

# Chapter 1

## Introduction

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# Chapter 1

## Introduction

Thailand is expected to transform from an ageing to a super-aged society<sup>1</sup> by 2035 (Prasartkul, 2019). In 2019, more than 40% of the population younger than 60 years had not been prepared for quality ageing with regard to health and income security (Suvetwethin, 2019 [2562 BE]). Better preparing older people is a measure on the national agenda on population ageing (Department of Older Persons, 2019 [2562 BE]). Active ageing depends in no small measure on how people live and work before they reach old age.

As of 2018, 55.3% of the working population was in the informal sector.<sup>2</sup> Many informal workers find themselves in working conditions that do not contribute to active ageing. Their wages are low. They neither work regularly nor enjoy work security. They work long hours, with little or no opportunity for skills or vocational development. They have little access to formal funding sources. They are prone to accidents and occupational hazards. They do not belong to a strong organisation and there seems to be no policy guiding the informal workforce to active ageing (Nirathron et al., 2018 [2561 BE]). This study supports attempts to prepare informal workers for ageing.

Motorcycle taxi drivers belong to the informal workforce in the transport and storage occupation grouping; 2018 statistics reveal that the group constituted 2.5% of the total informal workforce (National Statistical Office of Thailand, 2018). Motorcycle taxis are extremely important in transporting the Bangkok population (Oshima et al., 2007; Ratanawaraha and Chalermpong, 2014), as they connect one type of transport to another and have an uncanny ability to bring people to areas beyond the reach of other public transport systems, such as the small side streets commonly found in Bangkok. In 2018, there were 91,582 motorcycle taxi drivers at 5,760 motorcycle taxi stands in all 50 Bangkok districts (Department of Land Transport, 2018 [2561 BE]), plying different types of terrain. The number did not include unregistered motorcycle taxi stands and drivers who work on electronic platforms such as Grab. The same year saw motorcycle taxis provide 6 million rides to the public per day, making THB65 million–THB130 million a day or THB23 billion–THB40 billion a year (Chongpattaranichpan, 2018 [2561 BE]). The expansion of the city and public transport systems means that the number of motorcycle taxi drivers will be increasing (Ratanawaraha and Chalermpong, 2015).

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<sup>1</sup> The government defines an 'ageing society' as one where the share of the population aged over 65 years exceeds 7% of the whole population and a 'super-aged society' as one where more than 20% of the total population is 65 years and older.

<sup>2</sup> The 2018 survey by National Statistical Office of Thailand showed a total of 38.3 million workers, out of whom 21.2 million or 55.5% were informal workers, who are without social protection. Informal workers, according to the office, do not include those who voluntarily contributed to the Social Security Fund under the Social Security Act, Section 40. Otherwise, the number of informal workers would be much higher.

This study is based on the conceptual framework of active ageing and linked to the decent work agenda of the International Labour Organization, as the two components complement and support each other.

## **1. Motorcycle Taxi Driving as an Occupation**

Motorcycle taxi service first appeared in 1979 and taxis have become more numerous. In 1994, official estimates put the number of motorcycle taxi stands at 1,570, with 37,500 vehicles (Poapongsakorn, 1994 [2537 BE]). The government regulated motorcycle taxis in 2003–2005 to reduce rent seeking and allowed motorcycle taxi drivers to use their motorcycle vests as security for loan applications, but rent seeking persists.

After the 2014 military coup, the National Council for Peace and Order introduced a policy to regulate motorcycle taxis to allow motorcycle taxi drivers and others who want to provide public transport to do so legally. They need to register to become motorcycle taxi drivers.<sup>3</sup> Some legal breaches persist, e.g. fare overcharging, unsafe driving, and rent seeking (PostToday Online, 2014 [2557 BE]; Tanpisit, 2016 [2559 BE]; Thairath Online, 2018 [2561 BE]). Public transport drivers are also adversely affected by clandestine taxi services available through various applications. However, the undesirable behaviours of certain motorcycle taxi drivers, coupled with greater ease in using public transport services via applications, have lent support for public transport services via applications.

Motorcycle taxi driving is supervised by laws covering (1) motorcycle taxi registration; (2) motorcycle taxi licenses; (3) motorcycle bodies and other parts; and (4) others, including motor vehicle tax, car insurance under the Road Accident Victims Protection Act, fares, vehicle inspection and passenger safety devices, and driver conduct (Vichitrananda, 2008 [2551 BE]). Such measures are all important for the safety of drivers and passengers but are often not observed, leading to payment of ‘convenience fees’. The agencies directly responsible for the occupation are the Department of Land Transport, the Metropolitan Police Bureau, and district offices of the Bangkok Metropolitan Administration (BMA).

