

CHAPTER 4

Data Collection: An Assessment of Reproductive Health Perspectives, Concerns and Realities Among Shan¹⁷ Migrants from Myanmar on Construction sites in Chiangmai, Thailand

4.1. Background

Massive migration within and from Myanmar into neighboring countries has increased in the past decade involving estimates of nearly five million people (Venkatesvaran, 1996; Smith, 1996; Archavantkul & Koetsawang, 1997; Human Rights Watch, 1997a; Human Rights Watch, 1997b; Images Asia, 1998). This migration has become a highly sensitive and political issue involving extensive human rights abuses and contested legal obligations. As a result, access to migrant populations in Myanmar has either been denied or limited, particularly in the ethnic minority areas of the country.

¹⁷ Shan are an ethnic minority group in Burma. Shan State borders the northern Thai provinces of Chiangmai and Chiangrai. There has been an increase of fighting and forced relocations throughout the Shan State since 1992. Consequently, many of the migrants from Burma in northern Thailand are of Shan ethnicity. The Shan are also referred to in Thai language as Thai Yai.

The influx of people from Myanmar into Thailand has been steadily increasing for the past ten years to over one million people, largely from ethnic minority areas. Although over 100,000 people from Myanmar have been recognized as persons displaced by civil conflict and allowed to reside in camps along the border, the majority are considered illegally in Thailand. Illegal migrants from Myanmar make up the majority of the nearly one 900,000 illegal workers currently working in eight identified labor sectors in only 43 of the 76 provinces in Thailand (Chintayananda, Risser, & Chantavanich, 1997). However, these statistics fail to recognize many of the service sector jobs in which illegal migrant females are employed throughout the country or include spouses or family members.

Migrants from Shan State make up a significant proportion of migrants from Myanmar in Thailand, particularly in the northern provinces. The migration within and from Shan State has escalated since 1996 with forced relocations of over 1,400 villages dislocating over 300,000 people (Amnesty International, 1998). The Shan Human Rights Foundation based in Thailand has documented in detail the migration of their people within and from Shan State. According to their findings, over 80,000 people have fled Shan State into Thailand since 1996. The Royal Thai government does not consider the Shan entering Thailand as refugees and therefore has not allowed any assistance to them. Consequently, Shan migrants in Thailand work as illegal migrants, largely on construction sites or farms, in order to survive (Shan Human Rights Group, 1998).

Given the tentative or illegal status of migrants from Myanmar in Thailand contact and outreach to the migrant communities has been restricted and even prohibited. Therefore, limited knowledge is available regarding migrants from Myanmar in Thailand. However, according to the available data on HIV prevalence rates, migrants from Myanmar living in the border areas or returning from Thailand have some of the highest rates of HIV infection in Myanmar (Asian Research Center for Migration, 1997). Given this reality, it is likely that other reproductive health issues prevail among this population, although they have not yet been documented.

4.2 Literature Review

Millions of migrants, refugees and internally displaced persons throughout the world face serious health problems due to their disruption, differences from the local populations

and difficulties in accessing services. Among this population, critical reproductive health issues have been identified as follows (Population Report, 1996):

1. Contraceptive access and use
2. Risks to HIV/AIDS and other sexually transmitted diseases
3. Safe motherhood
4. Unsafe abortions
5. Violence against women

However, it is unclear how these general trends and issues are applicable to specific migrant populations. This is particularly the case for migrants from Myanmar in Thailand where limited information is available on their health and particularly their reproductive health.

The ability for girls and women to address their own reproductive health concerns are directly influenced by the broader context of their lives and the ability to which they are able to exercise their basic human rights (Mann & Gruskin, 1995; Sen, Germain, & Chen 1994). High incidences of violence, fear and isolation among female migrants from Myanmar in neighboring countries, particularly Thailand, have been documented (Archavanitkul & Koetsawang, 1997; Pollock, 1996; Asia Watch, 1993; Pyne, 1992). This high degree of violence encountered by female migrants from Myanmar directly impacts their reproductive health and ability to seek information and care.

In addition, the migration experience itself brings disruption, different cultural dynamics and difficulties in accessing services in a foreign country (Population Reports, 1996).

The available research on reproductive health among girls and women from Myanmar is limited to either that undertaken in Myanmar itself or among female migrants from Myanmar involved in prostitution. Reproductive health research within Myanmar is beginning to highlight the perspectives, concerns and realities faced by married women of reproductive age (World Health Organization, 1997). However, a

review of the reproductive health literature coming out of Myanmar (published and unpublished) fails to document 1). the impact of migration; 2). The realities in areas where government services do not exist (particularly along Myanmar's borders where minority populations reside); and 3). the entire reproductive health cycle of females from birth to death (Smith 1996). In the research on sex workers from Myanmar in Thailand, there is little mention of their reproductive health needs, though concerns of high rates of HIV/AIDS infection and non-consensual reproductive health interventions are reported (Portor, 1995; Pollock, 1996; Asia Watch 1993; Pyne 1992).

4.3 Objectives

The reproductive health perspectives, concerns and realities of female migrants from Myanmar in Thailand remain unknown and consequently unaddressed. The goal of this research was to document some of the factors influencing their reproductive health and care in order to identify critical issues, suggest appropriate interventions and highlight areas for further research.

