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MASTER OF DEVELOPMENT STUDIES PROGRAMME**

**A STUDY OF AWARENESS ON
THE RIGHT TO THE SOCIAL SECURITY OF WORKERS
(CASE STUDY GARMENT INDUSTRY)**

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EMDevS – 41 (16th BATCH)**

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(CASE STUDY GARMENT INDUSTRY)**

A Thesis submitted in partial fulfillment of the requirements for the
Master of Development Studies (MDevS) Degree

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This is to certify that this thesis entitled “**A STUDY OF AWARENESS ON THE RIGHT TO THE SOCIAL SECURITY OF WORKERS (CASE STUDY GARMENT INDUSTRY)**” submitted as the requirement for the Degree of Master of Development Studies has been accepted by the Board of Examiners.

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ABSTRACT

The social security system is reducing poverty and inequality, well-designed social security system will adequate benefits. The objective of the study is to expose a current status of workers' right to social security in Myanmar and to access the knowledge, attitudes and practices of workers. The study uses a descriptive method based on the primary and secondary data. The study conducted interviews with (120) garment workers, (10) focus group discussions and key informant interviews. The workers must be aware of their rights under Myanmar's Social Security Law. The key informant interviews provide the current function of the social security system. The study found that workers have restrictions in accessing social security due to a lack of knowledge, and they are not reliant on the social security system. The workers admitted that they never obtained from Social Security Board members about their social security' rights, benefits and the process of accessing the social security system.

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TABLE OF CONTENTS

	Page
ABSTRACT	i
ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS	iii
LIST OF TABLES	v
LIST OF ABBREVIATIONS	vi
CHAPTER I INTRODUCTION	
1.1 Rationale of the Study	1
1.2 Objectives of the Study	3
1.3 Method of Study	3
1.4 Scope and Limitation of the Study	3
1.5 Organization of the Study	4
CHAPTER II LITERATURE REVIEW	
2.1 Nature and Scope of the Social Security	5
2.2 Elements of the Right to the Social Security	7
2.3 Forms of Social Security Schemes	10
2.4 Review on Previous Studies	11
CHAPTER III SOCIAL SECURITY SYSTEM IN MYANMAR	
3.1 Background of Social Security System in Myanmar	14
3.2 Social Security Schemes of Myanmar	16
3.3 The Right to the Social Security for Workers	18
3.4 Social Security Board's Operations in Myanmar	20
3.5 Limitations of the Social Security Systems	21
CHAPTER IV ANALYSIS ON AWARENESS OF SOCIAL SECURITY	
4.1 Profile of Study Area	23
4.2 Survey Design	26
4.3 Analysis of Survey Data	26
4.4 KII Analysis on the Current Right to the Social Security in Myanmar	40

CHAPTER V	CONCLUSIONS	
	5.1 Findings	47
	5.2 Recommendation	50
REFERENCES		
APPENDICES		

LIST OF TABLES

Table No.	Title	Page
4.1	FDI Garment Industry in Shwe Pyi Thar Industrial Zone 1	25
4.2	Characteristics of Respondents	27
4.3	Monthly Income of the Respondents	28
4.4	Types of Shocks	29
4.5	Respondents' Coping Strategies	29
4.6	Knowledge about Social Security Board's Function	30
4.7	Source of Information about the Social Security System	30
4.8	Respondents' Awareness of Social Security System's Assurance	31
4.9	Respondents' Aware the Social Security Schemes	32
4.10	Eligibility and Accessibility of Social Security System	33
4.11	Respondents' Experiences about the Right to the Social Security	34
4.12	Difficulties to Access the Social Security Schemes	35

LIST OF ABBREVIATIONS

ADB	Asian Development Bank
CESCR	Committee on Economic, Social and Cultural Rights
CMP	Cut – Make – Pack System
FDI	Foreign Direct Investment
FGD	Focus Group Discussions
ILO	International Labour Organization
IMF	International Monetary Funds
KAP	Knowledge Attitude Practices
KII	Key Informant Interviews
MMK	Myanmar Kyats
MOLIP	Ministry of Labour Immigration and Population
MOPFI	Ministry of Planning Finance and Industry
PPS	Provider Purchase Slip
SDG	Sustainable Development Goal
SSB	Social Security Board
UN	United Nations
UNESC	United Nations Economic and Social Council
WB	World Bank
WCC	Workplace Coordinating Committee
YCO	Yaung Chi Oo

CHAPTER I

INTRODUCTION

Social security is a key player for developing countries, helping to build a more optimistic outlook not only to economic and technological change, but also to globalization's challenges and potential benefits in terms of greater production and higher productivity. Social security contributes to economic growth by growing labor productivity and improving social stability. Health care system help to maintain workers in good health. Pension systems ease the departure of older workers from the labour force. Cash sickness benefit system helps recovery of sick workers and it reduces financial burden to continue working while sick. Maternity system is the importance for the reproduction of a balanced population and for the preservation of working mothers' welfare. Work injury schemes play an important role in avoiding injuries and sickness at work. Unemployment benefit offers unemployed people a breathing space to find jobs. Child benefits help families with children have a decent income to provide their children with enough nutrition and a safe living atmosphere (ILO, Social Security:Issues, challenges and prospects, 2001).

The 2030 Sustainable Development Goal agenda is setting a 15-year strategy to end hunger, protect the world, and better everybody's lives and opportunities everywhere. Goal 1 is to end poverty everywhere and one of its objectives is to introduce nationally effective social protection system. Goal 8 is to promote sustainable, equitable and sustainable economic development, complete and meaningful jobs and decent work for all and one of its objectives is to preserve labour rights and promote healthy and secure working conditions for all employees, including migrants. Goal 10 is to reduce inequality and one of its goals is to implement policies, particularly economic, wage and social security policies, and gradually achieve greater equality (Sustainable development Goals, 2015, p. UN).

The right to social security is the right to obtain protection from society through a set of public measures to provide compensation, whether in cash or in kind from work-related conditions such as sickness, maternity, injury to work, unemployment,

disability, old age and death of the breadwinner, including health care and family support (ILO, World Social Security Report, 2011) .

In the context of social security , Myanmar Social Security Law 2012 aims to provide the right to draw back some of the contributions paid by employers and workers as savings, in compliance with the provisions and to gain the right to continuing medical care, family support, disability benefits, pension benefits, survivor benefits, unemployment benefits, residency and housing rights after retirements in addition to health insurance and pecuniary compensation for sickness, maternity, death and injury to the workforce (Social Security Law, 2012)

In Myanmar, extending social protection has become a priority and is a central element of the country's framework for reducing poverty. Myanmar's social protection vision is an inclusive, fair and sustainable system which contributes to human capital by making it easier to access key social services, such as education, health, housing and water; protects people against risk and shocks; addresses economic and social vulnerability and food insecurity throughout their life cycle, and promotes economic opportunities (Social Protection Working Committee, 2014).

The Social Security Board (SSB) is managed in Myanmar by the Ministry of Labor, Immigration and Population with the representation of employers, workers and government stakeholders. The SSB system is contributive, funded by 5 percent of the monthly salaries of the members, and 3 percent of employers' contributions. Membership is open to all registered sector workers with 5 or more employees. To date, only 1.6% of Myanmar's population has legal benefits and on the basis of data from the Social Security Board, 98.4% of Myanmar's population did not have access to Social Security Board (Social Security Board, 2020).

Yangon Region has the highest concentration of industrial production facilities in Myanmar. The majority of the country production facilities are located within the Yangon region due to the establishments of 20 industrial zones in South Okkalapa, Dagon Seiken, South Dagon, North Dagon, East Dagon, North Okkalapa, Shwe Poukkan, Tharkayta, Mingalardone, Pyin Ma Bin, Yangon, Hlaing Thayer , Shwe Lin Ban, Shwe Pyi Thar Townships. Among them, Shwe Pyi Thar industrial zone is the one of the industrial zones (Ministry of Planning, Finance and Industry, 2019).

The garment industry is a significant contributor to Myanmar's economic growth. In addition, it is a labour intensive industry that can generate job opportunities. Most of the social security system issues are caused in this industry. According to the

social security legislation of 2012, all of the workers are required to register for social security schemes. Many media outlets reported in 2019 that 200 employees from a Korean-owned garment factory went on strike because their employer failed to pay their SSB contributions (Myanmar Now, 19 Dec 2019). As per research from Myanmar Labour News, there are several social security issues for basic works in garment industry. The workers haven't received the enough knowledge about the compensation plan, haven't understood the clear documentation process of reimbursement procedures and some of the workers realized that their employers lacked of obliged to pay social security fees when they submitted the claims. It highlights that majority of workers haven't awareness about their right to the social security system's circulation and don't understand about clear picture of their benefits from social security contribution (Myanmar Labour News, 2020). Therefore, this study examines the industrial zone.

1.2 Objective of the Study

The study intends to expose a current status of the right to social security of workers in Myanmar and to access the knowledge, attitudes, and practices of workers from the garment industry in Shwe Pyi Thar industrial zone concerning the social right of Myanmar.

1.3 Method of Study

The study uses a descriptive method based on the primary and secondary data. The primary data was collected by using random sampling method to (120) respondents from garment industries and (10) Focus Group Discussions with workers from workplace coordination committee (WCC) members. Extensive qualitative data was collected from Key Informant Interview (KII) with government officials from social security board and stakeholders labour associations for their perceptions of social security system. The secondary data, facts, and figures were collected from Social Security Board and organizations such as ILO, World Bank, ADB.

1.4 Scope and Limitation of the Study

The social security System covers the employee from formal working sector who has the regular earnings. Approximately 1.5 million of population are registered for social security system. Those are from the different working industries and sectors. This study focuses the workers from (20) garment factories which are located in Shwe

Pyi Thar Industrial Zone 1. All these (20) garment industries in this study are foreign own industries (FDI). This study describes the law and polices related social security which have been adopted from 2012. The study period is from March to September in 2020.

1.5 Organization of the Study

This study is organized into five chapters. Chapter I is Introduction. It includes rationale, objectives, method, scope and limitation and organization of the study. Chapter II presents literature review and previous studies review. Chapter III consists of Myanmar social security system background and operations of the social security system and Chapter IV consists of Survey Analysis. Chapter V is a conclusion with findings and suggestions from a former study.

CHAPTER II

LITERATURE REVIEW

The social security is a human right that responds to the basic need for protection from such threats and social needs of life. The social security system reflect an important investment in employee well-being and in the society as a whole and promote access to jobs and education, nutrition and critical goods and services. The social security leads to improve productivity, employability and economic development (International Labour Standards, n.d.)

The social security program prevents and minimize poverty, encourages social integration and equality of vulnerable people. It leads to economic growth such as higher incomes raise household spending, savings and expenditure and increase domestic demand at macro level. It facilitates human development: cash transfers encourage access to healthcare and schooling, resulting in improved health conditions, higher school enrolment rates, lower school dropout rates and lower child labour. It improves productivity and employability by increasing human capital and productive properties. It prevents individuals and families from shocks, including pandemics, environmental hazards or economic downturns. It builds democratic stability and social harmony, reducing inequality, social tensions and violent conflicts; promoting greater civic solidarity and involvement. It is a human right for all to enjoy, including children, mother, disabilities, workers, the elderly, migrants, indigenous peoples and minorities (Universal Social Protection 2030, 2016).

