe people still without citizenship papers were classified as aliens, triggering a demonstration by an emerging citizenship movement. In addition, this movement also sought to establish a clear distinction between refugee, illegal migrant and native ethnic groups. Since the early 2000s, ethnic minorities have joined forces to form an indigenous peoples' movement calling for rights and recognition, including citizenship. Significant progress was achieved with the 2005 National Strategy on Administration of Legal Status and Rights of Persons and legislative changes in 2008 (such as amendments to facilitate birth

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registrations). From 1992 until 2017, some 253,742 formerly stateless people were granted Thai nationality. Yet, the pace of granting citizenship has remained rather slow. In 2015 it was observed that, given the average approval rate of the preceding 5 years, it would take another 5,055 years to complete the process. However, around 16,000 people were granted citizenship in 2018 alone, indicating improvement. As of 2019, 474,888 people without nationality were registered in Thailand—although the total is estimated to be much larger (as there is reason to believe that many are not registered). Complexity, sluggishness, and arbitrariness of the registration process, which is tied to evidence of birth, descent and/or residence, is found to prevent many stateless people from registering with the authorities. In addition, statelessness is inherited since a child's registration crucially depends on the registration status of the parents. This in turn has resulted in protracted statelessness and nationalitylessness over generations, as well as chronic deprivation across several dimensions. The results of a study with stateless and nationalityless Karen people showed that perceived serious problems associated with statelessness and nationalitylessness included: Mobility restrictions; lack of political participation; access to healthcare, education, and loans; and insecure or non-existent land rights. Separately, additional difficulties for this group were found to include, labor market restrictions, harassment by security officers, and vulnerability to human trafficking.[4]

Thailand has been recognized globally for achieving universal health coverage with the introduction of the Universal Coverage Scheme (UCS) in 2002; however, non-Thais were excluded. The UCS replaced two government welfare schemes, the low income and the contributory voluntary health card schemes for the poor and the near-poor—this included the stateless and nationalityless, who subsequently became dependent on charity care provided at the discretion of public hospitals. With the objective of alleviating the burden on public hospitals in areas with a large stateless population, and to make healthcare services more accessible, a Health Insurance for People with Citizenship Problems (HI-PCP) was launched in 2010—however implementation challenges still remain.[5]

This article seeks to explore the exposure to daily environmental stressors associated with statelessness and nationalityless in Thailand, the focus being on healthcare services, health insurance and mobility. In addition, given the heterogeneity of Thailand's stateless population, this article explores differences among ethnic minorities, focusing on the Lahu, the Akha and the Tai-Yai. The Lahu and Akha hill tribes account for about 15% of the hill tribe population. While the Karen and the Hmong are the largest hill tribe groups, they also have the highest rates of citizenship and so are not examined here. The Lahu and Akha, on the other hand, who are of Sino-Tibetan origin, historically had weaker ties with lowland groups and, hence, have lower citizenship rates. With a population of about 95,000, the Tai-Yai, among whom citizenship problems also exist, are one of the largest lowland minority groups in Northern Thailand.[6]

The Health Insurance for People with Citizenship Problems (HI-PCP)

The HI-PCP mainly targets "persons exempted to temporarily stay in Thailand pending determination of their legal status". Determining eligibility for health insurance cover involves a registration process followed by submission of the required documentary evidence to a healthcare facility (most notably civil registration and identification documents). When launched in 2010, the HI-PCP initially targeted 457,409 people (see Table 1). Following further cabinet resolutions in 2015 and 2020, another 232,702 people were included. The scheme is paid out of general taxes and delivered by public healthcare facilities under the Ministry of Public Health (MoPH); it offers a comprehensive benefit package comparable to that of the UCS (managed by the National Health Security Office). Nationalityless people who do not meet the stated requirements (or fail to navigate the registration process) and stateless people remain uncovered, implying that they either have to pay out of pocket or depend on charity care provided by healthcare facilities. Differences between the total and the initially targeted numbers (Table 1) are mainly due to status changes, i.e., people who received Thai nationality and