A case study of migrants from Shan State residing in construction sites in Chiangmai Province, Thailand was undertaken. The participants were two-thirds women and one-third men. As noted in the project proposal, inclusion of males are critical given their influence on girls and women as partners and members of their larger social network that define reproductive health options and strongly impact the decision making process (Adams & Castle, 1994).

The following objectives were established:

1. To describe the reproductive health beliefs, concerns and realities among those from Shan State in Myanmar in the larger context of their lives as illegal migrants in Thailand.
2. To describe how their perspectives, concerns and realities impact their reproductive health and care-seeking decisions.
3. To identify obstacles and barriers faced by Shan migrants in Thailand in dealing with their reproductive health concerns and needs.

The overall aim of these objectives is to provide insight, through a case study, of the critical issues, appropriate interventions and areas for further research necessary for addressing the reproductive health needs of migrants from Myanmar in Thailand.

4.4 Research Design

The data presented in this report is part of a larger study of migrants from Myanmar in Thailand that includes a total of three different sites and two phases. The overall study proposed to explore the *Reproductive Health Perspectives, Concerns and Needs of Female Migrants from Myanmar in Thailand*. Three migrant communities in Thailand were selected: construction sites in Chiangmai (northern Thailand), factories

in Mahachai (central Thailand) and plantations in Ranong (southern Thailand). The study would include phase one emphasizing qualitative data from observations, in-depth interviews and focus group discussions and phase two a questionnaire that will seek to be more quantifiable using closed-ended questions among a larger number of migrants.

This paper presents the research carried out in construction sites in Chiangmai during the first phase using three qualitative research methods.

4.4.1 Data Collection Tools

Three qualitative research methodologies were incorporated into this study which included: 1. Observation, 2. In-depth Interviews (IDI) and 3. Focus Group Discussions (FGD). In addition, socio-demographic variables were identified and documented for all participants. This data was quantified on a spreadsheet with which to analyze and cross check the qualitative data. Thus, the data collected in these three qualitative methodologies provides a means for triangulation of the findings.

A description of each of the qualitative methods used will be described in more detail below.

Observations

An observation exercise was carried out at the same construction sites in Chiangmai in which the IDI and FGD were undertaken. The exercise was a direct observation of the construction work and housing sites carried out by the principle investigator and research assistants prior to any interviews.

The direct observation data collection followed the guidelines *Exploring the Context of Women's Health* (Gittelsohn, Pelto, Bentley, Bhattacharyya, & Russ, 1995 - See Appendix A). This required a walking tour of the study area, brief notes describing the site and drawing a map of the community layout. The maps and notes were later translated and compiled to describe each of the six construction sites in which interviews for this study took place. Direct observations were carried throughout the entire research period, as new sites were encountered and old sites changed.

In-depth Interviews (IDI)

Semi-structured IDIs were conducted with 31 female and 10 male migrants from Shan State in Myanmar as well as eight others who represented health care providers, government officials, employers, community members and organizations living and working in each area (referred to hereafter as Key Informants). An interview guide was established for the migrants and Key Informants (see Appendix B, C and D respectively). The guidelines for interviews with migrants and Key Informants were translated into Burmese and Shan languages (see Appendix E for Shan translation). The guidelines were then field tested and revised according to the problems encountered.

The Key Informants were interviewed first by both the principle investigator and research assistants in order to learn a wide range of perspectives and understandings available from those in direct contact with the migrant communities

Prior to all interviews, direct observation of the construction sites was carried out. On subsequent site visits the research assistants introduced themselves, explained their work, assured confidentiality, and requested an interview and permission to tape record the interview. Each interview took approximately 1.5 - 2 hours with the principle investigator and research assistants taking some notes but relying largely on the tape-recorded interviews which were later transcribed and translated into English. The principle investigator met frequently with the research assistants to discuss their experiences, difficulties and questions.

Focus Group Discussions (FGD)

FGDs were carried out to document group interaction in regard to community norms and values. FGD allow for greater flexibility, which is critical since there is little basic information about the population and provides culturally appropriate language (Krueger, 1994). FGD were carried out with both female and male migrants separately. Although the FGD aimed to include 6-8 people in each group (as recommended by Krueger, 1994), the migrants were not comfortable to gather in such large groups due to the security situation (see difficulties and obstacles encountered below). The focus groups consisted of participants who spoke Shan language, and who were all employed

in the same construction site. The FGD participants were informed of the study, reassured of confidentiality, requested to participate and seek permission to tape record. The research assistants led the FGD and took notes of non-verbal communication or comments or interactions missed by the recording. A total of five FGD took place four female and one male including fifteen female and five male participants.

4.4.2 Implementation

As noted earlier, this study was a part of a larger research project including three sites where migrants from Myanmar are working in Thailand. Each site had a research team that included a principle investigator and research assistants. All three teams attempted to coordinate their research in order to compare and contrast the data collected. The data was collected among all three teams during January through March 1998.

The Chiangmai team consisted of a Principal Investigator and three Shan research assistants, Ms. Mo Ngun Hom Kampang, Ms. Hseng Oo Longhtun and Mr. Yawong Khampang. The research assistants had migrated to Thailand more than five years ago and possessed minority residence cards allowing them to live and work in Chiangmai Province.

4.4.3 Training

The three teams received a three-day training by Dr. Kritaya Archavantkul and Kanokwan Tharawan on the research topics and methodologies to be used (see Appendix L). The interview guidelines were field tested and revised during the training with agreed upon probe and follow-up questions. In addition, security and safety issues were discussed and possible responses agreed upon.

