

Risk Communication: A Key to Building Resilience and Engaging Diverse Communities During the COVID-19 Public Health Emergency

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ABSTRACT

During the COVID-19 pandemic, both Thai residents and migrants in Thailand faced significant challenges. Migrants, mainly from Myanmar, Cambodia, and Lao PDR, often encountered vulnerabilities such as limited healthcare access, social discrimination, and language barriers, which increased their risk of infection. They were sometimes unfairly blamed for spreading the virus, leading to further stigmatization.

This study explores the situation of over 3 million documented migrants and an estimated ten times that number undocumented, mostly living in urban areas like Bangkok and Samut Sakhon. It reviews Thailand's risk communication strategies during COVID-19, focusing on how efforts were made to reach migrant populations. The government prioritized effective messaging and misinformation control by translating health information into multiple languages, providing multilingual support through the 1422 hotline, leveraging social media, and training community health volunteers—both local villagers and migrants—as trusted sources of information. These volunteers played essential roles in monitoring community concerns, disseminating protective measures, and supporting public health efforts, often acting as trusted voices within their communities.

Challenges such as language differences and mistrust highlighted the need for culturally sensitive, two-way communication. Lessons learned emphasize the importance of accessible information, regular updates, and active community participation. The strategic use of technology and local networks was vital in addressing social and health impacts on migrants. Overall, this case underscores that inclusive, culturally appropriate communication is crucial for epidemic control and health equity, offering valuable insights for policymakers and health practitioners working with diverse migrant populations.

Keywords: Risk Communication, Resilience, Public Health Emergency, COVID-19, Diverse Communities

Introduction

The COVID-19 pandemic underscored the vital role of effective risk communication in managing public health emergencies and bolstering community resilience. Thailand, a country characterized by its diverse population—including a significant migrant community—faced unique challenges in this arena. As a regional hub for intraregional migration and a key destination in Southeast Asia, Thailand hosts at least 5.3 million non-Thai nationals, reflecting an 8% increase from nearly 4.9 million documented in previous reports. The country also serves as a transit point for migrant workers, refugees, asylum seekers, and trafficked persons, while simultaneously being an origin country

for Thai workers deployed across the region and beyond [1]. An estimated 3 million documented migrants, with potentially up to ten times that number undocumented—mainly from Myanmar, Cambodia, and Lao PDR—work predominantly in manufacturing, construction, agriculture, and informal sectors. Many of these migrants reside in crowded conditions, such as dormitories and densely populated neighborhoods, which complicates social distancing and hygiene measures. Limited access to sanitation, clean water, and healthcare—along with language barriers and fears related to their legal status—heightened their vulnerability to COVID-19[2].

One of the key challenges was restricted access to healthcare services, hampered by legal, financial, and linguistic obstacles. Many migrants do not speak Thai fluently, which hindered

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their understanding of public health messages and their ability to communicate with health authorities. This language barrier often led to confusion regarding preventive measures, testing, and vaccination, delaying early intervention. Additionally, fears about their legal status and a lack of awareness of available health services discouraged many from seeking care or participating in health initiatives [3].

Discrimination and social stigmatization further exacerbated these vulnerabilities. Migrants were sometimes unjustly blamed for the spread of the virus, especially in densely populated areas like Bangkok and Samut Sakhon. Misinformation, prejudice, and social exclusion fueled harassment and violence, negatively impacting their mental health and sense of security. Such stigma created obstacles to community engagement and cooperation with health measures, resulting in underreporting of symptoms, reduced testing, and lower vaccination rates—hindering overall public health efforts.

This study examines Thailand's strategies and activities to leverage risk communication as a tool for enhancing resilience among its diverse populations during the COVID-19 pandemic [4].

Materials and Methods

This research employs a documentary approach, analyzing data collected from relevant organizations, including publications from the Department of Disease Control accessed through traditional media outlets and social media platforms. Descriptive statistical methods will be used to summarize the data, primarily presenting findings in percentage formats.

