

**CULTURAL BELIEFS AND PRACTICES OF MYANMAR
MIGRANT WOMEN REGARDING PREGNANCY AND
CHILDBIRTH UNDER THE CONTEXT OF MIGRATION IN
THONG PHA PHUM DISTRICT, KANCHANABURI PROVINCE,
THAILAND**

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OF THE REQUIREMENTS FOR THE DEGREE OF
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ABSTRACT

This study aims to understand (1) cultural beliefs and practices of Myanmar migrant women regarding pregnancy and childbirth (2) living, working and health conditions of mother and child (3) how those beliefs and practices in health situations are influenced by the migrant context in particular the vulnerability and marginality in Thong Pha Phum District, Kanchanaburi Province in Thailand.

Qualitative research design was used to allow the informants to contribute to their beliefs and practices in their own words. Snow ball sampling was used.

Myanmar migrant women between 20 to 45 years of age, who had recently given birth in Thailand within the past 12 months, were targeted to ensure recovery from the birth and to enable some reflection on their experiences. (27) Migrant women were interviewed through in-depth interviews and focus groups discussions, (3) key informant interviews with health care providers and participant observation during the field work, from Oct 25th 2013 to Jan 5th 2014.

The findings were grouped into four main categories according to the amount of use migrant women made on traditions before and after delivery: commonly, mostly, moderately and occasionally. It is clearly found out that migration context influences health care access were socio cultural and socio economic determinants in addition, to a certain extent, of political determinants and consequently, it triggered migrant women to utilize their strong pragmatic traditional beliefs and practices regarding pregnancy and childbirth. Cultural practices still have a part in a major role in the way of women's solution to health problems and to prepare for their pregnancy and birth with a status of vulnerability and marginality as a consequence of being migrants.

In conclusion, cultural beliefs and practices are noticeably followed by Myanmar migrant women, because they have to adjust their lives due to being migrants by living in extended families and communing with relatives and neighbors in Myanmar Society, by solving their financial problems themselves, and by being reluctant to visit ANC due to the attitudes of some nurses and the limitations of the 30 Baht Scheme.

KEY WORDS: MIGRATION/ ANTENATAL CARE/ TRADITIONAL BELIEFS AND PRACTICES/ CULTURE/THAILAND

149 pages

CONTENTS

	Page
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
LIST OF TABLES	vii
LIST OF FIGURES	viii
LIST OF ABBREVIATIONS	ix
CHAPTER I INTRODUCTION	1
1.1 Background of the study	1
1.2 Objectives of the study	7
1.3 Research Question	8
CHAPTER II LITERATURE REVIEW, THEORETICAL PERSPECTIVES AND CONCEPTUAL FRAMEWORK	9
2.1 Migration and health	9
2.2 Cross border migration: situation, determinants on health of migrant women	11
2.3 Vulnerability and marginality of migrant life	12
2.4 Theoretical perspective on culture	14
2.5 Reproductive health services in Thailand: coverage, service providers and antenatal care	15
2.6 Health seeking and pattern of resort	17
2.7 Conceptual framework	18
CHAPTER III RESEARCH METHODOLOGY	20
3.1 Research method	20
3.2 Research design	25
3.3 Research Site: Thong Pha Phum District, Kanchanaburi Province, Thailand	25
3.4 Sample and sampling	28

CONTENTS (cont.)

	Page
3.5 Recruitment of participants	30
3.6 Study period in the field	30
3.7 Data analysis	30
3.8 Ethical Consideration	31
3.9 Limitation	32
3.10 Data quality	33
CHAPTER IV RESEARCH FINDINGS	34
4.1 Characteristic and background information of migrant people	34
4.2 Cultural beliefs and practices of migrant women	37
4.3 Determinants of following cultural beliefs and practices	78
4.3 Determinants of following cultural beliefs and practices	111
4.4 Changing condition	114
CHAPTER V DISCUSSION AND CONCLUSION AND RECOMMENDATION	115
5.1 Discussion and conclusion	115
5.2 Recommendation	130
5.3 Limitation of the study	131
BIBLIOGRAPHY	134
APPENDIX	139
BIOGRAPHY	149

LIST OF TABLES

Table		Page
4.1	Table of characteristic and information of informants	37
4.2	Types of cultural practices, their beliefs and number of women who practice	39
4.3	Four main purposes of cultural beliefs and practices	74

LIST OF FIGURES

Figure		Page
2.1	Conceptual Framework of Cultural Beliefs and Practices on Pregnancy and Childbirth in Myanmar Migrant Women using Critical Medical Anthropology Perspective	19
3.1	Map of Thong Pha Phum District in Kanchaburi Province, Thailand	28

LIST OF ABBREVIATIONS

ARC	American Refugee Commissionaires
FGD	Focus Group Discussion
MMR	Maternal Mortality Rate
MDG	Millennium Development Goals
TBA	Traditional Birth Attendant

CHAPTER I

INTRODUCTION

1.1 Background of the study

This part provides why researcher prefers to identify cultural beliefs and practices regarding pregnancy and childbirth rather than other issues. Firstly, situation and trend of maternal health is mentioned by the stating increasing Maternal Mortality Rate. And then, childbirth is stated to see as cultural phenomenon in which common cultural practices are clarified. Moreover, maternal health and migration is explored in addition to general situations of women's health in Kanchanaburi, Thailand. Above and beyond, why researcher's interest is placed on mother and child health regarding pregnancy and childbirth are explained. Based on migrant life and health of Myanmar mother and child regarding pregnancy and childbirth, objectives of the study and research questions are developed in this introduction part.

1.1.1 Situation and trend of maternal health

Internationally, increasing attention has been concentrated on reducing maternal and neonatal mortality. Particularly for maternal health, many existing interventions have been found to be ineffective in preventing maternal mortality and there is an urgent need to refocus maternal health programs.(Sauvarin, 2006) There have been important improvements in maternal health and reduction in maternal deaths, but progress is still slow. An estimated 287,000 maternal deaths occurred in 2010 worldwide.(Nations, 2012)

Maternal mortality Rate in developing regions was still 15 times higher than in the developed regions. Four countries (Cambodia, Lao PDR, Myanmar, and Timor-Leste) have high levels of maternal mortality, with over 300 deaths per 100,000 live births. In Thailand the MMR is higher in the highland areas of some northern provinces with ethnic hill tribe populations and some southern provinces,

predominantly Muslim populations, where MMR is double that of the national average. (Sauvarin, 2006)

Globally, 60-80 per cent of maternal deaths are due to obstetric hemorrhage, sepsis (infection), obstructed labor, hypertensive disorders of pregnancy (including preeclampsia), and complications of unsafe abortion, which are all preventable and/or treatable. These complications are unpredictable and most occur within hours or days after delivery. MMR is increased by delay in deciding to seek care, delay in reaching care and delay in getting appropriate treatment at the facility. Therefore, large improvements are required in the quality of maternal health care. However, there are many factors such as cultural factors, socio-economic factors which can delay to get to access of Antenatal Care Services and these factors should be traced systematically. (Sauvarin, 2006)

Out of the eight Millennium Development Goals, goal 5 addresses maternal health, measured by the indicators of maternal mortality ratio and percentage of deliveries attended by a skilled birth assistant. Addressing maternal and newborn health also has the potential to contribute significantly to the achievement of MDG 4 by lowering the neonatal mortality rate, particularly early neonatal deaths in the first week after birth. Neonatal health is critically related to maternal health, with many early neonatal deaths related to care during delivery. (Sauvarin, 2006)

1.1.2 Childbirth as cultural phenomenon

Culture plays a major role in the way a woman perceives and prepares for her birthing experience. Each culture has its own values, beliefs and practices related to pregnancy and birth. Different countries follow different ways of traditions regarding pregnancy and childbirth. Moreover, birth is ritualized by every culture, and it is considered one of the most significant rites of passage in family life. Women give birth within their socio-cultural and political and economic environments which vary widely across the globe, but for all women giving birth is a powerful experience. (Callister & Khalaf, 2009)

In Japan, and in other countries, childbirth is considered a natural event and is usually drug-free for the labor pain management. (Katie & Lenore, 2010) Women view medical services appropriate only for very severe conditions. For,

birthing positions and mobility during labor in Australia, active labor is widely practiced and women are encouraged to stay out of bed. In many other countries, mobility during labor is not common. (Katie & Lenore, 2010) For the frequency of antenatal investigations, although there is an over use of ultrasound during pregnancy in some provinces of China, it is illegal to determine the sex of the fetus in India.

Women resort to their own traditional or local knowledge that is not always effective and sometimes very dangerous. (Belton & Whittaker, 2007) Herbal or traditional medicines were often sought, especially in association with practices around childbirth (Kenda, Pleumjit, & Michael, 2012) without attending to the clinics because the women appeared to have little understanding of the risk to them and their babies (Kenda et al., 2012) Women believe that Traditional Birth Attendants (TBAs) know more techniques and tricks to facilitate smooth delivery than do physicians. Myanmar women fear complications in childbirth, knowing this to be a common cause of death. To ease the birth, traditional midwives cast magical spells and conduct ceremonies to placate spirits, and traditional healers use special medicines. (Katie & Lenore, 2010) Home births with the use of traditional midwives were preferred over delivering in the hospital. Many women reported that shame was the main reason for avoiding hospital deliveries. The comforts of family and friends were also key factors in preferring traditional delivery. (Katie & Lenore, 2010) TBAs also help them in their home in front of their family. Doing massage, bathing of women and baby and frequent visits are other reasons for preferring TBAs in maternity care. (Sharma SK & P2, 2012)

Pregnant women observe dietary restrictions and other taboos, including the avoidance of traditional spicy foods. (Katie & Lenore, 2010) During pregnancy, Chinese women avoid eating food with yin qualities – raw and cold food in early pregnancy – as they believe the food is associated with miscarriage. The elders also believe that seafood, goose, carp, and snakes should not be included in pregnant women's diets as they can cause newborn skin problems. (Wan-Yim, 2009) In Myanmar people, the cultural practices that were commonly followed in the antenatal period included a strong dislike of consuming cold water. (Russo and Joyce, 2011)

These behavioral and dietary restrictions may therefore serve to protect women from danger, giving them the best possible chance of carrying their pregnancy

to term. In Korean culture, pregnant woman should look, listen, think, and focus only on that which is good, beautiful and desirable, because this will influence the shape and features of the baby. (Ahn, 2009) However, more in-depth studies are needed to understand why women prefer subscribing to pregnancy restrictions.

The majority of the women in China adhered to traditional Chinese pregnancy restrictions in order to protect the unborn child from danger and to avoid the problems associated pregnancy and birth, such as miscarriage, stillbirth, death of the mother, and imperfections in the newborn. Pregnant women who adhered to behavioral restrictions were more likely to associate with poor physical component of health related quality of life. (Lau, 2012) Lau showed that traditional pregnancy restrictions are also still commonly adhered to by contemporary Macao Chinese women. Some behavioral restrictions, such as moving heavy objects and using scissors in or on the bed, are prohibited.

(Lau, 2012) believe that moving heavy objects and moving home will destabilize the vital energy of the fetus (dong tai qi) and will cause spontaneous miscarriage and fetal malformation such as a cleft lip or cleft palate, or marks on the face. They believe in hammering nails into the wall will cause fetal malformation, participating in wedding and birthday celebrations will cause abnormal uterine contractions, which oppress the fetus and impede its physiological development, and early disclosure within the first trimester will threaten the stability of the pregnancy.

Healthy eating and early physical activity in a postpartum period vary according to cultural traditions. Concern with hygiene requirements, in Japan, showering and washing hair after birth is prohibited until after seven days. Early physical activity is not recommended in countries where a confinement period is usually observed (eg. The Philippines) (Katie & Lenore, 2010)

Immediately after the birth, mother and infant are considered extremely vulnerable to the influence of spirits from the bush. During the birth, doors are kept shut and all cracks are stuffed with rags in order to keep these spirits out. Postpartum mother and infant remain inside for seven days, and contact with non-household visitors is limited. After the first week, the woman is likely to increase her activities around the compound. (Jordan, 1993, p.42) In Myanmar People, there is a lot of respect and take care for pregnant women. (Russo and Joyce, 2011) Postpartum care

is a special thing for the woman and her family because recovery is essential to their future and the future of their babies.(Ahn, 2009)

1.1.3 Maternal health and migration

This research explores cultural beliefs and practices of Myanmar women under the context of migration; therefore, situation, determinants and health impacts regarding migration are need to be understood.

International and transnational migration seems to be an inevitable feature of globalization. Magnitude and the size and impact of the problems associated with migration are becoming more serious.(Carballo, 2005) points out that the causal link between migration and health can occur in either direction – the health of individuals and communities may be influenced by migration, while the health of individuals and communities may stimulate migration.

Public health reasons as well as for ethical and human rights reasons, the reproductive health of migrants calls for urgent attention. (Carballo, 2005) Migrants are often underserved by health services, excluded through administrative and cultural barriers. Remote rural women, the poor and migrant women have less access to emergency obstetric care due to several obstacles: cost, lack of facilities and lack of information.(Sauvarin, 2006) Migrants are often unaware of the availability of contraceptive services (Carballo, 2005) An accredited interpreter was not always available for them at antenatal appointments, during the birthing experience, when completing consent or information forms, or during the initial home visits undertaken in postnatal period. (Russo and Joyce, 2011)

1.1.4 Migrant women's health in Kanchanaburi Province

(Isarabhakdi, 2004) assesses the use of health services among cross-border migrants from Myanmar who are now living in Kanchanaburi Province, western Thailand. The migrants comprise three main ethnic groups, namely the Burmese, Karen and Mon, most of women have no formal education and are agricultural workers. Although the migrants can access government health facilities, they are still more likely to buy drugs or use herbal medicines for treating themselves when they have minor illness. Even though quality maternal health care was accessible to most of

the women, obstetric complication was prevalent and they were not seeking appropriate care. Reasons for complications among women living in Kanchanaburi, Thailand were early marriage, frequent childbearing, hard work, poor nutrition and traditional practices. (Sharma SK & P2, 2012)

(Sharma SK & P2, 2012) found that major obstetric complications during pregnancy, delivery or postpartum period were, high blood pressure, severe headache, severe vaginal bleeding, swelling of face, hand and leg, fits, seizure and convulsion, fever, foul smelling discharge, retained placenta, ruptured uterus, pitting edema, less or stop fetal movement. Women thought that abnormal symptoms occur when women get pregnant and that they all disappear after delivery. These symptoms are normal.

Hospital delivery is safer for mother and baby; some women still have their babies at home. They cite shortage of money as the main reason for home delivery. 30 Baht Scheme is very easy for some women to access healthcare, but, it is only a nominal fee for some women. Women were poorly informed by doctors and nurses about their pregnancy status and their symptoms. They often had few minutes to spend with doctors.(Sharma SK & P2, 2012)

There were a number of health volunteers or TBAs, but receiving health service from a midwife during illness within the village is not always easy. Women from the upland area reported that their main problems were the lack of roads, electricity, bus routes, and health facilities. Women from the rice field strata reported that they were facing problems of getting tap water, building a concrete road, shortages of health personnel in health centers, and lacking good electricity supply. (Sharma SK & P2, 2012)

1.1.5 Researcher's interest

I had work experiences regarding Reproductive Health Care for three years in Patheingyi Township, Mandalay, Myanmar. During that time, my work concerned with promoting awareness of village women on reproductive health care and providing contraceptives for their birth control. All kinds of services pertaining birth control are offered free of charge; however, I had faced many difficulties not only in conducting health education sessions but also in prevention activities. Village women do not give so much attention on family planning and antenatal care and health

education sessions. Since then, I wanted to know how they manage birth control, how they care about their pregnancy and childbirth and what kind of health service is used for their reproductive health problems.

Currently, I am a student who mastering health social science subject in Mahidol University, in which, Anthropology Subject is taught. It is so interesting to study and in which is much more related to human behavior and culture. If we understand how is anthropology, we are going to try to see many possible causes of an effect in terms of social, cultural, structural and political points of view. And then, we can point out and solve the most influence causes for that effect and try to establish appropriate interventions.

Since reviewing of the literatures, I really noticed that further researches regarding pregnancy and childbirth are still needed to identify the most effective ways in which care and information can be provided to the vulnerable group to improve the health of mothers and babies. In this way, I wonder to understand why Myanmar Migrant Women practice traditions pertaining Pregnancy and Childbirth influence and how it influences on health of mother and child.

1.2 Objectives of the study

- 1) To understand cultural beliefs and practices of pregnancy and childbirth of Myanmar Migrant Women in Thong Pha Phum District, Kanchanaburi Province, Thailand
- 2) To understand living, working and health conditions of mother and child of Myanmar Migrant Family
- 3) To understand how those beliefs and practices in health situation are influenced by migration context in particular the vulnerability and marginality

1.3 Research Question

1.3.1 General question:

What are cultural practices and beliefs regarding pregnancy and childbirth among Myanmar Migrant Women?

1.3.2 Specific Questions:

1) What are living and working and health status of Myanmar Migrant Mothers and their babies?

2) What did Myanmar Migrant Women do to take care of their pregnancy and their babies?

3) How did Myanmar Migrant Women manage to choose the way and place for giving birth?

4) Why do they choose these kinds of health care services?

5) Whether their migrant status influences their health accesses?

6) What are the factors which also determines on access to delay or non use on Maternal and Child Health services?

CHAPTER II

LITERATURE REVIEW, THEORETICAL PERSPECTIVES AND CONCEPTUAL FRAMEWORK

In this chapter, literature review, theoretical perspectives and conceptual framework are provided. Initially, in the part of the literature review, migration and health, its impacts on women's health and vulnerability and marginality of migrant people are firstly described to understand how the migrant context is. After that, theoretical perspective on culture in order to understand that childbirth is the cultural phenomenon. Above and beyond, reproductive health services in Thailand are mentioned in order to provide government health condition. And then, health seeking and pattern of resort are discussed to get the point of the nature of health seeking behavior of people. Finally, conceptual frame work is mentioned to see the whole picture of conceptualization, together with description of the dependent and independent variables.

2.1 Migration and health

Providing health coverage to migrants is a complex and important issue. It is complex because the health needs of migrants are influenced by their past health histories, their socio-economic well-being (Baker, 2010, p.86) political, and cultural position within the host community once migrating.(Jatrana et al., 2005)

In addition, the health system is challenged due to the following factors: the movement of migrants can place strains on particular hospitals; many migrants do not speak the local language or fully understand the local culture; migrants often do not have the financial resources to purchase health coverage; many migrants are irregular and cannot or do not want to seek treatment from local health facilities

(Baker, 2010, p.86); discrimination, and lack of knowledge about the availability of health facilities and social network (Jatrana et al., 2005).

The health of migrants is an important issue for policymakers from a human rights perspective, a public health perspective and an economic perspective. From a human rights perspective, migrants should not be excluded from accessing basic health services. In terms of public health, migrants should not be excluded from the health system as they are mobile and could contract diseases and transmit them to the wider community. The economic perspective is that given the cost to employers of recruiting, training and maintaining staff, migrants should have access to health services to safeguard a healthier workforce (Burn, 2010 *cited in* Baker, 2010)

It is needed to be tackled to guarantee quality health services for migrants: how to pay for the system; how to ensure that migrants can access the health system; and how to improve the quality of services migrants receive. (Baker, 2010) Based on current policy, migrant health workers are denied official recognition, as it is not possible for migrants to obtain skilled employment through the migrant registration process and without this recognition it is difficult to improve the quality of the service they provide. (Baker, 2010)

Providing preventive and promoted health activities plus addressing the working and living conditions of the migrants can be more cost-effective than treating migrants with advanced health conditions. In particular, all migrants, irrespective of their status, should have access to emergency health care and immunization and vaccination services. (Baker, 2010)

Moreover, unfamiliarity with the health care system may lead to relative underuse of preventive health screening and under diagnosis and treatment of health problems, which in turn may lead to a worsening of health status over time.(Jatrana et al., 2005)

2.2 Cross border migration: situation, determinants on health of migrant women

Many of migrants experience greater vulnerability due to their status as migrants in addition to socio-cultural factors have the potential to enable or curtail access to sexual and reproductive health information and services among women. (State, 2011) For the resettlement issues, migrants may give less priority to reproductive health and health education programs, because they are often preoccupied with other issues, including obtaining visas, gaining employment, housing, learning English and applying for citizenship.(Katie & Lenore, 2010)

As transport problems, some women may find it difficult to travel themselves due to lack of relevant skills and experience with travelling alone in a new environment. They may need a family member to accompany them, but they may not always be available. Limited access to transport may also influence a woman's decision to access to health services.(Katie & Lenore, 2010)

Official neglect of human rights for migrant workers has created serious problems for them and for their host society, since they are regularly exposed to labor accidents and injuries, abuse, violence, illness, depression, and epidemics such as HIV/AIDS. Nonetheless, citizens of most Asian labor importing countries remain unaware of these problems, and therefore pay little attention to the plight of foreign laborers. (Jatrana, Toyota, & Yeoh, 2005)

(Kongsri, Limwattananon, Sirilak, Prakongsai, & Tangcharoensathien, 2011) stated that choice of Family Planning method varied according to the education level of the users. Some migrant women have no formal education and those who had been to school had only primary school education. Therefore, most of the migrant women were illiterate in both Thai and their own language.(Kenda et al., 2012)(Girvin Sally et al., 2006) Nevertheless, women's major concern was the cost of health-care services. They had to pay antenatal care and costs related to their antenatal visits. This included direct costs in accessing facilities and paying for services as well as indirect costs in relation to absence from work and transport costs. (Kenda et al., 2012)

Normally, migrants with health insurance cover pre-paid 3800 Thai Baht (approx £80) per year in addition to a reduced fee of 30 Baht per visit to a health-care facility. Those without health insurance had to pay the full amount for each visit to the

antenatal clinic. This amount depended on the services that they required, e.g. 300 Baht for a blood test or 500 Baht for an ultrasound examination. The cost of medication varied between 30 and 200 Baht for each visit. (Kenda et al., 2012)

Illegal Burmese migrants in Thailand are more likely to deliver at home with unskilled attendants.(NaRanong & NaRanong, 2006)There is a marked difference between the access to skilled attendance at birth by the rich and the poor, the poor are particularly vulnerable in health systems with large out of pocket expenditure.(NaRanong & NaRanong, 2006)

In breach of international law, migrants do not have access to birth registration, resulting in newborns being stateless and increasing their vulnerability to trafficking. Migrants also have limited access to prevention and treatment of STIs, including HIV/AIDS. Finally, migrant women and girls face untold levels of GBV in detention centers, places of employment and in their daily lives without access to medical care, social and mental health services or justice.(Girvin Sally et al., 2006) Many migrant women lack awareness on how to protect their own rights, including the right to health care (State, 2011) and on about basic reproductive anatomy and physiology to protect their health and well-being.

2.3 Vulnerability and marginality of migrant life

The greater vulnerability of migrants is also played out at the national scale. It has been evident in many circumstances that migrant workers are frequently seen as a mobile, floating and even “disposable” population, making them vulnerable to repatriation, neglect and discriminatory policies founded on classed constructions of ethnicity and nationality. (Jatrana et al., 2005)

(Girvin Sally et al., 2006) assessed that migrants and refugee face a daily struggle for their survival needs which significantly impacts their reproductive health. (Lindert, Ehrenstein, Priebe, Andreas Mielck, & Brahler, 2009) stated that depression and anxiety are related in migrant workers. Many child migrants are unlikely to complete their child vaccinations, which can cause disease transmission to other

children. (Baker, 2010, p.88) The cross-border migrants face problems such as poor health, sanitation, education, drug addiction, and limited income. (Isarabhakdi, 2004)

As documented in various settings, unauthorized migrants are generally more vulnerable to health risks than are legal migrants. (Jatrana et al., 2005) Jatrana mentions that when migrants fall ill, they do not access government health facilities; rather, they seek out private practitioners, opt for traditional healers. Most of Filipino Female Migrant Domestic Workers had limited access to health information and services in abroad largely due to their low economic status and poor health-seeking behavior. (Sobritchea, 2006)

Since many Myanmar migrants are in Thailand in an unauthorized situation, it is difficult to determine their actual number, how they are distributed within the country, how many live along the borders, and how many have penetrated deeper into the country. (Isarabhakdi, 2004) (Girvin Sally et al., 2006) In 2010, there were one million workers from Myanmar, Lao and Cambodia at some stage of registration and approximately 1.4 million dependents and others who were not registered. (Huguet & Chamrathirong, 2011)

Undocumented migrants cannot move freely around the city without ID card or passport from Thai government. (Mun, 2011) They are spread along Thailand's border provinces, working either legally or illegally, and spending their daily and working lives with the Thai. (Isarabhakdi, 2004) Migrants may also live in congested areas that are unsanitary and cause pollution. Industries that damage the environment are often located away from urban areas and thus, rely on migrants for workers. Female migrants are more likely to engage in work involved with seafood processing, light manufacturing, the service industries and domestic employment. (Huguet & Chamrathirong, 2011) Migration for many women means working in precarious and dangerous jobs often characterized by low wages, poor work conditions and lacking employment benefits. (Nations, 2012)(Sobritchea, 2006)

(Jatrana et al., 2005) also mentioned that vulnerability is the result of a combination of factors, including the psychological stress generated from the process of removal and resettlement, and the problems and difficulties migrants confront in dealing with health problems and the health care culture in the new environment (Bollini 1992; Chung and Kagawa-Singer 1993; Shuval 1993), reduced security in

daily life (Sundquist 1994), experiences of alienation and discrimination (Kaplan and Marks 1990), reduced socio-economic status (Harding and Balarajan 2001) and language barriers (Jatrana et al., 2005)

2.4 Theoretical perspective on culture

Goodenough (1957) defined culture as “whatever it is one must know or believe in order to operate in a manner acceptable to its members, and do so in any role that they accept for any one of themselves. In classic materialist interpretation of culture, culture is the sum of a social group’s observable patterns of behavior, customs and way of life. (Harris, 1968 *cited in* Bickman and Rog, 1998)

Birth is ritualized by every culture, and it is considered one of the most significant rites of passage in family life (Callister & Khalad, 2009) Women give birth within their own socio-cultural context, so listening to the voices of culturally diverse women is essential (Callister & Khalad, 2009) The birth of a new member into a group not only is important for the perpetuation of that group but also transforms the status of several of its members, most markedly the status of the parents, the larger family, and the birth attendants. (Jordan, 1993)

In India, in prenatal pregnancy rituals, barren women even in educated urban circles are not invited. For the birth of a child, and especially a male child, celebrate singing in the form of professional singers marking this transformative rite of passage. (Naraindas, 2009) The first male child is important for the mother’s incorporation into the nether world and the last male child for the father. (Naraindas, 2009) Celebration of feasts and traditions was also considered important by Swedish women as traditions created feelings of trust and well-being, mainly through socializing with friends and relatives. (Hjelm, Bard, Berntorp, & Apelqvist, 2009)

2.5 Reproductive health services in Thailand: coverage, service providers and antenatal care

Thailand has benefited from steady economic growth and government commitment to human development to achieve the MDGs early. (Kongsri et al., 2011) For more than 15 years, reproductive health services have been fully integrated into the national health system, with the Department of Health (DOH) of the Ministry of Public Health (MOPH). (Tangcharoensathien, Tantivess, Teerawattananon, Auamkul, & Jongudoumsuk, 2002) Public health care facilities such as sub-district health centers, district and provincial hospitals are the major providers of a range of reproductive health services. (Tangcharoensathien et al., 2002) and (Kongsri et al., 2011) (Sharma SK & P2, 2012)

The equitable access to MCH services is a result of wide geographic coverage of well-functioning primary health care, especially at the district and sub-district levels. (Kongsri et al., 2011) Kongsristated that the national contraceptive prevalence rate was around 80% for 2006 and 2009 years, and antenatal care and skilled birth attendance coverage was over 99%. It was very high and stable coverage; services were distributed equally between urban and rural areas and across geographic regions. Public health care facilities at the provincial and district levels played a significant role in service provision for ANC (76–80%) and delivery (91–92%) services.(Kongsri et al., 2011)

However, for migrants and others living in refugee-like circumstances, (Girvin Sally et al., 2006) explained that PHC, including RH care, is not systematically available to them, resulting in poor health outcomes for these women. (Thoresen & Fielding, 2011) also indicated that public hospitals were both understaffed and underfunded to deal with the increases in health care consumption induced by the Universal Coverage. The public health care system now had become unsustainable; was underfunded; that the quality of medication provided was poor; and that health policy had become political rather than policy focused.

Centers from local levels are responsible for antenatal, delivery and postnatal care, immunization, nutrition and family planning services, water supply and sanitation activities. They also provide treatment for minor illnesses and emergencies, and provide referrals to district or provincial hospitals for complicated cases.

According to health policy, the local health station is supposed to provide the setting for the majority of births, in the presence of the government nurse/midwife. (Whittaker, 2002)

District Community Hospitals provide outpatient facilities and a limited range of inpatient care, including maternity services. In addition, they provide preventative and promotional health services such as family planning and immunization services. (Whittaker, 2002)

Provincial-level general hospitals provide specialist services and refer to the seventeen specialist regional teaching hospitals such as Srinagarind Hospital at Khon Kaen University and the large hospitals of Bangkok. These regional hospitals represent the highest level of the government health system and are the most prestigious hospitals, providing specialist services, research and teaching facilities. (Whittaker, 2002)

Antenatal care is also among the interventions that can reduce maternal mortality and morbidity. The antenatal period is critically important for reaching women with interventions and information that promote health, wellbeing and survival of mothers as well as their babies. (Nations, 2012)

The World Health Organization (WHO) recommends a minimum of four visits for antenatal care, including, at a minimum, screening and treatment for infections and identification of warning signs during pregnancy. (Nations, 2012) A key component of antenatal care is the development of a birth and emergency plan, acknowledging that it is not possible to predict most of the complications at delivery.