The details of the tasks to be undertaken at each site were drawn up, presented by the principle investigators and agreed upon (see Appendix M). Numerous revision of the interview guidelines were undertaken as well as overseeing revisions of their translation into Burmese and Shan languages.

4.4.4 Selection Criteria and follow-up

Sites were selected according to initial contacts or referrals and access without interference from employers or others. Most all of the migrants from Myanmar working on the construction sites in Chiangmai were ethnic Shan except for a few others who were married to Shan or had been living in Shan State prior to migrating to Thailand. The Migrants participating in this study were to include those who fit the following criteria:

- 1) both female and male migrants from a given work site community;

- 2) All those between the ages of 15-50 years of age (in order to highlight current reproductive health perspectives, concerns and needs) and
- 3) All those self-reporting themselves as from Myanmar and not possessing a Thai ID card.

All of those interviewed in this study spoke fluent Shan and the research assistants carried out interviews in their native language.

The research assistants contacted friends and relatives to introduce them to a site and then proceeded to introduce themselves to others using the "snowball" sampling method. Usually the interviewer would make contact the night before and ask to meet for an interview the following night. The FGD were similarly organized through one contact at the site and arranging others to meet the next evening.

The research assistants went out to each site as a team, primarily for security reasons as the interviews were conducted late at night after working hours (typically from 7 or 8pm till 11pm) often to isolated parts of the city.

Those who participated in the IDI or FGD received a gift of clothing, food and drinks, basic medicine for skin rashes, soap or other personal needs. In some instances when immediate health care was requested, research assistants contacted health providers on behalf of the migrants while other referrals for information were given after the completion of the interview.

4.4.5 Obstacles and limitations encountered during the research

Security was the major obstacle of this study as the vast majority of Shan migrants resided and worked illegally in Thailand. Their environments were unprotected and reports of violence were common. The women would not leave their rooms and therefore interviews were difficult to carry out in privacy or without constant distractions.

The migrant's residence offered little or no privacy and there were continuous distractions and interruptions during the interviews. The rooms where the migrants resided were shacks lined up one next to another. They were made out of tin and thin wood planks about six feet high. Men were generally more mobile and it was possible to conduct some interviews in other places that offered more privacy and less distractions.

Another obstacle was the exceptionally long hours the migrants worked each day. A typical day started at 7:30am and went until 6pm, with migrants eager to work overtime work when offered. In addition, the migrants worked everyday of the week with no days off unless they requested a day without pay. The only times the migrants were available was after dinner until they slept usually between 8-11pm. However, once back to their rooms, there were the children to attend to, water to bring, food to be cooked, clothes washed and other domestic tasks, much of which was done by the women. This made it very difficult to have enough time to carry out an IDI and FGD.

The migrant communities were extremely mobile often working on one site for six weeks to three months. Some moved with the work while others lived in one place and were transported each day to the various work sites. The recent economic turmoil had slowed down and stopped many of the constructions projects which resulted in the failure of employers to pay salaries, increase layoffs and to transport the workers more extensively than before. This led to increased mobility. As a result, nearly half of the construction workers on the sites in Chiangmai where interviews were conducted had left or were in the process of leaving during the period this research was undertaken. Many said they were returning to the border or Myanmar, but no one knew for certain the situation they would find there. These factors made it difficult to establish contacts and trust necessary to carry out the interviews and to return to find those interviewed for follow-up questions.

In early January 1998, the Thai government announced a policy to arrest and deport the migrant workers claiming that they are taking jobs away from Thai workers. This policy had marginalized the migrant workers in Thailand even further. There were reports of more arrests, extortion, robberies and abuses encountered by migrants from Myanmar in Thailand. In addition, the migrants reported facing more discrimination and abuses by Thai nationals leading to escalated tensions among the migrants. This led to more fights (reported and encountered) within the migrant communities and families residing on the construction site making it difficult for the principle investigator and research assistants to enter, continue or return to the some areas. These factors made it even more difficult to access and establish the trust necessary to carry out the IDI and FGD.

The interviews were held during the time leading up to the Shan (and Thai) New Year in early April. This is seasonally the time when most people (including migrants) will try to go home to be with family and/or friends for the holiday. It is also the end of the dry season and an easy time to travel (especially in Myanmar) before the rainy season begins.

Only government, non-government and private Thai health care providers were interviewed. It was not possible to interview traditional healers or midwives, "injection doctors," or quacks referred to by the participants. Largely this was due to the fact that they were transient and did not want to be identified by outsiders.

Finally, language was an on-going challenge. Language issues arose:

- between the principle investigator and research assistants and among;
- the literate research assistants and largely illiterate population they were interviewing;
- in finding competent Shan-English translators for detailed interview transcriptions;
- providing input to the analysis and feedback to the research process with limited conceptual vocabulary and knowledge base; and
- trainings that were conducted in four languages (Thai, English, Burmese and Shan).

Fortunately, all those carrying out the research spoke several languages. This provided for a variety of translations and back translations to check for accuracy and comprehension. However, it was inevitable that with each translation there was a risk of miscommunication and lost information.

4.4.6 Data Processing and Analysis

As noted earlier, socio-demographic variables were collected for each participant in IDI and FGD. These variables were identified in advance in the background section of the interview guidelines (see Appendix G). This data was placed on a spreadsheet using the Excel Program (see Appendix N).