Table 1 HI-PCP Coverage

		Cabinet resolution 23 March 2010	*Cabinet resolution 20 April 2015*	*Cabinet resolution 10 March 2020*
Initially targeted number of persons according to cabinet resolutions		457,409	208,631	24,071
Included groups				
1	Aliens who were given permission to stay permanently (Thor Ror 14, ID starting with numbers 3, 4, 5, or 8)	53,027		24,071
2	Aliens exempted to stay in Thailand temporarily pending determination of legal status			
	2.1 People holding an ID starting with 6 or 7 (Thor Ror 13)	195,010		
	2.2 People surveyed and registered, without civil registration status (Thor Ror 38 Kor, ID numbers 0-XXXX-89XXX-XX-X)			
	2.2.1 Students in the Thai (publicly funded) education system	79,420		
	2.2.2 Rootless people (whose parents are unknown)	8,773		
	2.2.3 People who have rendered distinguished services to Thailand	28		
	2.3 People surveyed and registered, without civil registration status			
	2.3.1 People who immigrated to and have resided in Thailand for a long period of time (Thor Ror 38 Kor, ID numbers 0-XXXX-89XXX-XX-X)		147,435	
	2.3.2 Children of people in category 2.3.1 (Thor Ror 38 Kor, ID numbers 0-XXXX-89XXX-XX-X or 0-XXXX-00XXX-XX-X)		53,499	
3	Other people (surveyed and registered, insufficient evidence) e.g., people registered under the Chalerm Phra Kiat Project Commemorating His Majesty's 84th Birthday Anniversary		6,344	
	Total number of persons (as of 5 October 2016)	336,258	207,278	

Notes: Thor Ror 14 refers to the house registration book for Thai nationals and permanent residents. Thor Ror 13 is the civil registration document for foreigners staying temporarily in Thailand, while Thor Ror 38 Kor refers to the civil registration of nationalityless people with the Bureau of Registration Administration, Department of Provincial Administration, Ministry of Interior.

Sources: Tamee (2018), RTG (2020), MoPH (2018)

are subsequently covered by the UCS, as well as attrition due to death. Several operational challenges surrounding the HI-PCP include: Capacity constraints within the MoPH; lack of government prioritization; unclear operational guidelines; poor communication between the MoPH and local healthcare providers; inadequate cooperation between the Ministry of Interior and the MoPH; gatekeeping and mobility restrictions that are incompatible with the actual movements of stateless persons; and delays in the nationality verification

process. A study in Ranong province found that the increase in inpatient utilization of nationalityless people (holding a 13 digit national ID that starts with 0) was not due to the HI-PCP, but rather driven by age, proximity to the hospital, and catastrophic illness incidence. The evidence from four public hospitals in Tak province, however, suggests that having the HI-PCP is positively associated with inpatient service utilization of children and adolescents.[7]

Studying the issue

Exploration of the above issues involved semi-structured interviews, conducted in June 2020, with 108 stateless and nationalityless adult household heads, belonging to the Lahu, Akha or Tai-Yai ethnic groups. Appendix A provides a full description of the methodology, its shortcomings, and respondent characteristics.

Environmental stressors

The precarious nature of their situation is captured through respondents' answers to questions about daily environmental stressors (Table 2). About 87% of respondents stated that they have serious problems with mobility restrictions and health insurance. Deprivations are also strongly felt in terms of land rights, access to legal services and housing (confirming earlier studies).[8]

Table 2 Environmental stressors

Having a serious problem with	*% of Full sample*	*% of Lahu*	*% of Akha*	*% of Tai-Yai*
Ability to move about freely	87.0	66.7	97.2	97.2
Health insurance	87.0	66.7	100.0	94.4
Land rights	77.8	58.3	100.0	75.0
Access to legal services	74.1	55.6	100.0	66.7
Place to live in/housing	70.4	61.1	100.0	50.0
Alcohol or drug use in your community	63.9	91.7	88.9	11.1
Waste management	61.1	75.0	97.2	11.1
Health care services	56.5	22.2	88.9	58.3
Physical health	55.6	36.1	97.2	33.3
Feeling humiliated or disrespected	50.0	47.2	72.2	30.6
Water	49.1	33.3	94.4	19.4
Safety or protection	49.1	66.7	72.2	8.3
Harassment by police or security forces	49.1	38.9	97.2	11.1
Support from others	43.5	30.6	83.3	16.7
Employment (income/livelihood)	42.6	25.0	27.8	75.0
Education	36.1	19.4	66.7	22.2
Food	35.2	33.3	55.6	16.7
n	108	36	36	36