Social security can be defined as any social insurance programme provided by legislation or any other mandated arrangement that provides individuals with a degree of income security in the face of old age, survival, incapacity, injury, unemployment or rearing children. It can also provide curative or preventive medical treatment. Social security may include social insurance systems, social aid programmes, universal programmes, mutual benefit schemes, national provident funds and other structures including market-oriented approaches that are part of a country's social security system in compliance with national law or practice (Income Social Security Association, 1991).

Social protection is defined as a collection of policies and services designed to reduce poverty and insecurity by fostering productive labour markets, reducing people's risk exposure, and improving their ability to protect themselves from hazards and income interruption/loss. Social protection consists of five major elements: labor market policies, social insurance programs, social assistance and welfare service programs, micro and area-based schemes and child protection. (Yao X. , 2015).

Social protection efficiently and rapidly eliminates inequality and poverty through cash and kind transfers. A good basic standard of social protection is affordable and feasible almost everywhere. The group of nations has had a global ethical compass for decades when it comes to social protection. All nations must concentrate the 1944 recommendations of the ILO on Income Security & Medical Care and the 1948 Universal Declaration of Human Rights on Social Protection in order to give priority to human rights. The ultimate goal is to achieve universal security for those who need it (Cichon, 2018).

The efficient social insurance schemes ensure the stability and wellbeing of income and health, while helping to reduce and mitigate poverty and inequality and to encourage social integration and human dignity ((International Labour Standards, n.d.). Social insurance should embrace all contingencies in which an insured person is prevented from earning his living. Insurance should include certain associated emergencies involving extraordinary strain. Compensation should be given in work incapacity and death situations. Social insurance plans targeting different needs and contingencies for sickness, maternity, invalidity old age, death of breadwinner, unemployment, emergency expenses and employment injuries. Social insurance should offer contingency cover for both working and self-employed individuals with their dependents. The practices are to collect contributions without incurring disproportionate administrative expenditure (Income Security Recommendation, 1944).

The concepts of social security and social protection have developed over time and are used in different ways across the world. Because of the numerous forms that both concepts take nowadays, achieving definitional consistency is a formidable challenge, particularly when neither word is used universally, widely varying across countries and international organizations. Social protection is often interpreted as having a broader character than social security. Social protection has the following aspects: (1) replaceable with "social security;" (2) provided by social security for social

risks and needs. Social security covers all measures providing benefits, whether in cash or in kind to ensure protection from a) lack of work-related income (or sufficient income) caused by sickness, disability, maternity, injury to work, unemployment, old age or death of a family member; (b) lack of access or access to healthcare; (c) insufficient family support, particularly for children; Social security has two key dimensions, namely "income security" and "medical care availability." Accordingly, social protection and social security depend on context (ILO, World Social Security Report, 2011).

The universal right to social security and social protection of all human beings in all situations, including as a way of supplementing daily living wages to ensure basic living standards. The social protection should revolve around food, clothing, accommodation, medical treatment and the right to social services/security in case of unemployment, sickness, injury, spousal death, old age or maternity/childhood (Universal Declaration Human Rights, 1948).

The social security covers nine (9) branches. These are (i) health care, (ii) sickness, (iii) old age (iv) unemployment, (v) employment injury, (vi) family and child support, (vii) maternity (viii) disability and (ix) survivor and orphans. For this study, social protection is the same as social security. The basic social security benefits aimed at preventing or alleviating insecurity, vulnerability and social exclusion (Convenant 102, 1952).

The International Labor Conference (2011), made up of state, employer and workers delegates, affirmed that social security is a basic right of the human rights and a fundamental means of establishing social cohesion (International Labour Conference, 2011).

2.2 Elements of the Right to the Social Security

The right to social security is fundamental to maintaining human dignity for all people. The social security plays an important role in reducing and alleviating poverty, preventing social exclusion and fostering social inclusion. The Committee on Economic, Social and Cultural Rights (CESCR) adopted General Comment No.19 on the Right to Social Security which states that there are important factors to consider when realizing the Right to Social Security. These are (1) Availability (2) Social Risk and Contingencies (3) Adequacy (4) Accessibility and (5) Relations with other rights (United Nations Economic and Social Council, 2007).

(1) Availability - social security system

The right to social security requires the existence of a system to ensure that benefits are provided, whether it be a single scheme or multiple schemes. The system should be established by domestic law with public authorities. The schemes should also be sustainable, particularly those relating to pensions ((United Nations Economic and Social Council, 2007).

(2) Social Risk and Contingencies

The social security system should provide for the coverage of the following nine principal as in ILO Covenant 102 (United Nations Economic and Social Council, 2007).

- i. Health Care - States Parties are obliged to ensure that States Parties are obliged to ensure that health networks are developed to provide sufficient access to health care for everyone.
- ii. Sickness - Cash compensation should be given to those unable to work due to ill-health to offset earnings loss times.
- iii. Old age - States Parties should take appropriate steps to build pension schemes and social assistance schemes to elderly people, beginning at a particular age or to be prescribed by national legislation.
- iv. Unemployment - States Parties should endeavor to provide insurance to compensate loss or lack of earnings due to inability to acquire or retain sufficient jobs. Benefits should be given to cover pay-loss times for individuals who are requested not to report for work during a public health or other emergency.
- v. Employment injury - State parties should also ensure the protection of workers injured during jobs or other productive work.
- vi. Family and child support - In delivering the benefits, the State Party should consider the resources and circumstances of the child and individuals responsible for supporting a dependent child or adult.
- vii. Maternity - Appropriate medical benefits should be given in hospital for women and children, including perinatal, breastfeeding and postnatal treatment.

- viii. Disability - It is the importance of providing sufficient income support to disabled people. The support should include family members and other informal occupations.
- ix. Survivors and orphans - Benefits can cover funeral costs, particularly in those States where funeral expenses are prohibitive. Survivors or orphans cannot be disqualified by discrimination from social security systems.

(3) Adequacy

The CESCR states that benefits, whether in cash or in kind, must be adequate in amount and duration. Everyone must understand their rights to family security and assistance, an adequate standard of living, and adequate access to health care, as stated of the Covenant. States parties must therefore adhere to the principles of human dignity and non-discrimination (United Nations Economic and Social Council, 2007).

(4) Accessibility

Accessibility means making social security services easy for people to reach, recognize and use regardless of age, disability, race, place or other factor ((United Nations Economic and Social Council, 2007). The CESCR has described the features of accessibility are as follows:

- i. Coverage - The social security system should cover everybody, particularly the most disadvantaged and marginalized groups.
- ii. Eligibility - The requirements for eligible benefits must be fair, proportionate, and clear.
- iii. Affordability - The direct and indirect costs and fees associated with the making of contributions must be affordable.
- iv. Participation and information - The system should be implemented in compliance with national legislation to ensure that individuals and organizations have the right to request, obtain and reveal information relating to all social security rights.
- v. Physical access - Benefits should be given in a timely manner, and physical access to social security services should be open to beneficiaries. In this regard, particular attention should be paid to people with disabilities, migrants and people living in remote or disaster-prone areas.

(5) Relationship with other rights

In favor of the realization of all of the rights in the Covenant, the right to social security plays an important role, but other steps are required to balance it. State parties should provide social care for the rehabilitation of disabled people and persons with disabilities. Schemes that offer social security to people belonging to vulnerable and marginalized groups should also be considered (United Nations Economic and Social Council, 2007).

2.3 Forms of Social Security Schemes

Both social security benefits, either in cash or in kind, reflect a social transfer. Via various social security systems, social transfers are coordinated. These schemes can be classified in two major groups as **contributory schemes** and **non-contributory schemes** (Behrendt & Hagemejer, 2018) .

The type of contribution scheme is widely referred to as a social insurance scheme that generally protects workers. Social insurance schemes offer access to health care and other social services (e.g. long-term care) or pay occasional cash benefits ((e.g. old age, unemployment, employment injury, maternity, sickness, etc.). Minimum income support schemes are also often referred to as social assistance schemes. Contribution schemes may be entirely funded through premiums or partially through tax. Contribution schemes that subsidize benefits are often non-contributory initiatives.

Conversely, non-contributory schemes generally require no direct contribution from beneficiaries or their employers. Typically, these schemes are funded by tax or other state revenues. A targeting mechanism is generally used by non-contributory schemes aimed at the vulnerable (means-tested schemes). These schemes include only those persons whose means (usually their assets or income) fall below a certain level. This diversity may represent itself through means of the methods of targeting the additional requirements needed for beneficiaries to have access to benefits that are employed. Such non-contributory schemes include

- i. Minimum income support schemes are also often referred to as social assistance schemes. They typically provide disadvantaged people with cash benefits based on some sort of means-testing.
- ii. Conditional cash transfers are schemes that provide disadvantaged individuals with cash benefits. As their children attend school or use basic preventive

nutrition and health care services, they are on the condition that they meet specific behavioral standards.

- iii. Employment guarantee schemes guarantee poor households access to a minimum number of workdays per year. Such programmes are one type of programme for public employment. Some employment guarantee schemes use a means-test, while others use methods of self-targeting.

Social assistance and welfare programmes protect those who are unable to apply for insurance premiums or who otherwise obtain insufficient benefits. Social assistance services are intended mainly to boost social security by specifically reducing poverty (Yao X. , 2015).

2.4 Review on Previous Studies

Relating the social security , many scholar did research in different point of views. Among them, some are relevant with the study of social security system.

Concerning the Social protection is an important dimension in the reduction of poverty and multi- dimensional deprivation. Shephard A.(2014) and Granlund S. (2015) described that social protection is an approach towards thinking about the processes, policies and interventions which respond to the economic, social, and political and security risks and constraints poor and vulnerable people face, and which will make them less insecure and less poor, and more able to participate in economic growth. Social protection policies are always part of a broader set of policies on macroeconomic stability, enterprise and employment development, health, and education aimed at reducing risk and vulnerability and encouraging pro-poor growth. The social protection has become an important tool in efforts to eradicate poverty in developing countries and also risen strongly on the global development agenda the last decade. Granlund S. (2015) explores the importance of social protection and the politics underlying efforts to protect the right to social security of South Africans living in poverty. The author suggests that South Africa's social protection system lies somewhere in between rights and relief and more universal systems comply better with a rights based approach to social protection. Although significant progress has been made to social protection in South Africa the last decade, more needs to be done for South Africa to reduce rampant inequalities and combat poverty in the future.

Providing social benefits to workers is a good form of social security. Langenhove & Laure (2019), Maduga F. C., (2015) and Townsend, (2007) discussed

that employers' provision of social benefits increased their ability to recruit and retain employees, as well as enhance labour productivity. Social insurance must be affordable and acceptable, there must be done in collaboration with government and employers. Prospective benefits were better guaranteed, more stable, and more explicitly participatory from the perspective of the insured than alternative tax-financed benefits

Relating the right to the social security system in Cambodia by Ken R. , (2017) there are gap in governance issue especially poor coordination within the overall social protection system , the large number of the informal economy and the limited budget to support the social protection programs and higher poverty rate so people can't effort to contribute the social security fees.

Workers in Myanmar became aware of the social security system in 2012. The National Social Protection Conference June 2012, President U Thein Sein speech that extending social security has become a top priority in Myanmar, and it is a critical component of the country's poverty-reduction strategy. An inclusive and strong social protection framework that ensures universal access to health care and income security, as well as the creation of a “global high-level institution” tasked with guiding and coordinating a wide range of national social protection initiatives in accordance with national development priorities (National Social Protection Conference, June 2012).