The IDI and FGD were handled separately using the Ethnograph 4.0 program specifically for the analysis of qualitative data. Ethnograph requires that a code of categories be identified based on the objectives of the study, interview guideline and themes identified during the study (see Appendix J). Each interview is transcribed by the research assistants, translated from Shan to English and typed into a word program. The interviews were then each entered into Ethnograph and each line of the text was numbered. The data was then coded by hand and these codes entered into the Ethnograph program. When all the data was coded and entered, Ethnograph compiled all the data available under each code noting what interview was being quoted and in what other sections it had also been referenced. This provided a means for evaluating each topic, returning to a particular interview for more information and also prevented overlap between the various sections (codes).

Finally, the observations, key informant and service provider interviews were similarly transcribed, translated and coded. This data was processed separately in order to facilitate a process for crosschecking the data and getting feedback from these participants in the analysis process.

4.5 Results

The results of the research have been divided into three sections. The first section is a summary of the observations. The second section provides the socio-demographic data gathered from all participants in this study. The last section gives the results of the IDI and FGD interviews with Shan migrants.

4.5.1 Description of environment

The observations were undertaken during January and February, which are Thailand's cool season with little rain and a reprieve from the heat. It was actually cold at night in Chiangmai, which is located at the foothills in northern Thailand. However, community members noted that during the rainy season the housing area is typically flooded and that sanitation is a serious problem.

The Shan communities lived on or very near to the construction sites where they worked. The areas were located within Chiangmai city, but in isolated areas. In all but one site, the housing site was in or alongside the building being constructed. The

buildings were at least four stories with most being considerably higher. There were often cranes, cement mixers and other heavy equipment around. All the housing sites had dirt roads or paths leading into it. Shacks were made with wooden floors and corrugated sheets of aluminum for walls, roof and doors. There were no windows, but the walls did not fully reach to the roof and therefore afforded some circulation. In addition, most people left their doors wide open when they were home and awake. However, the living quarters were only enough for each family member to lie down and offered little or no privacy. In addition, the workers rarely left the construction sites for fear of being arrested as an illegal immigrant.

Transportation from the construction housing sites was limited, particularly in the night. Although all the sites were in the city only one was close to any public transportation route. The others were in remote areas relying on the hire of private transport or paying public transport carries extra fees to take them near their residence. The public transport in Chiangmai was in the form of converted pick-up trucks with two benches in the back. The trucks would pick up and deliver within the city for eight baht. However, to go out beyond the city center or to areas not on major routes the price must be negotiated. For example, the cost to go to a hospital was as much as a day's wages at some sites. Private clinics are scattered around the city and often nearer however, they were also more expensive and had limited office hours.

Given that the communities were extremely mobile there was rarely any contact with traditional healers as was common in the Shan villages in Myanmar. Shops within

the construction housing sites had the basics available such as Band-Aids and gauze, aspirin, disinfectant and pills for diarrhea.

Due to the remoteness of some sites, pick-up trucks, filled with food and cooking items as well as other basic commodities, went to the various sites as a "mobile market." Most members of the community bought their daily supplies and food from these "mobile markets" and small kiosks on the site. The food purchased at the construction sites was considerably more expensive than the main Thai markets in town.

Water was usually provided at the site as was firewood or charcoal though in some sites one or both commodities had to be bought. The sites consistently lacked clean water and complained of poor sanitation. The toilets were filthy, insufficient and located far away from their living quarters. There were typically two or three toilets for the entire community to share. They were pit latrines with cement floor and corrugated aluminum for the walls and roof. Very poor ventilation and very smelly. Water for the toilets had to be carried in with buckets. The area for showering and washing clothes was separated. However, this water was often also used for drinking water and was not guarded against contamination.

The houses were grouped by ethnicity. All the Shan lived in one area of the construction site. Thai workers lived in another area. In addition, the Thai workers received better pay and clearly had better housing (bigger, cleaner with more material resources) than their Shan neighbors.

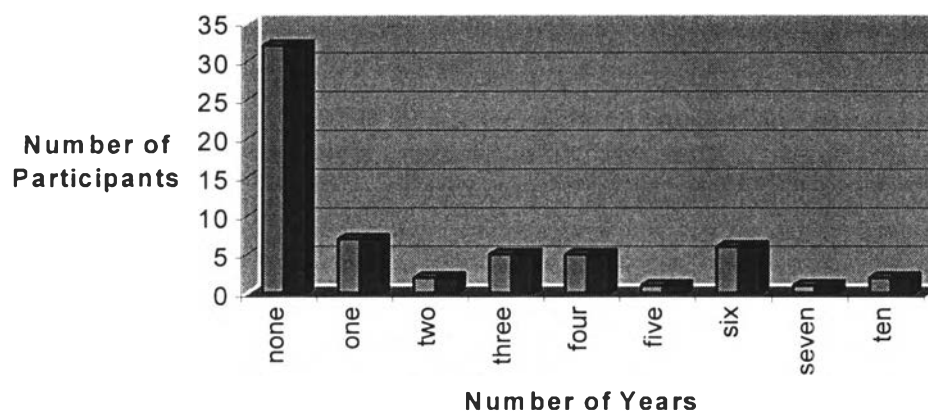
The only religious items seen were small photos, statues or shrines in the home of the workers. No one noticed any communal shrine or religious gathering place.