Women should be informed about danger signs and symptoms, plans made for skilled birth attendance and information given on contraception. The package should also include HIV prevention and care including PMTCT. (NaRanong & NaRanong, 2006) The first prenatal visit is somewhat special. At this time, the pregnant women and the midwife determine the probable date of birth: nine calendar months from the day following the completion of the woman's last menstrual period. (Jordan, 1993, p.24) Despite there is progress, in 2010 almost half of pregnant women in the developing regions still did not have the recommended number of visits. (Nations, 2012)

To understand more how migration influence the living and working condition and health situations of Myanmar Migrant Women, this part continues to offer theoretical perspectives on Culture, Migration and health, Migration and Globalization, and Health seeking and pattern of resort.

2.6 Health seeking and pattern of resort

The main goal of most people seeking medical treatment is to have their suffering removed. (Sobo cited in Carol R Ember and Melvin Ember)

In all culture, the household is the key unit in therapy-seeking and members influence each others' care through resource allocation and care provision. (Carol R Ember and Melvin Ember) There exists a "hierarchy of resort" (Romanucci-Ross *cited in* Carol R Ember and Melvin Ember) in which people first try one thing and then try another until their condition is fixed to their satisfaction. According to the concept, people try the most familiar or simplest and cheapest treatments first and seek more expensive, complex, or unfamiliar treatments later, if necessary.

Treatment choice can follow a hierarchical sequence, but patterns of resort often involve many treatment modalities at once. Further, people do not necessarily adhere to all the official rules related to each type of treatment. People often combine recommendations creatively, creating a regimen that they feel is right for them. Health seeking is a dynamic process; people constantly reevaluate their symptoms and revise their health care plans.(Ember & Ember, 2004)

The recognition of symptoms is generally the first step in what (Douglas, 2001) long ago termed "the health seeking process."Symptoms recognition depends on cultural definitions of normal well-being, and understandings about the causes and contexts of sickness. Owing to cross-cultural differences, symptoms are not always grouped together in the same way cross-culturally. However they may be grouped, some of the important factors that people in all cultures consider when evaluating symptoms include how dangerous to life they are suspected to be, and the degree to which they interfere with lifestyle or function.(Ember & Ember, 2004)

2.7 Conceptual framework

At the end of the research, the understanding on how migrant women manage pregnancy and childbirth, to what extent and how their being migrants influence pregnancy and childbirth and how cultural beliefs and practices influence mother and child health will be promoted. That would be very much cultural under the context of being migrants.

Myanmar is a nation that comprises eight major ethnic groups with over a hundred languages and dialects. (Sharma SK & P2, 2012) Most of Myanmar followed the traditional practices regardless of the area of residence and education level. Underlying reasons for those practices should be explored.(Sein, 2013) Culture is that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society. (Tyler)

Being migrants mean that migrant people, as a whole, are the vulnerable and marginalized groups. Maternal and child health of the migrant population is the one of major concern. (Chaw, 2009) The health of migrants is also affected by socio-cultural factors and how migrants relate to their environment.

By Being Migrants, that influences the ways they practice Family Planning, they manage the pregnancy and delivery. Policy also influences migration and access to health care services. Therefore, impressive reasons or intentions behind of practicing on pregnancy and childbirth need to be explored under these conditions.

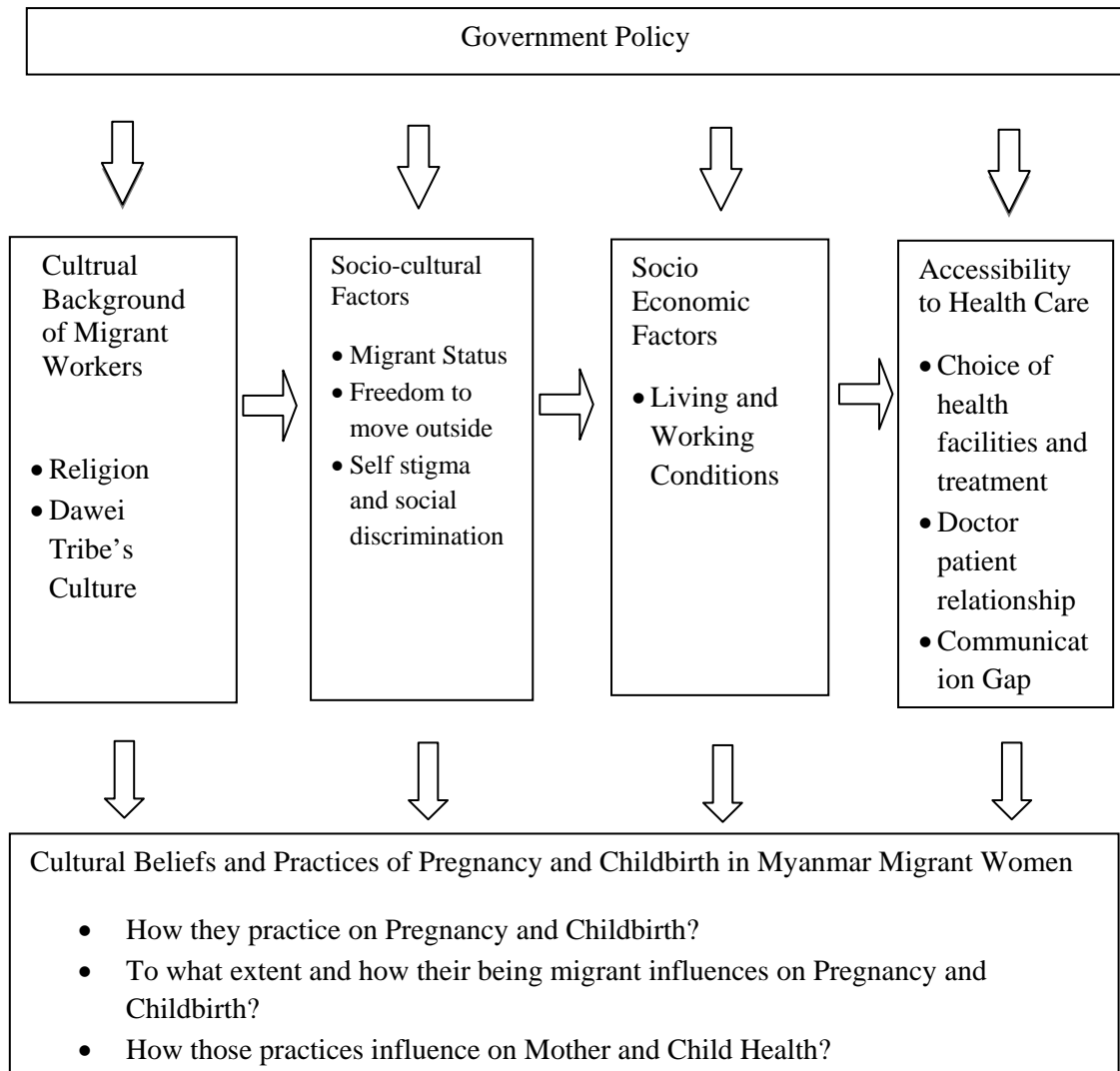


Figure: 2.1 Conceptual Framework of Cultural Beliefs and Practices on Pregnancy and Childbirth in Myanmar Migrant Women using Critical Medical Anthropology Perspective

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research method

For the data collection in this research, focus group discussion, in-depth interview, narrative interview and observation methods are planned. Besides these plans, key informant interview was conducted as well. Therefore, (2) FGDs, (12) in-depth interviews, (3) narrative interviews, (3) key informant interviews and observation method were done.

3.1.1 In-depth interview

10 participants were proposed for the in-depth interviews; however, 12 in-depth interviews were conducted at their homes due to comfort and convenience especially as all of the participants were mothers with young children. At the beginning, they were slightly reluctant to disclose their personal information and it was also found out that it was due to their migration status and fear of authority. Simultaneously, participant's environment was observed which also provided valuable insights into relevant contextual factors such as housing, traditions they had practiced, family members, problems they have, and their daily activities.

In-depth Interviews were started after one week community observation and after getting recognition and friendship from the community. Therefore, women who were in line with inclusion criteria were selected for in-depth interviews. The maximum time consuming was one and half hours for each interview and steps such as verbal inform consent and permission for taking record were done according to research ethic before starting the interview.

By doing these in-depth interviews, living, working, health conditions of mother and children, the way of taking care of their pregnancy and babies, the way and place of give birth, causes of choosing these kinds of services and determinants of practicing traditions were answered.

Some Dawei Women could not speak Myanmar Language well because they use only their own ethnic language. Therefore, mostly, Dawei Women who can understand and speak well were selected to answer in depth interviews. By using Myanmar Language, women were able to express themselves comprehensively and spoke with me. I also who shared similar life experiences to them, sometimes. This approach also assisted in capturing the social, cultural and political contexts of women's emotional experiences. If I had language barrier on some words, I clarified with them again and again with different ways.

As Gliner and Morgan, 2000 said that to get detailed responses from the participants, open-ended questions are always used. Open-ended questions tend to produce many different responses with only a few mentions of each topic.

The guidelines for in-depth interviews are described in the appendices.

3.1.2 Narrative interview

In-depth Interviews were started after one week community observation and after getting recognition and friendship from the community, therefore, women who were in line with inclusion criteria were selected for in-depth or narrative interview. While choosing informants by snow ball method and performing in-depth interviews, informants for narrative interview were found and selected. It is clearly found that women who could be narrative interviewee are staying at home mostly; they have time to explore and so many experiences regarding this study. They are so friendly and start to make greetings first to others.

The narrative interview uses a specific type of everyday communicative interaction, namely storytelling and listening, to reach this objective. (Bauer, 1996) Storytelling is an elementary form of human communication and, independently of stratified language performance, it is a universal competence. By telling, people recall what has happened, put experience into sequence, find possible explanations for it, and play with the chain of events that shapes individual and social life. (Jovchelovitch & W.Bauer, 2000)

It took one and half hours to two hours for one narrative interview and mostly, I went back to them to clarify or to know something more. Getting consent, asking permission for tape recorder and self introduction were done in each and every

interview. (3) Informants were asked by narrative interview, storytelling. Inclusion criteria for narrative interview are also the same with those of in-depth interview.

The guidelines for narrative interviews are described in the appendices.

By using those narrative question guidelines, the answers of living, working, health conditions of mother and children, the way of take care of their pregnancy and babies, the way and place of give birth, causes of choosing this kinds of services and determinants of health care services were achieved.

The Narrative Interview uses a specific type of everyday communicative interaction, namely storytelling and listening, to reach this objective. (Bauer, 1996) Storytelling is an elementary form of human communication and, independently of stratified language performance, it is a universal competence. By telling, people recall what has happened, put experience into sequence, find possible explanations for it, and play with the chain of events that shapes individual and social life. (Jovchelovitch & W.Bauer, 2000)

3.1.3 Key informant interview

While going mobile clinic to the Kayin Villages, health care providers were met unintentionally and got a chance to conduct key informant interviews from that time on. Health care providers supported very much to complete key informant interviews. One interview took at least one hours and a health volunteer working in ARC interpreted what the health care providers said. Health care providers were very busy and, however, they tried to answer the interviews. Key informant interviews to director of the Thong Pha Phum District Hospital, one obstetric and gynecologist and one nurse were performed in their offices. The question guidelines for key informant interviews were prepared during the field work.

The guidelines for key informant interviews are described in the appendices.

3.1.4 Focus group discussion

Although one sessions of FGD would be conducted firstly after getting mutual relations from migrant women, before starting in depth interviews, it could not be done because the grouping of women and their free time did not coincide mostly to

hold FGD. Hoping that doing one session of FGD first could give me to be able to inductive on common cultural beliefs and practices, general and regular conditions regarding work and living status. Therefore, one and half month later after starting in depth interviews, first session of FGD was carried out and at next two weeks after first FGD, second session of FGD was held. Both two discussions were held in the location and time, which the informants suggested. The purpose of a focus group is to collect in-depth information from a group of people which represent the population of interest. (The Health Communication Unit, THCU, 2002)

In the place of trying to conduct two sessions of FGD after one and half month stay in the field, it was not difficult to collect women to discuss at the same time. They recognized me and I felt like I was part of the community. To get migrants women interest, community leader and young adult woman helped me. I openly disclosed them the nature of my study including objectives, methodology and reasons. Although I did not try to attain their supports in my field work immediately, they helped me since I was observing the community for a week after I got there.

Formal discussions with 8–12 people on specific topics of their beliefs and practices, working and living conditions, accessibility to health care of migrant women was proposed. However, in two sessions of FGD; one with six mothers and another with seven mothers were included. Even though I missed my proposed participant numbers in conducting FGD, I felt that their sharing experiences, exploring their practices on traditions and discussions on their perceptions of hospital were very rich in data.

Before starting discussion, informants were clearly explained the expectations during group discussions, issues which will be discussed. They all were encouraged to participate through the discussion and their sharing was also carefully listened in order to get their trust to reduce the difficulties to communication. Actually, giving incentives to them was not planned, however, I really realized that they gave me a chance to meet with them even though they were so tired in physically and mentally. I presented them presents, approximately (70) baht for one mother. I knew that unless I gave them, they could come to discussion, however, presents were very useful in their daily lives and I felt like, it was cost- effective.

After getting permission to record the discussion points and verbal consent from them, they introduced me and they started to explore their experiences. Every mother carried at least one child and some came with three children. Therefore, discussions were a bit noisy and sometimes, had to stop for a while as the children are crying. However, after treating children with snacks, we could continue.

The group was facilitated to keep participants focused on the topic of interest. By these two sessions of FGD for this research, common cultural beliefs and practices, living and working conditions Myanmar Women survive mostly, their most vulnerability and marginality and accessibility to health care were gathered.

Before conducting FGD, relevant questions were generally prepared more than enough for about one and a half hours of discussion to enable all participants to have their say. They were fit as my planned and they had fun as well. Questions in a FGD follow a logic sequence: moving from more general questions on experiences and ideas, to more specific ones, focusing on the aim of the research. (Hardon et al, 1994) They were very eager to share mostly in their working conditions and accessibility to health care. At these two topics, they showed up their feelings such as sadness, fulfillment, anger and happiness and women supported each other on their discussion points. After discussion, they asked me the current conditions of Myanmar in terms of health care access, education and job opportunities.

The guidelines for FGD are described in the appendices.

3.1.5 Observation

Each and every FGD and interview, observation was done. The behaviors of the participants, their living and working conditions, mother and child's health situation and their surroundings were observed and recorded. These observation data were matched with their answers and their feelings and supportive to research goal.

This research relies on the self-report of the participants. Gliner and Morgan, 2000 said that such reports are always influenced by the fact that the participants know they are in the study; they may want to please the researcher, they may want to hide things, or they may have forgotten or not know some things. Many investigators prefer researcher-observed behavioral data, even though these data also have potential limitations.

3.2 Research design

Research design is to meet the special requirements of exploring cultural beliefs and practices of bio-behavioral phenomena, pregnancy and childbirth of Myanmar Migrant Women. The aim of this approach is the conviction that the basis for an adequate understanding of bio-cultural events must come from anthropological participation.

Anthropological participation was used as an explicit methodological device intended to give the investigator access to the knowing how of birth, that is to say, to the behaviors in which participants engage as competent performers of system-specific ways of doing birth. (Jordan, 1993)

Anthropology is the study of mankind, esp. of its societies and customs. It includes physical or biological anthropology, involving the study of human evolution, and socio cultural anthropology that, very generally speaking, entails studying the social and cultural aspects of human society. (Pool & Geissler, 2005) Socio cultural anthropology is, in turn, divided into a number of sub specializations: among them, medical anthropology which studies the social and cultural aspects of health and illness (Pool & Geissler, 2005) is used.

Anthropology consists of qualitative methods that allow relatively easy access to the problematic aspects of people's culture and that once the problem is identified, interventions can be developed to change these. (Pool & Geissler, 2005)

3.3 Research Site: Thong Pha Phum District, Kanchanaburi Province, Thailand

On the topic of study site, Thong Pha Phum is a district in the northern part of Kanchanaburi, central Thailand. Its area is (3655) square kilometer and a district of (62848) population and its postal code is (71180). Neighboring according to clock wise direction are Tanintharyi Division of Myanmar, Sangkhla Buri, Umphang of Tak Province, Ban Rai of Uthai Thani Province, Si Sawat and Sai Yok of Kanchanaburi province. There are seven sub districts namely Tha Khanun, Hin Dat,

Dika, Chalae, Pilok, Huai Khayeng and Linthin. These sub districts are sub divided into 44 villages.

Although it is such a small town with only a few narrow roads, Thong Pha Phum has roads, a colorful market which is also a great place and can offer local traditional foods like khao lam (coconut sticky rice roasted in pieces of bamboo), grilled chicken and fish and colorful chili pastes. Passing through the town centre, a great local fresh and prepared foods market stretches east towards the river, which is a busy market, particularly for the occasional Burmese imports and local food such as fresh ingredients, fruits and foods. In addition to this central market, there are often locally produced handicrafts available at central markets, the occasional night market, and from village workshops in smaller towns throughout the province.

There are several hill tribes such as Thai, Mon, Dawei and Karen living in the villages. Myanmar migrant workers live and generally employ three in woodcutting, agricultural and gathering forest products, where their workplace were mostly near the forests. Some migrants live there about 15 years ago and can speak Thailand Language and have a lot of children. They live a big community throughout the district. Among those communities, I studied at Sue and Khaing Tha Zin. Sue has altogether 300 households of 1200 population and Khaing Tha Zin has 50 households of 200 populations. Most of them are Dawei, Buddhist and illiterate. The majority of family incomes per month were less than 3,000 Baht as they are manual workers on calling jobs.

As region of great historical importance, Thong Pha Phum features temples and restored fortresses. Travelers can enter Myanmar for a day return trip by paying a border pass fee because it is only 100 kilometers away from the Three Pagoda Pass. There is a hill-top temple on the opposite side of the river and it takes only 15 minutes walking from the market.

On the topic of Kanchanaburi Province, the Thai-Myanmar border is approximately 2,500 kilometers long with nine Thai provinces located next to Myanmar, namely, Chiangrai, Chiangmai, Maehongson, Tak, Kanchanaburi, Ratchaburi, Prachuabkirikhan, Chumporn and Ranong. Kanchanaburi province is located in the west of Thailand, and is situated 129 km from Bangkok, covering an area of 19,486 square kilometers. The province is also famous for its natural

attractions such as forests, mountains, caves and waterfalls. It is frequented by tourists who have been attracted by its long history and ancient civilizations. Agricultural and related activities serve as major occupations for Kanchanaburi population, though there are also mining sites in mountainous areas.

Kanchanaburi houses the largest Karen population living in Thailand. In 2006 it had a population of 31,327. Even though most of them are of Thai ancestry, there is also a lot of Mon and Karen blood around. It is a place where many refugees and migrant families moved to this area due to poverty, disease, and political repression by the Burmese military Government. ([http://en.wikipedia.org/wiki/Kanchanaburi Province](http://en.wikipedia.org/wiki/Kanchanaburi_Province)) Political unrest in Myanmar intensified and the increasing gap in development levels between Myanmar and Thailand, with larger flows of displaced persons over the Thai-Myanmar border occurring during the 1980s and 1990s. (Isarabhakdi, 2004)



Figure 3.1 Map of Thong Pha Phum District in Kanchaburi Province, Thailand

3.4 Sample and sampling

The informants of this study are (27) Myanmar Migrant Women who had child birth experiences within one year ago who are living in Sue and Khaing Tha Zin in Thong Pha Phum district. 3 Key informant interviews are health persons from the Thong Pha Phum District Hospital. Rich information is got from all participants.

Firstly, I met with community leader in Sue. He really welcomed me to do my study there as we met before and had a brief talk on my study. He not only helped me but also advised me to go around the community and to participate in ceremony. I

went there in the morning and chatted with the women from house to house every day before I started interviews.

By doing this, I got a helpmate from Sue and she was one of the informants participated in FGD. She knew the locations of migrant women who were in line with my informant criteria. Inclusion criteria for FGD are (1).Living in the Study Province (2).Being able to speak Myanmar Language well because some ethnic women cannot tell Myanmar Language thoroughly and fluently (3). Myanmar Migrant Women between 20 to 45 years of age who had recently given birth in Thailand within 12 months to be ensure recovery from the birth and to enable some reflection on their experiences. Inclusion Criteria for In-depth Interview and narrative interview are (1).Living in the Study Province (2).Being able to speak Myanmar Language well because some ethnic women cannot tell Myanmar Language thoroughly and fluently (3). Myanmar Migrant Women between 20 to 45 years of age who had recently given birth in Thailand within 12 months to ensure recovery from the birth and to enable some reflection on their experiences. (4). Women who willingly participated in FGD will also be selected for in-depth interview or narrative interview. (5). Women who can share rich resources on their experiences

Informants were selected soon after conducting advocacy to community leader and performing community observation for one week by using snow ball method and continuously selected after each and every interview.

In qualitative studies, information rich cases are identified in a purposeful manner. Helpmate supported in finding information rich informants. Information rich cases are those from which one can learn a great deal about issues of central important to the purpose of the research, thus the term purposeful sampling. (Hardon et al, 1994) Before conducting interview, appointment with the woman was made and asked permission first.

Among purposeful samplings, snowball sampling was used. Some migrant women who were relevant to my study were identified. The advantage of this method is that one informant refers the researcher to another and that the researcher therefore has a good introduction for the next interview. (Hardon et al, 1994)

3.5 Recruitment of participants

Building engagement with the community was an integral element of the research project and was made firstly by my major advisor from faculty of social science and humanities. Information about the research was distributed to community spaces. This research was a qualitative study aimed at investigating how Myanmar Migrant Women practice cultural belief at the time of after being pregnant and until giving birth. As soon as the field work was started, after meeting with community leader, I started community observation to get mutual understanding and friendship from the community members.

3.6 Study period in the field

Data collection period was two months and two weeks from 25th October 2013 to 5th January 2014. After that and onwards, it was time for data preparation for thesis writing and thesis defense. The process of data collection was started in 2nd November 2013 after trying to get familiarity for about one week. 15 interviews including in-depth and narrative and 3 key informant interviews were firstly conducted from November to December second week continuously. After that, two sessions of focus group discussions were performed. Observation was carried on throughout the field work.

For this research, data collection, analysis and interpretation took place continually and simultaneously throughout the study. (Gliner and Morgan, 2000, pg. 25) After two month data collection, preparation and writing for thesis was started to be ready in May for Thesis Defense.

3.7 Data analysis

According to a basic principle of qualitative research, data analysis was conducted simultaneously with data collection. This allowed me to progressively focus on interviews and observations, and to decide how to test emerging conclusions.

Data analysis was started by listening to the tapes, transcribing interviews to verbatim and then read several times to check for correctness, to capture the overall context and a general feeling or ideas of what people were saying and what the results were looking like were discovered. After that, data was translated into English language, it was coded, grouped and compared to show connections based on their similarities and differences with each other. And then, it was started to analyze by using data master sheets for each and every objectives. Relevant factors were connected with the help of data master sheets.

Field notes from informal interviews or conversations and observations were very important sources of data especially for women's perception and experience. To make the analysis easy, data were ordered and thus reduce the data. Ordering is the best done in relation to the research questions or discussion topics. Connecting strategy attempts to understand the data in context, using narrative analysis method to identify the relationships among the different elements of the text.

3.8 Ethical Consideration

Institutional Review Boards (IRBs) from the faculty allowed performing this research study. The researcher was also aware of policies and procedures of the IRB at the University.

3.8.1 Confidentiality

The privacy of informants had to be guaranteed. So, all participants were given as case number to ensure anonymity and confidentiality so that the individual was capable of deliberating and making individual decisions and choices.

3.8.2 Beneficence

I did not harm participants and good outcomes were maximized for the participants as well as for science and humanity as it required balancing the potential benefits and the risks. I explained their questions regarding contraception, Jaundice, etc after conducting all kinds of data collections.

3.8.3 Informed Consent

I asked informants for permission to include them in the study after information about the research objectives had been provided. Oral informed consents were taken from each participant at the start of the study. Women were given a Statement Form in Myanmar language to read and were provided with the opportunity to ask questions. If women agreed to be interviewed, I conducted it. A statement consists of description of research purposes, the study's benefit, comprehension of information by the informants and voluntary participation. All focus group discussions and informal interview were tape recorded on respondent's consent.

Privacy was considered to let the participants freely choose the extent to which his or her attitudes, beliefs and behaviors were to be shared or with or withheld from others. If participants feel that privacy was being invaded, answers that they provide might be distorted and, therefore, gave misleading or false information.

3.8.4 Reciprocity

Researcher used a great deal of people's time and they owe something in return. So, the results of the research in its final form will be offered to the respondents as a type of reciprocity.

3.9 Limitation

There may be respondents bias, sometimes, it was hard to obtain data on behavior, difficulty to analyze responses to open-ended questions, and hard to analyze and report. Moreover, there may be biased or invalid answers, over reliance on standard measures and models.

For FGD, limitations may be biases due to group processes, requirement high level of trusts and cooperation in group and only superficial decisions.

3.10 Data quality

The most reliable source for specific data was selected to get a complete picture of research topic, and that could give believability providing data that could be regarded as true, real and credible. Methodologies also included guidelines, starting from available techniques and tools. Observer bias and the influence of the researcher on the research situation will be minimized. Data collected from focus group discussions, from interviews was cross-checked in addition to using multi-method approach, also called triangulation, to improve the validity of the data.

CHAPTER IV

RESEARCH FINDINGS

This research aims to identify the cultural beliefs and practices of Myanmar Migrant Women regarding pregnancy and childbirth, and living, working and health conditions influencing migrant women to practice traditions, particularly from the perspective of migrant women and local health staff. The study first describes characteristic and background information of the migrant people including those of informants, followed by the cultural beliefs and practices by Myanmar migrant women and determinants of following customs by exploring migrant life. This study then presents the linkage between ritual practices and its determinants such as vulnerability and marginality of migrant life. Following this, this study explores changing conditions of migrant people alongside their stay in Thailand and the linkage between dependent and independent variables.

4.1 Characteristic and background information of migrant people

On the subject of background information of migrant people, they are coming from Tanintharyi Division of Myanmar. In Myanmar, there are eight ethnicity or (135) tribes. Among (135) tribes, Dawei, Myeik and Salone tribes in Tanintharyi Division are under Burma ethnicity. Dawei lies within Myanmar's southernmost region, the Tanintharyi Division, which borders Mon State to the North and Thailand to the East.

Most of migrants had same purpose, to earn money, in migration to Thailand because they did not earn regular daily income regarding lack of job opportunity and low wages. They hoped to earn more money and to make a good saving in Thailand. However, they had to face miserable lives such as loss of family members, broken family and long arduous journey, when they arrived there.

Women mentioned about causes of migration as follows; *“I was born in Kan Bauk, Myanmar. All my family members, altogether 8 members, moved to Thailand since I was childhood. My mother told me that she could not feed us regularly in Myanmar and here, we might earn as much as we work and we can eat enough and might be better than in Myanmar. But, my mother died in the forest within one month soon after she arrived at Thailand. My father is now living in Ba Hlaing, together with my sisters’ family.”*

“My husband was a mason in Myanmar, and we did not have job in the rainy season. I came to Thailand six months ago as my elder sister called my family to work here. We migrated here through Taung Thone Lone Hill and passed through Mon and Kayin villages along the sides of the river. Car owner is Thai Native and travelling cost to Thailand is 10,000 baht in total as they transferred us from one person to another. They changed the cars for three times a long the trip and it took four days. The road is good and the check point on the way is only one.”

Since they migrated, they struggled very much by working in inferior positions and continued their lives. Nowadays, some become rich in a certain extent; however, most of them are still in fall in status, and they do not own saving money, no personal belongings and even a place to live. They have to move from one place to another regarding earning money, they never stay together their family members. As their lives were so low, they could not promote their new generations as well.

Due to poverty and policy of Thailand, their children did not have chance to study both Thai and Myanmar Languages. They do really want to attend school; however, it was a big far for them and beyond their parents’ capacity. Therefore, their children are now at least 20 years old and working as a manual worker on daily wages as they are illiterate and are not skill in any handicraft. Only two people in 100 migrants are educated. Nature of jobs is hillside cultivation, agriculture, random workers, mason and house-maid. Among them, random workers are very much in number and they earn 150 to 400 baht per day. Random works are calling jobs mostly like cleaning the fields, cutting wood and mason.

Women explored about struggling lives as follows: *“My parents came to Thailand to work and save money, but, my father married his second wife and then, my mother was divorced since I was 3 years old. I was born in Thailand and my elder*

sister and I lived together with my mother. We struggled excessively even to have regular meal and could not get access to study in Thailand School.”

“I was born in Myanmar and came here due to the wars and poverty in Myanmar. I did not attend any school and had to work since childhood.”

Since they are not educated, and they become automatically cheap labor workers. They find the job by moving from place to place and settling down in one place was very difficult for them. When they do not have calling jobs, they go to the forests and chop bamboos and collect bamboo shoots.

Woman said why and how they stay in Myanmar community as follows; *“Since I was 5 years old, our family moved to Thailand. We moved from place to place where we could get work within Thailand and finally, we arrived here, Sue. I did chopping bamboos, hillside cultivation and random worker on daily wages in different places within Kanchanaburi Province.”*

For this study, in-depth-Interviews were conducted with 12 migrant women, narrative interviews with (3) migrant women, two sessions of FGD were carried out with 13 migrant women, key informant interviews with 3 health care providers and participant observation were done. Informants are chosen to be in line with criteria set in research guidelines by using snow ball method.