Results

Thailand's migrant population underscores the country's pivotal role in regional migration, sharing borders with Lao PDR, Myanmar, Cambodia, and Malaysia. Thailand functions simultaneously as a source, destination, and transit country, with substantial two-way flows of both skilled professionals and migrant workers. Over 3 million documented migrants reside in Thailand; however, estimates suggest that the actual number of undocumented migrants could be up to ten times higher. Many migrants arrive seeking better livelihoods, primarily working in sectors such as construction, agriculture, services, restaurants, and textiles. The majority originate from Myanmar, followed by Cambodia, Lao PDR, the Philippines, and Vietnam. A significant portion are based in Bangkok and Samut Sakhon—often called the 'second capital of Myanmar' due to its large Burmese community. Many of these migrants lack health insurance, including coverage for COVID-19 [5].

During 2020, Thailand faced considerable challenges in risk communication and migration management amid the first wave of COVID-19. Initial cases led to discrimination and stigmatization of migrants, compounded by misinformation surrounding the virus and related fatalities. Following the declaration of a state of emergency on 25 March 2020, the government implemented curfews, partial lockdowns, and border closures to contain the virus. However, adherence to these measures was inconsistent, particularly among migrants, which contributed to widespread community transmission. The second wave, from December

2020 to February 2021, originated from a market with many migrant workers, and as they traveled across the country, the infection spread further. This period also saw increased racial discrimination directed at migrant communities.

In response, the Thai government prioritized enhancing risk communication strategies. Initiatives included identifying migrant leaders and training healthcare workers to better serve their communities. Social media platforms such as 'Thai Roo Soo COVID-19' and the 1422 hotline were employed to disseminate information in multiple languages, reaching diverse audiences (Figure 1). Between February and June 2021, as vaccines became available, questions arose about prioritization—particularly whether migrants should be vaccinated first. Recognizing their vulnerability, the government included migrants alongside other high-risk groups such as the elderly, individuals with chronic conditions, pregnant women, healthcare workers, and community volunteers [6,7].

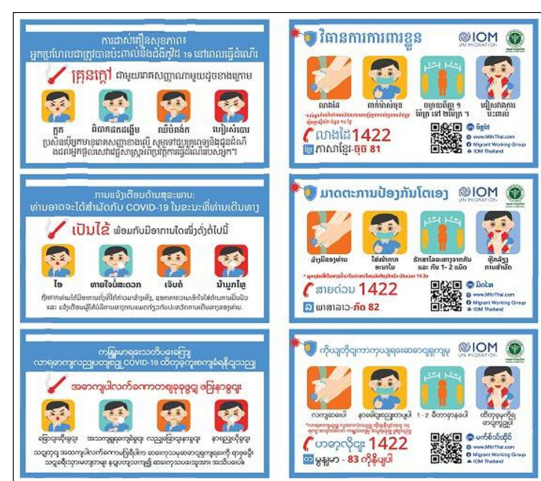


Figure 1: Infographic for Communicate to Migration in Thailand During COVID-19

Throughout the pandemic, Thailand also addressed the challenge of the infodemic—the rapid spread of false information—by promoting trust in accurate sources and actively countering misinformation. A health sector spokesperson, a doctor and psychiatrist, was appointed to address both medical and psychological concerns, helping to reduce public panic and manage community complaints. Accurate health messages were disseminated through healthcare workers, village health volunteers, and migrant health volunteers, ensuring community-level engagement.

The Department of Health Service Support recommends that all establishments employing foreign workers appoint Migrant Health Volunteers (MHVs) at a ratio of one volunteer per 100 foreign workers. These volunteers serve as representatives for health care and facilitate communication and coordination regarding the health of migrant workers. Engagement with migrants was integral to Thailand's response. In collaboration with the WHO, the Ministry of Public Health trained approximately 70 migrant healthcare workers to manage hotlines and mobilized around 7,000 community-based volunteers. These individuals played vital roles—listening to community concerns, monitoring incidents, spreading protective measures,

and supporting public health efforts. Information was translated into multiple languages, including English, to effectively reach migrant populations and neighboring countries. (Figure 2).



Figure 2: MHVs Trained by Ministry of Public Health, Who and Related Organization.

Recognizing the dynamic nature of trust and information, Thailand emphasized the importance of frequent updates from reliable sources, especially for migrants who may oscillate between trust and mistrust. Effective risk communication leveraged technology and social media to prevent rumors and panic, ensuring transparency and the timely sharing of relevant information. While transparency is crucial, the approach also prioritized responsible communication—disclosing necessary information without overwhelming the public—thus maintaining community trust and resilience during the health emergency [8-10].