Medical care is one the schemes provided by SSB. About the health facilities from SSB, Win Thida (2013) studied that the insured workers with the SSB used private health facilities instead of taking health facilities from the social security clinic. The reason the insurers do not go to the SSB's clinic that social security clinic are not providing awareness about benefit package, the clinic's service is poor , workers are afraid of salary reduction for taking leave and the lack of social security cards.

The evaluation of operations of SSB by ILO reports recommended that many workers and local representatives need the awareness of the social security programmes and the methods of obtaining benefits. The SSB's introduction of the smart card and national communications have improved the situation, but many employees still lack the requisite knowledge to profit from social security effectively. The SSB should improve its awareness-raising tools and include employers and workers' representatives who are members of the Board in disseminating information on benefit-claim procedures (Tessier, ILO, WinThidar, & MDRI., 2014).

CHAPTER III

SOCIAL SECURITY SYSTEM IN MYANMAR

3.1 Background of Social Security System in Myanmar

In 1947, state leaders including General Aung San set up the eight national building program including social security at the Soranto Villa building in Rangoon. Data for the introduction of the social security Program were collected in 1949 with the assistance of the International Labour Organization. Then in March 1954 the Social Security Law was drafted up and passed on 22 October 1954. In compliance with Proclamation No. 50 of 26 April 1955, the Social Welfare Board was formed by the Minister of Labor as the Chairman and formed with 18 members, The 1954 law only covered factory workers. There were only two types of social security benefits as general security scheme and work injury scheme. Social security funds have been collected since 1956 and substantial funds have accumulated (Soical Security Board, 2012).

The primary objectives of the social security Schemes are to improve well-being of insured workers and to support the development of the state's economy by increasing production to provide more security in the social life and health care of workers. The government enacted a new Social Security Law in 2012, expanding social security protections for formal sector workers in many ways. etc. It implemented new social security branches such as family benefit, superannuation benefits (i.e. old-age retirement scheme), disability and survivor pensions, unemployment insurance, and housing benefits. It also expanded benefits from current provisions (sickness, maternity/paternity, death, and job injury). It also raised contributions to the various provisions and required three sub-funds for the different types of benefits (Soical Security Board, 2012).

The 2012 new Social Security Law was applicable in 2014, but gradually. As of April 2015, only current social security divisions were responsible for health and sickness care, death, pregnancy and job accident. Cash benefits for these measures were increased, however and collection began for the employer's extra contribution to the

Job Injury Fund. Actually, the overall contribution is 5% (2% from the worker and 3% from employer) (Soical Security Board, 2012).

Currently, informal workers are not included, but the 2012 Act also incorporates a potential phased expansion of the informal sector's social security provisions. This involves the expansion of compulsory registration to smaller businesses (there are five employees at the current threshold) and voluntary registration in the non-compulsory sector (informal workers and rural workers) (International Labour Organization , 2014)

Myanmar Social Security Law aligns objectives such as promoting the growth of the state economy by increasing production in order to enjoy greater security of social life and health care for workers who are the Union's key productive force through collective guarantees to employers, workers and the Union in order to meet the health and social needs of workers; to enjoy greater public protection in social life and health care by voluntary insurance; to improve public dependence on the social security system by offering real-world benefits; to be entitled, in compliance with the provisions, to deduct some of the contributions paid by employers and employees as savings; to gain the right to continued medical care; to obtain the right to continued medical treatment, the benefit of family assistance, the benefit of invalidity, the benefit of superannuation, the benefit of survivors, the benefit of unemployment, the right of residence and possession of accommodation after retirement, in addition to health care and the financial benefit of employees for illness, maternity, death and job injury (Myanmar Social Security Law, 2012).

In addition, sustainable and acceptable practice will be considered for a country at its level of income and ability. The lack of data and capability constraints in Myanmar are being challenged in view of the number of benefits. The cost of the benefit plan is a complicated exercise. The estimation of expected revenues and expenditure is necessary in order to identify provisions that are equitable, financially sustainable and acceptable in the context of Myanmar. The guidelines should have been taken into account prior to the introduction of the legislation and the application of the regulation. The Social Security Board accepts these issues and has stated its intention to update the regulations and amend the legislation on the basis of a more thorough review of the existing provisions (World Bank, 2015).

3.2 Social Security Schemes of Myanmar

Myanmar has a mixture of contribution and non-contributory programmes that have some social security elements. Myanmar pursues a two-dimensional enlargement strategy, seeking to create a nationally-defined social protection floor (horizontal dimension) and to gradually enhance social security for the greatest possible number of citizens (vertical dimension) (International Labour Organization, 2014).

The Social Security Board currently operates the following social security benefit scheme by the insured in compliance with the stipulations. The insured members are benefiting both non-contributory cash benefits and some limited contributory cash benefits. The 2012 Social Security Act has been in effect since 1 April 2014 and three insurance schemes are currently being implemented. These are (1) health and social care insurance system, (2) family support insurance system and (3) work injury insurance system. The benefits under above three insurance systems are provided as follows:

(i) Medical care

Medical treatment and delivery can be extended for a maximum of 26 weeks. Member can freely consultant in all SSB facilities and retired workers have a co-payment of 50% of the cost of treatment. There is a reimbursement on the basis of fixed rates in case of referral in other public facilities. In case of maternity, the new born is covered during one year.

(ii) Sickness cash benefit

The sickness benefit includes a partial income replacement (60% of the average salary from the last four months) paid in weekly installments for a maximum of 26 weeks.

(iii) Maternity cash benefit

The benefit includes a partial income replacement (70% of the average salary from the last six months) paid in weekly installments for a maximum period of 14 weeks. In addition, there is a bonus of 50%, 75% or 100% of the average wage at the time of delivery depending on the number of newborns (one, two or three, respectively).

(iv) Paternity cash benefit

The benefit includes a partial income (70% of the average salary from the last six months) paid in weekly installments for a maximum period of 15 days. In addition, there is a bonus of 50%, 75% or 100% of the average wage at the time of delivery depending on the number of newborns (one, two or three, respectively).

(v) Funeral grant

The benefit is a lumpsum and is calculated as follows: average wages or income in the past four months x (number of contributed months/18) + one.

(vi) Family benefit

This benefit comprises two components. One is an educational means-tested allowance, by which the worker receives 10% of the average wage per child in primary school. The benefit is paid monthly. The other component is a cash benefit received in the case of a natural disaster. The worker receives a partial income replacement (40% of the average over the past 12 months).

(vii) Work injury

In the case of temporary disability, the benefit provides partial income replacement (70% of the average wage over the past four months) paid in weekly installments for the period of cessation of work for a maximum of 12 months. In the case of a permanent disability, the benefit amount depends on the loss of working capacity, with a partial income replacement (a maximum of 70 per cent of the average wage over the past four months) paid in weekly instalments or a lump sum. The benefit is granted for a length of time depending on the percentage of working capacity loss. In the case of death, the family is entitled to a survivor's benefit, which is paid in weekly instalments or a lump sum. The benefit amount is between 30 and 80 times the average monthly wage of the deceased worker over the last four months of work. The benefit is proportional to the contribution period (from less than 60 months to over 240 months) (Myanmar Social Security Law, 2012).

3.3 The Right to the Social Security for Workers

The Social Security Law, 2012, describes some rights for workers as well as insurers related to social security schemes. These rights are protecting for the workers who must be aware for their rights.

(i) Medical Care

The insured has the right to take medical treatment at permitted hospital or clinic for a period of up to 26 weeks. However, it has the right to medical care for recurrent illness, chronic disease, and suffering from more than one disease or serious illness for up to 52 weeks or for a period specified by the SSB. The insured has the right to receive health care and medical services at the SSB's hospitals and clinics, as well as at State-owned or private hospitals and clinics which contracted with SSB. If insured is unable to come to the hospitals and clinics run by the Social Security Board or private hospitals and clinics which contracted with SSB, s/he has the right to receive health insurance and medical services at the institution where s/he works under the provision of the Social Security Board. The insured has a right to receive expenses from the Health and Social Care Fund in compliance with the rules on health care and medical treatment expenses in sections 21.

(ii) Sickness Cash Benefit

The insured has the right to enjoy a sickness-related cash reward only if s/he worked at the institution for a minimum of six months prior to sickness and paid contributions for at least four months within these six months. If income is reduced or stopped due to incapacity to work after submitting a medical sickness certificate, the insured has the right to earn 60 percent of the average salary of the previous four months as a sickness-related cash gain for a period of incapacity to work for up to 26 weeks in accordance with the stipulation in sub-section (a).

(iii) Maternity Benefit

In cases of pregnancy and confinement, the female insured has the right to free medical care at the permitted hospital and clinic, as well as the right to medical treatment for her child for up to one year after confinement. The female insured has the right to take maternity leave for six weeks before and at least eight weeks after giving birth, for a total of 14 weeks. Furthermore, whether it is a twin birth, the right to take

another four weeks of maternity leave. In the event of a non-punishable miscarriage, the insured has the right to take maternity leave for a period of six weeks. The insured has the right to enjoy full wages for prenatal examinations at the permitted hospital or clinic at the rate of one day a time and up to a maximum of seven times. The insured has the right to take leave for one adopted child for no more than eight weeks before that child reaches the age of one year if the child is adopted by registration under existing law. During such enjoyment period, the right to receive the cash benefit described in sub-section (a) of section 27 is subject to the provisions of section 26.

(iv) Paternity cash benefit

The male insuree has the right to receive 70% of his previous year's average pay as maternity compensation for the leave period specified in sub-section (a) on the confinement of his insured wife and the right to receive half of maternity expenses contained in sub-section (b) of section 27 on confinement of his uninsured wife.

(v) Funeral Grant

If the insured is deceased of occupational injury or some other cause, a person nominated by the insured or if there is no such nomination, a dependent of that person, or a person who claimed for the funeral expenses, is entitled the benefit in accordance with the statutory provisions.

(vi) Family Benefit

When the insured and his family are affected by a natural disaster, they have a right to take medical treatment if suffered from physical and mental injury, or if contracted disease due to natural disaster.

(vii) Work Injury

The insured has the right to take medical care if an occupational injury occurs in accord with the stipulations and to enjoy other benefits as per law. When the insured obtains the right to receive invalidity compensation, the employer is entitled to receive 25% of his contribution for the previous 12 months paid to the fund established in clause (iii) of sub-section (a) of section 15, plus interest with stipulations.

The Social Security Law 2012 contains provisions on the right to appeal. Establishments have the right to appeal if they are not satisfied with the decisions of

the Board. Similarly, Insured workers who are not satisfied with the decisions of the Board have the right to appeal to the Appeal Tribunal (Social Security Law, 2012, chapter 10, article 89) which composition is detailed in the Rules, chapter XIII, article 207. There is no appeal was filed in front of the Appeal Tribunal yet (Tessier, ILO, WinThidar, & MDRI., 2014).

3.4 Social Security Board's Operations in Myanmar

The Social Security Board (SSB) was established in 1956 after the Social Security Act, 1954, was passed. On 2013, the National Social Security Board was established by 28 members, composed of the Ministry of Labor, Migration and Population and the related ministers of partners, the government ministry, organizational individuals, labour union representatives and experts, the employer.