4.5.2 Socio-demographic variables (See Appendix N)

As mentioned above, all of the sixty-one participants were from the Shan State of Myanmar and spoke fluent Shan. In addition, all of the participants reported being functional in Thai language, (this is largely due to the fact that spoken Shan and Thai languages are similar). Half of the participants reported they were from rural areas and half from urban towns in Myanmar. All were currently working on construction sites, except for two who had recently been laid off from this work.

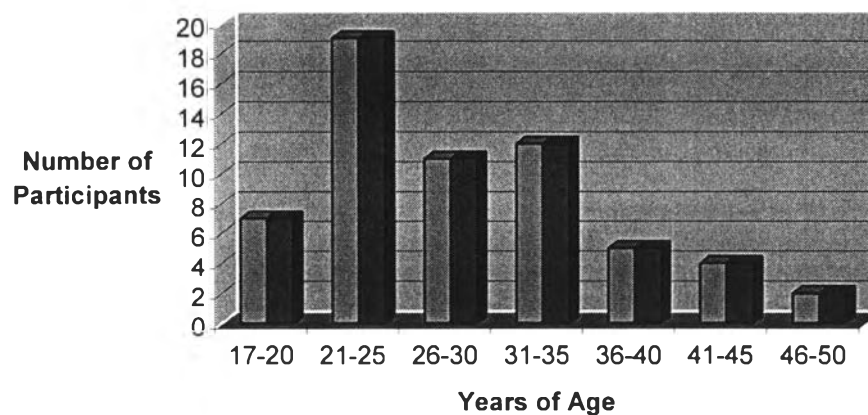
Thirty-two of those interviewed had never received any formal education with the remaining twenty-nine receiving an average of 3.9 years.

Years of Formal Education



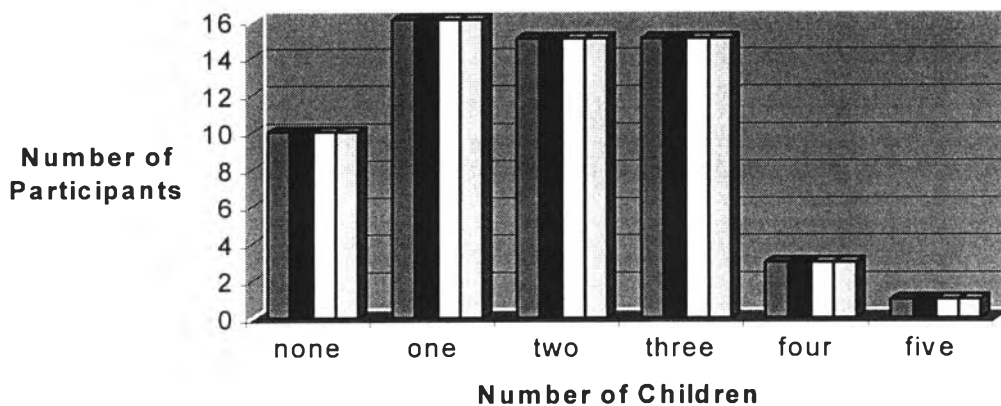
The participant's ages ranged from 17 to 48 years with the mean age being 29 years of age.

Age of Participants



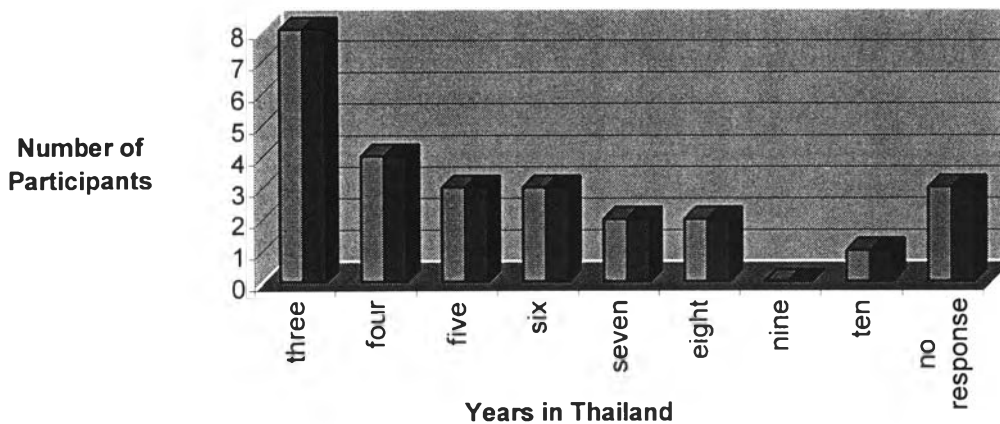
Fifty-seven of the 61 participants were married at the time of the interview. Fifty-two participants had children with an average of 2.1 each.

Number of Children



All but one of the participants entered Thailand after 1990 (though this information is not available for three of the participants) with forty-two arriving since 1996.

Number of Years in Thailand



Only eighteen of the participants had ever been back to Myanmar once they had entered Thailand.

4.5.3 In-Depth Interview (IDI) and Focus Group Discussion (FGD) Findings

The findings below were drawn from the semi-structured IDI and FGD carried out with 61 Shan migrants 46 female and 15 male. Interviewers followed the guideline with probing questions and all responses from participants were accepted and encouraged. As a result, there was a wide range of responses which will be presented in both their consistency and diversity.