Discussion

The COVID-19 pandemic not only posed a significant health threat but also exposed and amplified existing social vulnerabilities among migrant populations in Thailand. During this period, social discrimination and stigmatization intensified, with migrants often being unjustly blamed for the spread of the virus—particularly in high-density areas such as Bangkok and Samut Sakhon. This blame, fueled by misinformation and prejudice, led to social exclusion, harassment, and even violence against migrant communities. Such stigmatization had profound impacts on their mental health, sense of security, and willingness to engage with health initiatives—including reporting symptoms, seeking testing, or participating in vaccination programs. Consequently, this reluctance hindered public health efforts and allowed the virus to spread more unchecked within densely populated migrant neighborhoods.

Multiple intersecting factors—limited access to healthcare, language barriers, crowded living conditions, and social discrimination—created a perfect storm that heightened migrants' vulnerabilities during the pandemic. Fear of detention or deportation further discouraged undocumented migrants from accessing essential health services, resulting in delayed care and increased risk of uncontrolled transmission. These barriers underscored the urgent need for targeted, inclusive strategies to ensure equitable health access for all residents, regardless of documentation status.

Addressing these challenges required concerted efforts from the Thai government, NGOs, and international organizations.

Tailored interventions such as multilingual communication, culturally sensitive outreach, and community engagement proved vital in mitigating vulnerabilities. Recognizing and responding to the specific needs of migrant populations not only led to better health outcomes but also contributed significantly to controlling the spread of COVID-19. These strategies reinforced that risk communication (RC)—delivering clear, relevant, and culturally appropriate information—is fundamental for building resilience and fostering trust during health emergencies.

RC plays an essential role in empowering communities to make informed decisions, especially in times of uncertainty. When effectively implemented, it promotes transparency, addresses community perceptions and concerns, and leverages multiple accessible channels—such as social media, community leaders, and volunteers—to reach diverse populations. During the pandemic, Thailand demonstrated how multilingual messaging, active community engagement, and the training of migrant health volunteers helped overcome language barriers, dispel misinformation, and build trust. These efforts contributed to increased health literacy, greater cooperation with public health measures, and reduced social stigma.

Furthermore, RC is a dynamic, ongoing process that spans all phases of an emergency—preparation, response, and recovery. It involves real-time information exchange among authorities, community leaders, media, and the public. When executed thoughtfully, RC fosters community participation, enhances trust, and ensures that health advice is relevant and well-accepted. Conversely, poorly tailored messaging risks undermining public confidence, fueling misinformation, and diminishing compliance with health directives.

The experiences of Thailand during COVID-19 affirm that integrating RC as a core component of public health response is vital for resilience. Achieving effectiveness requires trained personnel, sustained funding, and institutional support across all stages of an emergency. Guidance and capacity-building resources provided by organizations like the WHO emphasize the importance of preparedness, including training programs and innovative communication tools.

Key Lessons

Recognize the vital contribution of migrants to the economy and society. Despite their importance, language barriers pose significant challenges—even among communities sharing the same language. Migrants' health behaviors are influenced by perceptions of susceptibility, severity, benefits, barriers, and cues to action. Positive attitudes, fostered through media advocacy, are crucial in promoting knowledge sharing and behavior change.

Build and maintain public trust. Establishing credible, semi-formal information sources and facilitating two-way communication are essential. Regular updates and timely dissemination of information regarding the evolving situation, measures, and risks are vital. Accessible communication channels—such as hotlines, mobile apps, and social media—must be available to support community needs.

Ensure responsible and consistent messaging. Officials must possess comprehensive knowledge and act within their roles,

ensuring accountability and coherence in communication. This approach is critical in managing both risk communication and infodemic challenges, promoting public confidence and reducing misinformation.

Limitations

This study primarily relies on documentary analysis, which may be limited by the accuracy and completeness of sources. It lacks primary data from migrants and community volunteers, limiting insights into personal experiences and the effectiveness of communication strategies. Additionally, findings may not be fully generalizable beyond Thailand, and the focus on early pandemic phases may overlook long-term impacts. Language and cultural nuances could also affect interpretation, and the study does not quantitatively measure the direct impact of risk communication on health outcomes.

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