The role of the SSB is to carry out the necessary management and supervision to facilitate the implementation of the provisions of this Law; to create an Executive Committee with suitable persons in consultation with relevant government departments and organizations to carry out the functions assigned by the Social Security Board and to determine the functions of that Committee.

The SSB is responsible for designing and implementing social security policies and mainly seeks to ensure that workers enjoy rights and safety under different labour laws, provide workers with social services, promote higher labour productivity, and participate in international labour relations. SSB has 77 branches in 110 municipalities (i.e. 30 percent of the existing townships). Geographical coverage is limited in all states and regions except Chin State, as 110 townships in the country cover over 330 townships.

In order to ensure better health care for covered workers, the Social Welfare Board has (3) workers' hospitals. The 250-bedded Worker's Hospital in Yangon, the 150-bedded Worker's Hospital in Mandalay, and the 100-bedded Tuberculosis Hospital in Htan Tapin. Apart from its own hospital and clinics, the SSB also oversees (96) government enterprise clinics (i.e. provision of medical supplies) supervised by their respective ministries and (1) traditional medicine clinics. In addition to (2) mobile ambulances, (7) social welfare clinics are opened under the Provide Purchase Slip (Capitation Payment) contract with private clinics. (7) Clinics opened by PPS (Fee for Service Payment) and Maternity and OPD services are given in (5) of (7) clinics. Besides the SSB clinics and Worker's hospitals, (96) government enterprise clinics also

provide covered workers with out-patient services and are connected to the Social Security Board for medical supplies and sickness, maternity and work-related cash benefits. Government enterprise clinics handled 3,822.75 outpatient cases per month and 45,873 outpatient cases per year.

SSB is managing the reimbursement requests for medicine and diagnostic procedure workers get outside the SSB facilities on referral from hospitals. All requests for reimbursement had to be submitted to Nay Pyi Taw's office, and the medical board reviewed eligibility for reimbursement (Social Security Board, 2014).

3.5 Limitations of the Social Security Systems

ILO made the assessment the Myanmar social security protection and describe the several limitations about the current social security schemes. There are inequities in the quality of care providers across sectors (public / private) and geographic areas regarding medical treatment services. The unequal distribution of healthcare services between rural, urban and regional areas impacts people's access to care. In certain extremely difficult regions, critical healthcare services are not available. There is minimal knowledge of the different programmes, and there is currently no statistical data on the exact size of the lack of awareness among potential beneficiaries. In certain programmes, the recipients must advance the funds. This can lead to cases that the people can choose not to be handled as they can't afford it right away. Not all formal businesses register their employees and those who register them appear to under-register under the social security Medical Care scheme. It is difficult to classify beneficiaries where the services are available only to the poor.

With respect to contributive cash benefits, successful service coverage is reasonably low in the proportion of the workforce. The certain benefits are directly administered by Nay Pyi Taw's central administration and benefits can be obtained in a long period. To access often-dispersed aid services, intended recipients need to be aware of their presence, and the process of access to different programmes can be tedious. For the Workers' Compensation Act, workers are little aware of their right to compensation. Furthermore, for the workers compliance can be challenging and slow. There is currently no nationally consolidated oversight of the coverage of social security. Information is not communicated through a sustainable social security coordination process. Each ministry collects its own data, which can form the basis for evidence-based programming, if shared and further analyzed.

Not all structured businesses register their employees for social security schemes. Registering businesses tend to under-register their employees. Certain social security schemes are also not being enforced, including aged, disabilities, survivors, unemployment and housing. There are not enough training centers for access to skills learning for disadvantaged groups like people with disabilities to adapt to the needs of the target population (Lou, Bakker, & TheinThanHtay., 2015) .

CHAPTER IV

ANALYSIS ON AWARENESS OF SOCIAL SECURITY

4.1 Profile of Study Area

In order to meet the objective of the study, this survey was focused on the rights to social security of workers in Garment. Today, the garment sector plays a key role in Myanmar's economic development. It is the fastest growing sector with the country's highest jobs rate. At present there are approximately 500 factories that employ half a million workers. It is expected that by 2020 the sector will provide jobs to 1.5 million people and have an improved export value of up to 10 billion dollars. In order to ensure a sustainable growth of the textile industry, labour productivity must be promoted (Laplonge & Laplonge, 2020).

The vast majority of Myanmar's garment factories work under the Cut-Make-Pack system (CMP). This is a type of contractual work where the manufacturer of the garment undertakes the laborious task of stitching the textile fabric together according to the design requirements and then packaging the garment in foreign markets for export. Under this model, the buying company (clothing brand, manufacturer or purchasing company) is responsible for supplying and shipping the plant with the necessary feedback (including threads, buttons, zips, labels, linings, etc.) to its final target destination. (Emerging Markets Consulting, 2015).

Workers hired under the Cut-Make portion benefit from the fundamental basic package as per labour law or align themselves with the minimum labour standard. The workers from garment industry are mostly employed with a government-issued standard employment contract. Employment and Skills Development Law, 2013 allows work contracts to cover certain subjects. The workday consisting of working times and rest cycles which not exceed 10 hours in factories. The current minimum wage has been set at 600 Myanmar Kyat (MMK) per hour and 4,800 MMK per day This daily rate is based on an 8-hour day and does not include overtime, bonuses, incentives or other allowances. Overtime hours shall be regulated for workers in factories and overtime shall not exceed 20 hours weekly. Employees working more than 8 hours a day or 44

hours a week must be charged at twice the normal wage rate. All garments workers are entitled under the social security schemes according to the Social Security Law 2012. The Factories Act sets out various factory safety and health requirements. The standards include working areas with appropriate lighting at least 500 cubic feet, adequate ventilation and hygienic systems and fire alarm systems and properly maintained and clear (unlocked) exits. Employers with more than 100 employees must have drinking water facilities and eating area. The government may require factories with more than 250 employees to have a canteen to be supervised by a committee consisting of representatives of workers. Factory Owners must apply the Child Labour Law. No one can discriminate on their wages base on gender, social status, education, beliefs and ethnic group according to the Minimum Wages Law 2013 (Thomson, 2019).

This study was focused on the rights to social security of workers in Garment industry especially foreign owned garment industries. Garment industries are located in different industrial zones. This survey was conducted to the workers of garment industry zone in Shwe Pyi Thar industrial zone. Shwe Pyi Thar township locality in the north of Yangon is the site of four industrial estates and is home to large numbers of migrants seeking employment opportunities.

Shwe Pyi Thar Industrial Zone 1 was established in 1990 and Shwe Pyi Thar Industrial Zone 2,3,4 were established in 1998 when the industrial zones were established with the aim of providing job opportunities and economic development of the local people in Shwe Pyi Thar Township. These industrial zones are now developed, and 442 factories have been built with 254 factories and 196121 jobs created.

At national level 1,380,495 employees are registered with Social Security Board and among of them 1 million are from Yangon. In Shwe Pyi Thar, approximately 150,000 employees are registered on Social Security Board and around 20,000 employees are getting benefits from Social Security Board.

The study is focused on the awareness on the right to the social security of workers in the garment industries in the Shwe Pyi Thar industrial zone. The total number of garment industries is (108) and (88) industries are foreign direct investment, and the rest are local privately owned or joint venture. The study covers (20) selected industries in the study area which are foreign direct investment. It shows in Table (4.1).

Table (4.1) FDI Garment Industry in Shwe Pyi Thar Industrial Zone 1

Sr. No	Factory Name	Industrial Zone	Investment Type	Total Workers
1	Able Glad Myanmar	Zone 1	Hong Kong	460
2	Dream Seed	Zone 1	Japan	31
3	Garment & Process Global	Zone 1	Korea	1550
4	Great Luch Star Garment	Zone 1	Hongkong	280
5	Jia Mei Garment	Zone 1	China	500
6	Myanmar GF	Zone 1	Japan	350
7	Shinning Access Garment	Zone 1	Japan	1300
8	Supreme Asia Garment	Zone 1	Hong Kong	1500
9	Tough Way Garment	Zone 1	Taiwan	495
10	Jiashiha	Zone 1	Hong Kong	1500
11	Xinda Home Textile	Zone 1	China	265
12	Myanmar Tencent Fashion	Zone 1	China	800
13	Jiangsu Soho	Zone 1	China	955
14	Myanmar Ayeyarwaddy	Zone 1	Korea	750
15	Yangon Fukyama Apparel	Zone 1	Japan	940
16	Tek Nay Wynn Ni	Zone 1	Japan	460
17	PWR Fashion	Zone 1	China	2352
18	Panko Myanmar	Zone 1	Korea	850
19	Myanmar Industrial	Zone 1	China	700
20	Myanmar Lucky Phoenix International	Zone 1	China	600
Total Workers from (20) FDI garment industries				16,938

Source: Myanmar Garment Manufacturing Association (2019)

There are (20) foreign direct investment industries located in Shwe Pyi Thar Industrial Zone 1. Among them, the majority of the investments come from China and operate garment operations with (6172) workers in (7) industries. The second largest foreign investment in Shwe Pyi Thar Industrial Zone 1 comes from Japan with (3081) workers in (5) industries. The third largest investment is made in Hong Kong and there are (4) industries with (3740) workers. The rest are (3) Korean industries with (3150) workers and (1) Taiwanese industries with (495) workers.

4.2 Survey Design

The survey was conducted by both qualitative and quantitative approach. Primary data was collected by face to face interview with a structured questionnaire. Target population include a total of (120) respondents using random sampling method upon from (20) foreign direct investment garment industries. Focus group discussions were carried out with (10) FGDs from workplace coordination committee (WCC) members. And Key Informant Interview was conducted for Head of Yangon Region from Social Security Board, National Program Coordinator from ILO and Program Coordinator from Yaung Chi Oo's workers' right association.

The KAP survey questionnaire is being prepared by reference to the book on social security in Khyber Pakhtunkhwa and Punjab (Tabassum, Dr. Toru, & Kazmi, October 2017) with adjustments to achieve the objectives of the study. The survey questionnaire was designed with (4) sections: section I relates to socioeconomic characteristics, section II relates Knowledge about the right to the social security system, section III relates Practices about right to the social security system, section IV relates Attitude towards right to the social security system. A qualitative questionnaire for Focus Group Discussions (FGDs) was developed in a way that it could explain and interpret the quantitative data. Particularly, it could capture the detailed aspects of public knowledge and practices about accessing programme benefits and would help in data triangulation. Furthermore, beneficiaries were asked about the difficulties they faced while getting social security schemes and their views to improve the implementation of these schemes. The key informant interviews were also asked about current social security functions, developments, achievement, challenges and their recommendation for sustainability. Secondary data were obtained from Social Security Board and organizations such as ILO, World Bank, ADB.

4.3 Analysis of Survey Data

The distribution of demographic, socioeconomic characteristics, knowledge, practices and attitudes about the right to the social security are presented in this section.

4.3.1 Socioeconomic Characteristics of the Respondents

The garment industry is the largest employer in manufacturing. Many garment factory workers are migrants from Rakhine State and Ayeyarwaddy Region. Inside the factory, workers work mainly in three different sections such as sewing or making,

cutting, packing. The survey is targeted for 120 workers from Foreign Investment Garment industry in Shwe Pyi Thar Industry Zone 1. The respondents are selected as 2 workers from each section (Cutting, Making, Packing) in 20 Garment Industries. And also, all these respondents are members of Workplace Coordinating Committee (WCC). Workplace Coordinating Committee shall promote the good relationship between the employer and worker or labour organization, negotiation and coordination on the conditions of employment, terms and conditions and occupational safety, health, welfare and productivity.