Life In Myanmar

When asked about their homes in Myanmar, the Shan interviewed in this study consistently focused on the many forms of violence they faced. The high levels violence was the predominant reason for their migration. Many forms of violence were reported which largely delivered by the government authorities of Myanmar.

The war and forced relocations that were imposed as a result were the most common forms of violence discussed. The following are some of the descriptions of the Shan migrants of these realities.

The Burmese and Shan soldiers started to fight in the area and we had to flee across the border, leaving a lot of rice behind. After about one month at the border, my husband and I came to Chiangmai to find work.

I did farm work when I was in Shan State. I grew corn in my village. Later on, I couldn't continue my work on the farm because the soldiers would not let us stay in our village. They told us to move into towns. We couldn't even go fishing at night because they would shoot at us. Then I heard that the soldiers were recruiting men for the army. I was afraid that my sons would be drafted, so my family all decided to come to Thailand.

In Shan State life is miserable. Shan soldiers want recruits and Burmese soldiers want porters. If you do not go, you have to hire some one to go in your place, especially as a porter. The Shan resistance army wants to recruit my younger brother to be their soldier. They recruit boys as young as seven or eight years old. For these reasons, we decided to go to Thailand.

I did farm work in Shan State. My parents had their own farm. But the Burmese soldiers did not let us stay in the village. They forced all of us out of our homes and told us to town. We were not allowed to remain in the village. So some moved to the town, some fled to the jungle and some crossed over the border to Thailand. Along with two of my friends, I decided to come to Thailand.

My family members were all farmers and life in Shan State was good. Then the Burmese soldiers forced us to move to a city. We had only three days to move all our property. We could not move all our things and livestock in that time and so the Burmese shot and ate our chickens, pigs and cattle. My family moved to the city but could not survive. So, after nearly four months we came to Thailand to earn a living.

The migrants interviewed noted the high taxation, forced labor and robbery by government authorities as another aspect of violence that dominated their life in Shan State in Myanmar.

We have a big house in Shan State. We have to pay property tax of 10,000 kyats each year for the house. Our family does not have that much money, so I decided to go to work in Thailand. I pay the tax so that my mother can continue to live in her house.

We were farmers and early hardly enough to subsist on from year to year because the Burmese authorities imposed too much and too many taxes. So, we came to Thailand.

My family members were all farmers. Some years we could earn enough, but in other years we could not and went into debt. We had to give our rice to several rebel groups and the Burmese collected too much and too many taxes. The Burmese soldiers always forced us to do many things such as building military camps, fixing roads and being porters for their armies without anything in return. We did not have enough time to do our own work. That was why we decided to come to Thailand.

The Burmese soldiers would often come to find laborers. Villagers had to either work for them free or pay a tax. There were all kinds of taxes too. We couldn't live in Shan State and more it was so difficult so my husband and I came to Thailand.

The weather and land in Shan State is good all year around and we have plenty to eat. But, when the Burmese soldiers come to our village they take whatever they want, especially our livestock. They took our rice from the barn to feed their horses. All the village men fled at the news of Burmese soldiers coming because they often forced them to be porters. Sometimes women were taken to work as porters too. The soldiers often raped these women. We were often forced to work for them and could were not able to do our own work. The Burmese soldiers never left us alone they always threatened our lives. That is why we decided to come to Thailand to find good jobs and save money for our future.

I often had to go and serve as a porter for the Burmese soldiers. We had to build military camps, roads, bridges and railroads so often that I had no time to care for my own needs. When I was hurt or not feeling well, I had to help myself. It was like living hell, it was like I was dead even though I was still alive. So I sold all my household belongings and got enough money to cover my travelling costs to Thailand.

In Shan State we were often forced by the Burmese soldiers to carry their things up the hills and mountains to fight the insurgents. They also forced us to many other things and even give them our pigs, chickens to eat. At the same time, the insurgents forced the villagers to join the armies. I was afraid of having to serve in their army. In the end, I decided to become a Buddhist monk and came to Thailand wearing the yellow robe. Soon after I disrobed and went to work.

We had a business buying merchandise from Thailand and selling it in Myanmar. One time the Burmese authorities said that these items were bought on the black market and confiscated them. We lost a lot of money. Before that we traded horses and over twenty of them were also confiscated by the authorities. This has happened so many times. We once had 32 cows that were also seized by the authorities. Whatever business we did we lost our money because of problems with the authorities. So, our entire family decided to come to Thailand.

I traded cattle and sold them to villages along the border in Shan State. I also bought goods to trade as well. Bandits robbed me and the Burmese soldiers took all my cattle. I lost all my capital and went bankrupt. So, my whole family came to work in Thailand.

For some, the fear of rape and arrest by the military and the government of Myanmar were described to explain their life in Shan State and a critical factor in deciding to go to Thailand.

The Burmese soldiers sized our village and property accusing the villagers of not informing them about the rebels. The soldiers raped a single girl about 17 years old. That is why women in Shan State marry so young as the Burmese soldiers usually rape the single women. Many people from our village decided then to go to Thailand. On our way to the border two other girls were taken by the Burmese soldiers, one was eleven and the other nineteen. The younger one managed to run away, but they kept the older one was kept all night and the next day. We had to go on without her.

