

## **CHAPTER 5**

### **Presentation Overview**

“Migrants are among the world’s most vulnerable people. Clustered on the margins of cities or culturally isolated within them. Housed in camps meant to be temporary or without homes at all, they often have urgent health needs, including reproductive health (Population Reports, 1996).”

This presentation will summarize the essay, research proposal and data collection components of this thesis portfolio.

### **Essay: Recognizing the Impact of Migration on Reproductive Health**

- Migrants: All people who have moved from their homes for any reason either internally or across borders.
- Reproductive Health (RH): a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes (ICPD, 1994).

### **Case Study of Myanmar**

- estimates of nearly 5 million migrants within and from Myanmar
- maternal mortality rates in Myanmar of between 140-500 per 100,000 live births
- lack of recognition of migrant populations in reproductive health research, policies and programs both within Myanmar and in neighboring countries.

### **Method of analysis**

- Four critical factors impacting migrant's RH identified by Population Reports (1996)

\*Selection            \*Disruption

\*Differences        \*Adaptation

- GOM laws and policies impacting migration

\*political            \*economical

\*environmental    \*human rights

- GOM laws and policies impacting RH  
(focus on contraceptive laws and policies)

\*provision

\* discrimination

\*right to information

### **Profile of Migrants within and from Myanmar**

- Internally displaced persons in Myanmar
- Refugees from Myanmar into neighboring countries
- Migrant workers and traders moving largely to border areas

### **Vulnerabilities of migrant's RH**

- contraceptive access and use
- safe motherhood
- unsafe abortions
- risks to HIV/AIDS and other STDs
- violence against women

*(Population Reports, 1996)*

**Risks throughout Myanmar**

- Unmet need for contraceptives
- high maternal mortality rates
- unsafe abortions leading cause of MMR
- estimates of 400,000-500,000 HIV positive
- presence of violence and discrimination against women

There is extremely limited information regarding the reproductive health of migrants within and from Myanmar. What is available focuses on HIV/AIDS and violence against women. However, these aspects of reproductive health highlight a number of the vulnerabilities encountered by migrants.

**Particular risks to migrants largely undocumented**

- HIV/AIDS
  - highest rates found among migrant populations both within and along the borders of Myanmar
  - limited or no health services and supplies
  - high risk activities

**Constraints on migrants in meeting their RH needs**

- Limits on their basic freedoms
- lack of access to RH commodities and services
- discrimination in services provided

Given the constraints mentioned earlier international and non-governmental organizations can play a critical role in moving the discourse and encouraging responsiveness of governments.

**Recommendations:**

- Identify migrant populations, document situation and RH needs;
- Disseminate information and encourage a discourse which address migrant's RH;
- Include migration realities in current research, policies and programs and undertake pilot interventions focused on reaching migrant populations; and
- Build a consensus of the critical issues and strategies for interventions to present to the GOM and in neighboring countries to advocate for the RH needs of migrants.

**A Research Proposal: An Assessment of RH perspectives, concerns and realities  
among female migrants from Myanmar in Thailand**

**Migrants from Myanmar in Thailand**

- Over one million migrants from Myanmar in Thailand
- largely residing in Thailand illegally
- lacking rights, language skills and avenues for redress of abuses encountered
- RH needs have largely gone unaddressed

**Vulnerability of female migrants from Myanmar in Thailand:**

- employed in unrecognized labor sectors
- paid considerably less than men

- lack of gender sensitive research has failed to acknowledge their different concerns and needs
- faced with high levels of violence

**Research Goal: Assess the RH perspectives, concerns and realities among female migrants from Myanmar in Thailand**

**Overall Research Objectives:**

1. Provide a profile of the RH beliefs, concerns and realities of female migrants from Myanmar in Thailand, highlighting its relationship to the migration and violence they have experienced.
  - Identify current belief systems that women use to interpret their RH care
  - Identify those features which women perceive to directly or indirectly cause women's RH problems
  - identify constraints to improving their RH
2. Identify the social networks of female migrants and the perspectives of male migrants, health care providers, government officials, employers and other community members on RH issues concerning female migrants from Myanmar
3. Describe female migrant's health care and support seeking behaviors in Thailand (where, when, and from whom do they seek care and support).

4. To identify appropriate communication, strategies and methodologies for further research of RH issues which incorporate female migrant's perspectives, concerns and realities in the context of the migration and the violence they have encountered.