According to the survey result, most respondents are female, and their ages are between 16 years old and 30 years old and most of them are single. Among 120 respondents, only 27% reach to the high school and no one are high school graduated. The characteristics of respondents details are shown in Table (4.2).

Table (4.2) Characteristics of Respondents

Sr. No	Characteristics	Classification	Number of Workers	Percentage
1	Gender	Male	24	20%
		Female	96	80%
2	Age Group	16-30	84	70%
		31-40	32	27%
		41-50	4	3%
3	Marital Status	Single	92	77%
		Married	24	20%
		Divorces	4	3%
4	Number of Children	0	108	90%
		1	8	7%
		2	4	3%
5	Education	Primary	8	7%
		Middle	80	67%
		High	32	27%

Source: Survey Data (September,2020)

The income data are the basis for most of the poverty estimates, and therefore the survey gathers information on monthly income. All the respondents' salaries are

calculated on the minimum wages 4800 MMK per day, so their basic salary is 144,000 MMK per month. Then their salary will be added on others bonus such as when they won't be absent at work the whole month, will gain 15,000 MMK as attendance bonus; when they can achieve the targeted quantity, they can earn extra income per quantity. Even they usually worked at (10) hour per day for both normal (8) hour and overtime (2) hour but sometimes they must work the whole night depend on the workload. It means that employees who can make more money must work longer hours and it's not depending on their position and education level. Income level did not correlate with awareness of the social security system. The monthly income of respondents are described in Table (4.3).

Table (4.3) Monthly Income of the Respondents

Monthly Income	Number of Workers	Percentage
From 144,000 to 200,000	8	7%
From 200,000 to 250,000	44	37%
From 250,001 to 300,000	64	53%
Above 300,001	4	3%

Source: Survey Data (September, 2020)

The survey found that three kinds of working status. A few percentage of the respondents approximately 3% are working under the service contract upon on the shift. Around 33% of the respondents are under daily worker contract and getting their salary on monthly base on their daily wages. The 76 of the respondents which is 63% are working under employment contract and getting the regular monthly salary.

Majority of respondents possess at least one employment identity, and some are having both labour registration card and employee identity card for their employment status.

4.3.2 Type of Shocks and Coping Strategies

In general, being poor or weak implies not only a lower level of income or wealth, but also a decreased capacity of people to cope with shocks. The shocks recorded in the survey are classified in five things. These are health issues , jobless, fire, natural disaster and impatient care for their dependents. Table 4.4 illustrated that respondents faces different types of shocks.

Table (4.4) Types of Shocks

Types of Shocks	Frequency	Percentage
Health Issues	72	60%
Jobless	48	40%
Fire	8	7%
Natural Disaster	8	7%
Impatient Care for dependents	24	20%

Source: Survey Data (September,2020)

The majority of respondents are dealing with health problems such as sickness, work injuries, and pregnancy. Some respondents have experienced multiple shocks. They have had difficulties with their day-to-day costs of living, including house/hostel rental, while unemployed. The cost of impatient treatment is mostly borne by their dependents, such as parents and spouses.

People choose various solutions to cope immediate household needs in the aftermath of the aforementioned shocks. The 67% of respondents were solved to obtain a loan with an interest rate of at least 20%. The 32% of the respondents overcame with sale of assets such as motorbike, bicycle etc. The minority of the respondents could borrow the money from relatives or friends without interest to solve their shocks. Table (4.5) showed that respondents' coping strategies to overcome their difficulties.

Table (4.5) Respondents' Coping Strategies

Respondents' Coping Strategies	Frequency	Percentage
Sale of Assets	32	27%
Loan with Interest	80	67%
Borrow without Interest	8	7%

Source: Survey Data (September, 2020)

4.3.3 Knowledge about the Right to the Social Security System

This section captures the extent of information that people have about social security system, their eligibility criteria and accessing procedures as well as gaps that exist in the level of information.

(i) Knowledge about the function of Social Security Board

The question which assesses for the knowledge about the functions of Social Security Board, mostly aware that Social Security Board is issuing the social security card because all the workers are mandatory to register at Social Security Board at the beginning of their employment and most of them have social security Card for average 3 and half years. Many of respondents know that providing the health care and medical facility is one of the functions of Social Security Board. The responses of the knowledge about the function of Social Security Board are shown in Table (4.6).

Table (4.6) Knowledge about Social Security Board's Function

Knowledge about Social Security Board (SSB)	Frequency	Percentage
To issue social security Card	100	83%
To provide health care and medical facility	64	53%
To provide sickness cash benefit	44	37%
To provide other cash benefit	0	0%

Source: Survey Data (September, 2020)

(ii) Source of Information about the Social Security System

The popular sources of knowledge dissemination about the social security system include communication through labour rights associations, relatives, friends, colleagues, Facebook, people from department of labour and television. The details of the way to get information about the social security system in Table (4.7).

Table (4.7) Source of Information about the Social Security System

Way to Get Information about Social Security Schemes	Frequency	Percentage
Newspaper	0	0%
Television	4	3%
Radio	0	0%
Phone (SMS)	0	0%
Facebook	12	10%
Relatives/Friends/Colleagues	44	37%
People from Department of Labour	8	7%
Others (Labour Rights Association)	80	67%

Source: Survey Data (September, 2020)

(iii) Awareness of Social Security System's Assurance

All the respondents are having awareness that they are insured under the social security schemes and they have been deducted 2,880 MMK per from their basic salary for monthly social security benefit contribution. Normally the insured members are supposed to received SSB card which is a kind of identity card for getting social security benefits. The 90% of respondents have an SSB card from their employers, and only 10% of respondents do not receive an SSB card from employers. The rule of contribution for social security System is 2% from employee and 3% from employer. The employers must be obliged to pay all premium to the respective township of Social Security Board office on every month. In the survey results, only 57% of respondents are not ensure that their employers are obliged to pay their premium to SSB because they have never received any evidence documentation from employers. The respondents who earn below 200,000 MMK per month are not ensured at all. Table 4.8 represents the respondents' awareness about their assurance of the social security system according to the income level.

Table (4.8) Respondents' Awareness of Social Security System's Assurance

Respondents' Monthly Income	Social security assurance's awareness		
	Be insured under social security scheme	Insured have SSB Card	To ensure that employers are obliged to pay worker's contribution
From 144,000 to 200,000	8	8	0
From 200,000 to 250,000	44	40	4
From 250,001 to 300,000	64	56	44
Above 300,001	4	4	4
Total	120	108	52
Awareness of Social Security System's Assurance (% of 120 respondents)	100%	90%	43%
Unawareness of Social Security System's Assurance (% of 120 respondents)	0%	10%	57%

Source: Survey Data (September, 2020)

In general, every respondent is aware that they are under social security schemes because they have an SSB card and are deducting SSB contribution from their income.

(iv) Awareness about Extent Knowledge of the Social Security Schemes

Majority respondents from 96 of 120 know about at least one social security schemes. The focus group discussions revealed that people credit the widespread awareness of medical care at social security clinic, but some are confusing with leave benefits with social security schemes. Table (4.9) represent that the respondents' level of knowledge about the social security schemes according to the income level.

Table (4.9) Respondents' Aware the Social Security Schemes

Monthly Income	Aware of Social Security Schemes						
	Medical	Sickness Cash Benefit	Maternity Cash Benefit	Paternity Cash Benefit	Funeral	Family Benefit	Work Injury Benefit
From 144,000 to 200,000	8	8	8	8	1	0	5
From 200,000 to 250,000	25	4	23	2	1		2
From 250,001 to 300,000	59	32	57	34	2	8	33
Above 300,001	4		4	4	0		
Total	96	44	92	48	4	8	40
Awareness of Social Security Schemes (% of 120 respondents)	80%	37%	77%	40%	3%	7%	33%
Unawareness of Social Security Schemes (% of 120 respondents)	20%	63%	23%	60%	97%	93%	67%

Source: Survey Data (September, 2020)

As per the Social Security Act 2012, workers who have enrolled at the SSB are entitled to take (30) days of sick leave per year. Factory workers must request a medical certificate from the SSB clinic to claim sick leave. As a result, most of the respondents rely on the SSB's clinic for their sick leave rather than medical treatment.

(v) Awareness about Eligibility and Accessibility of Social Security System

The eligibility criterion of a system is the basis on which a person becomes entitled to be enrolled in the system by fulfilling certain conditions. Knowledge about the eligibility criteria is the importance for all the insured person. People were asked about the knowledge they have about the eligibility criteria for system which they were aware of. According to the survey results, only 7% of the respondents were aware of the eligibility criteria of the social security system and 93% are not aware of eligibility of the social security system.

The knowledge about the process of accessing the social security evaluate that all insured person can access the social security system. As the same results with eligibility criteria, only 7% of the respondents were aware of the accessibility criteria of the social security system and 93% are not aware accessibility of the social security system.

Table (4.10) Eligibility and Accessibility of Social Security System

Classification	Yes	No
Aware of the eligibility criteria of social security System	8 (7%)	112 (93%)
Aware of the process of accessing the social security system	8 (7%)	112 (93%)

Source: Survey Data (September, 2020)

The effective information dissemination of a system depends on the maximum information outreach in a way that is understandable by the target population. The above-mentioned deficient knowledge about the existence of social security system, their eligibility criteria and accessibility of these systems can be attributed towards the inadequate dissemination of information by the Social Security Board. To measure the adequacy of information they received through various sources, the respondents were asked the following questions about the eligibility criteria, the accessibility criteria, and benefits: Was the information easily available? Was the language easily understandable? And was the message comprehensive? Majority respondents 116 from 120 (97%) narrated that the information isn't easily available, it's not easy to understandable and the message of the social security system are not comprehensive enough.

The knowledge about the laws and policies of social security system, 87% of respondents don't have awareness. The questions about where the source of income for social security schemes of Social Security Board is, 43% of the respondents know that the Social Security Board is operating the functions from contribution of employer and employee.

4.3.4 Practices about Right to the Social Security

This section highlights the practices of the respondents where they got the benefits of social security schemes or the reason of not to get benefits from Social Security Board.

Table (4.11) Respondents' Experiences about the Right to the Social Security

Experience of Benefits to Get Social Security Schemes	Frequency	Percentage
Cash Benefits	12	10%
In Kind Benefits	24	20%
Total respondents	36	30%

Source: Survey Data (September, 2020)

The total respondents were categorized as, those who are receiving social security schemes; termed as beneficiaries, and those who are not benefitting from these schemes; termed as non-beneficiaries. Among 120 respondents, 36 (30%) respondents were classified as beneficiaries of social security system and 84 (70%) have not been experienced to consume the social security schemes. The Cash Benefits means all kinds of cash schemes program from social security Schemes such as sickness cash benefit, maternity cash benefit, paternity cash benefit, funeral grant, family benefit and work injury benefit and In-Kind Benefits means that getting the health facility from clinic of social security benefits.