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<sup>3</sup> A motorcycle taxi driver is required to have a motorcycle taxi license, pass a screening check for criminal records conducted by Centre for Records of Drivers of Public Transport and Hazardous-Substance Transporting Trucks, possess a motorcycle registered for public transport, belong to a registered motorcycle taxi stand, possess a clean bill of health declaring that the person does not have a chronic disease likely to cause unsafe driving or is not mentally disturbed or deranged, undergo 3-hour training, and pass written and physical competency tests. The health form, approved by the Medical Council of Thailand, consists of two parts. The first is completed and certified by the applicant and includes such details as record of personal chronic diseases, accidents, and major surgeries. The second is completed by a medical doctor who, having examined the applicant, certifies that the person is not so physically disabled that he cannot perform his duty; does not show any sign of mental illness, derangement, or retardation; and does not show signs of drug addiction, alcoholism, infectious or socially intolerable leprosy, dangerous tuberculosis, or socially intolerable elephantiasis. The doctor submits a summary of the examination and certifies that the applicant is physically fit. The Department of Land Transport announces the time of registration for public transport.

## **2. Motorcycle Taxi Drivers' Attempts to Set Up Organisations**

### **Motorcycle Taxi Stands:<sup>4</sup> Area-based Organisations**

Motorcycle taxi drivers form area- and occupation-based organisations. The law requires the motorcycle taxi drivers to belong to a motorcycle taxi stand or queue. The stand must be registered and the stand applicant must specify its location, committee members, and the list of motorcycle taxi drivers at the stand. A stand is an area for receiving passengers and thus implies the presence of an organisation as prescribed by law. Each stand has a head, who supervises the work and coordinates between its members and external agencies and manages potential conflicts within and outside the stand. The organisation lays down a code of conduct, which every member must observe. The stand head, therefore, is important in connecting members and external agencies, especially government authorities and other local influential figures, which can affect the stand's operations. The members meet daily, allowing them to exchange information. Some stands form savings groups for collective savings, or savings cooperatives, from which members may also borrow. Some set up cooperative-like stores, which serve their members and the public. The stands offer public assistance as volunteers, providing public service at royal ceremonies, for example.

### **Motorcycle Taxi Association of Thailand**

The Motorcycle Taxi Association of Thailand grew out of attempts by motorcycle taxi drivers to organise during 2003–2005. It was officially registered in 2010 to protect the rights of drivers, represent its members in coordinating with government agencies and other organisations, upgrade and ensure members' life security, and support public activities for the social good. As of 2014, the association had 3,329 members, 130 female and 3,199 male, representing 3% of the total number of motorcycle taxi drivers in Bangkok. The association's leadership committee consists of representatives of 16 motorcycle taxi stands. Its role is to provide educational and vocational support by coordinating with external agencies and to manage such issues as illegal stands. Since 2016, however, the committee's role has been diminished because of corruption related to loans and membership dues. After it decided to partner with GoBike, a Malaysian company, to upgrade the passenger and parcel transport service through various applications, the committee lost the trust of many members. In the same year, the association joined hands with three other networks of informal workers –homeworkers, street vendors, and domestic workers – and established the Informal Worker Confederation. In 2018, the association elected a new committee. So far, there is no clear policy to prepare motorcycle taxi drivers for active ageing (Changthongmadan, 2019 [2562 BE]).

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<sup>4</sup> A stand is a place for receiving passengers as prescribed by the BMA subcommittee.

### **3. Active Ageing and Decent Work**

Active ageing consists of three interconnected and mutually supporting pillars: (1) good health, i.e. no diseases requiring high-cost healthcare, no health risk, engagement in physical activity, and access to health service; (2) economic and social participation, i.e. employment, skills and vocational development, and participation in family and community activities; and (3) security, i.e. adequate income support, savings, good family relationships, and housing security (World Health Organization, 2002; Nirathron et al., 2018 [2561 BE]). Every life stage is crucial for active ageing, which depends in no small measure on support for all the dimensions above and on how people conduct themselves before they become aged.