My 16 years old niece was raped by the Burmese troops while collecting vegetables. We lodged a complaint but the Burmese authorities took no action. The men were often forced to serve as unpaid porters under difficult conditions. We were treated like pigs and dogs and had no rights to complain or protest anything. So we came to Thailand. My entire extended family.

The Burmese soldiers would come to the village and force men and women to carry their ammunitions that were very heavy. They would beat any one who was slow and could not keep up. They treated women very badly and in the night they would rape us. They caught seven women from our village. They raped them all and one girl they kept for three days. Two of my nieces were among them. After that even I left with my nieces and others from my village.

There were three brothers in my family and one was conscripted by Khun Sa to be a soldier in the Shan army. Not long after he was conscripted, the Burmese soldiers got news about it and in the early hours before dawn (when the cocks had only crowed twice) the Burmese troops surrounded and ransacked our home, taking whatever they wanted and burning it to ashes. They tied my father and mother with a long rope and forced them to walk along the streets and up and down through the villages while they shouted accusations "These are two rebels, opium traffickers of Khun Sa, robbers." Then they locked them up in a military base for ten days and interrogated them. My eldest brother tried to sell our rice fields to bail them out. When it was clear that we could not help my parents and that the soldiers were going to

conscript my brother and I into Burmese military, I willingly joined the rebel soldiers. However, after one year, Khun Sa surrendered. So, I decided to come to find work in Thailand, as I am sure that I cannot return to my village.

My parents were imprisoned by the Burmese troops and I do not know if they are dead or alive. I came to Thailand to earn enough money to go and look for them. If they are no longer in this world I will join the soldiers of the resistance and seek revenge.

The Burmese military stationed near my village said they had a report that I was working with the opposition groups. I was imprisoned and tortured by them for two years. In the end, they had no evidence that I was guilty and released me. I did not dare to return home so I took my family to Thailand.

The Burmese authorities are so oppressive. They are chauvinistic and Shan people have no rights. The worst thing for me is that the Burmese soldiers killed both my parents. You can just imagine how I feel. That is why many Shan people and I have fled to Thailand.

The Burmese soldiers were very oppressive. They killed my friend he alleging that he possessed illegal things. I was afraid they would do the same thing to me. I fled to stay with my brother. Then fighting erupted there and the Burmese troops started rounding up villagers as porters, so I came to Thailand.

Finally, some participants described the economic opportunities in Thailand as so attractive compared to their life in Myanmar. This, often along with other factors noted above, determined their decision to leave Shan State for Thailand.

I worked as a tailor in Shan State. I envied those who came back from Thailand with a lot of gold and silver. So, I wanted to go to Thailand too and make money.

We were farmers, but we could not earn enough money so we also opened a noodle shop. However, soon it accidentally caught fire and burnt to the ground. We lost all our possessions and life became so difficult. Then my entire family decided to go and find work in Thailand.

Migrants interviewed also described their travel to Thailand. The following are some examples of ways in which migrants left their homes and traveled to Thailand.

A family relative brought us to Thailand. We took a car that cost 1,500 baht each person.

About 30 people came from our village went with a woman who was recruiter workers to Thailand. We paid 3,000 kyat each for the transportation to the border. It took us three days. After we crossed the border we took another truck and this time had to pay 3,000 baht each to reach our work site in Chiangmai. The travel expenses drained everyone of all their money.

My husband and I came to Thailand together and left our children with our relatives back in Shan State. Each person paid 3,000 kyat to get to the border and 1,500 baht each to get to Chiangmai.

The Shan migrants interviewed in this study reported paying between 1,500-3,000 baht each to travel from the Burmese-Thai border further into Thailand to find work.

Life in Thailand

Typically those interviewed either came directly to work on the construction sites in Chiangmai or first obtained low paying agriculture jobs at the border. All those interviewed had been working on construction sites in Chiangmai. The working hours were reported from 7:30am to 5pm with overtime going until mid-night at times. Male migrants earned from 100-160 baht a day while female migrants consistently earned less, 70-110 baht a day. In several cases a child of the migrant's family was also employed at even less than female workers. From these wages deductions were made each month to pay for the police bribes (300 baht a month), water and electricity (30-100 baht a month) and for some even rent for their accommodations (500-500 baht a month).

Now we are in the construction work and earn just enough to live on. Wages are good at some construction sites and bad at other. Currently we can only draw a week's wages after working two or three weeks. We have to use all the money to pay for food

that we have to buy from them for 100 to 200 baht at a time. Wages are only 160 baht for men and 90 baht for women.

I work from 7:30am to 5pm everyday with one-hour break for lunch. Women get 110 baht a day. I pay 20 baht a day to look after my child while I work.

We have worked at the same place and never moved from this site. The wages are good. I get 100 baht, my child 90 baht and my husband 160 baht each day. We have been in Thailand for over two years.

We worked all over Thailand. Our employer took us to so many places where we worked two to three months at each place. After he lost his job when the baht devalued and he told us to return to Chiangmai and gave each of us 400 baht for the bus fares.

I work quite far from where I am staying now. The employer comes and transports us to wherever he wants us to work each day. We are paid every 15 days. My wages is 100 baht a day and my husband receives 150 baht. I leave my child with my neighbor and buy food on my way home from work. We cook and eat our food in our little room. No one would go anywhere even though our place is not far from town. We all just stay in the room and watch TV.

While describing their work and living environments many migrants described the problems that arise while some note how lucky they are.