(i) Experience of Beneficiaries

Among in beneficiaries, most of them are experienced to take the medical facility at social security benefit’s clinic and only a few percentages- are getting in cash benefits for Sickness, Maternity, Paternity. It was very strange that no one has been received the benefits on family benefits, work injury benefits and no one has been heard about the funeral grant.

All the respondents in garment industry were registered for social security schemes through their workplaces. All beneficiaries reported different types of difficulties while they go to the social security clinic, e.g, difficulty to get the permission from factory to leave, lack of document availability. In focus group discussions, most of the respondents narrated as:

“When we are sick at work, firstly we have to report to our line supervisor. After line supervisor accept the sickness, we must inform to line in charge and human resource manager. At the last stage, we must wait the approval from Head of Factory. It’s taking approximately 3 to 4 hours for getting permission to go Clinic.”

Table (4.12) Difficulties to Access the Social Security Schemes

Difficulties to Access the Social Security Schemes	Frequency	Percentage
Difficult procedures to get registered	28	78%
Difficulty to collect require documents such as medical certificate	6	22%
Long waiting time at hospital / offices	36	100%
Need to pay extra cash for medical care	28	78%
Clinic operation hour is not convenient for workers who must work until 6 pm	24	67%
Too far from factory	28	78%
Claim process is too long for cash benefit	12	33%

Source: Survey Data (September, 2020)

The (36) respondents who got the social security benefits pointed that they had to wait for long hours at the social security clinic or offices to access the social security schemes. 78% beneficiaries of social security system faced difficulty in accessing these schemes due to the far-off location of the programme office. Around 28% respondents

are facing the missing required documents for registration and need to pay extra cash for medical care.

Focus Group Discussion narrated that,

About the difficulties to access the social security schemes,

“When I was pregnant, I went to the SSB’s clinic regularly. The medical responsible didn’t have good communication and didn’t explain well about the medicine. When I needed to take Ultrasound for requirements of my pregnancy, they demanded to go at private clinic without referring the Labours’ Hospital even I requested them as I didn’t have money. And I didn’t aware that I have a right to claim about this ultrasound costs to SSB.”

Relating the adequacy and pattern of receiving social security schemes in kind benefits which means taking the medical facility at SSB Clinic,

“To go to the clinic, I’ve to take the motor bike taxi which cost for 4000 MMK for round trip and I’ve to wait the whole day. Then at the clinic, we felt that we didn’t received enough treatment and they didn’t provide the medicine. So, I’d to buy medicine at pharmacy. As for our factory workers, except the major cases, it’s not worth to go SSB’s clinic for us.”

“The clinic is operating during our working hour and without authorization from factory to go clinic, we must lose our attendance bonus 15,000 MMK from our monthly salary and have been deducted daily wages 4800 MMK as well. And also, when we were at the clinic, we need to request the medical leave from clinic.”

Relating the adequacy and pattern of receiving social security schemes in cash benefit, majority of beneficiaries got the maternity benefits and they estimated that refunds are cover approximately 25% of the actual expenditure.

“When I was an accident, I got the treatment at SSB’s clinic. Then I’ve to buy the medicine at pharmacy. I aware that I can claim my invoices to Social Security Board, but our factory is not taking care of my reimbursements. I couldn’t leave from my factory during the working time and documentation procedures are too complicated for me, so I gave up my claim for sickness cash benefits.”

The benefit to go to the clinic, many of the respondents reported that when they go to the clinic for sickness, they can get the medical certificate, so they can take a sick

leave and they don't lose their attendance bonus 15,000 MMK per month. But to get the sick leave, they must wait very long at clinic.

The positive experiences about social security schemes,

“When I was pregnant, I could take the medical treatment and got the maternity leave. After I delivered the baby, I received maternity benefits from Social Security Board.”

The bad experiences about social security schemes,

“There was an accident between two staff transportation vehicles, 5 females were expired and 35 injuries from garment industries. We informed to Social Security Board, but they didn't solve this issue and survivors' families didn't receive any funeral grants. Social Security Board didn't coordinate and didn't stand from the employee's side.”

(ii) Non-Experience of Beneficiaries

This section deals with the respondents who have never experience of taking benefits from social security schemes even they are registered under the social security schemes. Respondents who have never gotten the benefits from social security schemes make up 70% of total respondents (120). The following are the reasons why these respondents did not take advantage of any benefit: (i) More than 80% of those who had not applied were unaware of the social security schemes (ii) 5% of the respondents said that they don't know how to access the benefits of the schemes and they are straggle about the awareness of ineligibility and (iii) 45% of the respondents pointed out that not reliable on the social security schemes.

In the Focus Group Discussions, some respondents said that,

“We won't easily to get the permission from factory to go clinic, some of the workers from factory don't know where the clinic is and what is the process. Because of bad experiences such as waiting too long at clinic, complicated documentation procedures, very bad customer services from SSB's staff etc. sharing from colleagues and friends, our workers are hesitating to go SSB's clinic”.

One respondent said as:

“My sister went to take the treatments from SSB’s clinic, but she hadn’t been checked up very well. When she was getting worse, she went to the private clinic and she was been realized that it was cause of Tuberculosis Disease. The doctor from SSB clinic didn’t care to patient and their medicine was not effective for the patient. So, I don’t rely to the SSB’s clinic and I feel it isn’t having any benefit to go that clinic.”

As per focus group discussions and survey results about the practices of the social security schemes, all workers are going to the SSB clinic mainly to get a reference for sick leave. A few percentages of workers rely on the SSB clinic when they are seriously ill, have long-term illnesses or have major accidents. Workers normally work from 9 a.m. to 6 p.m. and the SSB clinic operates only until 5 p.m. Workers cannot be allowed to go to the clinic easily during the working hour. In order to get cash benefits from the SSB clinic, the factories are not managing their claims. When they need to submit claims to the SSB office, they have to leave the factory and lose their monthly attendance bonus. Both the SSB office and the clinic are far from their factory so that their benefit is not compensated for transport costs. The medical staffs are not welcome to the workers and lack of patients on the workers so the workers are not willing to go the clinic except the major problems. In conclusion above the inconvenient issues, the workers are not in a position to take advantage of either in kind benefits or in cash benefits from the SSB.

(iii) Practices in Case of Rejection

Statistics about the pattern of complaints by the people show that people have no trust in the system, which is why they do not complain about the difficulties in accessing the schemes. Among 120 respondents, only one women complaint that the employer deducted her maternity benefits from her social security schemes so she complaints with assistance of Labour Rights Association.

It also depicts that they may not have been able to reach the SSB’s office to lodge their complaints due to the lack of knowledge about its location or relevant processes. Another major interpretation of this phenomenon is the absence of complaints system in these areas. People complained: At Social Security Board’s office, To the doctor, at the Clinic and to Workplace Coordination Committee and to factory.

One respondent shared her stories that,

“When I worked in previous factory, I went to the SSB’s clinic for getting treatment for my pregnancy and maternity leave. But I was rejected, and the reason was our factory didn’t make our SSB’s contribution for eight months. I raised the questions as why they didn’t remind to factory but the SSB’s clinic responded that they didn’t know and asked me to deal with the factory. When I talked with my boss, she ignored my request, so all our workers demonstrated to factory relating our rights. Because of me, other colleagues aware about this and before when they have been rejected by clinic, they don’t know the cause because they don’t have enough knowledge about our rights on social security.”

Most of the respondents are workplace coordination committee so they know that where to go in case of complaints isn’t resolved. But according from their voices, majority of workers from their factory can’t aware that how to complaint and where to go for complaints. So, the members from workplace coordination committee is supporting their colleagues about their social security rights.

4.3.5 Attitude towards Rights to the Social Security System

The majority of respondents of the survey trust the information received from friends/relatives and from labour rights associations. They believe that poor, vulnerable, disabled, children, elderly and widows should be given social assistance. They prioritized the most necessary schemes as medical care, work injury benefit, sickness cash benefit, maternity cash benefit, funeral grant and family benefit. 90% of respondents agreed that their employer is the more responsible to provide support in case of need for the social security system.

In the focus group discussions discussed among participants as,

“Social Security System covered all the factory workers, but we are not clearing all the requirements to take the service. The contribution is much for us to compare with the service. We never received the awareness from the representatives of Social Security Board, and it need to take very long for getting service.”

About the value for money such as economy, efficiency, effectiveness and equitable of social security schemes, all the respondents answered disagree. They discussed that, *“Our contribution amount is 2,880 MMK per month and its value for 4 kg of rice for us. But the social security has no effect on our workers. The clinic service is not very good and it’s very difficult to access the benefits so it’s not worth to pay.*

SSB didn't inspect on our factory and raise the awareness. Even policy is good, but we are not benefitting on social security."

According to the respondents, there would be a need for improving in such area: improve cash benefit, clear documentation process, quick payment process, provide the right information.

Some of the respondents suggested that they are not secure in job so it would be great that they can get the unemployment benefits from social security. Some area needs to be improved as per respondents. These are all employee must aware the benefit of social security schemes; the clinics should be located near with the factory zone; provide good health facility and hospitality to patient; enough medicine at clinic and provide quick treatment; transparent between employer and employee; clinic should be operated after 6 pm or weekend.

The goal of the social security system is "one for all, all for one," which ensures that individual investment will benefit all and that everyone's contribution will bring benefits to those suffering from health problems. The social security system is a kind of health insurance programme that includes a promise of compensation for medical conditions. In fact, the logic of health insurance suggests that, when they are ill, they will receive benefits because of their contribution, and when they are in good health, their contribution would not benefit them. This concept is required to be simple and understood by workers, as they misunderstand that their contribution to the SSB is a kind of saving and that they should have the right to drawback their contribution.

4.4 KII Analysis on the Current Right to the Social Security in Myanmar

To conduct Key Informant Interview, it is selected interviewees who are Head of Yangon Region from Social Security Board (SSB), National Program Coordinator from International Labour Organization (ILO) and Project Coordinator from Yaung Chi Oo (YCO) Workers Association who helps workers to get their rights. To study the current status of right to the social security system, it is based on (13) questions and the interviewees answered these questions.

(a) Inclusiveness of the Social Security System

Head of SSB explained that at present social security system is applicable for 15 kinds of business. These businesses must register with social security 5 or more than 5 employees. The whole nation is not included yet. The goal is to make the

inclusive project. Currently social security system covers more than 1.5 million of the population in country level.

ILO National Program Coordinator stated that under the Social Security Act, the social security system is not for every citizen. Social security law is applicable for the working population.

YCO Program Coordinator viewed that the social security is eligible for the worker who receive the regular income.

(b) Satisfaction of Workers in the Social Security System

Head of SSB clarified there are actually two forms of social security programs that are medical, and cash based. There are six schemes under the 2012 legislation. The Social Security Board is implementing to provide for all schemes, depending on the current state of economic development in the region. There are no family benefits programs in place yet. Health insurance is the right to obtain medical attention in a hospital with a social security clinic under contract. There are three major social welfare hospitals and 96 clinics across the country. In addition, the contract is signed by the PPS (Provider Purchase Slip) method. The Social Security Board is engaged in a well-maintained treatment clinic in Yangon. It can be expected that many people will be pleased with the care they get. As human beings, those who get it might not be happy with it.

ILO National Program Coordinator stated the beneficiary can be satisfied with their benefits and the non-beneficiary cannot be satisfied.

YCO Program Coordinator viewed that all the workers are not aware about the social security system. They don't receive enough service from Social Security Board and employers didn't allow easily to access the service. So, the social security system is not fair for the workers.