Broad problem areas, and hence perceived needs, however, differ across the three ethnic groups. For example, over 91% of Lahu respondents pointed out that that they have serious problems with alcohol or drug use in their communities compared to just 11% of Tai-Yai. Conversely only 22% of Lahu report problems with health care services compared to 88.9% of Akha. Environmental stressors are mostly felt by the Akha, however, the Akha may exhibit higher levels of awareness as their advocacy efforts have been strong when compared to other ethnic minorities. Particular issues for the Akha sample are health insurance, housing, land rights, access to legal services, waste management, mobility restrictions, harassment by police or security forces, and physical health. Similarly, more than 90% of Tai-Yai respondents have serious problems with mobility restrictions and health insurance and 75% with land rights and employment. Yet, only 27.8% of the Akha and 25% of the Lahu report having serious

problems with employment.[9]

Not only the *types* of stressors, but also their *quantity* vary across the ethnic groups. The average number of environmental stressors respondents are exposed to is 14.4 for Akha, 8.3 for Lahu and 7 for the Tai-Yai.

It is important to note that not all identified stressors were regarded as problems with statelessness, with some viewed as problems within their communities. Waste management along with alcohol and drug use were viewed as community issues.

Given this article's a focus on healthcare services, health insurance coverage and mobility, further discussion of the other stressors identified in Table 2 can be found in Appendix B.

Health care and health insurance status

Almost three quarters of the respondents agreed that the lack of health insurance coverage is one of the three most serious consequences of statelessness and nationalitylessness. The main reason given for the importance attributed to health insurance status is the high level of financial protection available to those eligible for UCS. Stateless and nationalityless people without health insurance coverage pay out of pocket when receiving healthcare services (with clear negative implications for financial vulnerability and living standards).

> "*We have a serious issue with this ID card as it does not allow us to have health insurance coverage, which would help reduce medical expenditure. Hence, we remain poor and we can only work from time to time, making it difficult to make ends meet.*" (42 year-old nationalityless Tai-Yai)

> "*I paid about 6,000 to 7,000 Baht for child delivery services, while my friend who has public health insurance paid only 30 Baht.*" (26 year old nationalityless Akha)

Out of the 108 respondents, 25 reported that they or a household member were sick or injured in the past four weeks, of whom 17 people subsequently visited a healthcare provider for outpatient services. All people who visited a healthcare provider incurred out-of-pocket expenditures, about THB 730 on average for medical expenses and THB 120 for transportation. Most of those who used healthcare services visited a private clinic, while only two went to a public healthcare facility to receive outpatient services. Regarding inpatient services, 20 percent of respondents said that they or a household member were hospitalized in the past 12 months. Eighteen people incurred out of pocket medical expenditure, ranging from THB 500 to THB 70,000 with an average of THB 16,000—a considerable amount given that most respondents reported a monthly household income of less than THB 15,000. In addition, average expenses for transportation to medical facilities stood at about THB 1,500. All except one visited public healthcare facilities for inpatient services, given the high cost of such services at private hospitals.

Rijken *et al.* (2015) confirms the importance of financial protection, according to which 49.6% of surveyed highlanders would find it very difficult to find money for expensive medical treatment. The introduction of the UCS for Thai citizens has decreased the incidence of catastrophic health expenditures and impoverishment due to out of pocket medical expenditures (especially for those who belong to the poorest wealth quintile). Also, the prevalence of unmet need for outpatient and inpatient services among UCS beneficiaries was reported to be very low (1.61% for outpatient services and 0.45 for inpatient services in 2010), the main barriers being time constraints to seek care, uncertainty about treatment effectiveness and distance to the healthcare facility.[10]

For stateless and nationalityless respondents, however, the main reasons for unmet healthcare needs are the fear of not being able to afford treatment expenses.