According to health persons, 30% of migrants in Thong Pha Phum are still illegal. Among (27) migrant women participated in in-depth interview and FGD, (3) are illegal, (2) have only student cards and (2) have passports. The rest are color card holders. (2) Out of (15) women who involved in in-depth interviews and narrative interviews attended school, grade 5 and grade 12, in Thailand. (2) Out of (15) women had primary education in Myanmar and (1) from (15) had middle school education as well. They do not work daily, however, if they have calling jobs, they earn for their income. Age of informants is between 20 and 35 years old. 2 From 27 mothers are from Khaing Tha Zin and others are from Sue community. (3) Out of (27) are pregnant mothers, (2) are 8th month pregnancy and (1) is 6th month pregnancy. Most of them live together with their relatives in both communities.

Table 4.1. Table of characteristic and information of informants

Background information of the informants								
No. of case	Age (year)	Baby Age (month)	Sex		Currently Working	Earn Per Month (Baht)	Education	Highlight
			M	F				
1	30	1	1	1	Not	7500	G (2) in Myanmar	All are Buddhists and Dawei living in Sue and Khaing Tha Zin Communities.
2	22	1	-	1	Not	-	No schooling	
3	35	3	4	0	Not	3000	No schooling	
4	25	P, 8	1	0	Not	3000	No schooling	
5	23	6	1	1	Not	7000	No schooling	
6	29	11	1	3	Yes	6000	G (4) in Myanmar	
7	35	7	2	1	Yes	10500	No schooling	Most of them are housekeeper, Salesperson, mason, random manual workers on daily wages. {small shop owner}
8	22	8	2	-	Yes	4500	No schooling	
9	22	P, 8	1	-	Not	-	G (8) in Myanmar	
10	26	P, 6	-	-	Not	7500	No schooling	
11	20	2	-	2	Not	4500	No schooling	
12	25	4	1	-	Yes	7000	No schooling	
13	30	2	1	1	Not	-	No schooling	
14	24	10	1	-	Not	-	G (12) in Thailand	
15	20	11	1	1	Yes	6000	G (5) in Thailand	

4.2 Cultural beliefs and practices of migrant women

In this study, approaches of migrant women practicing on cultural beliefs regarding pregnancy and childbirth are found very interesting. Moreover, it is also found that cultural background of the migrants, socio cultural factors, socio economic factors, and limitations of the health care services, easy accessibility of the traditions, good benefits of the cultural practices and affections of parents on their children are the grounds of performing their customs. The pushing factors to follow cultural beliefs and practices perceived by migrant women are knowing the benefits of doing cultural beliefs and practices, caring the babies due to parents' love, obeying their parents or parent in laws, observing traditional rites, getting solace, the ways are not difficult and less expense as well.

In this study, migrant women apply cultural beliefs either for promotion of baby's health or for upholding of mother's health and for the sake of mother and baby's health as well. Some women apply cultural beliefs which highlight on mother's health while other women concern cultural beliefs which stress on baby's health or baby's goodness. And also it is found that the ways of practicing cultural beliefs between Myanmar Women are not the same as well.

Types of cultural beliefs and practices operated by migrant women are (31) numbers and those kinds of traditions are showed up by (15) migrant women participated in-depth interviews and narrative interviews, (13) migrant women contributed in two sessions of FGD and (3) health persons in key informant interviews.

4.2.1 Cultural Beliefs and Practices commonly utilized by migrant women

Among (31) traditions followed by migrant women, the ones commonly utilized by migrant women are taking and applying "Na Nwin" or Turmeric Powder, performing Oak-Htoe, attaching Safety Pin, drinking Thone-Kwet Say or "Say Pu" and throwing "Kaw Pa Tg". (11) Out of (15) migrant women practice taking and applying "Na Nwin" or Turmeric Powder. (10) Out of (15) migrant women carry out performing Oak-Htoe and attaching Safety Pin and (9) out of (15) drink Thone-Kwet Say or "Say Pu" and throw "Kaw Pa Tg".

The reasons to take to "Na Nwin", Turmeric powder, during pregnancy and after delivery are to relieve abdominal inflation, not to be dark and get spots in the face and on the body, to heal vagina tears very fast, not to get flatulence, not to get abdominal pain. (11) From (15) migrant women utilize "Na Nwin", Turmeric powder, before and after delivery and the way of utilization is so easy and they do practice it respectively. Some women apply "Na Nwin", Turmeric powder, throughout confine period which is not the same in every woman. Some concern the whole post partum period, some do only one day and some apply prior to sour bath. Migrant women specify confine period or post natal period ranging from only three days to one month differently.

Case (2) mother explained as follows; *“I took “Na Nwin”, Turmeric powder, round about 7 times with a tea spoonful to relieve abdominal inflation as the other people gave advice me. I also applied Turmeric powder in my face as well, not to be dark and get spots. Mother’s face does not exposure sun light since she delivered. Post natal mother’s face is so soft and gentle which can be damaged by sun light. Hence, she used Turmeric on her face.”*

Case (9) mother said, *“I drank “Na Nwin”, Turmeric powder, both with cold and hot water before and after delivery. After delivery, I also applied “Na Nwin”, Turmeric powder, in my face as well. My baby is healthy and did not have any yellowing skin. I stayed in hospital only two days and then I was being discharged.”*

Case (13) mother explained as follows; *“I take “Na Nwin”, Turmeric powder, because I am afraid of my baby feels abdominal pain after finishing the medicines given by the hospital. Besides, turmeric powder helps to heal very fast in vaginal tears. So, if I take turmeric powder, my baby cannot suffer any abdominal pain.”*

Table4.2. Types of cultural practices, their beliefs and number of women who practice

No	Types of cultural practices	Beliefs	Number of women who practice
1	“Na Nwin”, Turmeric powder	_To relieve abdominal inflation _Not to be dark and get spots _To heal vagina tears very fast _Not to get flatulence _Not to get abdominal pain	11

Table4.2. Types of cultural practices, their beliefs and number of women who practice (cont.)

No	Types of cultural practices	Beliefs	Number of women who practice
2	Oak-Htoe	_To relieve ache and pain and tingling of the body _To help in breast milk production _To help to contract uterus and in place in the abdomen in a short time.	10
3	Safety pin	_Not to be afraid any longer _Not to be startled _To prevent any danger not to fall to the baby	10
4	Thone-Kwet Say, “Say Pu”	_Assist the uterus to be small and in place in the abdomen _Make rapid healing of the stitches, _Enhance flow of old blood. _To work long time in the rain	9
5	“Kaw Pa Tg”	_ feel better _Stop crying at night	9

Table4.2. Types of cultural practices, their beliefs and number of women who practice (cont.)

No	Types of cultural practices	Beliefs	Number of women who practice
6	Keeping umbilical cord	_To use as a medicine for insect or scorpion bite _To make brother and sister adore each other _To treat fungal infection _To cure fits	8
7	Eating soup with pepper	_Free from abdominal pain, diarrhea _To produce more breast milk	8
8	knocking down Phone-Ma-They-Ywet and Zee-Ywet, Plum leaves,in front of the house	_Prevent ghost and evil spirits from coming into the house and from disturbing to the babies	7
9	“Shane Khoe”	_To let the babies fart	7

Table4.2. Types of cultural practices, their beliefs and number of women who practice (cont.)

No	Types of cultural practices	Beliefs	Number of women who practice
10	“Say-Toe-Pat”	_To be able to withstand rough handling _Get good healing _Not to be affected by acrid fumes _To reduce body heat	7
11	Diet restriction (pickles, pickled salads, “Nga Me Lone”, coconut juice, eggplants, cassava plant)	_Not to suffer bellyache, stomachache _Not to get “Mee Yat Wunn”, post-natal diarrhea _To maintain normal blood pressure _Not to be aborted _To excrete more urine _Baby inside the womb feels cool _Not to get itchiness in the vagina	7
12	Feeding water, bottle feeding, rice powder to the baby	_Excrete more urine and reduce yellowing the skin _Prevent choking while feeding rice _Make babies’ abdomen cool	6
13	Chwe-Oak	_To relieve fever _To get prompt body _To make foul old blood from the uterus come out	6

Table 4.2. Types of cultural practices, their beliefs and number of women who practice (cont.)

No	Types of cultural practices	Beliefs	Number of women who practice
14	Name by older people	_Make the whole life of baby to be healthy by giving consistent name	6
15	Accoutrements of sewing threads	_Not to be afraid any longer _Not to be startled _To prevent any danger _Not to fall to the baby	5
16	"Bite Pyin" or "Lae Kwae"	_To get smooth delivery _To make the air out _Not to suffer labor pain for long time	5
17	Eagerness (Chin Gyin Tat)	eagerness (Chin Gyin Tat) -Kyat Hin Khar Thee, "Khway Gaung", Dog's head, Beer, local chicken	5
18	"Phoe Phoe's Shrine" and traditional "Nat"	_To deliver the baby smoothly _To have good health in the baby in the future	5
19	Placing knife and scissor under the bed sheet of the baby	_Not to let evil spirits enter the house and come close to the babies _to be free from the harms of the bad natured people who are black magicians in Community	4

Table4.2. Types of cultural practices, their beliefs and number of women who practice
(cont.)

No	Types of cultural practices	Beliefs	Number of women who practice
20	Not preparing baby's supplies	_Not to delivery dead baby/ stillbirth	4
21	Traditional Birth Attendant after delivery	_To check the uterus is in place	4
22	Sour Bath	_To relieve ache and pain	4
23	Burmese Traditional Medicine	_To have good appetite _Not to suffer flatulence _To relieve cough _To cure Asthma _To relieve fever _To relieve inflammation _To practice induced abortion	4
24	"Thar Aein Ma Tin"	_Birth Control	3
25	Applying Thanakha Pope	_Get cool by letting the heat from the body out _Cure spots or discoloration on face	2
26	"Phu Sar Pwe"	_To meet with her lover	2

Table4.2. Types of cultural practices, their beliefs and number of women who practice (cont.)

No	Types of cultural practices	Beliefs	Number of women who practice
27	Physical restriction	_To get smooth delivery _Not later than expected date of delivery	2
28	Feeding two boiled eggs after offering Nat	_To be strong in spirit	1
29	Stick thread to the forehead	_To relieve hiccough	1
30	Refrain saying “Chaw Tae”	_To be healthy	1
31	Saying “Ohn Phwet”	_To relieve chocking	1

(4) Women out of (15) do not consume “Na Nwin”, Turmeric powder, totally, because, they perceived that if they consume it, their baby might get yellowing skin after delivery. (1) Woman out of (11) women who used “Na Nwin”, Turmeric powder, does not use it after delivery as the hospital constructs her not to take it.

Case (2) mother disclosed as follows; *“For this baby, I had to stay (6) days in the hospital while my baby was exposed by phototherapy. The doctor explained me that my baby is in the lighting room for the reason that I took Turmeric Powder during pregnancy. So, I stop it drinking and just apply on the body.”*

Case (9) woman applies “Na Nwin”, Turmeric powder, the whole post natal period. She said, *“I brought turmeric powder to apply the whole body after delivery and then, I continued to do Chwe-Oak.”*

The reasons to take “Oak-Htoe” are to relieve ache and pain and tingling of the body, to help in breast milk production, to contract uterus and to be in place in the abdomen in a short time. “Oak-Htoe” means giving pressure to the breasts, limbs and body with force by hot brick after delivery. Migrant women believe that if ache and pain getting in post natal period is needed to be completely cured, otherwise, that ache and pain will be persistent in the whole life and which is called “Mee Yat Nar” in Myanmar Language.

(11) Women from (15) women practice this and they do not suffer any feeling apart from slight hot. They know well how to apply “Oak-Htoe” as it is only a simple method. Most of Myanmar Women cannot leave cultural practice, “Oak-Htoe”, because it really contributes to the good of them and their mothers set in motion them to do this special practice, “Oak-Htoe”.

Case (1) mother told as follows; *“I pressed my breasts, limbs and body with hot brick by force which is called Oak-Htoe. Firstly, I made fire brick and then that fire brick was poured by water till the steam completely finished. Secondly, this fire brick poured by water was wrapped by cloth and it was ready to use. The breast becomes soft following “Oak-Htoe” and if breasts are hard, only very small amount of milk is excreted. Besides, “Oak-Htoe” to the belly helps to contract uterus and in place in the abdomen in a short time.”*

Case (2) mother also talked as follows;

“To obtain more breast milk, I do “Oak-Htoe” for twenty days after discharging from the hospital. (20) Days is enough for normal delivery and it needs more long time, more than (20) days for the caesarean section. “Oak-Htoe” means pressing her breasts with hot brick. The breast becomes soft following “Oak-Htoe” and at this moment, my baby gets weight gain approximately 5 Kg.”

Case (11) mother explained, *“After being discharged from the hospital, I follow all instructions of old women. My husband roasted the brick and then, covered the hot brick with clothes. I used that hot brick to compress my belly and arm to relief from pain or aching of delivery.”*

However, one mother is different; she just sleeps beside the fire place and does not practice “Oak-Htoe.” She said, *“In my confined period, post natal period, I slept besides fire place not to suffer body aching.”*

But, some women are so simple; they use only hot water only to take a bath and that makes the uterus clean. They said as follows; *“And, I took a bath with slightly hot water to help impure blood from the uterus to be cleaned.”*

“I ground the breast with hot bottle very often to excrete more milk.”

“As my husband is Thai Native, I have to follow instructions of my mother in law. I have to take a bath with hot water, and drink hot water a lot, press the breast with hot bottle six times per day and have hot soup to support the breast milk excretion.”

Attaching Safety Pin in clothes they are wearing is not to be afflicted by evil spirits and not to let evil spirits come close to the babies. Therefore, they attach safety pin both in mother and baby and the way of approaching it is very simple. As soon as they get pregnant, they always cling to safety pin in their clothes. That safety pin is not managed by monks, healers and magicians and it is the simple one which can be bought at each and every shop easily. They all do practice as their old people said with trust.

Mothers similarly told as follows; *“Old people always warn me to attach safety pin in my cloth whenever and wherever I go outsides. I cling safety pin from the starting of pregnancy and till the baby grows up. It prevents us not to feel any scare.”*

The grounds of drinking “Thone-Kwet Say”, or “Say Pu” are to assist the uterus to be small and to be in place in the abdomen, to make rapid healing of the stitches, to enhance flow of old blood and to work long time in the rain. Drinking “Thone-Kwet Say”, or “Say Pu” means taking traditional medicine mixed with alcohol. It is also called drinking “Shan Say” or “Mee Yat Say”. “Shan Say” is called because that traditional medicine is from Thailand which is called “Yar Khu Mae” in Thai language. “Mee Yat Say” is called in Myanmar Language because it can cause old blood flow from the uterus during confined period.

To buy this traditional medicine is easy and can get only in medicine shops in the market with 35-70 baht per bottle. And also, the technique of performing “Thone-Kwet Say”, or “Say Pu”, is so straightforward and it is also one of the cultural beliefs which commonly followed by Women in Myanmar. They do put into practice it because they are really afraid of post natal ache and pain which can be constant the whole life if they do not care it. They believe that the more they drink “Say Pu”, the

cleaner their bodies are. After drinking Thone-Kwet Say”, it needs to take a bath very often within a day because this medicine is so hot that it can affect the eyes.

Case (3) mother gave details as follows; *“I stayed in hospital for three days as I had surgical delivery. I drank only “Thone-Kwet Say”, “Say Pu”, because I did not have any helper around me. I took tradition medicine mixed with alcohol three times per day with a cup of tea and it assists the uterus to be small and in place in the abdomen also, makes rapid healing of the stitches, enhances flow of old blood. That medicine is normally called “Thone-Kwet Say”, which can be available in medicine shops in Thailand and it costs 70 baht per bottle. Other women told me to drink it, so I did it.”*

Case (6) mother gave details as follows; *“I took “Shan Say” mixed with alcohol three times per day with a cup of tea before meal. “Shan Say” is mixed with alcohol and shake it. Taking it regularly assists the uterus to be small and in place in the pelvic also, makes good healing of the vagina tears, enhances flow of remaining unclean blood in the uterus and it helps me feel hot to work long time even in the rain.”*

Case (5) mother clarifies details as follows; *“I drank “Say Pu”, herbal tonic having red sandalwood as the main ingredient, with alcohol. I took at least six bottles and can buy at the medicine shops.”*

Case (12) mother support it as follows; *“I drank “Say Pu”, together with alcohol, altogether with four bottles. It is good for healing of the stitches and increases the old blood flow from the uterus.”*

The motives for throwing “Kaw Pa Tg” are to cure baby’s illness and to stop baby’s scare. It is “Burmese Infantile Aliments and “Pa Kain Na Ka” Treatment Book” written by “Won Thar Nu U Pyine”, which includes 173 pages. It consists of two parts; treatment for children and treatment for adults. Treatment for children has also two parts; throwing “Kaw Pa Tg” and prescriptions of traditional medicinal plants or certain kinds of meals in terms of medication.

Throwing “Kaw Pa Tg” means a kind of offering of things to the “Nat” for the ill children who are under (12) years old. Offering things and bewitched “Nat”, spirit, are different according to the time of being ill of the baby. It uses one number

for date, month and year and according to which, offering things; afflicted “Nat”, spirit and directions of offering are different.

If the baby is ill within 1 day or 1 month or 1 year after delivery, the baby is bewitched by “Dae Wa Nat” who guards the pregnancy. Therefore, baby suffered diarrhea, cold belly and more crying. To be free from those sufferings, put five rice rounds, four banners and four flowers in a tray and throw it in North East direction at the time of delivery. If the baby is ill in other numbers, Nat, offering things and directions will be changed.

On the subject of prescriptions of traditional medicinal plants or certain kinds of meals, it mentions traditional treatment for the baby level by level. If the baby has diarrhea, firstly, feed beans to the baby and secondly, treat coconut and palm sugar or jiggery. Unless the baby relieves, cook beef and roasted rice together and feed it to the baby. For adults, it is similar in instructions on so many kinds of sickness.

To cure their baby’s illness and scare, they normally approach to the old women who used to throw “Kaw Pa Tg” and follow themselves the instructions of “Kaw Pa Tg” book if they have that book. They believe that if the baby is ill or scare very often, that baby is bewitched by spirit and so, they need to offer some foods to that bad spirit not to frighten to the baby anymore. They don’t know what kinds of spirit and what kinds of food they need to offer. However, they go to the old women who understand and used to throw “Kaw Pa Tg” or they read “Kaw Pa Tg” themselves and follow it. It is found that their babies feel better after throwing “Kaw Pa Tg”. Some local Thai also know the benefits of “Kaw Pa Tg” and they push their daughter in law to do “Kaw Pa Tg” if the counter medicine cannot cure the baby’s illness.

Case (13) mother explained as follows; *“My first baby cried a lot at night time. So, my mother advised me to do “Kaw Pa Tg”. And then, an old woman in Sue prepared rice and curry, snacks, candy in a tray and threw this tray in the west direction. I had to buy the requirements such as rice, curry, snacks and I paid 50 baht as an honorarium.”*

Case (12) mother gave details as follows; *“I threw “Kaw Pa Tg” as the baby was suffering fever, abdominal pain and so much crying. After doing this, the baby was fine and I did it according to the “Kaw Pa Tg” Book. Sometimes, I put rice*

and curry, sometimes, snacks and dolls, ..etc. I saw that it made the baby fine and my mother in law told me to follow “Kaw Pa Tg” when my baby was ill.”

Case (6) mother supported it as follows; *“As my baby was seriously ill, I did “Kaw Pa Tg” for four of five times. We followed according to the book and put everything in the tray said in the book. I did myself and I threw myself.”*

Case (13) mother also supported it as follows; *“When my baby is sick, I use to throw “Kaw Pa Tg” to relieve my baby sickness. I had bought this book and I followed this book if needed.”*

Case (8) mother also supported it as follows; *“Bad spirits come to the baby and make the baby sick. Therefore, we have to throw “Khaw Pa Tg” in that situation.”*

Women contributed in focus group discussion said, *“Normally, most of women throw “Kaw Pa Tg” when their babies are ill or scare on something. Some take the help of old women and some throw “Kaw Pa Tg” themselves by reading “Kaw Pa Tg” book. It is easy to understand and just put materials mentioned in the book to the tray or banana leaves and need to throw it to the direction the book mentioned.”*

One woman declares that she could not say “Kaw Pa Tg” can cure illness of the baby because she also used medicines as well. She explained as follows; *“When my baby was ill, my grandmother threw “Kaw Pa Tg” which included rice and curry, and but, the things included in “Kaw Pa Tg” was not the same in every time. I also treated with the medicines, so, I could not say that “Kaw Pa Tg” could make the baby feel better.”*

4.2.2 Cultural beliefs and practices mostly utilized by migrant women

Cultural beliefs and practices mostly operated by migrant women are keeping umbilical cord, eating soup with pepper, knocking down Phone-Ma-They-Ywet and Zee-Ywet, Plum leaves, in front of the house, using “Shane Khoe”, dabbing “Say-Toe-Pat”, diet restrictions (pickles, pickled salads, “Nga Me Lone”, a kind of fish, coconut juice, eggplants, cassava plant), feeding water, bottle, feeding, rice powder to the baby and performing Chwe-Oak. (8) Out of (15) migrant women practice keeping umbilical cord and eating soup with pepper, (7) Out of (15) hold

knocking down Phone-Ma-They-Ywet and Zee-Ywet, Plum leaves, in front of the house, using “Shane Khoe”, dabbing “Say-Toe-Pat” and diet restrictions (pickles, pickled salads, “Nga Me Lone”, a kind of fish, coconut juice, eggplants, cassava plant). (6) Out of (15) apply feeding water, bottle, feeding, and rice powder to the baby and performing Chwe-Oak.

The reasons of keeping dry umbilical cords, “Chat Kyo”, are to use as a medicine, to cure fits, loss of appetite, insect bites, and fungal infections, to be wealthy, to be away from the any danger, to let the children stay in home and to make brother and sister adore each other. They grind it with water on the stone and use the paste as a remedy. They believe it is useful in insect or scorpion bite and fungal infections. They properly keep the dry umbilical cord in the safety place and normally, the umbilical cord becomes dry and falls on (3) days after delivery. (8) Out of (15) migrant women practice it, however, (3) out of (8) women do not know the intention of keeping umbilical cords.

Case (1) mother explored as follows; *“When the umbilical cords were dry and fell, I kept them in the sun and put in a safe keeping with names of the babies in order to using as a medicine by grinding and applying it at the place of insect or scorpion bite. When the babies will grow up, I will tie the thread with umbilical cord to their hands.”*

Case (15) mother explored as follows; *“I tied dry umbilicus in the cradle. Later, my baby’s tongue had white patches, so, I ground dry umbilicus on the smooth stone and applied the paste on baby’s tongue. After doing this, these white patches were disappeared.”*

Case (14) mother explored as follows; *“We tied baby’s dry umbilicus in the cradle not to be startled and to become prosperous for the whole family.”*

Case (12) mother said as follows; *“I kept “Chat Kyo”, dry umbilicus of the baby, in a safe place. By keeping it, my children live in home firmly. If brother and sister do not adore between each other, grind their umbilicus over smooth stone till to get the paste. After that, treat the brother sister’s umbilicus past and vice versa, to make them adore each other.”*

Case (1) mother also explored again as follows; *“When the babies will grow up, I will tie the thread with umbilical cord to their hands. This is the instruction*

of her mother and actually, I do not know the intention of putting on the thread to the babies' hands."

Case (7) mother talked as follows; *"When the umbilical cords were dry and fell, I kept them to use it when the baby will be ill. This dry umbilical cord is rubbed with stone to get the paste which will be fed to the baby."*

Case (5) mother explored as follows; *"When the umbilical cords were dry and fell, I kept them in the sun and then, I kept safely it to cure the baby when he has fits, loss of appetite and ill. I treat it to baby myself and it make the baby relieves."*

Case (14) mother explored as follows; *"I kept dry umbilical cord and hair of the baby as my mother asked me to keep it, but I do not know why."*

Case (11) mother used "Chat Kyo", dry umbilicus of the baby, as a accoutrement to be away from the any danger. She explored as follows; *"It is an accoutrement in her hand which is made up of a piece of my mother's longgyi, nether garment worn by Myanmar men and women, baby's dry umbilicus and hair. We believe that that accoutrement will prevent any danger not to fall to the baby."*

Migrant women carry out at least two routines to excrete breast milk more. Besides pepper soup, women grind their breasts with hot bottle or hot brick. Most women use hot brick to excrete more milk simultaneously while they are practicing "Oak- Htoe" to relieve ache and pain. Some women who live nearly Thai native houses use hot bottle instead of hot brick as their neighbor advice them. The reason for eating soup with pepper is to produce more breast milk as well. Each and every meal, they have soup with pepper, however, pepper is only small amount.

Case (13) mother said as follows; *"Especially, I take "Nga Yoke Kg Soup", "Soup with Pepper", and in that soup, I put pumpkin or Myinn Khwar, Hydrocotyle asiatica."*

Most of the mothers similarly said as follows; *"My mother prepared soup with pepper every day and every meal for the sake of more milk production."*

The purposes knocking down "Phone-Ma-They-Ywet and Zee-Ywet" are not to let evil spirits enter the house and come close to the babies, in order to be free from the harms of the bad natured people who are black magicians. It is also found that Myanmar Women use nearly all three types of cultural beliefs and practices to prevent evil spirits. (7) Out of (15) migrant women use this tradition and they mention

their beliefs very similar as follows; *“I knock down Phone-Ma-They-Ywet and Zee-Ywet, Plum leaves, in the front bamboo wall of the house intended for preventing ghost and evil spirits from coming into the house and from the disturbing to the babies. We believe that once there is a postnatal mother in one house, evil spirits normally comes and disturbs the babies. Above and beyond, after a woman bears pregnancy, she becomes hapless through the pregnancy and regains good luck at 45 days after delivery.”*

“I hang Phone-Ma-They-Ywet and Zee-Ywet, Plum leaves, in front of my home because I’m afraid of coming close by ghosts or bad spirits.”

Women from FGD discussed as follow; *“If we go outsides, we have to knock “Phone Ma Thay Ywet” in our hair and attach safety pin in our clothes not to be afflicted by evil spirits.”*

The intentions using “Shane Khoe” are to let the babies fart and not to get flatulence and abdominal pain. “Shane Khoe” which is derived from resin of Asafoetida Plants, is called “Maha Hing” in Thai Language.

Case (1) mother clarified as follows; *“I dab “Shane Khoe”, a kind of liquid, to the belly of the babies, reciting “Bu...Bu...Bu”. After feeding breast milk to the babies, they nauseate every so often, nonetheless, “Shane Khoe” helps the babies to be completely cured and free from flatulence.”*

Case (12) mother clarified as follows too; *“I apply “Shane Khoe” to my baby daily after taking a bath mostly in the abdomen not to get flatulence and abdominal pain.”*

Women took part in FGD explain; *“Shane Khoe” is used every day and not to have abdominal pain in the baby. We can use it every time and bring it wherever we go.”*

The intentions of using “Say-Toe-Pat” are to be able to withstand rough handling, not to be affected by acrid fumes and to reduce body heat. When the navel or umbilicus is dry due to good healing, they use only “Say-Toe-Pat” instead of swab. “Say-Toe-Pat” is yellow powder and made up of Myanmar traditional plants such as “Nant Thar Phyu”, “Kon Sar Ga Mone”, “Zar Tate Pho Thee”, “Tg Nan Ka Toe”, “Na Nwin”, “Nant Thar Ni”, “Pan U” and “Lin Nay”.

Case (12) mother mentioned as follows; *“Say-Toe-Pat” is also used by dabbling the feet and palms or by dabbling “Nge Htake”, fontanel of the babies, to be able to withstand rough handling. Whereas the umbilicus was wet, I wiped with squeeze swab around the umbilicus and cleaned it. At this time, the umbilicus is dry and heals, that's why I does not use swab and use only “Say-Toe-Pat.”*

Case (1) mother added as follows; *“Dabbling “Say-Toe-Pat” to the nose while the neighbors are frying or roasting which can cause strong pungent smells, can prevent the incision scars of the mother and umbilicus of the baby from getting septic.”*

Case (5) mother mentioned as follows; *“Say-Toe-Pat” is also used by dabbling “Nge Htake”, fontanel of the babies to reduce body heat.”*

Case (6) mother supported as follows; *“I use “Say-Toe-Pat” every day and also, when baby has fever, if we apply it over her body by mixing with oil and let her wear long sleeves, she gets sweat and feels better.”*

The reason of diet restriction is not to suffer bellyache, stomachache, not to get “Mee Yat Wunn”, post-natal diarrhea, not to be aborted and not to increase blood pressure. Foods included in diet restrictions are pickles and pickled salads, “Nga Me Lone”, a kind of fish, spicy food, “Sue Pote Ywet”, “Da Nyin Thee”, soft drinks such as Pepsi and Sprite and yogurt. “Da Nyin Thee” is jengkol fruit and “Sue Pote Ywet” is concinna leaves. Foods which women should be eaten are soup with pepper, rice gruel, fruits, and vegetables such as tender arum leaves, milk and fried meat such as pork, chicken or fish. Most of women normally eat fried pork or chicken and fried vegetables together.

It is found that their mothers are always reminding them to eat healthy food and keep on diet restriction. Most of the women start diet restriction after seventh month of pregnancy. (1) Out of (7) migrant women rely on strict diet restriction as vegetarians. Some women follow the instructions of hospital and some others do not.

Case (1) mother said as follows; *“My mother sent words to me not to eat pickles and pickled salads and to have only rice gruel, fruits such as orange and apples and milk. As I was operated, I was asked to have rice gruel and even for having rice gruel, I had to eat a small amount very often within a day.”*

Case (7) mother added more as follows; *“Till now, I cannot eat “Nga Me Lone”, Black Fish, a kind of fish, which can increase blood pressure and dizziness to both mother and baby.”*

Case (13) mother added more again as follows; *“Not to get “Mee Yat Wunn”, post-natal diarrhea, and my mother told me not to eat spicy foods and prickles.”*

Case (4) mother added more as follows; *“I do not eat pickles and pickled salads, eat only fried or roasted pork or chicken and soup not to suffer bellyache, stomachache. Till now, I cannot eat “Nga Me Lone”, a kind of fish, which can increase blood pressure and can also cause dizziness.”*

Case (10) mother added more as follows; *“My mother prepared fried tender arum leaves and pork normally which cannot have any discomfort.”*

Case (2) mother added more as follows; *“I eat soup with pepper and fried meat of pork or chicken or fish or vegetables for my baby, not to suffer abdominal pain, any diarrhea. I eat carefully till (6) months of the baby. The baby cannot tell her abdominal discomfort, so, I have to avoid eating all.”*

The basis for avoiding eggplants is not to suffer itchiness of the vagina.