(c) Adequacy of Social Security System for Workers

Head SSB explained that Health care benefits include medical treatment for sickness. During the treatment period or taking the sick leave, employer may not pay the wages, the worker has a right to claim 60% of his /her salary to Social Security Board. The pregnant women have a right to take medical treatment. She can receive the financial benefit for 70% of her salary as in cash benefits for 6 weeks before the birth and 8 weeks after the birth. Then 50% of the salary is paid after the birth. When the

social security Clinic is closed, workers are entitled to receive assistance at the relevant public hospital or clinic. The worker can submit the claim for any additional cost for laboratory tests or medicine if they'll incur in advance.

ILO National Program Coordinator stated that Social security boards' offices and clinics are not located near the workplace of workers. Although there are branches in Shwe Pyi Thar Township, each township office is in Yangon. The number of clinics is small and far from factories. The adequacy of the social security system for workers depends on the location of the social security offices and clinics.

YCO Program Coordinator viewed that current social security system can partially fulfil the requirements of the workers.

(d) Effectiveness of Social Security Scheme for Workers

Head of SSB assumed that the effectiveness of social security scheme is the same for each of the scheme.

ILO National program coordinator stated that according to Convention 102, there are nine benefits such as medical care, sickness benefit, unemployment benefit, Old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit, survivors' benefit. The Myanmar social security system provides six branches but only health and social services are active. It is not clear that which scheme is most beneficial.

YCO Program Coordinator viewed that if the worker can be applied the social security schemes, it will be benefit for the workers. Currently the workers have a right to take the medical service, but it's not benefit when they can't go to the SSB's clinic.

(e) Strengths of the Social Security System

Head of SSB has clarified that the benefit is that the social security scheme is not new. It began in 1954 under the Social Security Act. In 1952, the legislation started to be drawn up with ILO experts and was enforced on 1 January 1954. There were only two social security schemes at the time. There is just a general social insurance scheme and a scheme for workplace injuries. The Social Security Law of 2012 was then drawn up in 2010 to provide for a new social security system. It was adopted on 31 August 2012. The drawback of this legislation is that there are now six types of insurance and two types of insurance are enforced, the benefits are much greater than under the previous scheme.

ILO National Program Coordinator stated that the social security provides legal protection.

YCO Program Coordinator viewed that the system is good but there is not much strength in operations.

(f) Challenges of the Social Security System

Head of SSB stated that he challenges is that there are requirements for implementing the 2012 law. Some of the parts need to be fixed. For example, the family benefit scheme is not compatible with the international standard. Family benefit allows 10% of the insured's child education. The national education system is free, so there is no need for scholarships. In the event of a natural disaster, 40% will be paid. These are not in line with international standards. Therefore, Social Security Board are working to bring it in line with international standards.

ILO National Program Coordinator pointed that there are two types of benefits. The in-cash benefits provided by social security are sufficient. However, due to the paperwork of the office system, the benefits are not available quickly. The social security system is best if you get benefits quickly. It can be said that health care is the good service in legally. It is sufficient Legally, but it may differ in practice. Compare with growing number of workers and the number of hospitals and clinics are very small. The Social Security Board should buy or contract with private or Government hospital to get the service.

YCO Program Coordinator viewed that there was a staff transportation accident in Shwe Pyi Thar Industrial Zone, 35 workers were injured but Social Security Board didn't solve these issues for the workers.

(g) Reform of the Social Security System

The reform aims to improve social security system.

Head of SSB explained that the 2012 law was enacted in August 2012. The actual implementation was completed on April 1, 2014. The data collection has been done since 2012 to do this. The Social Security Board is implementing four reforms. The Information Technology requires good data and communication. The number of workers and staffs are not equal. The good networking is requiring for computer based on paper based.

ILO National Program Coordinator discussed that there are four reform processes. These include information technology, management, health assistance and legal affairs. The process under the reforms are upgrading the social security cards through the IT system, using the people center approach, improving the health facility and reviewing the current social security law.

YCO Program Coordinator viewed that Social Security Board should analyze the root cause of current weakness of the system. SSB should improve the clinic operation system.

(h) Development of the function of Social Security System

Head of SSB explained that there will be only 700,000 registered workers in 2013-2014 and over 1.5 million in 6 years. Normally worker don't want to contribute 2000 MMK on 1 lakh. Social problems are experienced from birth to death. The non-diseased person is not willing to make contribution. People who need treatment for a chronic illness are not comfortable with their income. The importance of people is cost of living because of country situation. The social security system is for the benefit of the individual and the contribution of the public is beneficial for the benefit of the individual.

ILO National Program Coordinator stated that workers need to understand that social security is an insurance system. There is no contribution, the benefit will not be eligible. Workers do not understand this and consider that their contribution is a kind of savings. It needs to be explained carefully when restructuring. When the system is strengthened, there is a lack of awareness among workers. A higher contribution rate could lead to the implementation of the pension system and unemployment benefit will be available.

YCO Program Coordinator viewed that some of the workers from selected factories received the Covid's compensation. Before that workers haven't received any compensation from social security board.

(i) Achievement of the Social Security System

Head of SSB explained that during the implementation period, the labor force increased. Health care and in cash benefits are an improvement. Medical supplies increase. The hospital has 200 patients a day in the industrial zone. There are 3 clinics

in Shwepyithar. People are becoming more aware of social security system. Nowadays, there are hospitals and clinics that are contracted under the PPS system.

ILO National program coordinator pointed that in the current situation, Social Welfare clinics cannot provide treatment sufficiently, so it is a burden on workers to pay for outpatient treatment. Although they can reclaim to social security, the process is complicated. Social Security Board can manage with government-to-government contracts, the workers can get the treatment at no cost.

(j) Aligning with International Standards

Head of SSB explained that the current social security scheme is even higher than the ILO standard benefit rate. It is not reached to international standards everything. Perceptions may vary from country to country. The current system is suitable for Myanmar.

ILO National program coordinator pointed that the social security system is align with the International Standards. In Convention 102, insurer get 50% of basic salary for sickness cash benefit but social security system provides 60% of basic salary. As per Convention 102, the benefit must be considered the income security so insurer can benefit the entire duration of the contingency. The social security Act allows to choose that the benefit can be receive a lump sum or installment. This choice should not be given. Because of our country situation, people prefer to take the benefit at once. But one-time withdrawals can be capital intensive, but it is not allowed the income security for people who can't work for a long.

YCO Program coordinator viewed that current Myanmar social security system is not aligning with the International Standards,

(k) Long term Planning for Sustainability

Head SSB explained that the Social Security Board need to be implemented for some of the social security schemes such as unemployment benefit and pension schemes. And there is a plan to implement for housing benefit.

ILO National Program Coordinator from ILO said the policy maker need to monitor the social security system regularly.

YCO Program Coordinator viewed that Social Security Board should be replace with easy mechanism. Current mechanism is complicated, so it is not be easy for garment workers.

The social security system is one of the insurance systems for basic workers who can only obtain a basic wage of 4800 MMK per day. The social security system offers medical support to workers and compensates for some of the cash benefits they receive during their illness. The social security system is, in reality, a beneficial insurance platform for employees, since they are struggling for the cost of living with their basic income, and it makes them safe from health problems. The survey demonstrated significant knowledge gaps concerning social security system. The lack of knowledge about social security, their eligibility criteria and their accessibility may contribute to the lack of dissemination of information by the social security board. The Social Security Board should promote their service in efficient way and provide awareness to all factory workers.

CHAPTER V

CONCLUSION

5.1 Findings

The social security system provides coverage and benefits to a lot of workers, thereby promoting access to jobs, education and health care. The social security helps increase worker's productivity, employability and economic development.

To study from the Myanmar social security Law, the social security system is promoting the growth of the state economy by increasing production in order to enjoy greater security of social life and health care for workers. The insured can gain the right to continued medical care; to obtain the right to continued medical treatment, the benefit of family assistance, the benefit of invalidity, the benefit of superannuation, the benefit of survivors, the benefit of unemployment, the right of residence and possession of accommodation after retirement, in addition to health care and the financial benefit of employees for illness, maternity, death and job injury.

There is a significant knowledge gaps concerning the social security schemes. The majority of respondents possess at least one employment identity, and some are having both labour registration card and employee identity card for their employment status. Majority respondents such as 96 of 120 know about at least at least one social security schemes.

Shocks are described as the occurrence of one or more events that result in a loss of welfare for individuals or a larger community (Hoddinott, 2009). Respondents' income in this study was barely enough to cover their daily living expenses. When they face shocks, most of them use higher-interest loans to deal with them. The social security system is helping to reduce people's vulnerability to shocks and lifecycle risks.

The popular sources of knowledge dissemination about the social security system include communication through labour rights association, relatives, friends, colleagues, Facebook, people from department of labour and television. Only 7% of the respondents were aware of the eligibility criteria of the social security system and 93% are not aware of eligibility of the social security system. The deficient knowledge about

the existence of social security system, their eligibility criteria and accessibility of these systems can be attributed towards the inadequate dissemination of information by the Social Security Board. Majority respondents (114) narrated that the information isn't easily available, it's not easy to understand and the message of the social security system are not comprehensive enough. The potential recipients aren't aware of the social security system. The lack of awareness about the nature of the social security system that the number of program beneficiaries have limitations. Among the 120 respondents, 36 (30%) of the respondents were listed as beneficiaries of the social security system and 84 (70%) of the respondents did not have any experience to use of social security system.

Most of them are experienced to take the medical facility at social security benefit's clinic. Only a few percentages are getting in cash benefits for Sickness, Maternity, Paternity. It was very strange that no one has been received work injury benefits and no one was heard about the funeral grant. The lack of workers knowledge of social security eligibility requirements leads to the misconception of unequal allocation of social security system. There is a lack of transparency in some procedures, corruption and political influence in ground level. More than 80% of those who had not applied were unaware of the social security schemes. 5% of the respondents said that they don't know how to access the benefits.

Majority of workers from their factory can't aware that how to complaint and where to go for complaints. It also depicts that they may not have been able to reach the SSB's office to lodge their complaints due to lack of knowledge about its location or relevant processes. It is also noted that the applicants are often unaware of where and how to loge their grievances and where they have been made, either they are not properly handled, or an unsatisfactory response is obtained from designated officials/programs.

The majority of respondents of the survey trust the information received from friends/relatives and from labour rights associations. They believe that poor, vulnerable, disabled, children, elderly and widows should be given social assistance. 90% of respondents agreed that their employer is the more responsible to provide support in case of need. Social security system covered all the factory workers, but they are not clearing all the requirements to take the service. The contribution amount is 2,880 MMK per month on their basic salary and its value for 4 kg of rice for us. The clinic service is not very good and it's very difficult to access the benefits so it's not

worth to pay. The workers admitted in the findings as they never received the awareness from the representatives of Social Security Board.

According to the findings from the key informant interview, it can be described about the worker's comprehensiveness of the social security system, worker's satisfaction, adequacy and effectiveness on the social security system, development, achievement, strengths and challenges and sustainability of current social security system for the workers. The social security provides the legal protection for all workers as a key strength and one of the challenge is comparing with growing number of workers and the number of hospitals and clinics are very small. KII interviews brings the perceptive from policy maker who implement and involve in the social security.