> "*We have this fear of going to public health facilities like hospitals. We do not have money and we are afraid that we will be charged a lot. Some of us used to go there, but when they saw the bill, they stopped going. They usually stay at home when sick."* (30 year old nationalityless Akha)

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In addition, perceived differences in quality of care based on health insurance status were found to exist, although these seem to be partially driven by language barriers and, hence, generally apply more to highlanders. As stateless and nationalityless people clearly witness the benefits Thai people enjoy under the well-known UCS whenever they seek healthcare services, feelings of discrimination and marginalization might be particularly strongly in this area

"*Without an ID card, things get difficult when we go to the hospital. We do not get as good services as those who have an ID card, and we have to pay in full."* (20 year old stateless Akha)

Several respondents added that their situation (or perceived situation) led to unmet healthcare needs that, in turn, may have serious negative consequences for health.

"*The staff from the public hospitals sometimes do not treat us well, which can be fatal for people who are seriously ill*." (38 year old stateless Lahu)

"*We, holders of the number zero card, are not insured and cannot receive any benefits from public hospitals. We are required to visit private clinics and buy medical drugs by ourselves. Sometimes it is bad for our health."* (52 year old nationalityless Lahu)

Several respondents pointed out that language barriers, especially in case of the Lahu, and the low levels of formal education make it very difficult for stateless and nationalityless people to communicate with officials, including staff at the healthcare facilities.

"*We do not speak the Thai language well, we do not know the law, and we do not have the knowledge necessary to argue with others when a problem arises."* (33 year old nationalityless Lahu)

"*Some of us are not educated and then they do not know what they can do or how they should react when the news about laws related to them comes out."* (35 year old stateless Lahu)

These language barriers, low levels of education, and related discriminatory practices also affect members of the hill tribe communities who hold a Thai national identity card.

Having a negative impression about providers may also induce people covered by the HI-PCP to opt out of the public health insurance scheme. Three of the five people who said that they are covered by the HI-PCP sought outpatient care at a private clinic, where the HI-PCP cannot be used. Similarly, two of the four HI-PCP beneficiaries who received inpatient care in the past 12 months visited a tertiary hospital that is not covered and paid out of pocket.

In addition, misconceptions of the HI-PCP and its eligibility criteria could be observed.

"*Without the ID card, stateless people have to pay the medical bills in full just like us. Those with the ID card starting with number 6 or 7 may perhaps hold a health insurance card, but people whose cards start with number zero like me cannot have such an insurance card and, thus, always have to pay the bills in full on our own. Sometimes we are not treated too well because we do not have the national ID card and they consider us Tai-Yai people*." (33 year old nationalityless Tai-Yai)

Yet, there seems to be some provider heterogeneity and not all providers were perceived to contribute to ethnic disparities. Several respondents said that they are grateful to providers for curing them or their family members and for educating them about how to deal with their illness or injury. Other respondents shared their positive perception of the quality of services received.

"*I visited the doctor because of a road accident. The overall experience was good. They took good care of me, and it was useful as I know how to clean my wounds now*." (19 year old nationalityless Lahu)

It is important, however, to bear in mind that public healthcare providers have faced substantial financial

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constraints and a heavy workload since the introduction of the UCS—especially in border areas where free healthcare services are often provided to non-Thai people for humanitarian reasons. In addition, civil service positions are tied to the number of people registered in a specific area, even though stateless people cannot be registered. Hence, public providers may simply not have the resources to deliver healthcare services that are culturally and linguistically more appropriate. To provide more adequate healthcare services, migrant health volunteers have been employed in border areas and similar initiatives have been launched to support stateless and nationalityless people.[11]

Mobility and healthcare

Mobility restrictions suffered by the stateless and nationalityless are seen to hinder their access to health services. People who are "exempted to temporarily stay in Thailand pending determination of their legal status" are restricted to stay in the province where they are first registered. Fines are imposed if caught travelling without permission (which may be granted by the district office on a case-by-case basis). Living in constant fear of being caught and arrested by the police, stateless people are particularly affected by a lack of freedom to travel—making it more difficult to reach essential health services.[12]

> "*Limited freedom of movement is a serious issue. We do not want to leave home for fear of being caught by the police. I think this is a common issue among the stateless."* (35 year old stateless Tai-Yai)

> "*When we want to travel across the country, we want to do it easily. It would be ideal for us if we had the 13 digit Thai ID card once we come across any checkpoint, so we do not have to apply for the permit and the like. We would like this freedom that Thai people have, to be able to travel freely since we also live in this country*." (24 year old nationalityless Akha)

Respondents also pointed out that arbitrary displays of power by the police and border patrol exacerbate their mobility restrictions.