Because it depends on the quality of work life before ageing, active ageing has much to do with decent work, a value that sums up all the minimum standards to which workers are entitled in their work life. Decent work can be achieved through four interconnected measures: (1) productive employment, i.e. promotion of job opportunities, education, and skills; (2) fundamental principles and rights at work, e.g. fair remuneration; (3) social protection, i.e. occupational health, social security, and other measures guaranteeing security and quality of life; and (4) social dialogue, i.e. organisation for greater education and empowerment (International Labour Organization, 2013). The combination of decent work and active ageing, therefore, links work to ageing.

Studies on the preparedness of motorcycle taxi drivers fall into two groups: one dealing with the preparedness of informal workers and another with the characteristics of the occupation of motorcycle taxi drivers. In the first group are two important studies. A 2011 study on health and socio-economic preparedness found that informal workers are not quite prepared for old age. They may be somewhat prepared on the social and health fronts but not so on the economic front, although much of the workers' attention has always been given to economic considerations. The study proposes that such preparedness is the responsibility of the workers but that the state must support them (Sindecharak and Netiparatanakul, 2011 [2554 BE]). A 2018 study dealt with farm workers, homeworkers, and self-employed workers, using active ageing and decent work as its conceptual framework. The study suggested that preparedness can result from services related to active ageing, workers' conduct, workers' prospects when they age, and how to realise the desired future. Workers attach the most importance to health, followed by the economy (employment and income) and family relationships. However, the three groups do not have access to decent work. They cannot work regularly, which results in irregular earnings, low remuneration, health and safety problems, lack of skills and vocational development, and little organisation, all contributing to the lack of preparedness for old age (Nirathron et al., 2018 [2561 BE]).

A 2017 study, which gave an overall picture of the motorcycle taxi occupation, found that most drivers are male, living in the upcountry. Their income depends on the location of the motorcycle taxi stands, and their work is mainly delivery of passengers, parcels, and documents. The main obstacles to their livelihood are not knowing the best time to earn money, personal issues such as health and pregnancy, and problems arising out of

government policy and operations of government officials. Motorcycle taxi drivers attach greater importance to health service than to housing. They are worried about their health and approaching old age, which affect their livelihood (Reed et al., 2017). Previous studies dealt with the impacts of legal supervision and control, rent seeking (Selaanan, 2005 [2548 BE]), supervision and control problems (Vichitrananda, 2008 [2551 BE]), management, improvement of quality of life, security, support for motorcycle taxi drivers' efforts to organise (Ratanawaraha and Chalermpong, 2014), and health and work safety (Noochana, 2014 [2557 BE]).

From the above conceptual framework and research review, the conceptual framework is derived (Table 2.1):

**Table 2.1. Conceptual Framework**

<b>Active Ageing</b>	<b>Decent Work Agenda</b>	<b>Preparedness for Old Age to Achieve Active Ageing</b>		
		<b>Getting or Using Service, and Own Conduct</b>	<b>Expectations after the Age of 60</b>	<b>Preparations</b>
<b>Social and economic participation</b>	<ol style="list-style-type: none"> <li>1. Employment opportunities</li> <li>2. Social dialogue</li> </ol>	<ol style="list-style-type: none"> <li>1. Employment support</li> <li>2. Skills development</li> <li>3. Information on occupations</li> <li>4. Group membership</li> </ol>	<ol style="list-style-type: none"> <li>1. Vocation</li> <li>2. Income</li> <li>3. Family relationships</li> <li>4. Community relationships</li> </ol>	<ol style="list-style-type: none"> <li>1. Vocation</li> <li>2. Family relationships</li> <li>3. Community relationships</li> </ol>
<b>Health</b>	<ol style="list-style-type: none"> <li>1. Basic rights</li> <li>2. Social protection</li> </ol>	<ol style="list-style-type: none"> <li>1. Health promotion</li> <li>2. Knowledge about occupational health</li> <li>3. Health information</li> </ol>	<ol style="list-style-type: none"> <li>1. Physical health</li> <li>2. Mental health</li> </ol>	<ol style="list-style-type: none"> <li>1. Physical health</li> <li>2. Mental health</li> </ol>
<b>Security</b>	Social protection	<ol style="list-style-type: none"> <li>1. Social Security Act, Section 40</li> <li>2. National Savings Fund</li> <li>3. Education and further learning</li> </ol>	<ol style="list-style-type: none"> <li>1. Income</li> <li>2. Housing</li> <li>3. Family relationships</li> <li>4. Community relationships</li> </ol>	<ol style="list-style-type: none"> <li>1. Income</li> <li>2. Housing</li> <li>3. Family relationships</li> <li>4. Community relationships</li> </ol>

Source: Compiled by the authors (2021).