The social security system is a valuable asset for basic workers. It offers a guarantee for the welfare of workers. Garments workers are struggling with their everyday cost of living, and the social security system can be helpful when dealing with health problems. Under the existing circumstances, workers do not obtain adequate explanations from their employers or the responsible person of the SSB regarding the benefits, processes and procedures of social security system. As a consequence, they do not have enough information and cannot appreciate the intent of the social security system. All workers have difficulty to access the health facility, the effect is that workers are not reliable to the social security system and cannot value their social security rights.

5.2 Suggestion

The social security is a human right which responds to the universal need for protection against certain life risks and social needs. Social security systems constitute an important investment in the well-being of workers and the whole community. The social security contributes to productivity, employability and economic development.

The study also found that most of the insured workers have social security cards, but they are not easy to access the medical care or in cash benefits. The adaptation and engagement of employer is the biggest motivation for workers in garment industry to have access to social security schemes. The Social Security Board should urge employers to ensure that all their employees have access to get benefits from all social security schemes.

According to the study, the majority of insured workers do not use social security schemes due to lack of awareness of the benefits package of social security

system. This creates obstacles for insured workers to access social security benefits. The Social Security Board should create a user-friendly communication channel for insured workers to ask about the benefits package. The Social Security Board should raise awareness among insured workers of the social security system benefit package.

The Social Security Board also provides a compensation scheme for sickness cash benefit, maternity cash benefit, funeral grant and work injured but workers don't recognize the eligibility and are not familiar with reimbursement mechanism. The Social Security Board should consider and revise its documentation process to be clear and simple for everyone.

These findings include that workers are worried that their salary will be suspended due to the working hour of the clinic. Even though medical treatment is free at social security clinic. The indirect cost or opportunity cost is higher than the medical cost, meaning that most covered worker use private clinics outside their working hours. This result is very significant as a justification for not using social security services and Social Security Board should identify an alternative way of meeting the needs of insured workers without disrupting their working hours. Social Security Board should change the opening time of clinic or extend the opening time to make the facilities accessible to most insured workers. The waiting time at a social security clinic are much longer than at private and public health facilities. It is common that private health facilities are more responsive than public and health facilities however if SSB wants to improve the quality of services, the waiting time at health facilities should be reduced to be more attractive.

The goal of the social security system is "one for all, all for one," but not all workers understand the message. The Social Security Board should inform all workers about the goal of the social security system to improve their attitudes towards the social security system.

Some of the employers do not provide their adequate knowledge of the social security system and are lack in compliance with the laws and regulations on workers' right. The Social Security Board should create an independent oversight mechanism must be places in place to discharge the discard political control and transparency and the collection and distribution of social benefits among all workers.

The social security system is a system that is enforced with employers, workers and the Nation. Both the employers and the employees shall comply with the provisions and the Social Security Board shall offer the services in accordance with the legislation.

After all the stakeholders have joined together in accordance with the law, social security system will be more effective in the long term and would be sustainable.

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APPENDIX - 1

**Yangon University of Economics
Master of Development Studies
Knowledge, Attitude Practices for measuring awareness on
the right to social security system**

Questionnaire on Awareness of the right to the social security system

Section – 1 : Socioeconomic characteristics		
1	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
2	Age Group	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16 to 30 <input type="checkbox"/> 31 to 40 <input type="checkbox"/> 41 to 50 <input type="checkbox"/> 51 to 60 <input type="checkbox"/> 60+
3	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
4	Number of Children
5	Education	<input type="checkbox"/> Primary <input type="checkbox"/> Middle <input type="checkbox"/> High
6	Monthly Income
7	Employment Status	<input type="checkbox"/> Daily Wages <input type="checkbox"/> Wages upon on shift <input type="checkbox"/> Wages upon on job assign <input type="checkbox"/> Daily Wages (Paid Monthly) <input type="checkbox"/> Salary Paid

8	How many working hours are you working per day? Please mention both regular and overtime.	
9	How do you meet your Household immediate needs?	<input type="checkbox"/> Sale of assets <input type="checkbox"/> Loan (with interest) <input type="checkbox"/> Advance salary from employer <input type="checkbox"/> Others (please specify)	
10	What kind of employment identity do you have?	<input type="checkbox"/> Labour Registration Card <input type="checkbox"/> Employee Identity Card <input type="checkbox"/> Others (Please Specify)	
11	During the last year, what kind of financial crises did you meet?	<input type="checkbox"/> Health issues <input type="checkbox"/> Jobless <input type="checkbox"/> Fire <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Impatient Care <input type="checkbox"/> Others (Please Specify)	
Section -2 : Knowledge about rights to the social security system			
12	What do you know about social security board (SSB)?	<input type="checkbox"/> To issue Social Security Card <input type="checkbox"/> To provide health care and medical facility <input type="checkbox"/> To provide sickness cash benefit <input type="checkbox"/> To provide other cash benefit <input type="checkbox"/> Others (Please specify)	
13	How do you get information about the schemes?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Phone (SMS) <input type="checkbox"/> Facebook <input type="checkbox"/> Relatives / Friends/Colleagues <input type="checkbox"/> People from Department of Labour <input type="checkbox"/> Others (Please Specify)	

14	Are you insured under the social security schemes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, How much premium do you pay monthly to social security board?
15	Do you have a SSB Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long have you been holding this social security card?
16	Are you insured that your employer is oblige to pay your premium to SSB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	Please name the social security schemes that you are aware of:	<input type="checkbox"/> Medical Care <input type="checkbox"/> Sickness Cash Benefit <input type="checkbox"/> Maternity Cash Benefit <input type="checkbox"/> Paternity Cash Benefit <input type="checkbox"/> Funeral Grant <input type="checkbox"/> Family Benefit <input type="checkbox"/> Work Injury Benefit	
18	Are you aware of the eligibility criteria of yours social security system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how did you know?
19	Do you know about the process of accessing the social security system? (accessibility criteria and procedures)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how did you know?

20	In your view, was the information about social security system adequately distributed?		
	a. Eligibility Criteria	i. The information was easily available	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ii. The language was easily understandable	<input type="checkbox"/> Yes <input type="checkbox"/> No
		iii. The message was comprehensive (contains necessary information you require)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Accessibility Criteria	i. The information was easily available	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ii. The language was easily understandable	<input type="checkbox"/> Yes <input type="checkbox"/> No
		iii. The message was comprehensive (contains necessary information you require)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Benefits	i. The information was easily available	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ii. The language was easily understandable	<input type="checkbox"/> Yes <input type="checkbox"/> No
		iii. The message was comprehensive (contains necessary information you require)	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Do you know of any laws and policies in regards social security system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	Do you know where is the source of income for social security schemes from SSB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section -3: Practices about rights to the social security system			
23	What kind of benefits did you receive from social security schemes?	<input type="checkbox"/> Cash Benefit <input type="checkbox"/> In Kind Benefits	

24	What kind of difficulties do you face in accessing benefits of schemes?	<input type="checkbox"/> Difficult procedures to get registered <input type="checkbox"/> Difficulty to collect require documents such as medical certificate <input type="checkbox"/> Long waiting time at hospital / offices <input type="checkbox"/> Need to pay extra cash for medical care <input type="checkbox"/> Clinic operation hour is not convenient for workers who have to work until 6 pm <input type="checkbox"/> Claim process is too long for cash benefit e <input type="checkbox"/> Too far from factory or home <input type="checkbox"/> Others (please specify)	
25	Adequacy and pattern of receiving social security schemes (Cash)?	<p>a. How much did you get?</p> <p>b. Did you get it regularly <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. How many times did you get this during last year?</p> <p>d. How much these refunds are cover for your actual expenditures? <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> Other (Please Specify)</p>	
26	Have you ever been rejected about your claims? Please narrate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	How have you rejected about your claims? <input type="checkbox"/> Official Letter <input type="checkbox"/> Unofficial verbally

27	What is your benefit to go to SSB clinic or in cash schemes?	
28	What were the reasons of not applying for social security schemes?	<input type="checkbox"/> Unaware of social security schemes <input type="checkbox"/> Awareness of ineligibility <input type="checkbox"/> Not reliable on the schemes <input type="checkbox"/> Others Please specify	
29	Did you complain about your difficulty what you faced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please mention them
Section - 4: Attitude towards rights to the social security system			
30	What source of information about social security do you trust most?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Phone (SMS) <input type="checkbox"/> Facebook <input type="checkbox"/> Relatives / Friends/Colleagues <input type="checkbox"/> People from Department of Labour <input type="checkbox"/> Others (Please Specify)	
31	Do you think that your contribution is economy or worth to pay for you ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please clarify more if yes or no ,
32	Does this Social security schemes is efficient for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please clarify more if yes or no ,
33	Do you think that this social security schemes is effective for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please clarify more if yes or no,
34	Do you think that this social security schemes is equitable for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please clarify more if yes or no,

35	In your opinion, to whom social security schemes should be targeted?	<input type="checkbox"/> Poor <input type="checkbox"/> Vulnerable <input type="checkbox"/> Non-Poor <input type="checkbox"/> Minorities <input type="checkbox"/> Women <input type="checkbox"/> Widow <input type="checkbox"/> Children <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Family Matter <input type="checkbox"/> Others (Please Specify)	
36	Which schemes is more necessary for you? Please prioritize!	<input type="checkbox"/> Medical Care <input type="checkbox"/> Sickness Cash Benefit <input type="checkbox"/> Maternity Cash Benefit <input type="checkbox"/> Paternity Cash Benefit <input type="checkbox"/> Funeral Grant <input type="checkbox"/> Family Benefit <input type="checkbox"/> Work Injury Benefit	
37	In your opinion, who should mainly provide support in case of need?	<input type="checkbox"/> Department of Labour <input type="checkbox"/> The employer <input type="checkbox"/> Others (Please Specify)	
38	Please give your opinion, why should SSB improve in such area?	<input type="checkbox"/> Improve cash benefit <input type="checkbox"/> Clear Documentation process <input type="checkbox"/> Quick payment process <input type="checkbox"/> Provide right information	How?
39	What kind of recommendation do you want to give to SSB?		

Thank you for your active participation

Yangon University of Economics

Master of Development Studies

**The interview questions for Focus Group Discussions
For awareness on the right to the social security system**

1. What do you aware about social security schemes?
2. What are the advantages of being an SSB insurer, and which schemes are most applicable to you?
3. How difficult is it for you to access the SSB's social security schemes base on the accessibility criteria?
4. Why, as an insurer, do you refuse to spend in social security schemes?
5. Please indicate about your experience of consuming the social security schemes?
6. What is your suggestion to SSB about social security system?

**Yangon University of Economics
Master of Development Studies
Key Informant Interview questions**

**To access a current status of the right to the social security of workers in
Myanmar**

- 1 Name
- 2 Yours Designation
- 3 Yours Responsibility
- 4 Yours Duty Station
- 5 Does the social security plan inclusive for all?
- 6 Does workers enjoy the social security and health care system?
- 7 Does the workers gain benefit adequately in actual situation?
- 8 What kind of schemes are more effective for workers?
- 9 Please describe the strength of the current system?
- 10 Please describe the challenges of the current system?
- 11 What should be the evidence of effects or changes?
- 12 What is the development of the function of social security system?
- 13 What is the achievement of the social security system?
- 14 Do you think that Myanmar Law reach the criteria Int'l standards?
- 15 What is the plan for long term sustainability?