> "*Travelling is a problem. We are afraid even to go to the hospital. The police might arrest us. We live so high up in the mountains that organizations who came to help could not find us. We are illiterate and poor; we cannot communicate in Thai*." (26 year old nationalityless Lahu)

> "*When we travel and run into a checkpoint, we have no choice but to do whatever they tell us to do. We cannot make our case since we have no ID card*." (33 year old stateless Akha)

> "*Without the ID card, sometimes we are fined by the police on our way to the hospital, and after paying the fine, we cannot pay for the medical care*." (49 year old nationalityless Lahu)

Conclusion

Thailand has one of the largest stateless populations in the world, despite decades of efforts to tackle this complex issue. In the Thai context, a distinction is made between nationalitylessness and statelessness, but both are associated with cumulative human rights violations, albeit to a different degree. Excluding the stateless and nationalityless is not only damaging in terms of human development, but may also threaten peace and security.

Yet, much progress has been achieved in the past 15 years, especially also in terms of human resources development. In 2005, Thailand's policy to provide free education for 15 years, was expanded to include all children, irrespective of their citizenship status. Five years later, the HI-PCP was launched to restore basic health rights and provide health insurance coverage to people with citizenship problems. Manifold challenges have remained though, especially in terms of healthcare services and health insurance coverage.[13]

While stateless and nationalityless respondents are exposed to several daily environmental stressors, some such as waste management, alcohol, and drug problems, as well as landlessness were attributed to their communities or the ethnic group rather than their

citizenship status. Almost three quarters of the respondents, however, identified the lack of health insurance coverage as one of the most serious consequences of statelessness and nationalitylessness. The negative effect of catastrophic health expenditures is well known and the findings of this article underline the importance of financial protection. Experiences of discrimination at healthcare facilities, confusion about HI-PCP entitlement and the fear of harassment by the police when travelling were found to exacerbate the situation and result in unmet needs for healthcare.[14]

Although the ultimate solution to ease the plight of stateless and nationalityless people in Thailand is granting citizenship, the pace of resolving citizenship status problems has remained sluggish. Given the achievement of universal health coverage for Thai citizens and a relatively strong public health infrastructure, it appears feasible and politically viable to address the healthcare plight of Thailand's stateless and nationalityless population (especially if coupled with an easing of mobility restrictions). This in turn would decrease inequality and so mitigate its threat to security and peace.

Notes

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6. Minorities: Ministry of Social Development and Human Security (2015). Karen: Flaim (2017). Sino-Tibetan: Flaim (2017); Schliesinger (2000). Tai-Yai: Ministry of Social Development and Human Security (2015).

7. Challenges: Suphanchaimat *et al.* (2016a) using data obtained from individual and group interviews with 33 healthcare providers, conducted in Ranong and Tak provinces between October 2012 and June 2013. Both empirical articles (Barua and Narattharaksa (2020) and Suphanchaimat et al. (2016b)) identify HI-PCP beneficiaries on the basis of the first digit of their ID. It is important to bear in mind though that whether holders of an ID that starts with 0 are covered by the HI-PCP or not also depends on digits 6 and 7 of their or their parents' identification number (Table 1). Study: Suphanchaimat *et al.* (2016b) using 2009, 2011 and 2012 inpatient utilization data from one public hospital in Ranong province. Utilization: Barua and Narattharaksa (2020).

8. Pesses (2007); Rijken *et al.* (2015). Mobility

restrictions, less job opportunities and poverty were the three most often cited serious consequences of statelessness in Rijken *et al.*