**Phase One Objectives:**

- Describe the RH beliefs, concerns and realities among those from Myanmar in the broader context of their lives as illegal migrants in Thailand
- Describe how their perspectives, concerns and realities impact their RH and care-seeking decisions
- Identify obstacles and barriers faced by migrants in Thailand in dealing with their RH concerns and needs.

**Phase Two Objectives:**

- Describe the effects of migration on personal networks of female migrants from Myanmar in Thailand.
- Assess the influence of personal networks maintained in Thailand on RH care and support seeking behaviors.

- Identify extent of violence and abuse impacting the lives of migrants from Myanmar and the impact on RH and care-seeking decisions.
- Describe RH realities of female migrants from Myanmar in Thailand and their access to and use of services and commodities.

#### **Data Collection Tools:**

- Phase One: emphasizes qualitative data
  - observation
  - in-depth interviews (IDI)
  - focus group discussions (FGD)
- Phase Two: emphasizes quantitative data
  - questionnaire

#### **Study Sites**

- Construction sites in Chiangmai (northern Thailand)
- plantations in Chumporn or Pang-nga (southern Thailand)
- factories in Mahachai (central Thailand)

## Research Design

- Snowball sampling
- Data analysis:
  - phase one:
    - *ethnograph*
    - *excel*
    - phase two
  - *SPSS*
- Ethical Considerations
  - voluntary participation
  - confidentiality
  - ensuring safety of participants & researchers
  - Mechanisms for coping with potential trauma

## Research team

One Project Coordinator

Three Principle Investigators (one at each field site)

Nine Research Assistants (three at each site)

### **Data Collection Exercise**

Based on phase one of this proposal, data collection was carried out among migrants from Shan State in Myanmar working on construction sites in Chiangmai, Thailand. The objectives and data collection tools described in the research proposal were employed in this exercise.

### Obstacles and limitations encountered in Research

- security & privacy
- long working hours
- mobile populations
- RTG policy to arrest and deport
- Shan New Year
- unable to identify traditional healers
- Language
  - within & between teams
  - training in four languages
  - highly illiterate population
  - Shan-English translations
  - input to analysis

### Data processing and analysis

#### IDI & FGD data

- ethnograph
- *categories identified*
- *data coded*

- *codes entered*
- *analyzed by categories with references*
- Demographic variables
  - excel spreadsheet
- Observations & key informant data entered into ethnograph separately

### **Research Findings**

- Description of Environment
  - lived on or near work sites in shacks
  - wood & tin shacks, no windows or ceilings
  - remote areas with limited transportation
  - poor water quality and sanitation
  - markets on site or “mobile”
  - migrants housing separate from Thai nationals

- Demographic Variables (46 F + 15 M = 61)
  - age range 17-48 years with average age 29
  - 32 had no formal education and 29 had an average of 3.9 years
  - 57 were married and 52 participants had children with the average of 2.1 each
  - all arrived in Thailand after 1990 and 42 since 1996 only 18 had ever been back to Myanmar.

**IDI and FGD Findings:**

- life in Myanmar
- life in Thailand
- violence
- health problems
- menstruation
- pregnancy & delivery
- contraceptives
- condoms
- reproductive tract infections
- abortion
- sexuality

- health care in Thailand

**Critical RH issues identified by Population Reports (1996) were found to be relevant to the Shan migrants interviewed**

- Contraceptive access and use
- safe motherhood
- unsafe abortions
- HIV/AIDS and other STDs
- violence against women

**Issues for consideration:**

- Ongoing experiences of violence and trauma both in Myanmar and Thailand
- high illiteracy rates
- early marriages with limited RH knowledge
- limited knowledge of RTI including HIV/AIDS and condom use
- low use of contraceptives in Myanmar and high use in Thailand
- limited knowledge and/or access to contraceptive information or services
- presence of unsafe abortions and births
- fear to seek health care due to costs and illegal status resulting in ill-health and deaths from curable illnesses

**Migrants from Myanmar in Thailand have distinct RH needs that are not being addressed leaving migrants to deal with often serious consequences.**

It is critical that RH research, policies and interventions include migrant populations taking note of who the migrants are, their disruptions, difficulties and constraints in adapting to their new location.

A number of Shan participants in the study compared their lives as migrants to a Shan story where the people:

**“Escape from the bear and run into the tiger”**

Simply giving migrants from Myanmar in Thailand more information and access to commodities and services, without consideration of the fear, violence and constraints with which they live, will not be adequate in meeting their RH needs.