Case (2) woman said more, *“I avoid eggplants during my pregnancy because it can cause itchiness in vagina.”*

Case (9) mother added more as follows; *“As diet restriction, hospital tells me not to eat prickles, not to drink Pepsi, Sprite and not to eat yogurt. They explain me that if I take yogurt, my baby’s brain cannot develop very well and he will not be strong in physically as other children and also, baby might get Jaundice, yellow discoloration of the skin.”*

Only one woman said as follows; *“I do not eat meat after delivery and eat only vegetables in order to get good health both for baby and me.”*

Women participated in FGD said, *“Mothers avoid the spicy foods, Sue Pote Ywet, Da Nyin Thee, a kind of vegetable, which have foul smelling and can increase blood pressure.”*

Nearly all women refrain coconut juice before sixth or seventh month of pregnancy because they do believe this coconut juice can abort the pregnancy and even their husbands do not want them drink it. However, women can drink coconut

juice at near full term and at that time, they can get benefits of drinking of coconut juice.

Migrant women explore as follows; *“I avoid coconut juice in the early time of the pregnancy because I am afraid of to be aborted. But, now, to excrete more urine, I can drink coconut juice because my pregnancy gets mature.”*

“I drink coconut juice at nearly full term to excrete more urine and as a result, baby inside the womb feels cool.”

One woman in the focus group discussion refrain not only drinking coconut juice but also taking a bath in the late evening after sunset. To deliver easier and not to feel labor pain so much, women need to take a bath before sunset. She said, *“We don’t eat coconut and we don’t have to take a bath in the evening to deliver without difficulty”*

Reasons of feeding to baby with extra foods or water or bottle feeding are in order to excrete more urine and to reduce yellow coloration of the skin, to feed with rice simultaneously, to makes babies’ abdomen cool to let the baby sleep for long time, and to get healthier and to grow up very fast. Some women think that they nourish extra food to the baby as only breast feeding is not enough for the development of the baby and to be healthy.

This practice is associated with economic status of the mothers. This belief is followed for the sake of baby’s goodness and for the sake of to earn money by leaving the baby at home as well. Some of the women have two intentions; both for the baby and for the family income. Some mothers practice it to fulfill baby’s stomach; however, it can also cause illness such as diarrhea unintentionally. Starting time to nourish extra food is different in mothers and it starts from first week to three months after being discharged from the hospital.

Case (2) mother explained detailed as follows; *“Thong Pha Phum District Hospital Nurses told me not to feed the baby rice or any extra food under the age of six months as the baby can get dangers, but I do not know anything, I treat my baby a cup of rice powder mixed with boiled water at 20 days while the others do at 7 days. After eating two times per day, at early morning and at late afternoon, the baby sleeps the whole day, gets healthier, cool abdomen and grows very fast. Feeding rice to the baby takes more than one hour. Moreover, I cannot tell that I might go for work in*

downtown, with the intention of leaving my baby with my parents by feeding rice and bottle milk. So, I also practices bottle milk to the baby.”

Case (8) mother explained detailed also as follows; *“I started to feed rice to the baby at 19 days after delivery and after a few days, my baby got loose motion and it occurred very often within 3 months. I went to the hospital and nurses gave me oral rehydration salt packs.”*

Case (1) mother explained her difficulty detailed as follows; *“I feed water to the babies at home after care of the hospital in order to excrete more urine and reduce yellow coloration of the skin. Although I have knowledge regarding bottle feeding which should not be fed to babies less than six months, I practice to the babies with bottle feeding as I cannot feed them together while they are hungry. Therefore, substitution bottle feeding makes babies’ abdomen cool.”*

Case (7) mother explained detailed as follows; *“I fed rice and water to baby since one month after delivery and I rub and filtered the rice with a thin cloth, to be swallowed by baby. Nurses told me to feed extra food to baby only at six months after delivery, but, I thought that if I went for work, baby would be hungry and so, I fed him. My baby did not get loose motion and I went to hospital only for vaccination.”*

Case (12) mother explained detailed as follows; *“I feed my baby rice since 3 months, since Myanmar people treat rice to baby at 7th day. But, nurses tell me to feed after six month. This is a kind of rice powder and it is ready made package. I mix it with water and treat it baby.”*

Case (5) mother explained detailed as follows; *“I feed rice when my baby gets 5 months, but, I treat water as soon as after delivery. I rub the rice on the clean cloth and filter with it to be swallowed by the baby. I pay attention on cleanness of the utensils of the baby and don’t have any loose motion and any sickness”*

One mother from FGD explained detailed as follows; *“I feed my baby rice and water since 18 days and water is fed not to choke while he is eating.”*

The reason of “Chwe-Oak” is to relieve fever and can get prompt body and to be clean the uterus by letting old residual blood flow. “Chwe-Oak” means breathing and being in touch with the vapors coming from the hot pot by sitting amid of the mat covered by cloth to let the sweat beats excrete from the whole body. However, (2) out of (6) women do not know the purpose of doing Chwe-Oak and they

just do a series of cultural beliefs in post natal period. Some women apply “Na Nwin”, “Turmeric Powder”, before they do “Chwe-Oak”. Some women use hot boiling pot and some use hot brick to get vaporization. Women practice “Chwe Oak” for at least three or four times between two weeks after being discharged by hospital.

Case (1) Woman mentioned as follows; *“I boiled a pot of Plum’s branches, Phone-Ma-They-Ywet, turmeric powder and sensitive plants, after that I and the boiled pot were in the middle of the mat over which is covered by a blanket and let the body excreted beats of sweat. I excreted beats of sweat three times by this way which is called Chwe-Oak. I did it three times to get prompt body. After doing Chwe-Oak, I wipe the sweats followed by taking a bath. I relieve fever and get prompt body. That’s why I have good health in these days.”*

Case (9) mother mentioned as follows; *“I bring turmeric powder to apply the whole body after delivery and then, I will continue to do Chwe-Oak. If I am going to do Chwe-Oak, I need a mat, hot boiling water and a cover over the mat. I will sit in the middle of the mat and will inhale vapor coming out from the hot boiling pot. I don’t know the benefit of doing Chwe-Oak, but, I know only that I get sweat. My confined period is 3 days and I do Chwe-Oak three days. ”*

Case (14) Woman mentioned as follows; *“The brick is baked with strong heat. I sit in the squat position over the hot brick covering the blanket over me. And then, I shower the hot brick, vapor comes out and that vapor let foul old blood from my uterus emerge out. I did it at 7th day after coming back from the hospital as old women around my home told me.”*

In Myanmar culture, naming is very crucial and it is associated with the health and wealth of the baby. The reasons of name by older person such as their uncle or grandparents are to get better names and hoping for the whole life to be healthy by giving consistent name. Most of the babies have two names, Thai name and Myanmar name. Thai names are given by the hospital for the birth registration and Myanmar names are provided by older persons in the Myanmar community. After giving names, parents have to observe their baby for seven days. Within seven days, there is no anything wrong like illness in the baby, which name is consistent with the baby and otherwise, they have to choose another name for the baby. If the name is consistent, the baby will be healthy, prosperous in the future. They recognize only Myanmar

names in their community and they just accept the names given by the hospital and they don't know the meaning of those names as well. It means Thai name is no meaning for them.

(6) Women similarly explored as follows; *“I want to ask to the elderly people who can give better names. I dare not give names to the babies as the babies might be ill frequently if their names are not consistent with them. Once they were named, it is needed to wait and see (7) days whether they are healthy or not. If there are no health problems within (7) days, these names are appropriate to them.”*

4.2.3 Cultural beliefs and practices moderately utilized by migrant women

Cultural beliefs and practices moderately operated by migrant women are wearing accoutrements of sewing threads, eagerness (Chin Gyin Tat), “Phoe Phoe’s Shrine”, placing knife and scissor under the bed sheet of the baby, not preparing baby's supplies before delivery, performing "Bite Pyin" or “Lae Kwae”, dealing with Traditional Birth Attendant, TBA, after delivery, Sour Bath, treating with Burmese Traditional Medicines, and "Thar Aein Ma Tin". (5) Out of (15) apply wearing accoutrements of sewing threads, performing "Bite Pyin" or “Lae Kwae”, eagerness “Chin Gyin Tat” and “Phoe Phoe’s Shrine”. (4) Out of (15) hold placing knife and scissor under the bed sheet of the baby, not preparing baby's supplies before delivery, dealing with Traditional Birth Attendant, TBA, after delivery and Sour Bath and apply treating with Burmese Traditional Medicines. (3) Out of (15) a practice "Thar Aein Ma Tin".

The reason for wearing accoutrements is not to be afflicted by evil spirits. Accoutrements are got from the temple, monks, spirits and mother. (5) Out of (15) migrant women apply it and they mention their beliefs as follows; *“I got fever immediately and very often since 2 days after delivery, and my mother-in-law thought that I was bewitched or scared of something in my mind as I was in the surgery room, as a result, my neck had accoutrements of sewing threads by A May Gyan, A Spirit, not to be afraid any longer. My mother-in-law prepares A May Gyan accoutrements for the babies in readiness as well.”*

“My mother made an accoutrement by her a piece of longgyi, nether garment worn by Myanmar men and women, and she adorned it in my baby’s hand to be startled.”

“The accoutrement, a kind of sewing thread, from baby’s hand is taken from a monk and it is tied in hand for the sake of baby not to be startled.”

“This is “Khar Pan Kyo”, an accoutrement given by a monk, and I always wear it in my neck not to be afflicted by evil spirits.”

To get good health, one woman practice as follow also; *“My mother in law tied an accoutrement made up of her a piece of longgyi to my baby’s hand to be healthy.”*

Among those practices, reforming of the pregnancy, "Bite Pyin" or "Lae Kwae" has to be completed three times before delivery since seventh month of pregnancy. They very rely on traditional birth attendant who can reform the pregnancy before delivery. And also, they boast that traditional birth attendant is how clever and they feel better any abdominal pain, any tenseness and any persistent flatulence after meeting those kinds of traditional birth attendants. Some women were reformed by their old grandmothers. For that reforming, they get satisfaction on the result as well as on payment as they need to pay only small amount or as they wish. Most of women totally trust in it and some husbands worry for their baby in the abdomen to be something wrong.

The techniques used for "Bite Pyin" or "Lae Kwae" by different traditional birth attendants are similar. They apply cooking oil both in their hands and on the abdomen as a lubricant not to press the abdomen with so much pressure and shake the abdomen with their hands little by little in one direction for many times. The reasons for "Bite Pyin" or "Lae Kwae" is to deliver easier, to check the baby is in the right position, not to suffer labor pain for long time, to relieve abdominal pain and flatulence.

Five migrant women give explanation on getting smooth delivery as follows; *“At seventh month of pregnancy, traditional birth attendant reformed my pregnancy by Myanmar traditional way. That traditional birth attendant is skillful in reforming of pregnancy and she is also well-experienced. If labor pain starts at full term pregnancy, doctors and nurses send the patients to the maternity room and*

nobody is allowed to go together except patient. If so, the patient is down-hearted because she is suffering pain for long time and isolated. For me, I went to that traditional birth attendant and she reformed me and checked how near to deliver by measuring with middle finger. She feels the middle finger touches liquor sac or head of the baby. And she also checks whether the uterine canal opens and thickness of the liquor sac. If she said it was only one portion and she touches head, it is sure that I will deliver very soon. So, if the labor pain was starting and that traditional birth attendant said only one portion of middle finger, I went to the hospital and delivered baby very soon. Some pregnant women who suffered persistent flatulence also go to traditional birth attendant. And then, she reforms the pregnancy and feels or investigates through vagina. After that, she tells they need to go to hospital or not, but she never delivers the women herself.”

“To get smooth delivery and according to instructions of my parents, I went to an old woman to reform my pregnancy. At that time, my pregnancy was six months and went to her three times to reform it. She shook my abdomen with her hands in one direction to make the baby’s head was in front of the reproductive tract. I did not feel so serious pain, just a little. Before reforming, she applied cooking oils over the abdomen and then starts to reform it. Cooking oil is used as a lubricant and it can prevent from pressing to the abdomen.”

“My grandmother reforms my uterus by her hands and I feel a slight pain.”

“As I was pain in under the navel at sixth or seventh month of pregnancy, I went to an old woman to reform my pregnancy. She moved round my baby in the abdomen in one direction to make the baby’s head was in front of the reproductive tract. After doing this, I got relief. We called this “Bite Pyin” or “Lae Kwae”. “Bite Pyin” means reform the pregnancy and “Lae Kwae” means to make the air out.”

“I go to a woman who is a massager or traditional birth attendant and she lives in other side of Sue as I feel tension in my belly and to reform my pregnancy. After that, I feel better and I have to pay her 50 to 100 baht each time and at least, we have to go three times. She said that my baby is wedged in between the nerves of the thigh and she places the baby on.”

Women who participate in FGD also said that

“Most pregnant women reform their pregnancies by traditional birth attendant to get smooth delivery. This reform the pregnancy is also called “Lay Kwe” or “Bite Pyin” and it has been done three times before delivery. Husbands worry to hurt the baby in the abdomen and are afraid of abortion due to reforming. Payment is only as our desire and we can pay only 50 baht or 100 baht.”

And also, food craving is also found in pregnant women. Food craving is an intense desire to consume a specific food. Many of the cravings women sometimes eager to have strange foods during pregnancy and which can be attributed to important nutrients that are required during that specific period and they get satisfaction after eating it. They could not show up their beliefs on food craving and types of craving food are different in each and every pregnancy. Some women craved food in every pregnancy while some others did it only in the first pregnancy. When they have not eaten craving food, they get upset.

Women brought up food craving as follows; *“I craved mango, beer and chicken. Chicken was in my last child. I did not want to eat chicken from the market, and I wanted to kill the chicken in my home and cooked and ate it. After eating it, I was complete.”*

“I would like to eat “Khway-Gaung”, dog’s head, so much and normally, I do love pets such as dogs. However, I did not eat it and I had to control my mind.”

“I drank beer so much and my husband was surprised on me. I did not know why?. After drinking it, I was fulfilling.”

“I chewed ice both at day and night time. At the mid-night, I got up and chewed again and even I drank hot tea, I put ice and chewed it.”

“I ate raw pork without cooking; I sliced it and touched slightly with sauce.”

Some women offer “Phoe Phoe’s Home” in addition to reforming pregnancy to deliver smoothly.

Case (4) woman stated that, *“I go to “Phoe Phoe’s Home”, grandfather spirit house who guards for the Myanmar Community. I light the candles and pour water to “Phoe Phoe”, grandfather spirit, and I wish to deliver smoothly. This is my second pregnancy and I used to offer before delivery. Myanmar Migrants annually*

hold “Nat Pwe”, spirit celebration with Myanmar orchestra, for this “Phoe Phoe’s Shrine”, every January.”

Women mentioned about offering foods to “Phoe Phoe’s Home”, grandfather spirit house who guards for the Myanmar Community;

Case (15) mother showed up as follows; *“My father in law offered a bowl of banana and coconut to “Phoe Phoe’s Home”, grandfather spirit house who guards for the Myanmar Community as soon as my baby arrived to Sue. This is way of conferring baby to Phoe Phoe to take care of the baby.”*

Besides “Phoe Phoe’s Home”, traditional “Nat” is a kind of good spirit and to occupy good health in the baby, women have to offer foods or something to their tradition “Nat”.

“My father also makes offerings to a “Nat”, Spirit, with a bowl of banana and coconut as I deliver a baby boy and to have good health in the baby in the future. This is Dawei culture.”

“My father is Mon and my mother is Dawei. My mother had passed away 9 months ago and my father holds to his Mon culture. For my baby, my father makes a devotional offering Mon Spirit with snacks and promise of quitting chicken meat. In Mon culture, boys are more treasured than girls, which is similar to Chinese customs. As my baby is boy, my father has to offer Mon Spirit to guard my baby.”

Another woman supports about Mon Nat. She said, *“As my younger was born, my mother had to offer “Mont Si Kyaw”, which is made up of rice flour past, soft drinks and scented oil to the Mon Nat. My mother conferred my younger brother to Mon Nat, by offering those kinds of foods and materials. Actually, my mother did not follow anything, but, Mon Nat gave dream to my mother and reminded her to follow the customs. Therefore, my mother did it.”*

Not to be afflicted by evil spirits, migrant mother place one knife and one scissor under the bed sheet of the babies. The purposes are not to let evil spirits enter the house and come close to the babies, in order to be free from the harms of the bad natured people who are black magicians. It is also found that nearly Myanmar Women use all three types to prevent evil spirits such as knocking leaves, placing knife and scissor and wearing accoutrement. They mention their beliefs as follows; *“I place one knife and one scissor under the bed sheet of the babies not to let evil spirits enter the*

house and come close to the babies, in order to be free from the harms of the bad natured people who are black magicians in Sue Community.”

“I put knife and scissor under the cradle till my baby grows up to two years. Therefore, the baby won’t be frightened by ghost or evil spirits.”

And also, some women avoid being readiness in baby’s supplies for clothes, bathing, feeding and diapering before delivery especially for their first baby. They do believe it and otherwise, there might be something wrong in the delivery and to the baby. For the second baby and onwards, they can prepare baby’s supplies, and no harm will be happened.

Two women said as follows; *“As this is my “Thar Oo”, first pregnancy, and we don’t have to buy any requirements for baby such as clothes, pillow, bed sheet...etc, my mother will buy while I am giving birth. If we buy the requirements early, my baby might not be alive. However, I can buy early for next second pregnancy and nothing can be happened to the second baby.”*

“I must not save any materials for my “Thar Oo”, first pregnancy, and, my relatives bought clothes, bed sheet, etc, as soon as I delivered.”

The reason for checking with TBA after delivery is to confirm the uterus is in place and to accept the sour bath together with message. Four mothers mentioned it nearly similar as follows; *“After delivery, Myanmar women go to her, traditional birth attendant, again. She checks over the abdomen whether the uterus is in place or not.”*

The intention taking Sour Bath is to relieve ache and pain, to ease stiffness and no more ache and pain at the time of getting old. Some women go to TBA for having hot baths because they were messaged by TBA with the property of boiled leaves such as Phone-Ma-Thay-Ywet, tamarind and Plum leaves.

(2) Out of (4) women mentioned it details as follows; *“I will do it only one time and next day, I will have to take a sour bath which is made up of boiling pot of tamarind leaves. My post natal period is only three days and the last day of post natal period, I will inhale vapor and the first day after post natal period, I will take a sour bath. My neighbors in Myanmar told me to do like this and I don’t know why it is good for me.”*

“According to Myanmar ways, I took a bath with cool water of boiled leaves only one time to relieve ache and pain. The leaves are sensitive leaves, Phone Ma Thay leave and plum leaves, as well. After taking a bath, pieces of leaves are left on my body and another person massaged me over those pieces of leaves in order to ease stiffness and no more ache and pain at the time of getting old. I took a baht in hospital with cold water as they instructed, but, at my home, I took a baht with boiled water.”

The motives for using Burmese Traditional Medicine are to relieve difficult breathing, cough and to have good appetite and not to suffer flatulence. They use ginger, jiggery and “Nay Min Thar”, a kind of ground color powder and “Koe Par Say”, herbal tonic having red sandalwood as the main ingredient.

(3) Women mentioned as follows; *“I have Yin Kyat, Asthma, but it is relieved now because I drink the boiling soup of ginger and “Htan Lyat”, Jaggery.”*

“I take “Nay Min Thar”, Burmese Traditional Medicine, to have good appetite and not to suffer flatulence. It is a kind of ground color powder and I take it after every meal.”

“When I was in pregnancy, I had cough and old women around my home told me to take the liquid got from boiling of betel leaves and “Koe Par Say”, herbal tonic having red sandalwood as the main ingredient, together. I took it as they said and I felt better.”

To relieve fever in the baby, they use traditional medicine or medicinal plants such as coconut oil and “Say Toe Pat” or roasted betel leaves or “Maw Ri Ya Man Say”. After injecting vaccines, hospital usually gives them Paracetamol syrup to suppress the fever. However, mothers put aside these Paracetamol syrup and they normally practice traditional beliefs and get relieve by it.

“Maw Ri Ya Man Say” is used for various kinds of sores and ulcers especially dormant sores, septic and swelling and lump due to septicemia, sepsis. It can be used as oral medicine or external application. The ingredients are turmeric powder, “Shane Khoe” and some medicinal plants such as “Pan Nu” and “Lin Nay”

Woman said as follows; *“I mix “Say Toe Pat” and coconut oil and then apply it on the fontanela of the baby, whenever they get fever. I roast a betel leaf and*

then, make a hole in the centre of that leaf and stick it on the fontanela of the baby. That roasted betel leaf absorbs heat of the baby.”

“I apply the paste of “Maw Ri Ya Man Say” at the site of injection and I also take 5 tabsules of “Maw Ri Ya Man Say” in order to get the effect from the breast milk.”

Over seventh month of pregnancy, hospital gives women, laxative, sticky liquid, to get soft stool and clean the rectum before delivery. But, women do not take this sticky liquid and they use Myanmar way.

One woman in FGD said as follows; *“I don’t take the sticky liquid given by the hospital and I drink the liquid getting from the soaking of tamarind and “Htan Nyat”, palm sugar or jaggery. It can cause soft stool and can clean the rectum before delivery. Therefore, feces won’t come out during delivery.”*

Another woman from FGD discussed about traditional medicine used in induced abortion as follows; *“Some migrant women cannot prepare for new baby before getting pregnancy due to the poverty; therefore, they terminate their pregnancy by using traditional medicine namely “Kyar 11 Kaung”, “11 Tigers”. They mix it with alcohol and drink it to do induce abortion. Number of packs they drink depends on the pregnancy. Some induce with only four packs and some do with nearly 10 packs.”*

Another woman from FGD supported again as follows; *“Induced abortion can be made by traditional birth attendant or by using “Kyar 11 Kg Say” with alcohol. “Kyar 11 Kg Say” is a herbal medicine only for men and medicine shops don’t sell it to pregnant women.”*

Concerning with abortion, she continued to explain abortion by TBA as follows; *“Traditional birth attendant pulls down the pregnancy, but, the pregnancy does not abort. This baby is alive, but, with defects in mental and physical development.”*

One doctor from the hospital explored her concern regarding abortion and teenage pregnancy as follows; *“Abortion is also caused by teenage pregnancy and hard working and multi-parity. Illegal abortion is especially found in teenage pregnancy in the community by somebody who might be traditional birth attendant in both nationalities, however, there is very little maternal death rate. Teenage pregnancy is many in both nationalities, however, preeclampsia is seen more in Thai*

Nationality than Myanmar ones. Teenage pregnancy includes school girls who are Thai citizens and Myanmar girls who are not school students.”

Another woman explored one more thing on it as follows; *“We don’t have to take “Thwe Say” in pregnant period as it can cause abortion by a mishap.”*

Above and beyond, there is one thing interesting concerning with birth control. Some migrant women believe that they could not get pregnancy if the uterus is placed on a bit high in the abdomen which is called “Thar Aein Ma Tin” in Myanmar language. Placing the uterus on the abdomen can only be done by traditional birth attendants and so, they go and take “Thar Aein Ma Tin” from the traditional birth attendants. As long as they place the uterus on the abdomen, they cannot get the baby, and, however, the uterus climbs down gradually and the potency or duration of birth control depend on the women such as the nature of the work, movements at home and number of children. Some women who have at least four children have to come to place the uterus on the abdomen because their uterus prolapsed. At the time of prolapsed, they urinate involuntarily and suffer pain in passing urine.

One of women in FGD said, *“Her friend controlled birth by Myanmar Method. Traditional birth attendant placed the uterus on aslant position, so, she couldn’t get the baby as soon as the uterus is not placed in position again.”*

Some uterine prolapsed women go to traditional birth attendants to place the uterus on not to suffer any pain during urination and plugging sensation.

One woman from FGD said, *“Some women who had delivered many children have “Thar Aein Kya”, uterine prolapsed, and they go to the traditional birth attendant. The attendant pulls the uterus over the abdomen gradually. She uses cooking oil to get slippery and pull up many times little by little starting from the supra pubic area. After doing this, women do not suffer plugging sensation and pain during urination. It can relieve pain for two years. However, women must not eat anything before doing this. ”*

Case (12) mother said, *“I do not take any contraception now, because I am waiting for menstruation. Hospital tells me to come back after 45 days and but, I don’t go. The age difference between first and second child is nine years old. Therefore, I do not take birth control from the hospital, but, I use Myanmar traditional*

method for birth control. Traditional birth attendant places my uterus on in slope direction not to get pregnancy.”

Some migrant women perceive some kinds of contraceptive methods are danger to them, and they thought that they could even get the disease for using that kind of contraception.

Case (15) woman talks about the method of using contraceptive as follows; *“I take oral pills only because I am afraid of injections which can cause disease due to irregular menstruation.”*

However, one of the informants uses the implants. Concerning with this, some women told their misunderstanding that these implant sticks run here and there in the body.

“They put six sticks to my left arm form birth control. Its potency is five years. The doctor told me to put sticks as I was operated. Some women told me not to put sticks as they had known that these sticks run away from here to there. However, it is ok for me. I know only it has five years potency and I don’t know benefits and side effects of this kind of birth control. And also, I know only I have to use this method because I delivered the baby by surgery. I don’t know about any other methods while I was with these six sticks. After removing it, I took injection for birth control for 2 years and then I switched to oral pills. Changing from injection to oral is my concern.”

4.2.4 Cultural beliefs and practices occasionally utilized by migrant women

Cultural beliefs which are occasionally utilized by Myanmar Women are applying Thanakha Pope, “Phu Sar Pwe”, Physical restriction, feeding two boiled eggs after offering Nat, sticking thread to the forehead and refrain saying “Chaw Tae”. (2) Women out of (15) informants apply applying Thanakha Pope, “Phu Sar Pwe” and Physical restriction. (1) Women out of (15) informants perform feeding two boiled eggs after offering Nat, sticking thread to the forehead, refrain saying “Chaw Tae” and Saying “Ohn Phwet”

The grounds for applying Thanakha Pope are in order to let the heat from the body out and to be cool. The raw Thanakha cream, Thanakha Pope, is not the same

with Thanakha cream. Thanakha Pope means that it is slightly rough and stinks with light yellow color, but it is made up of real Thanakha Tree. It is suitable for both postnatal mothers and normal mothers and does not have any fault on the people.

Case (1) and Case (2) mothers explained as follows; *“I prettify the raw Thanakha cream, Thanakha Pope, the whole body every day. It comes from Myanmar and it becomes rarer to buy than the beginning in Myanmar Shops in Thung Pha Phum Market. Having bought it about 10 baht, it is enough to use for the postnatal mother, but, the texture is slightly rough for faces. It is suitable for both postnatal mothers and normal mothers and does not have any fault on the people.”*

“My mother told me to apply Thanakha Pope and she thoroughly explained me that it cannot be wrong any thing on my face. It is good for post natal mother and maintains our skin cool.”

The reason of celebrating “Phu Sar Pwe” is to have marriage in their baby girls when they grow up. At the day of naming ceremony, they put a book and a pen over the baby’s head.

Women in FGD explored physical restriction during pregnancy to get smooth delivery as follows; *“We don’t lie to other, we don’t bargain to the sellers, we don’t sit hanging legs and lean against the pillars during our pregnant period. If we go outsides, we have to knock “Phone Ma Thay Ywet” in our hair and attach safety pin in our clothes not to be afflicted by evil spirits. We don’t have to take a bath in the evening to deliver without difficulty.”*

There is only woman who practice this kind of cultural belief significantly to deliver at due date as follows; *“I must not cross over the rope which ties the cow, otherwise, I will deliver my baby over due date.”*

Traditional Nats are different in the same ethnic group. Therefore, the way of offering to traditional Nats are not the same each other. Some need to offer one kind of sacred food to the Nat and others have to prepared very detailed to offer such as a bowl of banana and coconut, a plate of tea leaves, three bottles of soft drinks, flowers, joss and scented oil. They believe that if traditional Nats remind them to offer sacred food through dreams, they must do it not to happen anything wrong to their baby. The reasons are to sustain the good health, or to cure the illness of the baby.

Case (14) mother explained that she fed the baby two eggs discarded by the spirit to be strong in spirit.

“My mother in law feeds two boiled eggs to the baby to be strong in spirit. If the baby is strong in spirit, he won’t be scared. But, before baby is fed, my mother in law prays and offers Nat with thread, money and eggs.”

To relieve the hiccough, one woman said as follows and the baby relieves hiccough a moment after doing this.

“If the baby has hiccough, I pull a piece of thread from baby’s layette and roll this thread and then stick on the middle of forehead. And then, I feed water to the baby. Baby relieves hiccough a moment later.”

The reason of not telling “Chaw Tae” is not to have bad illness.

“We don’t say Baby is “Chaw Tae”, “beautiful or handsome”, in front of the baby because the baby could have bad illness if we say “Chaw Tae. And, we have to say “Ma Chaw Bu”, “ugly” if we want to say.”

To relieve choke while drinking, mothers blow “Nge Htake”, fontanela of the baby, saying “Ohn Pwet”.