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Appendix A: Methodology

The study behind this article uses a subset of the data collected for the research project on "Statelessness, nationalitylessness and mental health among the Lahu, Akha and Tai-Yai in Chiang Mai province, northern Thailand". Semi-structured interviews were conducted in June 2020. The closed-ended questions aimed at eliciting standard information about the demographic and socioeconomic characteristics of the respondents, as well as self-reported mental health, daily environmental stressors, healthcare utilization and health literacy. An adapted version of the daily environmental stressors scale designed by Riley *et al.* (2017), which draws on the HESPER scale, was employed to identify the most serious problems stateless and nationalityless people are facing. The HESPER scale is a tool to assess perceived needs in a population. While the focus is on people affected by large-scale humanitarian emergencies, it can also be used in chronic humanitarian situations. For the purpose of this study, problem areas specific to displaced people such as "fair access to services in the camp" were replaced with context-specific issues (based on a review of the relevant literature), such as "land rights". Open-ended questions were subsequently employed to deeply explore the nature of daily environmental stressors associated with statelessness and nationalitylessness. Some of these are based on the HESPER scale questions about other serious problems and the HESPER scale priority rating for serious problems. The daily environmental stressors and healthcare utilization data were used for this research article.[15]

The data were collected from 108 stateless and nationalityless adult household heads, who belonged to the Lahu, Akha or Tai-Yai ethnic groups. A total of eight villages in Chiang Mai province, where most stateless people are living, were selected purposively from existing records of a non-governmental organization (NGO) working with ethnic minorities in Chiang Mai and supporting their citizenship applications. Using quota sampling, the aim was to include 54 stateless household heads and 54 nationalityless household heads. Only household heads (or their representatives) were included as these are assumed to possess healthcare decision-making autonomy. Thirty-six household heads were selected from each of the three ethnic groups. Stateless and nationalityless household heads in each village were identified purposively, with the help of the NGO and their key contacts in the communities. In villages where the stateless household head quota could not be filled, nationalityless household heads were interviewed instead. Covid-19 related travel restrictions, limited the data collection to one district.

Prior to each interview, written consent was sought. To ensure confidentiality, neither names of individuals nor villages were recorded. Each interview took about one and a half hours to complete with participants receiving 100 Thai Baht (THB) for taking part in the research as a compensation for the time spent answering questions. Subject to approval by participants, interviews were recorded. Responses to open-ended questions were transcribed and translated into English. Five respondents did not feel comfortable having the interview recorded and only field notes were taken by the interviewers. All interviewers were recruited from the three ethnic groups and trained prior to the data collection. During the interviewer training, the participant information sheet and the questionnaire were translated into the local languages (i.e., Lahu, Akha and Tai-Yai). Interviews with respondents, who preferred to speak the language of their ethnic group, were subsequently conducted bilingually and answers to the open-ended questions were translated on the spot into Thai by the interviewers.

Ethical clearance was obtained from the Research Ethics Review Committee for Research Involving Human Research Participants, Group I, Chulalongkorn University on March 5, 2020 (certificate of approval number 114/2020). Permission to reproduce, reprint or translate the HESPER scale was granted by the WHO on May 17, 2020.

A mixed methods approach was chosen. Responses to the closed-ended questions were examined using simple descriptive statistics, while the qualitative data were analyzed using thematic analysis. Qualitative data analysis software (NVivo) was employed to code the data using an inductive approach to identify themes within the most important categories of environmental stressors.

Of the 108 respondents, 59% are registered with the Ministry of Interior (that is they were nationalityless and held an identification card starting with zero), while 41% were stateless. About 55% were male and respondents were young on average (38 years). About two thirds had not received any formal education and more than 80% work as day laborers. Rijken *et al* (2015) reported that 78% of stateless and nationalityless highlanders did not receive any

formal education compared to 54% of citizens. Less than five% of respondents who participated in this study reported having a monthly household income of more than THB 15,000 (about USD 485), while the corresponding percentage for the entire country stood at 61% in 2019. The average household size is about 4.8 people. About 35% were Buddhists, most of whom belong to the Tai-Yai ethnic group. The remaining respondents were mainly Christians.[16]

The findings are subject to several caveats. Instrument translation and translations of the verbatim transcriptions may be prone to translation errors (although professional translation services were used). Further translation errors might have been introduced by the interviewers, who translated questions and responses from Thai into the languages spoken by the three ethnic groups and vice versa. However, audio recordings of interviews conducted bilingually were subsequently cross-checked. As non-probability sampling methods were used, it is important to point out that the results of this study are not representative of the target population and cannot be generalized. Also, the sample size is rather small due to budget constraints. Moreover, as respondents were purposively selected from existing records of an NGO working with ethnic minorities to support citizenship applications, they might be more aware of the consequences of being stateless or nationalityless than others. Last, but not least, it is important to bear in mind that the Lahu, Akha and Tai-Yai are not homogeneous groups in themselves, but that there are several subgroups within each ethnic group.[17]

Appendix B: Further discussion of environmental stressors face by the Lahu, Akha and Tai-Yai ethnic groups

This appendix builds on the brief summary of the environmental stressors reported by the sample and illustrated in Table 3 in the "Environmental stressors" section of this article.