Mother explained as follows; *“I blow “Nge Htake”, fontanela of the baby, saying “Ohn Pwet” and reciting that choke in the thumb and big toe, not in the mouth.”*

Above and beyond, there are beliefs in pregnancy. Two migrant women believe that they will suffer swollen legs, leg edema, during the pregnancy and they do not need to worry for that edema and it will happen three times in total. After suffering three times, they will deliver very soon. Therefore, they do not pay so much attention on the swollen legs and they do not go follow up in hospital to check their blood pressure and protein in urine to prevent preeclampsia.

Some of cultural beliefs and practices for example, restriction of diet and accoutrements of sewing threads by monks, good-spirits or God, Say-Toe-Pat and Shane Khoe are directly contribute to the good of both mothers and babies. However, cultural Beliefs and Practices for the sake of goodness of the babies for instance: giving name by the elder person, putting knife and scissor under the bed sheet to prevent evils, knocking leaves in front wall of the house, let the mothers get solace indirectly.

Some cultural beliefs and practices are similar in purpose; however, the procedures are not the same way. For example, the purposes are not to let evil spirits enter the house and come close to the babies, in order to be free from the harms of the bad natured people who are black magicians in knocking leaves, wearing accoutrements and placing knife and scissor under the bed sheet. It is also found that nearly Myanmar Women use all three types to prevent evil spirits.

Migrant women have to involve with TBA concerning with their pregnancy, their baby and their uterus. Women have to meet them for reforming of the pregnancy, for throwing “Kaw Pa Tg”, for confirming the uterus in place and taking bath with leaves and message after delivery.

Almost all cultural beliefs and practices are known and familiar due to their parents, especially their mothers or mother-in-laws. Sometimes, mothers exhort their daughter to emphasize on following traditional ways, their daughter are worried that their babies get sick after chasing long-established ways. For example, feeding water to the babies at home after care of the hospital is too early and health professionals had already told that mother has to feed the baby exclusive breast feeding till six months. For their babies' good health, they do not touch slightly the food what they really like, which might give trouble or pain to the babies, and they have enough stamina and they can stand on food restriction till their babies quit breast milk.

Cultural beliefs and practices adhered by different tribes in Myanmar are mostly similar each other and generally, there is slightly difference in ethnic groups. Some mothers practice habits of both of their parents and parent-in-laws, if they are in different ethnic groups. One of them performs Mon culture which is not seen in Dawei culture as follows;

"We place a big silver tray which includes cosmetic materials for good looking such as a mirror, a comb, a powder, some foods for getting good health such as banana, coconut and a plate of coconut sticky rice with a small bowl of oil and three silver bowls, each of them consists of yellow-ginger lily flower and waxy flower scent, "Ta Yaw Kin Pon", Acacia Concinna, Shampoo, and "Tha Khwar Thee", Musk Melon, separately to be free from the dangers and any disturbances. The time of celebrating naming ceremony for babies is excessively auspicious and the tray is

good-will of the babies to bring about and to share their blessing to the guests. It means the babies let reflect their blessings to the guests. The guest who combs or apply powder or look at the mirror, they will be well-liked by others from now on. The guest who eats banana or sticky rice, they will be healthy onwards as well as the guest who flushes the water from silver bowls, they will be free from dangers in the future. Actually, I do not know this custom and my mother in law told me to do it. My mother in law is Mon and it is Mon culture. If nothing remains in this tray, we will not supply again and it is only one time, after that, we will keep the tray. Most of the guests do not know on the subject of the tray and they are wondering to know how it is. Here, most of the Myanmar Migrants are Dawei and I have to explain them what this tray means. Young guests are happy to use it and they use all things in the tray."

Some cultural beliefs and practices are simple to carry out while some cultural beliefs and practices are act upon many steps and take time. And also, some cultural beliefs and practices have expense and some do not have cost.

According to purposes, there are only four main groups of following cultural beliefs and practices found in this study. They are (1) Not to have any difficulty in the delivery (2) To occupy good health in baby (3) To occupy good health in mother and (4) Not to be afflicted by evil spirits.

To be able to deliver easily, migrant women perform (1) reforming of the pregnancy, "Bite Pyin" or "Lae Kwae", (2) refraining coconut juice, (3) paying respect to "Phoe Phoe's Shrine", and (4) not preparing layette before delivery (5) not to get constipation. Their mother and relatives lead them to complete these all kinds of customs before delivery.

To occupy good health in baby, migrant women act upon (1) drinking and applying "Na Nwin", Turmeric powder, (2) restriction of the diet, eating special soup with pepper, (3) feeding to the baby with rice, rice powder, water and bottle feeding, (4) throwing "Kaw Pa Tg", (5) offering tradition "Nat", (6) applying "Shane Khoe" to the baby, (7) dabbing "Say-Toe-Pat", (8) name by older person, (9) not to tell "Chaw Tae", "beautiful or handsome", (10) tying accoutrement made up of mother's a piece of longgyi, (11) rolling the thread and then sticking on the middle of forehead and (12) to use dry umbilicus as a kind of medicine.

To occupy good health in mother, migrant women practice (1) Oak-Htoe (2) Chwe-Oak (3) drinking Thone-Kwet Say, "Say Pu" (4) checking with Traditional Birth Attendant after delivery (5) using Burmese Traditional Medicine (6) applying Thanakha Pope (7) taking Sour Bath (8) avoiding eggplants.

Not to be afflicted by evil spirits, it is found that there are five ways: (1) placing one knife and one scissor under the bed sheet of the babies, (2) knocking down Phone-Ma-They-Ywet (leaves) and Zee-Ywet (Plum leaves) in the front bamboo wall of the house, (3) attaching one safety pin to their cloth (4) wearing accoutrements for the babies and (5) offering to the tradition "Nat".

After exploring cultural beliefs and practices of migrant women in above, findings of the health persons regarding migrant women's customs are continued to add as follows by seeing how cultural beliefs and practices influence on lives of mother and child and ANC.

Table 4.3 Four main purposes of cultural beliefs and practices

<p>To make the deliver easier</p> <p>_ not to be aborted</p> <p>_ not to deliver stillbirth</p> <p>_to deliver the baby smoothly</p> <p>_ not to deliver lately</p>	<p>To occupy good health in Baby</p> <p>_to reduce yellowing of the skin of the baby</p> <p>_to get more sleep, be healthy, cool abdomen and well development</p> <p>_to be consistent with the name and baby</p> <p>_ to be completely free from flatulence</p> <p>_ be able to withstand rough handling and not to be affected by acrid fumes</p> <p>_not to feel any suffering concerned with food (flatulence, belching, etc.)</p> <p>_to use dry umbilicus as a kind of medicine</p> <p>_to get married when children grow up</p>	<p>Not to be afflicted by evil spirits</p> <p>_not to horror, be badly shaken and not to cry in terror</p> <p>_not to be disturbed by evil spirits</p>	<p>To occupy good health in Mother</p> <p>_cooling of the body of post natal mother</p> <p>__not to feel any suffering concerned with food (flatulence, belching, etc.)</p> <p>_ to relieve ache and pain and tingling of the body and to help in breast milk production</p> <p>_to relieve fever and can get prompt body</p> <p>_not to increase blood pressure</p> <p>_not to get itchiness in the vagina</p> <p>_to assists the uterus to be small and in place in the abdomen</p> <p>_to be good for healing</p>
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It is found that cultural beliefs and practices observed by migrant women do not seriously threaten to the lives of mother and child. Some beliefs systems of migrant women slightly influence health of the mother and baby and ANC as follows;

Migrant women know only how to use “Na Nwin” and why they use “Na Nwin” and also they just respect of their parents and parent in laws and their customs. They know that health professionals from the hospital are not totally fond of using “Na Nwin”, however, they could not stop using it. They do not understand how their cultural practice interferences the treatment and decisions of health professionals and how can harm baby’s health. They explained as follows; *“I drank “Na Nwin”, Turmeric powder, and also applied on face only after delivery in this last baby and I did not use it before delivery, because I had been in hospital for (6) days as my first baby was treated by phototherapy due to yellowing of the skin due to Turmeric powder which I took since that pregnancy. From second child and onwards, I drank it and applied it after delivery.”*

“I modified “Na Nwin”, Turmeric powder, with honey and salt and I made spherical forms and let them dry. I took 3 forms every day before I went to bed not to suffer “Lay Nar”, flatulence. I also applied to my face and body before and after delivery. But the hospital did not allow using it and so, I had to rinse off all “Na Nwin” with water before I go to the hospital.”

“I took “Na Nwin”, Turmeric powder, since one month pregnancy not to get flatulence.”

One doctor gave explanation on “Na Nwin”, Turmeric powder, as follow: *“I found that Myanmar Women apply Turmeric Powder with Thanakha Cream in their body such as face, hands, and legs, doing it does not influence and disturb their treatment before delivery. However, we won’t allow applying Turmeric Powder after delivery, because it is difficult to differentiate and don’t know easily between yellowing of the baby’s skin is due to Turmeric Powder or Jaundice. Therefore, doctors and nurses always tell them not to take and apply Turmeric Powder during ANC visits.”*

It is very difficult to check whether the baby has yellowing skin as soon as after delivery. If doctors miss yellowing of the baby’s skin, Jaundice, as the mother applies Turmeric Powder with Thanakha Cream in their body and the baby is reddish in skin color, there could be sever complication in baby, severe jaundice. Severe Jaundice is as a result of prolonged hyper-bilirubinemia and it can lead to chronic bilirubin encephalopathy, Kernicterus. At that time, the baby has fever or seizures. To

lower high bilirubin levels, exchange transfusions will be performed and it is an aggressive treatment.

Therefore, using “Na Nwin”, Turmeric powder, before delivery is not risky, however, using after delivery could be very dangerous to the baby. The baby could be disabled and parents can cost extra money and also, health professionals from the hospital could use undesirable treatment and could have extra work. Both parents and health professionals could become overwrought and it is a kind of wasting money.

Another technique to relieve yellowing skin is feeding glucose to the baby after delivery. They mixed glucose powder with water and treat the baby little by little. They perceive glucose can prevent yellowing skin and they practice it willingly by themselves in the hospital without letting know the health staff. They share their experiences and do believe in it.

On the subject of “Oak-Htoe”, health professionals do not notify them not to perform it and they accept “Oak-Htoe” as a kind of hot packing to the ached body.

One doctor from the hospital disclose on “*Oak-Htoe*” like that “*On the subject of cultural beliefs and practices, “Oak-Htoe” is performed after delivery in both nationalities and it is not harmful to the women and look like hot packing to the body.*”

In the issue of “Thone-Kwet Say”, “Say Pu”, migrant women do not consider that they are breast feeding mothers and how alcohol can affect to the baby.

One health professional says concerning with “Thone-Kwet Say”, “Say Pu”, like that; “*I heard that women took traditional medicine mixed with alcohol three times per day. If women take traditional medicine mixed with alcohol while she feeds baby breast milk, it is not good for the baby’s health and at least, Baby can get dizzy.*”

The reasons to throw “Kaw Pa Tg” are to feel better while baby are ill and to stop crying at night. “Kaw Pa Tg” is a kind of offering foods and dolls to the spirits and this kind of cultural belief does not directly hurt to the body of mother and baby. However, it is observed when the baby is ill. Most of Myanmar Women are low level of knowledge and they could not distinguish that baby’s illness is minor or serious. If it is serious, the baby might get health access lately since they practice “Kaw Pa Tg”.

According to “Kaw Pa Tg”, mother said like that; “*I used “Kaw Pa Tg” book, Burmese infantile ailments book, to cure my first baby’s fever, vomiting and*

abdominal pain. My mother instructed me to read and follow this book. According to book, I put dolls, flowers, joss and snacks in tray and placed it in the east direction. In my mind, I don't believe it and but, actually, my baby was completely cured. If it is coincide, I will follow this book next time and otherwise, I won't. But, I understand that it has power and I cannot disregard it."

"When my baby was ill, my grandmother threw "Kaw Pa Tg" which included rice and curry, and but, the things included in "Kaw Pa Tg" was not the same in every time. I also treated with the medicines, so, I could not say that "Kaw Pa Tg" could make the baby feel better."

The reasons to keep umbilical cord are to use as a medicine by grinding and applying it at the place of insect or scorpion bite, to make brother and sister adore each other, as a medicine when baby is ill. It is also one of the cultural beliefs which commonly followed by migrant women and the method of using umbilical cord as a medicine is very simple too. The purpose of using umbilical cord is very look like throwing "Kaw Pa Tg", so, it can also cause the baby delay to access the hospital care.

The motivations to drink special soup with pepper are not to suffer abdominal pain, diarrhea and to produce more breast milk. Like throwing "Kaw Pa Tg" and using umbilical cord as a medicine, drinking special soup with pepper does not harm to the body of mother and baby and ANC.

"Thar Aein Ma Tin" by traditional birth attendants for birth control is not assured and they might get unwanted pregnancy. As their economy and living status is not convenient, their lives become worse and worse in fall in status. Moreover, their body is not getting ready to have next pregnancy and they bear many pregnancies, it is more likely to have post partum hemorrhage. And also, there is limitation of 30 Baht Scheme; they would cost money as 30 Baht Scheme cannot cover the expense.

4.3 Determinants of following cultural beliefs and practices

4.3.1 Cultural background of migrant people

Thong Pha Phum is situated in the border area of Thailand and Myanmar and it is very near to Three Pagoda Pass and Metta Pass. Therefore, many people from Myanmar come and live there. In Thong Pha Phum, there are so many Myanmar communities such as “Htat Kha None” one to five in the downtown of Thong Pha Phum and so many huge villages along the river side and on the mountains.

Among them, Khaing Tha Zin and Sue are closely situated each other and both these places are the study sites of this research. Sue means the place where refugees live Khaing Tha Zin means Tha Zin folwer, a kind of orchid. In both two communities, Dawei people’s livelihoods, their cultural, spiritual, historic and personal affiliation are found.

In Sue, there are 300 households for 1200 population and in Khaing Tha Zin, there are 50 households for 200 people. 90% of population is Dawei and only 10% is Mon. Among 1400 population, only 1.42% are Christians and 98.58% of population are Buddhists. Buddhism is woven into the daily and culture of migrant people. Worship is a part of their daily lives and offer sacred food and water to the Buddha every day. Every family expresses and proud of the image of Buddha with flowers and candles. And also, they pay respect to traditional Nat in their house which is situated in the lower place below the Buddha. They are being Myanmar, and so, they bring with them their traditional beliefs and knowledge.

Monks are also found in the community and there is a guest house for the monks only in Sue. Pagodas, temples and shrines are also situated in and around the community. They do recognize numerous Buddhist holidays and do pay attention on Buddha for their continued good health, wealth and happiness.

Among Dawei tribe, only 10% is knowledgeable and others 90% are illiterates. Nobody is involved in a court case. They live peacefully and are contended with they have. They are more traditional than other Burmese people as many are from rural tribes and view themselves as being quiet and less talkative as positive traits. Their main habit is they are very happy in the area where their tribes stay and

economy is not crucial for them. They live freely as they wish regarding donations and communication. In both communities, they can use speakers, song boxes as they wish.

In both communities, there are three generations such as young adults, newly born babies and old people over 80 years. They show respect to elders and rarely challenge authority. They retain their ethnic identity and their speaking language as well. They let join their sons in the monastery at least once to get merit both in parents and sons and this culture is called “Shin Pyu”, novitiation ceremony, which is especially held between March and May. During “Shin Pyu”, they perform many activities such as donating to the monks, treating to the guests, shaving the head, putting on a robe and declaring one’s faith in the teaching of Buddha.

Praying to the older persons such as grandparents and parents in Myanmar New Year or Thadinkyut month, young generations ask forgiveness from the older persons for something wrong verbally or physically during a year. Religious ceremonies are also held. Some migrant people go back to Myanmar and celebrate special offerings in the monastery in Dazaung Taing Month, mid-November. Loving kindness, sympathy, tolerance and mutual respect are seen among each other.

Myanmar people have high regard on their parents, and sons and daughters mostly nod their heads for their parents’ decisions and recommendations. As they are Theravada Buddhism, they do believe in Spirits as well. However, the way of paying respect to spirits is not the same even in Dawei. Moreover, they annually hold “Nat Pwe” in front of “Phoe Phoe’s Shrine” with Myanmar Nat orchestra for three days to be free any danger in each and every house and the whole community. Some ask for the advice of fortune tellers who can recommend certain rituals that may increase their goodness in the future. And also, there are folk healers, magic healers and traditional birth attendant in the community. Most of their children were born at home by traditional birth attendant and they meet with her both before and after delivery.

Migrant people live in extended family structure which includes their parents, their parent in law, their siblings, nieces, nephews and their children. They live within the cycle of family, relatives and friends. Migrant women take primary responsibility for the family such as management of the income, arranging family’s health and readiness for the children’s education and in the society as well. Migrant

men are the main earners of the families and women depend on them. They also work alongside with their husband. Men and women have equal right on the matter of property and matrimonial affairs such as marriage and divorce. Each family has at least three children. The minimum age for legal marriage for girl is 18 years and boy has no limited minimum age. Normally, women get marry over 20 years old because they have priority in their lives rather than marriage. When they have baby, they use traditional cradle for the baby.

Education is highly valued and however, literacy among migrant people is so low. Most of them are coming from the rural area of Myanmar; they are very skillful in hillside cultivation, mason, carpenter and agriculture. Most of them are working calling jobs on daily wages and they are contented with what they earn. Nearly all of them are manual laborers and their income is ranging from 150 to 400 baht per day.

There are many traditional small shops, retailed shops which run dry food stores and non-food stores including alcohol and beer shops. They can buy so many kinds of Myanmar foods, snacks and ingredients for cooking easily in these small shops. Besides, they can buy all kinds of fruits and vegetables regardless of the seasons. They have mutual understanding on each other and they can buy in those shops by credits whenever they do not have enough income. The shop owner uses ledger book and records the debt serially. Cooking and eating are practiced as similar in Myanmar. They eat meals with hands and utensils are also commonly used.

They value friendship as an important culture and relation among friends and neighbors are as close as blood relatives. They usually greet with smile each other and also use sweet words with respect even for a stranger. They have no jealous, no competition among them and they use their free time by sharing common thoughts, and their feeling on working and their experiences. They chit-chat each other by their local language and they use Thai Language when they are in work and they speak with local Thai. They can speak Thai Language fluently and however, most of them cannot read and write in Thai Language. Some still spend their time by letting it pass with the feeling of tobacco. Most of old man and women are chain-smokers of tobacco.

They still proudly using Thanakha in their face as a beauty of woman and most of them have long Thanakah wood, a flat circular grind stone and a small bottle

of water. Both men and women wear the traditional garment known as “longgyi and pasoe.”

Dawei women consider customs important to adhere especially in traditional pregnancy and birth. According to the purpose of these traditions, it has mainly four groups such as traditions for smooth delivery, traditions for the good health of baby, traditions for good health of mother and traditions for not being afflicted by evil spirits. Some customs prevent not to face with bad things and some are for treatment or suppress the illness or scare. They have their own values, beliefs and practices related to pregnancy and birth.

For the transportation, they use motorbike, or trishaw or by walking from here and there. Sue and Khaing Tha Zin are fields of Boss Kyine who allows migrant people to stay in his fields and they have to pay water and electricity charges to him. They build the houses themselves mostly the same design.

Sometimes, there are quarrels in the homes of young age parents in Sue. However, neighbors help each other in social occasion of joy or grief of the Myanmar Community, although everybody earns for their livings separately and concentrates on their own works.

4.3.2 Socio cultural status of migrant people

As Myanmar migrants live in the close society, they can be influenced by the neighbors in terms of their local cultural beliefs and practices, rules and regulations. As there are complex kinds of related factors such as being migrants, relying on themselves, inability to speak, no identity, inability to literate, treated by the police, they are easily influenced local society by means of socio cultural context. Therefore, acculturation status has been found in the association of solving health problems, school performance, marital adjustment, career and personal development, over the years.

The areas of migrant people live in Thong Pha Phum downtown are called “Htet Kha None” and it is ranged from 1 to 5. The area around market is 1, Sue is 2, Khaing Tha Zin is 3, area near “U Laung” is 4 and area near “Hin Dat” is five. They live together according to their ethnicity like Dawei groups, and Mon groups.

Migrant people try to comply with laws and regulation to get fit in the society. Asking permission from the immigration office is a kind of bothers for migrant workers. They have to consider it whenever they have urgent plan to go to another provinces. Asking permission takes time for half day, at least. Some migrants keep away from the getting permission and finish their works in other province, taking a risk. And also, they have to pay 220 baht for asking permission one time.

Women said about asking permission from the office as follows; *“I have blue identity card for living in Thailand which has (5) years life span and it costs (100) baht for the extension. Myanmar Migrants have to inform to the immigration office if we want to go to other provinces and ask permission from them.”*

“If we want to go to other province, we have to ask permission from the immigration. To obtain 15 days visit, 100 baht for pressing stamp, 20 baht for form and 100 baht for photo, totally 220 baht.”

However one mother said that she goes without taking any permission because it is expensive as follows; *“Asking permission from the immigration to go to other province is expensive for me; it is at least 200 baht for one time. So, I go without permission, taking a risk.”*

Above and beyond, they extend their color cards every 5 to 10 years, costing 100 baht per one time. How much enough evidence they have for birth place, they do not get white card unless they have (30,000) baht for one person. However, they perceive that they are not working a big business; color cards are convenient for them.

One mother mentioned it as follows; *“Even though these twins were born in Thailand and had birth registrations, they will need (30,000) baht in order to get white cards. For her elder son, he was born in Thailand as well, but, I could not give (30,000) baht to the office, as a result he got only color card. Even this blue card is convenient for us, we can go wherever we want with this card and we don't crave white cards because they do not have big business.”*

Migrant people are afraid of police in cases of not having driving license, identity cards, narcotic, murders and playing cards. Polices check illegal migrants and narcotics at night time very often in Myanmar Communities. Some migrants incite government servants and guide them to take bribe from the Myanmar community.

Therefore, bribing becomes routine and in these days, unless migrants give under table money, they are in the last place of huge long queue. Sometimes, although they have enough documents such as color identity card and labor card, the police take 1500 baht as fine due to beyond boundaries.

Migrants suffer stigma and feeling different from local people. Local Thai discriminates them especially in the government offices; local Thai is easy in every government office, but Myanmar migrants are difficult to undertake to do something with government office addition to giving money to them.

Women sadly shared their experiences as follows; *“Policies keep in custody in case of gambling, narcotic, fighting, playing cards, any person who are within 50 feet from the playing cards. I was kept in custody for two days as I played cards in addition to 1300 baht for fine.”*

“If we extend motorbike license one time per year, it costs 700 baht at least and we have to pay 120 baht more if our motorbike is not well equipped.”

Women participated in FGD supported above case as follows; *“Policies catch us since I don’t have driving license and punishes us with 500 baht as fine. Actually, cost for driving license is only 150 baht, but, it is not be finished if we do ourselves. So, we will have to do through with brokers and will pay approximately 2500 baht for one driving license card. Sometimes, brokers cheat us.”*

Moreover, some Myanmar migrants cheat among Myanmar community and some family were sold by Myanmar human traffickers. They want to lower and tread each other.

One woman explored this as follows; *“Four out of her 5 family members (Dad, mom, younger brother and herself) were sold to a Thai family by one Myanmar man. They had to work in sugar cane field for 5-6 months and only little money can be earned. They met another family (a couple, one from Thai and the other from Myanmar) who saved them.”*

“In my experience, Thai Natives do not lower us; the problem is in Myanmar people. Myanmar people want to lower between each other, the richer want to lower the poor and want to tread each other.”

Migrant people participate in local customs and environmental activities with other part of society. In honor of Thailand King and Queen regarding their

special birthdays, migrant people clean the environment such as common public place and around their community in day time and participate in the celebrations held by governments offices in night time. In mid November, they practice “Lwi Ka Htone” along the river near market. Some prepare “Lwi Ka Htone” themselves, and some buy from the shops. Moreover, they also hold New Year festivals for five days with Myanmar traditional plays. They call “Pee Mai”, and there are so many rows of stalls at a fair and they can buy local things of both Thai and Myanmar.

They practice Myanmar traditions; however, they use Thai traditional medicines which have similar effectiveness such as “Say Pu” and “Shane Kho”. As similar, they perform both of customs as local people around them said and as their parents said. According to their parents, they carry out as Mon parent in law instructed and as their Dawei parents pointed out. Therefore, it is found that cultural beliefs and practices are in Dawei, Mon and Thai ways. Besides, mothers follow instructions of the health staff in the hospital and but, at home, they practice their traditions.

Some parents can afford school expense and they want their children outstanding in school in Myanmar of in Thailand. However, most of their friends already dropped out the school and earning money in calling jobs. Therefore, finally, they do not want to value, do not have any potential outstanding and do not continue the school education. They, new generation, accept themselves as Myanmar; however, if they were sent to Myanmar to study school education, they could not stay there because they were not joyful there. On the side of earning money, they work according to their wish because they haven't ever lived in Myanmar. They work two days and then, stop for five days. They do not consider for their future and for their parents because they are immoral and lazy. When they get age around 13 or 14, they get married.

For them, earning money is easy and they are happy as they do not know the situation of Myanmar and they were born in Thailand. Most of them are illiterate. Most of them, both boys and girls, use drugs such as Ya Ma and WY. etc, and these drugs are coming from the border area without control and continuously and the prices are different each other. There is a kind of hormonal injection for sexual desire, coming from the border area. They use it first and then, they continue to use narcotics.

Some shops in Sue sells the narcotics, drugs and they were arrested occasionally by police.

Most of the migrant men earn and waste the money in gambling and kept women or sensual pleasure.

“Evening is the drinking time for men. After drinking, the noise of husband beating wife can be heard sometimes.”

“Houses open the songs too loudly to listen and the neighbors cannot stand the noises, however, nobody tell not to open the song.”

“In Sue, there are so many couples which have more than single marriage, and I think, it is because there is no mutual understanding between each other.”

Some migrant women married with local Thai and their lives are not going in the same way. Some women’s lives are very terrible in their marriage lives and some go straightforward. Two young women are bused physically by their local husband.

Some Thai families are still looking down and lower Myanmar families and they don’t want to value Myanmar Women and don’t accept Myanmar Women as their family members. Pregnant Myanmar Women are not safe in Thai families and Myanmar families are not able to cover their children not to be tortured by others as Myanmar community is loose in maintaining custom or traditions. Unpleasant behaviors of young adults in morality become more complicated in socio cultural context in modernized age. They do not take any consideration on getting married and divorce easily as well. Some adolescents who were born in Thailand do not pay respect to the older people and do not have politeness.

A woman explored her life as follows; *“I was unexpectedly married by my ex-husband, Thai Native, as I was very young and I had too little knowledge to drink beer in which my ex-husband put drug. His parents didn’t arrange wedding and didn’t see my mother to marry me. However, I accepted him as my husband. He tortured me very often; he attacked me with force till the blood coming out of my mouth, hit my 8th month pregnancy till I lost consciousness, he abused verbally my parents and he threatened my life with knife. As I am a Myanmar, I was attacked and insulted by my ex-husband and his family with both verbally and physically. He didn’t entrust enroll*

any money to me and I hadn't seen any cash in my hand. Finally, I could not stand any longer and I gave my baby to him and I came back.

I am so disappointed my life and I tried to finish my life by drinking half of washing liquid, but, I could not die. My current husband is Myanmar native and he has one daughter. I am not fortunate in matrimonial affairs as my ex-husband pained me terribly and my current husband is devious with another woman.”

However, some migrant people put emphasis on matrimonial affairs. They do really love and value single marriage and are faithful each other and they take care each other. Both men and women participate in decision making on family planning and having baby.

“I got married with my husband since I was 17 years old, now I am 31 years old and my husband is also the same age. We give on consideration on monogamy and are faithful each other. I took my first child immediately after marriage and my husband pays attention to all family members and in everything.”

The number of uneducated people is still huge and there is no change in improvement of living standard over the past two decades. Most of women were inability to literate and formal schooling was a bit far for them as they struggled a lot together with their parents for their living. Their living standards were the lowermost and they could not look sideways each other. As most of them were descend from the broken families, they do not live together even with their parents and some of their siblings also, in a very near place. They live in chaotic lives for two decades; they are still fall in status and there is no huge change in their current lives apart from matrimonial affairs and having baby.

A woman mentioned that how terrible her migrant life since she was born in Thailand by the following; *“My mother arrived to Thailand when she was 20 years old and got married with my father. But, my father married his second wife and then, my mother was divorced since I was 3 years old. Since that time, my mother drank alcohol. I was born in Thailand and my elder sister and I lived together with my mother. My elder sister and I are sisters of same mother but different fathers. We struggled excessively even to have regular meal and could not get access to study in Thailand School. My mother said she has no money to send us to school.*

At my school age, approximately 2000-3000 baht is paid to school as a registration fee at the beginning of the school year. My mother had passed away (5) months ago and since that time, I don't see two elder brothers and I don't know where they are living now. My sister lives in another province.

We were so poor; had to live with my very seriously ill mother in one side of the house in the rainy season as the roof had so many holes which couldn't fully cover. Sometimes, we had nothing to eat, but, nobody knew it. I was in trouble; I starved sometimes. Since I was born, I faced with trouble till now. I don't have money to buy even a kilo of rice and cannot buy clothes for my baby."

"Her husband was attending Grade 6 while she was working in hotel and fell in love with him again by going simultaneously. Her husband looks like a pubescent boy and can earn only 220 baht per day as he cannot carry heavy load and stand tired while an average man can earn at least 300 baht per day. 200 baht is not enough to eat for one household and hard time for her."

In their community, while the husbands get their homes from the works, their wives do not cook for the dinner and do not prepare something to eat. As a result, men eat outside what they want and women do also and many couples act the same manners. Women play cards without a sound by closing their doors while their husbands go for work and when they are caught by the police and if they do not have color identity cards, they have to compensate 1000 baht to the police. Sometimes, if the surrounding home cannot stand their loud noise and complain to the police, they are arrested and stayed in jail for three days.

They play illegal lottery such as one number, two numbers and three numbers. One number lottery can be played three times a day. If they win, they get 10 times. Two numbers lottery can be played one time a day and can get 80 times if they win. Three numbers lottery is two times a month and can get 550 times if they win. If the polices see the illegal lottery ticket, they will have to be caught.

Some women who are illiterate are willingly helping to the others who need interpretation. They perceive that as they are poor and not literate, they should help to others with their ability of Thai speaking. Regarding helping and making other people understand, there is acculturation in language among Myanmar migrants. To get well understanding on daily communication, they have to use both of Thai and

Myanmar languages, otherwise, old and young generations cannot understand. Therefore, mix using of both Thai and Myanmar language is very crucial for their daily life. Young children understand Dawei Language, however, they reply by Thai Language as well because they do not speak in Dawei Language.

Moreover, they accept Thai names given by hospital even though they are not interested in it. Their babies have two names, however, only Myanmar name has meaning for them. In the case of health care, migrants consult with members of their own community about health-related matters.

Recently, more big supermarkets are established and migrant people prefer shopping in those big markets than retailed traditional shops. The number of beauty stores is increasing and migrant people have so many things to choose for their beauty. They substitute make-up in the place of Thana kha.

Comparatively the two countries, they prefer Thailand where they can get work and earn money easily enough for the family to have adequate foods. Living in Thailand which is like living in her home country can give them satisfaction because they lived here over 22 years. Most of Myanmar Migrants are staying in Thailand but because it is very difficult to earn in Myanmar and not because they are happy in Thailand. If they have certain amount of money, it is sure that they will go back to Myanmar very soon. If they will be in Myanmar, they will not be small fry and they can go whatever they want and eat whatever they eat.

4.3.3 Socio economic status of migrant women

In their migrant life, the primary problem is financial problem. Migrant people in Thailand need to be able to read and write Thailand Language so that they can be appointed in good jobs. Nearly all husbands and women are hard labor workers such as random and manual ones on daily wages due to language or communication barriers. Most of women in two Myanmar communities are random workers such as “Kaw San”, masons, housekeepers and helpers in grocery shops in the market and most of men are also masons, carpenters and some do piece work in terms of contracts.

Women mentioned how important literate is and how they are lowered by the employers as follows; *“People who read and write Thai language could be clerks*

in the shops. I can speak Thai Language, but I cannot read and write. People who can read and write Thai Language get a favor of the employers.”

“My younger brother is a waiter in a restaurant and he does not work tiredly as he can speak Thai Language. My younger brother attended up to grade 5 in Thailand.”

“Other families have difficulty to earn and they said that they are lowered by boss because they cannot speak Thai Language.”

Nowadays, earning money in Thong Pha Phum becomes more difficult and some migrant people are lack of work ranging from a week to two months as job opportunity becomes rare and less. Therefore, they are in trouble with debt and have to be lowered by money lenders. They buy daily foods from the small shops in the community and pay money two weekly. Actually, they are not happy because of lack of money and afraid of money lenders and some unexpected emergency illnesses. Therefore, some migrant people go to earn in the workplace in big business in downtown. Earning money by both husband and wife is just enough for one day. Besides, some employers cheat them regarding payment. Even though, the daily wage is fixed 300 baths, some employers only pay 250 or 200 baths. In rainy reason, the job opportunity is rarer than other seasons and at that time, husbands earn by doing illegal works like collection bamboo shoot in the forest and timber business and therefore, they are caught by police very often.

Women explored how they faced with the financial problems, how employers cheated them, their feeling and how their works are, as follows; *“I worked as a housekeeper on daily wages and my husband works “Kaw San”, Mason, as a piece work and get 300 baht per day. Sometimes, he does not have work from two weeks to two months and at that time, I have to borrow money with interest or I have to buy foods from the shop with credit and pay money after two weeks. So, we are in debt. Especially, I have to keep money for the cost of water and electricity. Occasionally, I am not happy and do afraid of thinking on that the lender or financier might come and ask her money back or it has not enough money at the time of delivery.”*

“Earning in Thailand is hard and they could not save money for the future and earning per day is just enough for the expense of that day. Since I arrived to

Thailand, I worked as a house maid, and not other works. I had to work household chores like washing clothes, ironing, cleaning toilet, and washing dishes slowly from morning 7:30 to evening 5. My employer did not make any judgment on her work done.”

“We all are workers on daily wages, so, some wealthy persons, employers, lower us, but, some are not. For example; they must pay 300 baht per day, but, they pay only 200 baht. We don’t have choice and in these days, calling jobs become rare and we have to work even though we get 200 baht per day. In this country, daily wage is fixed by 300 baht. Some employers are able to pay 300 baht, but, they purposely pay only 200 baht. However, some employers can pay only 200 baht as they cannot afford 300 baht. Most of Thai wealthy persons give only 200 baht while some Myanmar wealthy persons give 320 baht per day.”

“As job opportunity becomes rare, some people work in “Kyat Yone”, “Lone Ngan”, Chicken Factory, in downtown, where they put chickens to the bag.”

My husband is a mason and doesn’t have job in the rainy season. So, he goes to the forest to collect bamboo shoots and sometimes, he is caught by police.

Income by husband only is not enough even for three members, the whole family. Living has to be sustained with earning money by both husband and wife. They have to earn money outside leaving the baby with babysitters or their parents regardless of the baby’s age. Women have to set the priorities in their lives and have to take birth control for several years because their income is not enough.

Women mentioned that daily expense is high and is not covered by only one’s earning, time for earning becomes less due to giving care to the baby, (13) years age difference between first and second child because they control birth due to lack of money, they have no money for sickness and need to move to another province to get better earning by the followings;

“Her husband, Thai Native, works as a manual worker in the cement shops, and earns 220 baht per day. It is not enough for their living if they live apart from their parent’s home. He does not understand Dawei Language, and communicates with others by Thai Language. Therefore, she has a plan to go and work in her old employer’s house as a maid which does not make her tired and can earn 8000 baht per month. In old work, she had to wash clothes by machines and then

did ironing from early morning 7 am to late afternoon 4 pm. Her employer's home is not so far from her home and just near in the market."

"Her husband is random manual worker, as a carpenter or as a carrier on shoulder or as a collector of bamboo shoot. But, he has not been working for two months since she attended to hospital and did not sleep well to take care of his babies. At the beginning, although there is no extra saving for the future, their income is enough to eat for their family. At the present, due to no jobs for two months, it is really hard time for them."

"I obstructed the pregnancy by (13) years between first and 2nd child because I did not get along income and extra money for future plan."

"My husband does every work for our earning and he does not choose the type of work. We work every day, however, our economy does not improve and improvement is just the number of children. Even if we have small amount of saving, not only it have already been finished but also they have to borrowed money from the others if they have unusual case like sickness."

"I feed the baby bottle milk even though she is now only two months because I need to do work. We cannot survive if my husband and I do not work, and this is the current situation of every household. The cost of bottle feeding is 400 baht per month. We will move to my mother house in another province and I will leave my baby with my mother. My husband is a mason and I will earn by doing random worker by daily wages."

Most of families have 3 children in average and maximum is 6. Women are engaging in hard labor works such as baking charcoal and carrying soil regardless of their pregnancy and therefore, abortion is heard very often in Myanmar Community. And also, they are lack of choice about continuing or terminating a pregnancy due to money and family pressure. Induced abortion is practiced by migrant women mainly when a family is unable to provide for new child.

Women told how abortion is related to work, and how they earn during pregnancy as follows; *"I have aborted three times as my uterus is not good. Some women get abortion when they are in work due to heavy load or extreme physical movement like going here and there."*

“Even though I got the pregnancy, I baked charcoal and carried soil to earn for living because earning by my husband alone is not enough.”

Not holding identity card in hand is also difficult to find good jobs. And also, applying to get pink or blue card is a bit far from us as well due to its high cost, 30,000 baht minimally. Some women are holding student cards till these student cards are valid and after expired, they will try to apply pink cards. In applying identity cards, community leaders help them along the process of applying. Besides, migrant people need some persons who are in position to dispense favor. Migrant people are preys of brokers and corruptions of some government officers in applying driving license, identity cards and some illegal works within Myanmar Community such as pawn house.

In applying driving license, some women have to compare number of days they have to go to the office with the cost if they apply through brokers. If they pass once, it costs only 115 baht, otherwise, they need to go there again. If they apply it through brokers, they will cost 1000 baht without any delay. And also, they perceive that for the police, getting money from Myanmar migrants is more than their salaries.

Mothers explained about getting driving license as follows; *“For getting license for driving motor cycle, we have to deal with brokers who are Myanmar Migrants as well. Brokers tell us that applying to get driving license is very difficult even for native Thai and for the ones who literate Thailand Language. An additional thing is people who want to apply have to consider and compare the time and expense for example, their daily income is 300 baht and if they need to go for (3) days to the office, they lost 900 baht, but, broker fee is 1000 baht, they will do with this broker. In the office, everybody has to take a test and if they pass, they get license easily. Many people carry out with brokers are given license by the police immediately without any delay as the police give them passable marks by doing bribery. Fixed expense for a person to apply driving license is 155 baht in total.*

“The income of police getting from the Myanmar Migrants is more than their salaries, for instance, lenders in Sue Community and illegal Myanmar Migrants who do not have identity cards have to bribe to the police. Myanmar broker and police divide their shares by 1:2 ratios, for instance, an illegal Myanmar Migrant has to give

30,000 baht to the broker to get the identity card, in that case, broker takes 10,000 baht and police takes 20,000 baht.”

“If we want to extend our identity cards, we have to go together with village leader and it takes time.”

One mother said why she does not have color identity as follows;

“I don’t have identity card as I was born at home and did not have birth registration, and but, I have student card and I can use this student card till expired date. One student card has 10 years validity and after that I can get “See Chun”.

And another woman said getting color card is beyond their capacity as follows; *“I don’t have any cards and applying identity card is difficult to attain for me. Government office doesn’t allow easily and it needs money and a person who is in a position to dispense favor.”*

Even though they grasp pink or blue cards, they are still in trouble in some cases and also, submitting an application to get white card is not easy as well. Being able to hold white cards helps migrant people who work piece work by contract and therefore, most people are very eager to get it. As some migrant people want to reduce their limited life conditions and they have plans to stay in Thailand for the whole life, they try to get white cards. However, trying to get pink or blue cards for some migrants is not easy and they have to set priorities for doing identity cards. They apply first for their husband and then, they think other priorities in their life.

Employers control the employee very much in paying, paying time and working hours. They do not enter the illegal migrants in the list and do not care about them as they can control pink or blue identity card holders and they do not take responsibility even for the white card holders on any injured getting from the works. Migrant people do not judge anything because they think that suing is beyond their capacity and as they are Myanmar, they cannot sue Thai employers due to capacity of money usage and lack of interconnection with government lawyers. They accept that if there were some problems between Thai and Myanmar migrants, Myanmar migrants are already lost.

Women explored about color cards and lack of responsibility by the employers as follows; *“If we hold “See Phar” or “See Chun Phu”, blue or pink identity cards, it is not difficult to apply white identity card because we were delivered*

in Thailand and we know the processes. But, the problem is the cost; we don't have money and it is beyond our capacity."

"Even though these twins were born in Thailand and had birth registrations, they will need (30,000) baht in order to get Thai Identity Card for each. For my elder son, he was born in Thailand as well, but, I could not give (30,000) baht to the office, as a result he got only living recognition identity card, pink card. She said that "Even this living recognition identity card is convenient for us, we can go wherever we want with this card and we don't crave Native Thai Identity Cards, white cards, because they do not have big business."

"My boss was good, and she treated me snacks or food. But, when I was suddenly struck by the steel door in front of her house, she told me that she would take responsibility and she would cost all expense. When I was in hospital, I did not see her anymore and she accused me that I stole her trousers and clothes. Actually, I have to get money for 15 days wages and I did not go and ask that money."

"I have been living here over 10 years without having any identity card, labor card and 30 Baht Scheme. I am never caught by polices as they are pity on me. I did not apply for identity card because we cannot afford for it, but, my husband has identity card as he needs it and is a household leader and main earner of the family."

Convenience depends on the behaviors of the migrant people and the attitude of the employer. Some migrant people have good earning but, they spend more than they earn while others do hard working, but their employers are bad-natured. Some employers torture even migrant women by verbally and physically such as slapping, hitting, kicking and threatening. Some employers sell migrant people to another employer as a slave and some use obscene language over employee. Some families leave their current place and move to a safe place as their employers are threatening to them. Not giving full wages is the main problem and keeping migrants' passports in their hands and it is still happening currently in Thong Pha Phum. Cheaters are seen in both nationalities.

Women share their experiences under being migrants as follows; *"Here, if the boss is good-natured, the employee are convenient, otherwise, people are not well-situated. Some boss hired random workers with 250 baht per day, but, they paid only*

200 baht instead of 250 baht. I had experienced two times, after that, we do not work for him anymore.”

“I heard that some employers treat Myanmar Workers abusively. But, for us, the employer does not give money for wages in time even though we remind him as we have to pay to our workers again. My husband cannot speak Thai Language and it makes him very difficult in talking with the employers.”

“In compare with Myanmar, living and working in Thong Pha Phum is good, especially in the down town of the Thailand. Some families prosper but, some don't. Mostly, there is no discrimination between two nationalities. But, on occasion, some Thai natives bully Myanmar people and vice versa.”

“I worked in a cosmetic store in the down town. I was slapped by my boss and was tortured till my tooth out as they thought that I stole her earrings. So, I came back here.”

“My father was hit by his boss whenever his boss was in bad mood. His boss did not want to give salary money, so he tried to kill us that were why we came to Sue community.”

“Some Thai employers do not pay wage fully; they pay for 5 days instead of 10 days. It is still happening currently and the main cause is being illegal migrants; not having identity card or passport. There is no complaint because of being illegal migrants.”

“Now, it is difficult to earn in Thailand including downtown and border area. There are so many people who are not fitting because of they do not get along with their boss and they are cheated. Some bosses don't want to pay wages and they let employee wait by ambiguously or they frighten them employee at the moment of paying. Employers don't allow employee to go back home, so, employee leave them quietly.”

“My elder sister was exploited by her employer by selling her to new employer. She had known about herself when her new employer told her.”

However, some women are in good conditions in working together with their employers. If their employers are good-natured, they are happy in working and they can tolerate even though their wages are too little and they are very tired in the work. Migrant people are satisfying that if they have daily work and daily income.

Some women said that they satisfy the amount of money they earn and communication between local employers' family and them as follows; *"I worked as a maid and as a nanny in one Thai family from Monday to Friday and did not have work on Saturday and Sunday. This Thai family was very kind to me and treated me as their relative and as a sister and normally, I could talk with them openly. I looked after this baby since birth because baby mother asked me before bearing pregnancy "whether I can look after her baby or not" and I said "Yes, but, I will also take pregnancy when your child well-grown and goes to school". After getting the answer from me, they take the pregnancy. My employer did not oppress and was not bully to me not even with a rough word. However, they could not offer extra allowance so much, but I had worked there over (4) years. When I delivered this twin pregnancy, my employer's family came and met me two times both in the hospital and at home and gave me baby-sitting-chairs and some clothes and I really appreciated it."*

"I communicate only with her employers who are really good on me other than other Native Thai. My employers neither lower me in communication nor discriminate me in eating as well."

"My employers did not discriminate not only between Myanmar and Thai but also owner and employee and there is coequal among us. I have to eat along with them every day and they equalize regarding owner and employee within working hours". The owner also latches on taking leave, when I am ill. However, it is dissimilar for everyone and it depends on luck and demeanor of that person."

"My husband is a hillside cultivator, too and he plants "palaw pen an", cassa va plant and vegetables such as brinjals or eggplants and rosella in the Boss fields and sells them. We don't need to rent the field to plant and the boss let us work and earn because my parents are working for him long time ago."

Some migrant women do their own business on cultivation and motorbike workshop.

Women explained as follows; *"We open a workshop to repair motorbikes and also, if someone orders utensils like tables, chairs and cabinet, we will make it."*

"I work in hillside cultivation and rubber plantation in my own field. I married with my husband who is Thai Native and he is a government servant."

Some employers push migrant men as victims of narcotics and ask them in their works. Employers make good use of an opportunity from the migrant men to get good profits for their works.

Women in FGD explore about the taking advantage by employers on migrant men as follows; *“All women told that in some households, husbands use hashish which are given by their employers or bought from some where we don’t know the place.”*

“My husband is sent in prison due to narcotics; he went and bought narcotic for his friend. He must stay there for 2 years and 4 months. The warders permit me to see my husband only 15 minutes in one time because narcotic case is the most serious one in Thailand. But, the length of stay in prison will be reduced 3 months if he coincides with birthday of Queen of Thailand. They can work in the prison such as sewing, plantation, industrialization, agriculture, etc... and maximum payment is 59 baht per day and minimum is 29 baht. If he is ill, I have to buy and give some medicines to him.”

Among Myanmar migrant people, there are jealous and becomes interference in other person’s earning. Some Myanmar migrants try hard to earn, but, they are in trouble due to Myanmar profiteers. Besides, Myanmar migrants are feeling unsafe not only in the workplace but also in the living place too.

Women talk details about their co-workers and getting bonus from the employers as follows; *“There is no problem with the employers; however, there is no mutual understanding among Myanmar Employers. If one Myanmar Employer is lauded by employee, the other Myanmar becomes grudge. If one Myanmar can earn more money, another Myanmar has envy and becomes disaffection.”*

“For me, Myanmar lady took profit over me and then, I did not work together with her and left that job.”

“My husband is a porter in a shop in the market and but, he does not become used to this work and especially this environment as he has language barrier also. His boss gives him 300 baht daily and sometimes, 500 baht as his boss wins the illegal lottery, “Chae”.”

“Living in Sue is not safe, because there are; thieves which steal even schlock, and fighting.”

High commodity price also obviously affects the daily lives of migrant people. Besides, Migrant women have to allocate their income mainly for daily foods, weekly electricity and water expenses, home rental fees, school transportation, fees on social occasion of joy or grief and treatment fees for illness. Migrant people can earn six times more than their income in a few years ago, that much money is not well enough for the whole family even for a day.

Mothers talked about double increase of the price and how to allocate the income as follows; *“At the time of 7 baht for one kilo of rice, 50 Baht was enough for a family and covered one day living, and now, 300 baht is not adequate for a day. I also work as a manual worker randomly in collecting bamboo shoots, carrot and collecting cassa va plant to get 200 baht per day. To work freely, I have to pay 50 baht per day to the woman who look after my baby. In addition, if I buy milk powder for the baby and pocket money for two children, no money is left. My children ask me money to buy snack, and I have to pay them at least 5 baht for one time. Now, in Thailand, commodity price is very high. For the rice, it costs 25 baht for 1 kilo, 4 Nose Si Bu, while it costs 30 baht for 2 kilo, 8 Nose Si Bu, in Myanmar. For 1 kilo of pork, it costs 140 baht. Here, I could buy everything and every time, for example, Da Nyin Thee, Mae Zae Lee Phu. Besides, income and expense are not equal and we have to use more expense.”*

“Besides, income and expense are not equal and we have to use more expense.”

“I have to work all kinds of job which I get as I have to pay 200 baht for renting home, 200 baht for school transportation.”

“Here, we work and eat: income and expense is equal and no money is saved. Some are rich but some aren't. Poor are much more than richer.”

Women in FGD said as follow; *“The commodity prices are so high and income and expense is not balance. I have baby and as a result, the cost is more and more for going to hospital and I am in debt.”*

“I am with four children and I never lose contact with debt.”

Accommodation is excessively high for migrant people living in Thong Pha Phum even though they must not pay for the land because a boss namely “Kyine”, Tha Htay Kyine, allows living in his fields. Tha Htay Kyine, Boss Kyine, occupies so

many acres in everywhere in Thong Pha Phum. If migrant people want to settle, they have to buy or rent or build the houses themselves. There are (300) households in Sue community and (50) household in Khaing Tha Zin community. Even though they have to pay only for water and electricity, accommodation fees are also big obstacles for them, in compare with their income. Some families live in very low standards, staying in nearly collapsed house.

Mothers explained about their accommodation like that, *“The price of buying one house in Sue Community is from 30,000 to 40,000 baht. The field is occupied by Mrs. Kyine, a rich man in Thong Pha Phum. Every household in Sue Community has to charge for electricity and water, not for land. One Unit of water is 30 baht and one unit of electricity is 12 baht, the staff of the boss comes and collects every week in Sue Community.”*

“The owner of this field is Tha Htay Kyine, Boss Kyine, and he occupies so many acres of field in Thong Pha Phum. I don’t need to buy the place, but have to build the house ourselves and need to pay electric and water fees weekly, round about 500 baht, and one unit of water is 30 baht and one unit of electricity is 12 baht. I am very unhappy because the surrounding is very noisy by fighting, the voice of motor bikes and the noise of song box.”

“I am so poor; has to live in one side of the house in the rainy season as the roof has so many holes which cannot fully cover. Sometimes, I have nothing to eat, but, nobody knows it.”

All women in FGD said about even children need to earn money as follows; *“Living in Sue is not peaceful as polices come and check identity card very often. Apart from this, living in our homes, using water and electricity, is good, but, it needs 500 baht per day. Water and electricity is 800 baht per month, fees for cleaning garbage is 30 baht per month, and social occasion of joy or grief is at least 70 baht per month. So, income is not enough and we have to borrow money by 20 % interest. If we borrow 10000 baht, the interest becomes 10000 baht and therefore, we cannot go back to Myanmar. So, children must earn when they are at least 11 years old, even though government does not allow the children to work.”*

Some migrant people become victims of the money. Their family problems drive migrant women to be commercial sex workers to earn large amount of

money and some women are sold by Thailand or Myanmar human traffickers in the downtown to work as sex workers. Some migrant men earn more money than others by doing illegal work such as timber business and carrying narcotics. As a result, those kinds of families become asunder and their living status become worse and worse. Their lives are so miserable and husband cannot give any care to their pregnant wives.

“Some Myanmar Migrants who do not want to work and who cannot work simple job with their ability and energy earn money by doing commercial sex workers. Getting 200 baht is not enough for their family and then make money by sex workers. In this way, some unmarried women save money and send it to their parents and their younger sisters and brother in Myanmar to continue their study without letting them know about their job. Some Myanmar Migrant Women were sold with 70,000 baht in the downtown and asked to work as sex workers.”

“I collect bamboo shoots, and cassa va plant as a manual worker on a daily wages and sometimes, I earn as a salesperson in one shop in the market. My husband is also a random worker and earns 200 Baht per day, but it is not regular and income is not enough for the whole family, so, he is also paid by doing piece work such timber business, or filling aircraft oil, which can get 300 baht per day. This timber business is illegal and he was caught by polices and was asked 300,000 baht for punishment which is a big money and cannot be paid, so, now he is in prison for 2 years and 4 months in total.”

“As my husband is in prison, I am very unhappy and have to keep up my spirit as I have 6-month pregnancy. I could not stay without working because I have three children and we all need to survive. So, I worked in the market as a random worker on daily wages and got 300 baht per day. I work in a shop which buys garbage and my role is to weigh the garbage. I have to work all kinds of job which I get as I have to pay for renting home.”

4.3.4 Accessibility to health care system

Migrant women are still inaccessible to hospital services because of disrespect from the health care providers, lack of power to make a decision on health care access, not having mutual understanding on migrant life, no available persons to take care of children, the homes and livestock, cultural barriers, no awareness ongoing

procedures, not eligible to 30 baht scheme, incompetence of health care providers, discrimination, having less money, low income, inability to speak Thai Language, long queue of ANC and not fully equipped of the hospital.

***Delay in deciding to seek medical care**

One of the reasons of delay in deciding to seek medical care is their perception of being treated impolitely by the health care providers. Convenience in accessing ANC depends on health care providers and some of them are impatient and easy to get angry.

The inconvenience between health care providers and pregnant women involves matters regarding the magnitude of following the instruction by mothers concerning baby-bathing, baby-feeding and understanding of local language. Sometimes, although nurses tell pregnant women who can understand local language what they should do, but, women do not act the same way unintentionally. At that time, nurses shout at women and women misunderstand on nurses.

This results in patients' frustration and lack of interest in building a relationship with the health care providers as indicated in the following quotes: *"Nurses shouted at the other women who do not understand Thai Language because those women do wrongly. In this hospital, some nurses are good natured and some are not. Translators should be in this hospital."*

"I don't want to go to Hospital for ANC and deliver at home because nurses are uncivil in speech."

"Nurses in Thong Pha Phum District Hospital are very rude in talking; they vituperate the women."

However, two women said that nurses are very good and generous to them in terms of foods and money as well as follow;

"I deliver normally and stayed in hospital for two days. Nurses are so good to me and they taught me not to carry the baby for long time and how to take care the baby and how to hold the baby. I get birth registration for the baby and next five year, my baby will hold white card."

"I delivered my baby at the Thong Pha Phum District Hospital and all doctors and nurses helped me a much as I could not need anymore. Even though I

admitted to hospital and nobody was around me, I did not worry for money. The hospital provided all and I could save 4000 baht as doctors and nurses gave me and besides, I did not pay even a coin. In addition, they came and gave foods to my home in person and did birth registration by free of charges.”

However, hospital does not discriminate in terms of Myanmar and Thai and they equal same level only.

One doctor explored her concern as follows; *“I did not find any difficulty in giving care to pregnant women in this hospital and I assumed the equal level to the patients of both Thai and Myanmar Nationalities.”*

And also, hospital perceives migrant women are better than local people pertaining following the instructions of health staff and spending money on health care.

One nurse told as follows; *“In my point of view, Myanmar migrants in Thong Pha Phum are good. Saying good has two points. One is they listen to the doctors and they come regularly. Second is they come to the hospital even though they know they will cost a lot of money.”*

Moreover, hospital is now preparing to support better services gradually for the migrants and local people.

Doctors and nurse said as follows; *“We didn’t have enough equipment for the delivery five years ago. But, we prepare more equipment now, but, it is not still enough yet. We will develop our hospital to 120-bedded hospital.”*

Another reason for delay in deciding to seek medical care is that women perceived that they are lack of power to make a decision on health care access. If they have right to choose, they will go directly to Kanmoli, Kanchanaburi Province Hospital.

“Some patients who can afford don’t go to this Thong Pha Phum Hospital and they directly go to hospital in Kanchanaburi Province. But, Thong Pha Phum Hospital also transfers patients to province hospital in Kanchanaburi if they cannot not give better treatment. If we have choice, we will choose hospital in Kanchanaburi.”

Women perceive that some health care providers are not getting mutual understanding on migrant women that they are so poor, they feel inconsequential

themselves, how much they are worried or anxious about labor pain and delivery. As they have low knowledge and limited understanding on health care, and which can increase stress and anxiety in addition to stress related to poor communication skills and inability to comply with their cultural practices. If they see the real situations of migrant women, they might change their attitude on migrant women.

Women sadly utter as follows; *“Old service doctors and nurses understand feeling of the pregnant women and young and new nurses do not understand that of women. The young doctors and nurses got annoyed and irritated with pregnant women who got baby closely and they pushed them to get sterilization a long with that pregnancy. It was very difficult to explain them, the young nurses and doctors, and they did not understand on feelings and the conditions of the women. If there were arguments on something, they did not treat well on the patients.”*

“Pregnant women over 30 years old were scolded by nurses. For me, I want baby before 30, but, I’m not well-located in saving money and daily living. So, gradually, I am getting older and my economy is as usual. My family income situation is the same, however, it is the time to should have baby. At finally, I take this baby before getting much older.”

Migrant women do not want to stay in hospital for 7 or 8 days to excrete breast milk only because there is no available person to take care of their children, the home and livestock. If the hospital stay is long, their husbands cannot earn in those days and they have to spend more money for their treatment as well. They believe that they can do themselves at their homes to excrete more breast milk.

Women from the FGD reported concerning with hospital stay; *“We can do ourselves to excrete more breast milk at home. If we arrive home, our husbands can earn daily and we are in less trouble, otherwise, we starve. So, we don’t want long stay in hospital if we don’t have serious cases”*

Migrant women recognize that health care provider needs to understand Myanmar culture and customs because they are reluctant due to cultural constraints.

Women explored how different in culture as follows; *“In Myanmar’s concepts, post natal mothers must not be sorrowful and must not suffer headache, if it is, it can lead to persistent in long live.”*

“There is a bit different in breast feeding style between Myanmar and Thailand. In Myanmar, mother cuddles the baby by both hands while she feeds breast milk to the baby, but in Thailand, mother has to cuddle the baby with one hand and the other hand has to hold the breast. Besides, in Thailand, nurses do not allow breast feeding to babies by sleeping position of mother and baby, otherwise, nurses scold to the mothers who feed the baby while sleeping. They said that if the baby cries, get up and feed the baby, not in the sleeping position.”

Some words are very sensitive to Myanmar women. If nurses tell unintentionally, however, it makes really hurt in Myanmar migrant women’s mind. At that time, they get really upset and angry to health care providers.

One woman explored how she was sorrowful; *“Nurses are bad natured and they scold me as I come to them when I have five month pregnancy and besides, I am asked that he is my real husband even I go together with my husband.”*

Women perceive that hospital services are expensive for illegal migrants and they are lack of money to pay for medical expenses.

One woman mentioned as follow; *“I do not have 30 baht schemes, and hence, I have to pay over 6000 baht for delivery services, 30 baht schemes for baby and birth register. It costs at least 800 baht for photo treatment. When I got sickness and took treatment, I usually have to pay at least 100 baht to the hospital.”*

However, hospital is flexible in charging fees. Hospital takes the amount they afford at the moment and women can pay the debt gradually.