Compared with the Lahu and the Akha, the Tai-Yai are less exposed to environmental stressors. The Lahu and the Akha ethnic groups typically live in mountainous areas and in the past were among the main opium-growing tribes in Thailand. The Tai-Yai are considered more closely related to Thai people in the lowlands than the highlanders as they are often Buddhists and wet rice cultivators. The Akha and Lahu, on the other, are associated with dry-rice cultivation, given that they reside in higher altitudes. In contrast to the Akha and the Lahu, who relied on slash-and-burn agriculture, the Tai-Yai were more involved in trading. The closer proximity of the Tai-Yai to lowland Thai people may also explain why research related to statelessness mostly focuses on hill tribes.[18]

Problems with waste management as well as alcohol and drug use were viewed by respondents as problems of their communities rather than consequences of statelessness or nationalitylessness, the latter being contrary to the findings in Rijken *et al* (2015).

> "*We lack proper trash bins, and we have no idea how to sort waste, which results in trash being scattered all around the village and on the road.*" (55 year old nationalityless Lahu)

> "*The most serious issue for Lahu people are drugs given that drugs are easy to find both in our village and elsewhere. People are likely to turn to drugs when facing any problems, which makes it a huge issue that everyone has to work together to cope with.*" (20 year old nationalityless Lahu)

Almost three quarters of the respondents agreed that the lack of health insurance coverage is one of the three most serious consequences of statelessness and nationalitylessness. Mobility restrictions were considered by two thirds as one of the most serious issues, while about half of the respondents pointed to the lack of rights to land. Less agreement was observed regarding the severity ranking of other environmental stressors.

Neither nationalityless nor stateless people have the right to hold land in Thailand. Yet, respondents pointed out that issues surrounding land rights primarily affect ethnic groups in general. Poverty, landlessness, and ethnicity are considered to be deeply intertwined (in line with the findings of the literature).[19]

> "*Some villagers like us do not possess any land. They need to trespass and live on other people's land. If the owner of such land finds out and chases them away, they have no choice but are forced to move out. Some do not have land for commercial purposes since they cannot afford to buy any. Then, they cannot earn a*

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> *living and eventually stay poor and underprivileged. There are quite a lot of these people in the village. Each one of them does not possess any land and they have been suffering a lot from this*." (30 year old nationalityless Akha)

Moreover, with increasing awareness of the severity of deforestation in Thailand at the end of the 1980s, hill tribes were increasingly blamed for cutting down trees and being involved in commercial logging. After the 1989 flooding, a logging ban was introduced and a protected area system based on the 1985 national forest policy, which reclassified forest reserves as conservation forests and economic forests, was adopted in 1993. These measures *de facto* limited the livelihood of hill tribes, who have traditionally relied on slash-and-burn agriculture. The land used by hill tribes today is often located in areas for which land ownership title deeds are not issued. Some may hold land use rights in certain areas, but land tenure is insecure.[20]

> "*The lack of land rights is an issue because without the title deed certificate, there is no land to work on, making it difficult to earn a living*." (49 year-old nationalityless Lahu)

Mobility restrictions are felt to reinforce the disadvantages stateless and nationalityless respondents are facing since they cannot easily seek out opportunities outside their areas, especially in terms of employment, and, hence, to confine them to a low socio-economic status (in line with existing literature). Stateless and nationalityless people who decide to leave their areas in order to make a living are at risk of exploitation if they do not possess the necessary permission. This in turn translates into frustration, hopelessness and further marginalization given the protracted nature of their situation.[21]

> "A national ID card is the most basic thing to have because it is a necessary item in daily life. … Without an ID card, a person cannot do anything, just like a dead person." (47 year old nationalityless Lahu)