One woman said as follows; *“The nurses dislike the poor Myanmar Pregnant Women, however, they satisfy if women give them half of the cost before they discharge from the hospital and then, they keep their debt in the record and let them save money again.”*

One out of six women said that *“Giving birth in Thailand is better than that in Myanmar because we can be negotiable the cost with the hospital for example; we can pay only the half of the cost before we are discharged from the hospital and we can settle another half gradually as much as we can. In Myanmar, we cannot go if we don’t have money and we cannot negotiate about money.”*

Women perceive that language barrier is a big problem in getting hospital services. Although the hospital gives them hand book for Dos and Don'ts, they cannot read it. They just rely on the verbal instructions of the health staff.

One mother mentioned it as follow; *“Doctors and Nurses instruct me to avoid Durian, Da Nyin Thee, Pepsi and Cocacola, and but, meat and milk are suitable for me, they said. Although they talked me very much, I could not remember so much because I do not read Thai language.”*

*** Delay in identifying and reaching the appropriate facility**

Migrant women are also delay in identifying and reaching the appropriate facility because they perceive that they are not fully informed on going procedures and getting treatment outcomes from the hospital.

Informing details to the relatives depends on the severity of the patients. In emergency case, health care providers have no time to explain very details apart from getting consent.

One doctor gladly shared their difficulty on emergency case as follows; *“I did not find big problems concerning Myanmar Pregnant Women; however, the difficulty is giving emergency care to pregnant women who deliver at their home as they did not take any ANC from the hospital or from the primary health care. They delivered themselves or by Traditional Birth Attendant at their homes, however, the deliveries were incomplete such as baby were not coming out after piercing the amniotic fluid sacs, placenta was not delivered after the baby was coming out, bleeding per vagina and asphyxia of the baby, etc. In those cases, hospital has to treat urgently and intensive care to them, therefore, it is a bit difficulty for the hospital.”*

Migrant women perceive that they are not fully enlightened regarding birth control. Most of women agree to the hospital and the method the hospital assigned. Migrant women feel like they are being pushed to do sterilization every time. Some women are amazed that they have only two babies and they are motivated to sterilize simultaneously. Some women take oral pill regularly, however, they get pregnant and also, it is similar situation in women who take injections. Everybody can take birth control from the hospital without pay in any case of illegal or legal.

Six out of seven women in FGD miserably said, *“Hospital does not explain about the methods for birth control including effects or side effects. We all here take injections for birth control.”*

“Since the delivery of my first baby, nurse asked me whether I wanted to sterilize and I said “No”. They explained nothing and just asked me.”

All women in FGD said, *“doctors and nurses do not explain types of birth control and they mostly ask us to sterilize. Most of women use either of injection and oral pills as birth control.”*

One mother explained about her experience, *“I go to the hospital for birth control; they inject me and scold me because I am a bit earlier for 3 days. They don’t explain me about types of contraception and benefits and side effects of contraception.”*

However, one informant gives details why she accepted sterilization as follows; *“I accepted sterilization (tubal ligation) in the hospital along with the delivery. Nurses instructed me to do sterilization and I asked them it was possible that I did not get sterilization. Nurses explained that the possibility of the chance of abdominal operation is maximally only three times, and this was the second time of operation and I can get only one time more. If I had any appendicitis which is an emergency case, I would get the operation for her live long. And I thought that I had two deliveries, but I got three children and it made me satisfaction and happy. That’s why I accepted the sterilization method.”*

Some women choose birth control at outsides themselves by their experiences such as getting fat, dizziness, having regular menstruation or not, easy to forget and afraid of getting disease.

“I controlled birth by injection, but, now I use pills as I get fat due to injection.”

“I was injected two times for birth control, but, it made me dizziness, tinnitus, and nausea. And then, I took oral pill which can cause irregular menstruation for me.”

“I forget to take oral pill, thus, I prefer injection. I do not want to bear next pregnancy because I cannot stand labor pain.”

One woman mentioned that why she could not pay money delivery fees to the hospital as follows; *“Actually I did not have 30 Baht Scheme, but, they said that if I take sterilization after delivery of the baby, they do not charge any money and everything will be free of charge.”*

However, doctors and nurses experienced that they still have difficulty in explaining birth control methods together with how to use condoms. There is language barrier between them and migrant women could not follow their instructions and practice as they think and understand.

One nurse said as follows; *“We prevent those women from pregnancy by birth control methods including condom, but, some use condom and some don’t. As they don’t understand language, they do different ways, not the ways as we say. This is the difficulty we always find.”*

***Delay in receiving appropriate and adequate care at the health facility**

Women perceive that 30 Baht Scheme is just nominal and opportunity is very limited and they are asked to do themselves the most expensive things such as ultra sonogram. 30 Baht Scheme can cover delivery fees only one time for both mother and baby. If women deliver more than one baby, women have to pay themselves.

Women explored with surprise as follows; *“I have 30 Baht Scheme, but I have to pay money, 700 baht for ultra sonogram. They said that 30 Baht Scheme can cover only one baby and this is second baby. I think, they instruct me only what I need to cost myself and but, I follow their instructions except sterilization.”*

“I have 30 baht scheme for her hospitalization and operation, but the nurses told me that there is no applicability between the cost of her babies and her 30 baht scheme and she needed to pay the cost of babies separately. In total, she gave the hospital (5006) baht, but, she did not understand what cost how much because she could not read it.”

“Doctors neglect the poor patients, and they treat the rich patients. If the patients have 30 Baht Scheme, they treat them only with paracetamol.”

There is another difficulty concerning with 30 Baht Scheme. Every migrant person who is holding color identity card has 30 Baht Scheme, normally. However, there is a problem in database system in the hospital, because migrant people go and check their 30 Baht Scheme, they are not in the list even though they hold color identity cards. It is on the process of confirmation time and they all will access 30 Baht Scheme later. In addition to this, some migrant people do not know that they should check their 30 Baht Scheme in the office of the hospital.

And migrant women perceive that they have to do advanced treatment which is not indeed necessarily, and, however, these advance treatments become crucial due to unprofessional skills of health care providers. For those kinds of complications like advance treatments due to untidy exertion and incompetency of health care providers, migrant women have to use extra money and become worry and keep down in spirit. Access to prenatal care and birth delivery attendance by skilled health personnel are very essential to health of mother and baby.

Women mentioned about lack of competence of health care providers as follows; *“When my first baby was delivered in Kanmoli, my morality and physicality were totally down; I was very weak as I was insulted by my ex-husband and nobody was around me and my husband was completely drunk. But, I could deliver normally with the help of nurses and doctors in Kanmoli. They supported and encouraged me and it was very pleasant to the ear.”*

“While I delivered my second baby, they pressed over me like they were killing me and I lost my strength due to the pain they pressed. So, I went to operation which was not intended before and besides, my baby’s head was printed by nurse’s finger-nails. They didn’t explain me why there was a tear with nails although I asked them.”

“I was so tense in this hospital. My nipples were twisted forcefully and while I was in hospital, one new born baby’s hand was fractured as the health staff extracted vigorously and this baby was sent to Kanmoli. Therefore, most of pregnant women including me are afraid of nurses and I don’t want to get any treatment from this hospital even if I am ill.”

“They let me go back home by saying that I don’t have any pregnancy while I even have pregnancy. The best evidence is I lose my baby; I have abortion. So,

I go to hospital again and at that time, they tell me that it is not easy to get next baby because my uterus is not good. But, I get next baby without any difficulty and I deliver home. As a result of home delivery, my son does not get any vaccination as I don't have knowledge."

The other two women supported it again as follows; *"My sister-in-law tried to deliver normally, after pressing over her abdomen by nurses; she did not have energy to constrict and went to operation. She has 30 Baht Scheme, but she had to pay over 10,000 baht and was vituperated."*

"My baby had lung disease, so, he was sent to hospital for 1 month. He was suffocated in my womb, and came out his feet from my womb first. Doctors pulled baby's feet difficultly and as a result, my baby's feet are hurt and weak. I had to pay at least 1000 baht per day."

However, hospital delivery is safer than home delivery and if there is emergency condition, it is well-equipped. Hospital delivery can reduce the complications of child birth. Migrant women should use hospital delivery more than local ones because they are multi-parities, teen age pregnancy and they have anemia.

One doctor mentioned about it as follow; *"After delivery, there are post partum bleedings and retained placenta in Myanmar Women who came to the hospital rashly because they gave birth the baby at home and faced these difficulties. In deliveries in the hospital, the complications are very rare and these complications occur because of home deliveries without taking any ANC and multiple pregnancies."*

Women perceive also that hospital answers ultra sonogram results wrongly for several times.

Women mentioned as follows; *"They explained my twin pregnancy almost immediately. However, I did not believe that my pregnancy was twins, because I had heard that other pregnant women were also told by nurses that their pregnancies were twins, but, at the time of delivery, they delivered single baby only."*

"I did not believe totally that my pregnancy was boy, because I had heard very often that other pregnant women were also told by nurses that their pregnancies were twins, but, at the time of delivery, they delivered single baby only."

Some migrant women perceive that they are ignored, discriminated and neglected by the hospital by telling following quotes;

“My baby was seriously ill and admitted to the hospital. They said that baby died and but, my grandfather-in-law told nurses that he had seen baby’s movement, at that time; they were in a flurry and gave oxygen to the baby. Finally, baby was dead.”

“Most of nurses discriminate us and their behavior is very rude. When I had seriously bellyache, they dragged me as an animal and dragging was so painful.”

“But, doctors care hypertensive and diabetes patients and but, not other patients. Actually, we are discriminated in access treatment.”

“Hospital told that delivery might be difficult, but they will try for it and also, one of the babies is “Lu Chauk”, foetus papyraceus, desiccated foetus seen in the ultra sonogram. I don’t go to the hospital, but nurses come to me and encourage me to deliver. I don’t have 30 Baht Scheme, and I have to give money to the hospital and so, they take care of me. They do not take care of anybody who has 30 Baht Scheme. I am old and so, I have surgical delivery.”

However, one doctor mentioned that how much effort they have to use only in the ANC visits and how much they worry for them as follows; *“If the women do not follow doctors’ and nurses’ instructions for instance they do not take medicines and do not come for follow up, they feel tired in giving care to them if it becomes serious problems and as they leave words many times and they have to ask them troubles which make them away from the hospital. Why they ask them is they worry that the women do not understand their instructions.”*

Moreover, one doctor explained about primary health care with Thai volunteers. Migrant women will meet first with Thai volunteers and then, if necessary, they can consult with doctors from the rural health centers called “An Na Mine”.

“I suggest all of pregnant women to register and take ANC at Thong Pha Phum District Hospital and at Primary Health Care by Thai volunteers. Those volunteers will accept low risk pregnant women and they will refer high risk pregnant women to the Thong Pha Phum District Hospital too. However, there are still home delivery by themselves or by traditional birth attendant in the very far area, but, no more case in this very near area.”

Another doctor miraculously explained how important of ANC as migrant women are having anemia, multi-pregnancy and being teenage pregnancy as follows;

“She precisely knows that anemia in pregnancy is very common and after giving medicines, anemia is not found in pregnant women. However, for pregnant women who do not come regularly for ANC, there might have small baby in the womb due to anemia and she worries about that. Myanmar Women bear multi-pregnancy and have many children at least (4-6) children. In addition, teenage pregnancy is very common in Myanmar Pregnant Women as well.”

Women perceive that going for ANC takes time, at least half day even though they go early and they explained as follows; *“For my follow up, I have to spend for a long time, even a half day, in the hospital even though I go there very early.”*

Women also perceive that the hospital is not fully equipped and however, in compare with health centers, they should not go to AnNaMine, health centre, as it cannot give complete treatment.

One doctor mentioned number of delivery and man power in the hospital as follows; *“Number of professionals is as much as necessary for this hospital as there is 600-700 delivery per year.”*

Women also state why they want to choose province hospital and they never go to AnNaMine as follows; *“Everybody does not want to go to hospital for their moderate sickness as the hospital does not have enough equipment. But, now, the hospital becomes developed with more equipment gradually.”*

“When I am ill, I go to Thong Pha Phum District Hospital Directly devoid of going to Health Centers, AnNaMine which cannot offer complete investigations and treatment because it gives only medicines.”

4.4 Changing condition

There is a change in naming of the community. One community in study sites is named in Myanmar Language; however, another one is called in Thailand Language. The communities where Myanmar migrants live in Thong Pha Phum are named “Htet Kha None” and there are “Htet Kha None” one to “Htet Kha None” five. Some named their group in Myanmar Language and some did with Thai names. The

two communities I study are Sue which is Thai name and Khaing Tha Zin which is Myanmar names. Sue means the refugee camp and Khaing Tha Zin means the name of the flower.

Some adults use by mixing Thai and Myanmar language at the same time in communication of their daily life. In their environment, some young adult children cannot speak Myanmar and some old migrants cannot speak Thai Language. Therefore, most of young adult children use two languages simultaneously to make both of them understand. It happens in nearly all of Myanmar community. They rarely use only Thai Language or only Myanmar Language too.

On the matter of cultural beliefs and practices regarding pregnancy and child birth, they practice customs instructed by both local Thai and their parents. And also, sometimes, they practice Myanmar culture by using Thailand traditional medicines. As these medicines are easy to buy in the market, they have same potency as Myanmar ones.

Among them, they could not keep some specifications due to limitations of their migrant life and some government policy such as identity cards of parents are needed in hospital delivery to do further process such as applying identity card for baby. Some women place their father or father in law instead of their husband's name to get white identity card. They lie to the hospital to get evidence for the baby.

They live in Thai society, and they cannot be integrated enough because of monetary affairs, matrimonial affairs, many arguments and fighting, narcotic and alcohol problems within Myanmar communities.

Although Myanmar people have high regard on their parents, young adults in this time do not pay attention on their parents' decisions and recommendations. Young adults make their own decisions, using their individual right, personal appreciation, mutual consent and love. Young adults who were born there are immoral and lazy and not family oriented and they perceive that it is as they have not ever lived in Myanmar. They do not have knowledge on policy, economy and family value. They live here as they desire and they do not try to earn money. For them, earning money is easy and they are happy as they do not know the situation of Myanmar and they were born in Thailand.

There is the adoption of unhealthy behaviors by men, women and young adults such as smoking and drinking. Most of them are illiterate and only (2) out of (100) migrants are educated. (50) Out of (100) young adults are drugs and alcohol addicts and inhale glue. Young adults, both boys and girls, 13 to 18 years of age use drugs such as Ya Ma, "Say Gyauk", hashish, and WY etc, and these drugs are coming from the border areas without control and continuously and the prices are different each other. They can buy these drugs even in Myanmar community. They also use a kind of hormonal injection for sexual desire, coming from the border area as well. They use it first and then, they continue to use narcotics.

They lose their traditions regarding marriage. They do not perform engagement before marry and wedding celebration. If they love and they marry and if they do not live together, they divorce without delay. Although pregnancy outside marriage is frowned on, it is found very common. Even cross marriage among neighbors happens. Young adult get married at the age of 14 or 15. Their parents cannot control their children because even they are weak in knowledge and thinking as well. Parents take consideration only on daily life and not others. They perceive that if they can earn money for daily life, it is very convenient for them.

Service such as asking apology and praying to the parents in Myanmar happy New Year and Thadinkyut month already disappear. There are no big religious celebrations among Myanmar community. New generations cannot read and write both Myanmar and Thai languages and reading Buddha literature is beyond their capacity. Therefore, they are very weak in general knowledge and religious literature.

On the subject of eating, parents cook and eat Myanmar foods mostly; however, young adults eat Thai foods and ready-made food at outside. In their community, while the husbands get their homes from works, some of their wives do not cook for the dinner and do not prepare something to eat. As a result, men eat outsides what they want and women do also and many couples act the same manners. They buy foods in the market and also go shopping in the new established centers in addition to traditional small shops.

The wearing style is not polite in young adults, and especially in young adult girls. This is one problem between old and younger generations. Women play cards without a sound and by closing their doors while their husbands go for work.

When they are caught by the police and if they do not have color identity cards, they have to compensate 1000 baht to the police. Sometimes, if the surrounding home cannot stand their loud noise and complain to the police, they are arrested and stayed in jail for three days. In talking about playing by children, the children mostly watch TV and video such as cartoons and do play Myanmar traditional sports at outside not so much. When they watch TV or Video, they use only Thai program and hardly see Myanmar Channel.

Most Myanmar women are dependents normally and are given a lot of respect for being pregnant, however, the income earned by husbands is insufficient, and earning money becomes part of the women's duties even they have pregnancy in these days. Some migrants took profit over same migrant people at work as they go against their ethnicity's lovely behaviors. Due to disunity and depravity of migrants, police keep them in custody in case of gambling, narcotic, fighting and playing cards in addition to fine.

CHAPTER V

DISCUSSION AND CONCLUSION AND RECOMMENDATION

5.1 Discussion and conclusion

After requisite preparation, including detailed guidelines for this research; data collection was conducted by travelling to the field research site in Thong Pha Phum District, Kanchanaburi Province in Thailand from October 25, 2013 to January 5, 2014. The research applied qualitative research methods such as semi-structured in-depth interviews with (12) Dawei women, narrative interviews with (3) Dawei women, key person interviews with (3) health persons, two sessions of focus group discussions with (13) migrant women and direct field observation. The migrant women and I are Myanmar, however, they use Dawei Language which I found distinctly different from Myanmar language. Therefore, I have to select migrant women who can speak Myanmar language very well, even though they use different stress and intonation while they are speaking. Basically, we understand and admire each other regardless of our ethnic groups.

The findings based on qualitative research are to understand cultural beliefs and practices of Myanmar women concerning pregnancy and childbirth in their migrant life. (Callister & Khalaf, 2009) stated that birth is a means of accessing the social context and meaning of bearing and rearing children in women's lives. In order to understand how migrant women' beliefs, customs and practices with regard to pregnancy and childbirth might be shaped by their lives in another country, their everyday life setting in their migrant area, their relationship with local people and the way of approaching health care services are needed to be known clearly. Thus, this research also focuses on understanding migrant life through investigating their cultural background, socio cultural factors, socio economic factors and accessibility to health care. Special and crucial points of this study are presented in this part starting from exploring dependent variables, such as discussion points on some important and very interesting cultural beliefs and practices of migrant women, to uncovering

independent variables such as limitations of migrant life.

Most of the migrant women living in Thoung Pha Phum moved from Tanintharyi Division of Myanmar. They are of the Dawei tribe, one among the 135 tribes recognized in Myanmar and they are Burma according to ethnicity and they believe in Buddhism. They have been expending great effort in low-grade jobs since becoming immigrants. Up until this time, they still rely on tettering jobs as cheap laborers because they are illiterate, illegal and not technically competent in specific crafts. This lack of education may be impeding employment in occupations that offer health insurance benefits (Bengiamin, Chang, & Capitman, 2011.) The main jobs they work are masonry, hillside cultivation, agriculture, random workers cutting wood, carrying heavy things, cleaning the fields or as house-maids in local people's houses. They earn between 150 to 400 baht per day. However, migrant women only get from 150 to 300 baht maximum. It is only men who can earn 400 baht per day. They are also considered as displaced persons around border areas of Thailand, there to find better jobs. Sometimes, when no work is available, they collect bamboo or leaves in the forest.

Myanmar women practice certain cultural beliefs throughout pregnancy and childbirth for the benefits of themselves and their babies. However, most of the cultural beliefs and practices being observed currently by Myanmar women are intended for the sake of their babies' goodness. For their babies to be healthy, wealthy and wise, they follow and practice their cultural beliefs, even though they are not in their motherland. These cultural beliefs are relayed from generation to generation based upon with well-known practices. They are encouraged to follow traditions by the experienced women in the community such as mothers, mother-in-laws, sisters, relatives and neighbors. They also share their experiences by chitchatting among women in the grocery shops or in their own homes.

Some cultural beliefs and practices are similar in purpose; however, the procedures are not the same. It is also found that nearly all migrant women use more than one habit for the same purpose. Some traditions present benefits to both mother and baby. Others support mothers and relatives. Mothers and relatives of pregnant women lead them to follow all kinds of customs before delivery and after delivery.

Cultural beliefs and practices adhered by different tribes in Myanmar are

mostly similar to each other. Generally, there are slight differences between ethnic groups. Some mothers practice habits of both of their parents and parent-in-laws, specifically if their parents come from different ethnic groups. They deem belief in Theravada Buddhism, and practice culture and traditions dealing with Spirits as well.

5.1.1 The most interesting cultural beliefs and practices followed by Myanmar migrant women

In the discussion about cultural beliefs and practices, Myanmar people have their own traditions deeply rooted in their social life, which are passed on by the older generations and appear to be readily accepted by the younger generations, regardless of understanding. Their daily activities are also influenced by traditions. Choosing cultural practices is based on the financial situation of women. The women tend to follow traditions in which they perceive that they do not need to be small fry in the hospital; they do not need to meet local health care providers; the benefits of following customs are great; practicing traditions is very easy; the cost is low and they do not need to borrow money from money lenders at 20% interest to cure the illness.

It is found that there are altogether 31 traditional practices followed by migrant women. Among 31 traditions followed by migrant women, the ones commonly utilized by migrant women are taking and applying “Na Nwin” or Turmeric Powder, performing Oak-Htoe, attaching Safety Pins, drinking Thone-Kwet Say or “Say Pu” and throwing “Kaw Pa Tg”.

Cultural beliefs and practices mostly operated by migrant women include keeping the umbilical cord, eating soup with pepper, throwing Phone-Ma-They-Ywet and Zee-Ywet, Plum leaves in front of the house, using “Shane Khoe”, dabbing “Say-Toe-Pat”, observing dietary restrictions (pickles, pickled salads, “Nga Me Lone”, a kind of fish, coconut juice, eggplant, and cassava), feeding water, bottlefeeding rice powder to the baby and performing Chwe-Oak.

Cultural beliefs and practices moderately operated by migrant women are wearing accoutrements of sewing threads, Eagerness (Chin Gyin Tat), “Phoe Phoe’s Shrine”, placing knife and scissors under the bed sheet of the baby, not preparing baby’s supplies before delivery, performing “Bite Pyin” or “Lae Kwa”, dealing with Traditional Birth Attendant, TBA. After delivery, taking a Sour Bath, being treated

with Burmese Traditional Medicines, and "Thar Aein Ma Tin" are some of the practices followed. Cultural beliefs which are occasionally utilized by Myanmar women are applying Thanakha Pope, "Phoe Phoe's Shrine", "Phu Sar Pwe", Physical restriction, consuming two boiled eggs after they have been offered to the Nat, sticking thread to the forehead and refraining from saying "Chaw Tae".

Migrant people use only Myanmar names in their environment and rarely apply Thai names. Occasionally, they may apply a Thai name and use it in getting hospital services. Observing Burmese names instead of Thai names, also distances them from the hospital. While they go to accept ANC, when the health care provider calls them, they are not mindful because they are not familiar with their Thai name. The health care providers tend to lose patience which is not only a problem in hospitals, but also in government offices as well. If the hospital gives a Thai name to the babies, migrant women perceive that Thai name is not meaningful for them and is useful only for the birth register. Migrant women name their baby systematically according to the process of tradition and believe that their Myanmar name is very important for their life and their health in the future.

In Myanmar culture, naming is very crucial and it is associated with the health and wealth of the baby. The reasons for names being given by older people such as their uncle or grandparents are so that babies receive better names. It is hoped that their name will serve them their whole life to be healthy. After giving names, parents have to observe their baby for seven days. Within this seven day period, if there is nothing wrong, such as illness, then the name remains with the baby. If illness occurs, a name change will occur. The belief is that if the name is appropriate the baby will be healthy and prosperous in the future. The women recognize only Myanmar names in their community. They accept the names given by the hospital but they do not know the meaning of these names. Thus names in Thai have no meaning for them.

One of the reasons for having home deliveries without going to hospital is due to the Myanmar credo of not accepting injections and not taking medicines during pregnancy. Most of the Myanmar people living in Thailand are still following their beliefs. Thus when they are at home, they deny taking medicine prescribed by the hospital. If they go to hospital, they have to accept being injected by the health persons; therefore, they do not want to go to hospital.

One common belief concerning pre-delivery is that leg edema will be happen three times and that this is normal and they do not need to worry about it. They believe that after occurring three times, it is a sure sign that pregnancy is near to delivery. Therefore, women expect to experience leg edema three times so they do not pay much attention to swollen legs and tend not to go to hospital to check the causes of having swollen legs. Sometimes, they experience seizures due to preeclampsia while they are waiting. Frequently, their blood pressure cannot be controlled and they have to undergo emergency operations. Most maternal deaths are directly caused by post partum hemorrhage, preeclampsia and infections (Nations, 2010).

Most of women accept hospital services in order to get birth registration and safe delivery. However, women depend heavily on Traditional Birth Attendants (TBAs). They find solace in meeting with TBAs before and after delivery. The position of TBA is still widely accepted among migrant women, even though the ANC is easily accessed. However, dealing with the TBA for most of the migrant women makes delivery easier; brings them relief from abdominal pain; follows their practice of birth control by placing the uterus on the abdomen and enables them to accept messages after delivery and to throw “Kaw Pa Tg”, offering food to the supernatural spirits for the babies’ health. For the women, TBAs are the same ethnicity, easily communicate with them, are well experienced, patient and offer satisfaction for their services.

Moreover, traditional birth control is very interesting and some migrant women believe that they could not get pregnant if the uterus is placed high on the abdomen which is called “Thar Aein Ma Tin” in Myanmar language. It can only be done by TBAs. As long as they place the uterus high within the abdomen, the belief is that women will not become pregnant for about four years. However, the uterus can climb down gradually in some situations such as carrying heavy loads. Therefore, potency or duration of birth control depends on the nature of the work that women do; their movements at home and the number of children they have delivered. Some uterine-prolapsed women go to TBAs to place the uterus on high within, so as not to suffer any pain during urination and even sometimes as a plugging sensation.

The women tend to believe in the “Burmese Infantile Ailments Book”, as this book helps them very much in curing babies' illnesses. Their parents-in-law also

advise and remind them to follow this book if their baby gets ill. If the baby suffers fever, they follow this book and offer foods to the bewitched spirits by throwing “Kaw Pa Tg”. In this book, there are also descriptions of traditional drugs for each and every disease besides a description for throwing “Kaw Pa Tg”. Therefore, going to hospital is not their first priority.

The duration of postpartum period of migrant women is not uniform. It ranges from three days to one month. Duration is also dependent on the financial status of the women as well. Most of the women cannot spend time inside the house for a postpartum period, as they need to work outside. However, they do not want to suffer persistent aches and pains from delivery. Therefore, they practice performing “Oak Hote”, “Chwe Oak”, drinking “Say Pu”, and taking “Sour Bath” from the time they get to their home to relieve fever, aches and pain, to heal the stitches in a short time and to let the residual blood from the uterus flow out. They perceive that these practices are needed to be accomplished as soon as possible, in order to promptly return the body to good health and to put the uterus in place.

Moreover, they believe that postnatal mothers and babies are very easily attacked and made sick by evil spirits over a period of 45 days after delivery. Once there is a postnatal mother in one house, evil spirits normally come and disturb the baby. Therefore, they scatter Phone-Ma-They-Ywet (leaves) and Zee-Ywet (Plum leaves) along the front bamboo wall of the house, attach safety pins in their clothes, wear accoutrements given by monks, their mothers or those from the temple. As well, they offer food to the traditional spirits and to the spirit who guards the community whose purpose is preventing ghost and evil spirits from coming into the house and from disturbing babies. However, following traditional beliefs and practices depends on migrant women’s cultural background, such as their family type and their childbirth experience, socio cultural and socio economic factors and accessibility to health care services.

Among common practices, migrant women know that health care providers are not fond of their practice of “Na Nwin”. However, they cannot be prevented from using it. Although health care providers explain to them how their cultural practice interferes with the treatment, decisions of health professionals and how it can harm a baby’s health, most women tend to just stop applying “Na Nwin”

during their hospital stay and they go their own way as soon as they are home. Drinking and applying “Na Nwin” before and after delivery is very widespread amongst migrant women.

5.1.2 Health conditions of mother and children

Vaccinations for children face no restriction amongst ethnic groups. Most of the children near the hospital are already vaccinated because health care providers come and inject at least twice a year. If they get Myanmar birth register of illegal children, they check and do necessary assessments. But if birth registration is unavailable, they start again from the beginning and keep the records.

However, there continue to be children who have not been injected with any vaccines both near and far in remote areas from the hospital. As stated above, illegal children who are Kayin ethnic of Christian religions are living in mountainous areas and along the river side have not been vaccinated yet. Most of the mothers who have three children and above tend to have delivered at least two babies at home, with only the last baby being delivered in the hospital. Some children have been properly vaccinated already and others not because their mothers do not want to accept it. It is found that children with poor brain development or physical weakness of legs experience such symptoms due to lack of regular vaccination.

Pregnant mothers with hypertension, anemia and diabetes are found in the immigrant populations. Among them, anemia is very common in migrants, which is mainly seen in mothers less than 20 years of age. Significant indirect causes of most maternal deaths are anemia, iron deficiency anemia and HIV/AIDS (Nations, 2010). They become pregnant when their body nutrients are not ready to accept and support the fetus. Normally, they cannot eat to contain adequate nutrients because of poverty and stored iron is not enough in pregnant women. Besides, they cannot cure anemia with folic acid and ferrous sulphate given by the hospital due to their belief like not taking any drug which prevents them from taking medicines from the hospital. Therefore, they face difficulties in delivery, such as prolonged labor because mothers cannot constrict forcefully with their weak bodies. In addition, anemia delays the healing of the stitches and vaginal tears.

Some women have gestational hypertension which is difficult to control

and in such cases, the hospital refers preeclampsia patients to Kanchanaburi Province Hospital. Moreover, pregnant women with other infectious diseases such as HIV, TB, hepatitis C and hepatitis B are also seen here. However, these are few in number. Among them, HIV and TB mostly occur in Myanmar migrants and very rare in local people. In addition to this, Chronic Obstructive Pulmonary Disease (COPD) is very common in Myanmar migrant women as well, due to unhealthy behavior such as smoking.

Socio economic and socio cultural factors are driving an increase in the number of teenage pregnancies and abortions amongst migrant people. According to health persons' concern regarding abortion and teenage pregnancy, abortions occur due to teenage pregnancy, hard work and multi-parity. Illegal abortion is especially found in teenage pregnancy in the Myanmar community. There are two factors which support induced abortion in this community and these are: TBAs and use of traditional medicines both of which can be used in induced abortion. However, according to health personnel, there is very low maternal and fetal death rate. Some more interesting points regarding teenage pregnancy are that there are no pregnant women who are above 15 years old because teenage girl who are under 15 years go taking birth in this moment. It could say like that woman above 20 years old is in the status of "grandmother" and those above 15 years old are in the status of "spinster". If it is said in number, there are (8) teenage pregnancy under 15 years out of (10) pregnant women.

Poor infrastructure and housing conditions, as well as natural hazards affect the health of mothers and children. When a bunch of (14) coconuts fell, a baby died because that bunch directly fell on top of him, through the battered roof of the house during the course of the last two years.

5.1.3 Cultural background as migrants

Most Myanmar migrants co-exist as a localized group and commune with their family, relatives and neighbors. Even those born in Thailand, still regard themselves as Myanmar citizens. And, they try to be perfect so that they can fit in with the society.

Myanmar Migrants annually hold “Nat Pwe”, a spirit celebration with a Myanmar orchestra, for their community escort, “Phoe Phoe’s Shrine”, every January. At the time of celebration, migrants offer money and foods to the supernatural spirits to supplicate prosperity, good health and freedom from any danger in the future. They follow Theravada Buddhism, they believe in "Nats" and they keep their traditions every year even though the cost of celebrations is expensive. They cooperate in this celebration to be achieved in terms of man power or money. If they are healthy and have a good income, they do not need to worry about 30 Baht Scheme. Nor do they need to wait in long queues in the hospital or displace to another province to find jobs. Finally, they perceive that this kind of Spirit celebration can reduce their limitations as a migrant by supporting them with good health and good incomes.

5.1.4 Living and working conditions as migrants

Many people are still illegal after two decades. They are a huge number and they should have access to health care. Three (3) out of twenty-seven (27) informants are illegal. Two (2) have student cards only and only two (2) have passports. Twenty (20) migrant women are color identity card holders. Their education and standard of living are very low and these situations need to be improved. If there is no operational plan to take account of these poor conditions of migrants in the coming future, the mission of the country regarding public health and targeted Millennium Development Goals will be difficult to be achieved. Therefore, in these catchment areas, senior officers and migrant people altogether need to cooperate to promote access to education and health care standards of migrant people in these regions.

Nowadays, job opportunities are also rare and poor incomes are not enough for the whole family, even with both husband and wife working for their living. A daily expense for a household is minimally 200 baht per day. Buying a house in Sue costs approximately 15,000 to 40,000 baht and renting house is 200 baht per month for very poor housing. Jobless periods may last from two weeks to two months, plus scarcity of jobs drives them ever deeper into a vicious circle of loans and repayments. Women have to bear most of the responsibility for the home, as well as earning money, caring for children and other dependent household members,

preparing meals and doing housework. Pregnant women are under pressure to quickly heal. They seek solace for pregnancy and childbirth by following traditions.

Having lived in Thailand for over two decades, their cultural customs have atrophied and go against the grain of nowadays. Difficulties in getting work due to being illegal, unable to speak local languages, being illiterate and perceived discrimination by local people makes a migrants' life fragmentary. Migrants who are guilty of adultery and follow unfavorable behaviors are visible. It is perceived that living in a Myanmar community is not safe, because of the thieves who steal even in the day time and the presence of fighting. At night, people are not sleeping soundly, afraid because they are illegal that there could be a surprise check by police. Only one third of both communities visited has color identity card. Thus, migrant women who are living in these kinds of miserable conditions cannot choose hospital as a first priority. They tend to continue to solve their health problems by paying strong attention to their traditional ways.

Nearly all of migrants do not have knowledge about human rights and labor law. Fairness and justice is really needed among employers and employees. In its absence, it is not impossible to protect migrant life. Control and dislike of employers also creates trouble for migrant people in the workplace. Feeling oppressed and discriminated, they tend to quit their jobs without accepting any salary and any entitlements. They have so many experiences of being cheated by employers and Myanmar people as well. This has been happening in their own time and during their parents' time. Their employers commit abuse which ranges from verbal to physical, such as slapping, hitting and threatening their life. Although even some white identity card holder workers became disabled, they did not get any compensation from their employers. There is little support, knowledge or care even from Myanmar people. They all are migrants. However, some of them are Thai citizens now. Consideration of citizenship for these white card holder migrants should be proposed. They do not deserve any protecting from the policy assigned by the government. Migrant life makes them vulnerable. Women take refuge in the familiar which pushes them to perform rituals during their pregnancy which stem from their culture.

Even color identity card holders face some restrictions in terms of freedom to travel and job opportunities. Research found that human rights of migrant women

are deprived and need to be promoted. Although they have color cards, only white and blue card holders have the chance to go beyond Kanchanaburi Province. Orange and purple cardholders are not permitted to do so. This is one example of restrictions facing those looking for jobs in other provinces in a time of scarce job opportunities. Moving to other areas can lead to arrests by police. Thus identity cards are crucial to migrants. Those without cards can suffer loss of human rights as well as lack of access to employment opportunities.

Due to the abovementioned conditions, migrant women have to establish priorities for their lives. Colour-coded identity cards entail high costs which are generally prohibitive to migrant women. The priorities that migrant women are focused upon are their daily lives seeking food and accommodation. This is yet another reason why they continue practicing traditional methods of childbirth and treating illnesses. They live within enclosed communities and they continue to be labeled illegal in the absence of identity cards.

Education imparts skills and competencies that are central to human development and enhanced quality of life. According to discussions points from FGD, only two (2) migrants out of one hundred (100) are educated and fifty (50) out of one hundred (100) young adults are drug and alcohol addicts or inhale glue. The forests near Myanmar communities are the places where young adult boys and girls of thirteen (13) to eighteen (18) years of age are inhaling glue and “Say Gyauk”, hashish. Often, migrant women want their children to study in Myanmar because they are afraid that their children may follow a misguided path. For them it is sufficient that their children learn to read and write. Even though government schools allow legal migrant children to access school education, illegal and poor children are still far from schooling. Economic opportunities and the development of health of women are limited because of literacy and language barriers (Walton & Schbley, 2013).

5.1.5 Health care accessibility as migrants

The 30-Baht Scheme, non-targeting scheme, has helped many low income persons to gain access to low-cost health care. The 30-Baht Scheme, which removes the financial burden usually associated with seeking health care has been well advertised among the general public and is well-known among health care providers as well. The 30-Baht Scheme will provide health care for everyone regardless of the type or severity of the illness at a cost of 30 baht (US\$ 0.84), presumably per visit or per sickness. The 30-Baht Scheme is the universal health care coverage scheme for everyone who is not covered by other government sponsored forms of insurance, i.e. civil servants, Medical Benefit Schemes (CSMBS). The 30-Baht Scheme is a kind of paradigm that governs the health service system to place the main emphasis on health promotion and disease prevention (NaRanong & NaRanong, 2006).

However, it is found out that the 30 Baht Scheme targets only legal migrants, according to the findings of this study and the point of view of migrant women. It does not remove the financial burden because it is not well advertised so that migrant women do not know the scope of usefulness of the 30 Bath Scheme very well. Thus it cannot be said that it is a universal health care coverage because it is limited to legal migrants. Hence, health system promotion needs to be accelerated. As (Corbett, Guenther, & Sitrin, 2013) mentioned about (3) Delays such as delay in deciding to seek medical care, delay in identifying and reaching the appropriate facility and delay in receiving appropriate and adequate care at the health facility, it is still found in migrant women in Thong Pha Phum. Similarly, limitations in access to health schemes such as the 30-baht scheme contribute to triggering migrant women to observe their customs.

Regarding access to health care services, the lack of interpreting services limits communications between health care providers and Myanmar patients. Sometimes orderlies help them in interpretation. However, no one can help if those orderlies are not free. Frequently, when a patient reaches the pharmacy, nurses prescribe the medicines but lack of interpretation means that patients have to rely on neighbors to explain to them how to take prescriptions. The recent ease on border restrictions and access to many unofficial border passes, means that the number of migrant people is increasing. Hospitals should have assigned interpreters in treating

migrant patients. Migrant laboring jobs, their culture and difficulties faced in getting hospital services are pushing immigrant women to observe their traditions. Therefore, maternity health care information must be presented in a culturally and linguistically, regionally appropriate format that is useful for the patients, health care providers and other stakeholders in order to be efficient and effective (Walton & Schbley, 2013)

Although patients with color-coded identity cards such as white, yellow, blue and pink can access the 30-Baht Scheme, some are still ineligible. Even legal migrants need to check their names in the office within the hospital compound to ascertain whether they can have access to the 30-Baht Scheme. However, some migrants are not aware they are required to check. Others do not have time to check due to pressures of work. Still others may find their names unlisted due to disparity of inputs between the database and their card numbers.

Approach to birth control in Thailand is totally different from that of Myanmar. This is one of the reasons why Myanmar women perceive that it is being suggested that they should be sterilized as soon as they have delivered their first child. In Myanmar custom, mothers usually have three children. If a woman wants sterilization, she has to submit a form to board members in the government hospital. Only after getting permission, can she can get sterilization in hospital. However, health care providers have been known to induce sterilization as soon as the first child has been delivered. This is a breach of human rights and shows that migrant women do not have the chance to exercise their rights fully. Some of this perception comes from hearsay. For example, parents and elders of communities report on what happened 19 years ago. They claim that all households were sterilized against the census, without caring about the age of women or obtaining consent. After one or two children, women were forced to be sterilized. The whole community suffered. Some cried and some ran away. Given these histories, triggers suspicion in migrant women and encourages them to utilize traditional ways.

Most migrants are displaced people who do not have exact places to live. Often the address on the identity card is not identical with their current place. They have no residence to settle and house numbers are lost during the changes of community leaders. Some people moved to “Lone Ngan”, thus they no longer stay in Thong Pha Phum. Without exact residences; without sufficient health volunteers to

follow up hospital treatments, it becomes difficult to follow up pregnant women, especially in the treatment and control of the spread of infectious diseases, such as HIV and TB. The determinants of economics, legal status and social problems are regular causes of stress and difficulty in migrant life. It is also difficult for the health care providers to control the transmission of the diseases.

5.1.6 Traditional practices and modern medicine

Migrant women suppose that rituals can treat illness. This belief prevents migrant women from simultaneously seeking treatment from modern medical health care when it is most needed. According to the findings in this study, traditional medical knowledge and religious rituals cover a comprehensive curative system which is to some extent incompatible with modern medical practices. Inappropriate use of traditional medicines and practices can be unsafe and can have dangerous effects. However, health related risks of traditional practices mentioned by the informants are rarely seen. The traditional medicines used by migrant women include medicinal plants which are formulated into powder and tablet forms, and spiritual therapies. The illness is seen in terms of cultural metaphor before a traditional medical product is taken.

After delivery, the lack of hygienic practices such as performing “Chwe Oak” and “Oak Htoe” can pose risks to the mother, resulting in infections in vaginal tears and surgical scars. Migrant women perceive that the aches and pains of the postpartum period is cured in the long run only by traditional practices. They believe that these aches and pains cannot be relieved by drinking modern medicine as this can ease them only for the short term. Women in (Bengiamin et al., 2011) said that seeking Western health care is a waste of their time.

Dietary taboos during pregnancy and the postpartum period promote the health of mothers. They practice dietary taboos focus on avoiding postpartum diarrhea, flatulence, and high blood pressure. In modern medicine, although health care providers recommend drinking tender coconut water during pregnancy, due to its wide range of nutritional benefits (Varmudy, 2011), migrant women refrain from drinking coconut juice in the first and second trimesters and drink it only in the third trimester according to their belief.

The most frequent complications of an incomplete abortion are pelvic infection and hemorrhage. Migrant women are still performing abortions by using traditional abortion inducers such as “Say Pu”, “Kyar 11 Kg” which are available in the markets and/or techniques applied by TBAs such as putting a stick into the cervix.

They have specific ways of traditional medicine in taking care of the baby and mother to suppress fever and fits, to relieve difficult breathing, cough, and inflammation, to have good appetite and not to suffer flatulence. For them, the first line of treatment the baby with high fever is the use of traditional medicines at home, which can be used as oral medicine or external application. Migrant women use “Say Toe Pat” to promote healing in the umbilical cord. They also use the paste of dried umbilical cord to relieve fever or fits in babies, even though this can induce infections. Migrant women feel that these traditional practices can make the baby feel better. Although traditional medicines used were untested and largely unregulated, they safely used them without suffering any side effects like modern medicines.

The absence of exclusive breast feeding from birth is also common. Migrant women pay attention to the cleanliness of utensils and their traditional extra foods practices focus on keeping the baby’s abdomen cool and the overall sound development of the child.

Over one-third of the population in developing countries is short of access to essential western modern medicines. Therefore, the provision of safe and effective traditional medicines could increase access to health care. (WHO, 2006).

Migrant women prefer traditional medicine as a first resort to modern medicine because they perceive that these kinds of illnesses normally happen in mothers and new borns. They believe these can be cured by traditional medicines, assuming they are a spiritual problem. Some women use traditional medicines as preventive medicines for loss of appetite, dizziness and flatulence.

In the conclusion, cultural beliefs and practices are noticeably followed by Myanmar Migrant women because they live in extended families and communes with relatives and neighbors of Myanmar origin. They tend to solve their financial problems themselves. They feel reluctant to visit ANC due to attitudes of some of the health care providers and the limitations of the 30-Baht Scheme. In general, women prefer cultural practices than hospital care due to their strong pragmatic beliefs, their

devotion to their babies, paying respect to their parents or parents in law, observing traditional rites, finding solace in the familiar, and ease of access and low cost of cultural practices. In reality, some migrant women access both systems of health care: traditional and medical. For instance, soem can access the 30-baht scheme for emergency treatments, birth registration and vaccinations. However, the relationship between health care providers and migrant women need more open communication, shared knowledge and respect for each other.

It is difficult for the Myanmar community to become prosperous, equitable, incorporated within the region and integrated with local society. This is due to lack of information, language barriers and lack of integrated amongst local people or even among those of the same tribes. Therefore, migrant life is shaped by socio-economic and socio-cultural barriers which preclude integration, thus culturally-grounded practices are sustained in rituals regarding pregnancy and childbirth.

5.2 Recommendation

The findings of this study will support health care providers to better understand Myanmar culture. This will prevent misunderstanding and, consequently, encourage more care for the health of mother and child. Understanding cultural similarities and differences between health care providers and migrants will assist to improve the quality of life of migrant people which is important for achieving the Millennium Development Goals related to health.

Health care providers can raise awareness through health education and intentionally take time to explain to matters to patients. For instance, the dangers of leg edema; or pros and cons of taking medicines during pregnancy and after delivery. Thus, increasing health education can reduce the rate of preclampsia and in addition, support the reduction of maternal mortality rate.

It would be very effective for hospitals to give information on types of birth control available as well as kinds of health care services. Hospitals need to understand the conditions of migrant women and their families in order to provide appropriate services. Better understanding of circumstances and issues affecting

migrant women and families leads to better rapport and better services. There is an issue of human rights. Women are afraid of being sterilized. If they are aware of their rights and the hospital is aware of their needs as well as their rights, then more migrant women could utilize ANC services.

The magnitude and size of illegal immigrant populations is not lessening. The impact of health problems associated with migration is still serious. Their education and standard of living need to be improved. Therefore, policy makers within and outside of the Ministry of Public Health need to build up active participation of all kinds of migrants in the matters regarding ANC. New strategies and policies should be developed to ensure quality and safety of migrants, particularly regarding working and living conditions.

Migrant women are very vulnerable to puerperal depression because their daily life involves dealing with the risk factors of puerperal depression such as social isolation, unplanned pregnancy, teenage pregnancy, stressful life events and financial difficulties. Therefore, research on puerperal depression in migrant women should be conducted.

Migrant women use traditional medicines in terms of therapeutic approach which are very effective and applicable for them. Therefore, research on traditional medicines and practices should be fostered so that those practices of traditional medicines will be backed by evidence from research.

5.3 Limitation of the study

Informants in this study are of the Dawei tribe. However, they speak Myanmar language using Dawei stress and intonation. Initially, it is difficult to understand what they say, thus it takes time to complete one in-depth interview due to having to clarify what is said again and again. The time available for interviewing daily is short, 12 to 2 pm only. At other times, they are very interested in illegal lotteries which they play three times a day within the community. Among three key informant interviews, one was very difficult due to the absence of a skilled interpreter. Therefore, I noted it down again with the help of another skilful interpreter.

Thong Pha Phum District shares borders with Kan Bauk and Dawei in Tanintharye Division of Myanmar and Sankhlaburi Province in Thailand which has “Three Pagoda Pass” near Kyar Inn Seik Kyi in Kayin State of Myanmar. Proximity means that it is easy to migrate from Myanmar to Thailand which is likely to continue until Myanmar’s political and economic situation is well developed. Migration has also been eased due to the recent lift on border restrictions. Migrants settling in Thong Pha Phum District come mostly from Dawei, Kayin and Mon ethnic groups. Even in Thong Pha Phum District, most of the migrants do not stay in one place for many years as they need to seek more reasonable and profitable work to live and sustain their living in Thailand. Thus, the scope of this research is too narrow to understand all of the issues affecting Myanmar Migrant Women in Thong Pha Phum and it is hard to declare that this research finding expresses the whole picture of Myanmar Migrant Women in Thong Pha Phum.

There are two official border points near Thong Pha Phum District, which are Metta and Three Pagoda border points. In addition, there are two prohibited border points which are Nat Eain Taung (Pilok) and Three Mountains border points. Thus, Thong Pha Phum with its mountainous landscape becomes a gathering place of Myanmar Migrants. Myanmar Migrants live together according to their ethnic groups throughout the Thong Pha Phum district, scattered across mountainous areas and around the river bank. These locations are far away from the central city. However, both time and budget are limited, thus it was impossible to make a detailed study.

It is very difficult to get monthly or annual records of Myanmar pregnant women for instance; or the number of Myanmar pregnant women who take ANC, or the types of complications experienced by Myanmar pregnant women. Scarce records are maintained by the Thong Pha Phum district hospital, nor are population records of Myanmar migrants kept concisely by the local immigration authorities. Consequently, an approximate population size of the Myanmar community in Thong Pha Phum is not available, thus it is not possible to say that this study covers the overall population of the Myanmar community. Moreover, it is hard to see that changing social, economic and environmental conditions are related to changing population. In addition to this, it cannot be ascertained whether ANC usage by Myanmar Women in 2013 is more than that of 2012, nor whether complications experienced by Myanmar women in 2013

became worse than those of 2012. If there were records of the names and number of complications experienced by pregnant women, perhaps it could be determined whether these complications are associated with cultural beliefs and practices of pregnant women during their pregnancy and childbirth period.

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APPENDIX

The study aims at understanding living and working conditions and the health situation of mother and child of Myanmar Family through the cultural beliefs and practices in regard to pregnancy and child birth under the context of migration. Field work will be conducted within four months in the study area. For the purpose of this research, the following questions are formulated in order to guide the study to meet its aims and objectives.

Research Method

For the data collection in this research, it is qualitative research designed with FGD, in-depth interviews, narrative interviews and observation methods.

FGD

A focus group is a formal discussion with 8–12 people on cultural beliefs and their practices, working, living and health conditions of mother and baby. The group is facilitated by the researcher who keeps participants focused on their discussion points and their interest. The purpose of a focus group is to collect in-depth information from a group of people which represent the population of interest. (The Health Communication Unit, THCU, 2002) By FGD for this research, common cultural beliefs and practices, living and working conditions Myanmar Women survive mostly, their most vulnerability and marginality will be gathered.

Relevant questions are generally prepared more than enough for about one and a half hours of discussion with 8–12 people to enable all participants to have their say. Questions in a FGD follow a logic sequence: moving from more general questions on experiences and ideas, to more specific ones, focusing on the aim of the research. (Hardon et al, 1994) Two focus group discussions will be performed and the first one will be at the beginning of the research before in depth interview and the second time will be end of the data collection.

Question Guideline for FGD

- 1) How many Myanmar Migrants are living in Study Area?

- 2) Where do Myanmar Migrant Women live and what kind of jobs are they working now?
- 3) How is living and working condition in those surroundings?
- 4) How many children do Myanmar Migrant Women have in average?
- 5) How they manage when they have pregnancy and childbirth here?
- 6) In your culture, do fathers usually attend births? If not, is there another close family member attend births?
- 7) Are there any cultural practices that you need to be aware of in caring for you during your pregnancy, giving birth and postnatal period? Why do they believe and practice culturally?
- 8) Are there any foods that are appropriate or inappropriate for you according to your religion or customs during pregnancy, birth and the postpartum period?
- 9) Are there any beliefs or customs prohibiting physical activity during pregnancy, birth and the postpartum period? Do you plan to observe these? For example, a confinement period
- 10) How is their access in local health care centers in study area?
- 11) Are you comfortable with both male and female health care providers?
- 12) How is doctor patient relationship and facilities in health centers they go?

By conducting discussion with above 1-9 questions, the specific questions in (1.3.2) will be answered and objective of the study will be figured out.

Inclusion Criteria for FGD

- 1). Living in the Study Province
- 2). Being able to speak Myanmar Language well because some ethnic women cannot tell Myanmar Language thoroughly and fluently
- 3). Myanmar Migrant Women between 20 to 45 years of age who had recently given birth in Thailand within 12 months to be ensure recovery from the birth and to enable some reflection on their experiences.

FGD will be conducted more informal types, such as initiating discussions in “natural settings”, such as when people get together to talk at the end of the day. The researcher clearly explains why group discussion will be done, which topics will be discussed, and what benefits could be attained. Encourage women to participate by engaging the woman on a formal basis. It is important to build trust to reduce the barriers to communication. To stimulate participants to reflect on their situation, the researcher will encourage them to think about the actual situation related to the topic under research. (Hardon et al, 1994)

A focus group discussion is used to explore or to confirm hypotheses, in conjunction with other research methods such as interviews, surveys and observation. The discussions are conducted with groups, so interactions tend to be lively and can produce rich information.

Minority of opinions may not always be expressed in an FGD, especially in cultures, therefore, in-depth interview and narrative interviews are considered.

In-depth Interview

An in-depth interview is an open-ended, discovery-oriented method to obtain detailed information about a topic from a stakeholder. In-depth interviews are a qualitative research method; their goal is to explore in depth a respondent’s point of view, experiences, feelings, and perspectives.

Question Guideline for In-depth Interviews

General Questions

- 1) Where was she born?
- 2) What is her ethnic background?
- 3) How long has she been in Thailand?
- 4) How many children does she have?
- 5) Where does she live and what kind of job does she work now?

Specific Questions

- 1) How is living and working condition in those surroundings?
- 2) How is a migrant life?
- 3) How did she manage when she had pregnancy and childbirth here?
- 4) How does her husband give in any cooperation in caring pregnancy and childbirth and raising child and choosing family planning method?
- 5) Does she practice culturally in caring their pregnancy, delivery and childbirth and how does she practice?
- 6) Why does she believe and practice culturally here?
- 7) Are there any food restrictions according to their religion and customs in caring their pregnancy, delivery and childbirth?
- 8) Are there any physical prohibitions according to their religion and customs in caring their pregnancy, delivery and childbirth?
- 9) Are there any precautions for the new born baby care?
- 10) Did you take any traditional herbal remedies in caring their pregnancy, delivery and childbirth?
- 11) How do you observe your confinement period to encourage your recovery?
- 12) How is their access in local health care centers in study area?
- 13) Have you attended ANC?
- 14) How is doctor patient relationship and facilities in health centers they go?
- 15) Are they comfortable with health care access in the hospital?
- 16) What is the gestational age at the time of initial antenatal visit?

Inclusion Criteria for In-depth Interview

- 1).Living in the Study Province

2). Being able to speak Myanmar Language well because some ethnic women cannot tell Myanmar Language thoroughly and fluently

3). Myanmar Migrant Women between 20 to 45 years of age who had recently given birth in Thailand within 12 months to ensure recovery from the birth and to enable some reflection on their experiences

4). Women who willingly participated in FGD will also be selected for in-depth interview or narrative interview.

5). Women who can share rich resources on their experiences

Informants will be selected soon after conducting first FGD and by using snow ball method after each and every interview.

6-10 Participants will be interviewed at their homes due to comfort and convenience especially as all our participants were mothers with young children. This presented an opportunity to observe the participant's environment which also provided valuable insights into relevant contextual factors.

In-depth interview will be started after conducting FGD one time; therefore, women who are in line with inclusion criteria may be selected for in-depth or narrative interview. The maximum time consuming is one hour for each interview and steps will be done according to research ethic. Inform consent will be asked for interviewing and taking record. By interviewing with question guideline for in-depth interview, the specific questions in (1.3.2) will be answered and objective of the study will be achieved.

Some ethnic Myanmar Migrant Women cannot speak Myanmar Language well because they use only their own ethnic language. Myanmar Migrant Women who can understand and speak well will be selected to answer interview. By using Myanmar Language, women were able to express themselves comprehensively and speak with a researcher who shared similar life experiences to them. This approach also assisted in capturing the social, cultural and political contexts of women's emotional experiences.

Open-ended questions will be used to produce many different responses with only a few mentions of each topic. In-depth interviews are usually tape-recorded and transcribed later so that the participant's comment can be code later.

Narrative Interview

Among 6-10 interviews, 2-4 informants will be interviewed by narrative interview, storytelling. Inclusion criteria for narrative interviews are the same with those of in-depth interview.

Question Guideline for Narrative Interview

- 1) How is her motherhood life?
- 2) How is her migrant women life?
- 3) How is her and baby's health situations?

Informants will be selected after conducting one FGD and by snow ball methods and the duration for interviewing is for about one hour. By using this narrative question guideline, the answers of specific questions will be fulfilled and objective of the research will be clearer.

Key Informant Interview

Question guidelines for Key Informant interview

- 1) What are your points of view on Myanmar Migrants who are taking Antenatal care and delivery services in Thong Pha Phum District Hospital?
- 2) What are the difficulties that you are facing on giving health care to Myanmar Migrant Pregnant Women?
- 3) What kinds of other diseases are found in Myanmar Pregnant Women while they are taking ANC and delivery services? (HIV, HCV, HBV, TB, Anemia, Preeclampsia, Abortion, etc.)
- 4) What are your desires on Myanmar Migrant Women to get better care and effective treatment?
- 5) What are your points of view on man power (Human Resources) between doctors and Myanmar Migrant Pregnant Women?
- 6) How do you think on Myanmar Migrant Women's Family Planning?
- 7) Do you think you have over workload in this hospital concern with Myanmar Migrants and how is your feeling on working here?

8) Does your hospital have future plan for Myanmar Migrants to offer better services?

9) Do you know that there are Myanmar Migrant Women who cannot access your hospital services or not?

10) Do you know that there are Myanmar Migrant Women who cannot access you hospital services or not? How do Myanmar Migrant Pregnancy Women practice culturally for their baby and during their pregnancy?

11) Do their cultural practices influence and disturb on your treatments?

12) Do their cultural practices influence and disturb on your treatments?

13) Are there many complicated pregnancy women after delivery?

14) How do you think on Myanmar Migrant Lives in Thailand?

15) How many Myanmar Pregnant Women give birth per month?

Observation

Each and every FGD and interview, observation will be done. The behaviors of the participants, their living and working conditions, mother and child's health situation and their surroundings will be observed and recorded. These observation data will be matched with their answers and their feelings and supportive to research goal.

Sample and Sampling

Sample is 6-10 Myanmar Migrant Women who have child birth experiences within one year ago who are living in Kanchanaburi Province, Thailand.

In qualitative studies, information rich cases are identified in a purposeful manner. Among purposeful samplings, snowball sampling will be used. Some individuals who are relevant to my study will be identified. The advantage of this method is that one informant refers the researcher to another and that the researcher therefore has a good introduction for the next interview. (Hardon et al, 1994)

Research Activities Plan

This table is showing activities plan after proposal defense and till thesis defense in 2014. Data collection period is four months from September to December.

From 2014, January to March is time for data preparation for thesis writing and thesis defense.

No	Description	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Proposal Defense	√								
2	Re-organize the proposal	√								
3	Getting IRB approval		√							
4	Advocacy to the study site		√							
5	Recruitment of 1-2 Volunteers		√							
6	First FGD			√						
7	In-depth Interview				√					
8	Second FGD					√				
9	Narrative Interview						√			
8	Observation			√	√	√	√			
9	Data analysis and Interpretation			√	√	√	√	√	√	
10	Preparation for thesis								√	√

For this research, data collection, analysis and interpretation take place continually and simultaneously throughout the study. (Gliner and Morgan, 2000) After four month data collection, preparation and writing for thesis will be started to be ready in April for Thesis Defense.

Data Analysis

A basic principle of qualitative research is that data analysis should be conducted simultaneously with data collection. Strategies for qualitative analysis fall into three main groups; categorizing strategies (such as coding and thematic analysis), connecting strategies (such as narrative analysis), and detailed discussion. (Maxwell, 2005 *cited in* Bickman and Rog, 1998)

Informed Consent

The researcher will ask informants for permission to include them in the study after information about the research objectives has been provided. Oral informed

consents were taken from each participant at the start of the study. Women will be given a Statement and Consent Form in Myanmar language to read and will be provided with the opportunity to ask questions. If women agree to be interviewed they sign the Consent Form. All focus group discussions and informal interview were tape recorded on respondent's consent.

Privacy is considered to let the participants freely choose the extent to which his or her attitudes, beliefs and behaviors are to be shared or with or withheld from others.

BIOGRAPHY

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