Where we live now, the electricity has been cut of for four days already. I heard the boss didn't pay the electricity bill and said he would pay it today. So, hopefully the electricity will come back tomorrow. We don't have any water in the meantime. This is a big problem.

We don't get good water on the site where we live. Whoever uses this water gets skin rashes. The water source is filled with garbage and the water in the tank is pumped from that well.

I don't dare go out very much. It is not so safe for women. But my husband and his friends often go out.

The children have the hardest time because there is nothing for them to do on the construction site. I wish there were a teacher around here. None of the children here have any opportunity to learn.

The boss is really good and he pays us regularly. But, the middleman is cheating us. When we draw 100 baht he will put in the account books 1,000 baht. We never get all of our wages. For example, we work for three weeks and get paid for only two. We complain to the boss and sometimes we get the money back. Before they issued us work permits, but now they don't. Many of our friends have gone back.

The boss is good, but the middleman threatened to report us to the police. So, we had to run away very quickly before we were paid. I lost 6,500 baht owed to me for my work at that site.

We are always on the move, shifting from one place to another in search of good money and a boss who won't cheat us. The employers take our money. They are all the same. The only difference is how much they take. Once we were never paid for twenty days. So, we had to just move again to another place.

Our employer hates Shan people and is quite mean. He scolds and abuses the Shan workers all the time. We can not ask help from anyone nor lodge a complaint because we have come to work in another country without legal documents. We don't have any identification cards and do not know anyone.

Living in a foreign country, we are like the blind and mute. We cannot even say what we want to eat, but gulp down everything with our watering mouths and bite our tongues. This is because we do not have identification cards and therefore can ask no one to help us.

There are only three Shan in this area and so we stick to ourselves. After we get home from work we just cook, eat and go to bed. We are basically healthy and rarely get sick. We feel secure. The police never come here. Our boss is also very kind. He's a

police officer himself and his wife is a teacher. We don't have to be afraid of anything where we work.

Our employer was good and the wages were excellent. He was very kind towards us. He got us work permits, but they could not be extended and so he sent us back to Chiangmai even though the work wasn't finished.

Some of the Shan migrants had obtained various types of Thai ID cards by registering as a migrant worker together with their employer or as an ethnic minority. Many tried to obtain such ID cards believing it would offer protection from arrest, but were cheated in the process or had them disregarded by the police officers.

We only have temporary work permits. Our employer takes all responsibilities when the police come and I have never been arrested.

It has become difficult to work in Thailand now. I do not have a Thai identification card and the employer would only get work permits for the men, not for women.

Those who are working illegally in Thailand must pay 300 baht a month to their employer who then pays the police. This is common on most every construction site in Chiangmai.

Police came to the construction site and any one without a Thai identification card ran away. But, we stayed because we had a card. However the police said that two men on a motorcycle were stopped on the way to tow and the driver had no ID card but said he was from the same place as us. So the police arrested all eleven of us even though we were legally working in Thailand. Our employer was also arrested. We were sent to jail for two months and then deported to the border. We have no contact with anyone in Shan State and all our relatives are in Thailand so we all came back to find work in Chiangmai.

Finally, the recent Thai policy to arrest and deport migrant workers along with the economic crisis has led to over half of the migrant workers on the construction sites to leave since January 1998. Where the migrants have gone was not known to those still on the construction sites.

One day, during the New Year, I went to the market with my daughter. Some policemen stopped us and asked for our identification cards. I told them we didn't have any documents. They asked me to give them 1,500 baht. Of course I told them I didn't have that amount, but they checked my purse and found 1,600 baht. They took 1,200 baht and left 400 baht saying it was for my daughter. Maybe they needed money for the New Year too.

At this construction site where we are working, there once was a lot of people. But, many of them have gone because they were afraid of getting arrested by the police.

After I was in Thailand for nearly one year, I got arrested. The Thai police deported me at Mae Sot. There I paid 3,000 baht to return to Chiangmai.

In April 1997 I ran into a policeman while searching for work. He asked for 5,000 baht, but I didn't have that much money. I tried to tell him I had only 200 baht, but we had trouble communicating and I was locked up. My wife borrowed money from her friends and asked someone to pay for my release. After I was detained for ten days, 2,200 baht was paid for my release. Now we are in debt and have to pay back this money with interest.

One morning before daybreak police raided our work place and fifteen of us were arrested. If I could have paid 2,200 baht I would have been released. But, I did not have the money so I was imprisoned. I stayed in prison for nearly three months and deported to the border area in Tak Province. The prisons where I stayed were mostly full of Shan and Burmese. The conditions there were miserable. There was not enough food and each person only received seven bowls of water per day. There were no beds, blankets or mosquito nets. It was terribly overcrowded and everyone had to sleep, eat and urinate in the same room. It was common for inmates to rob others in front of everyone. It was a kind of an organized gang and there was nothing anyone could do about it. If anyone protested, they would be beaten and kicked. I lost a set of clothes and one watch and was beaten several times. I also saw several pretty women called out by some police officers. They were taken away for several days and some never returned. The police said they were taken to do domestic chores. After I came out of

prison I was weak and did not want to do anything. Gradually I recovered and returned to Chiangmai to work again.

After working six months my wife and I managed to save some money. I traveled to the border to send it back to Shan State for my children's education. But as soon as I got down from the bus a policeman asked for my identification card. He searched my entire body and took away 6,500 baht. He left me only with 500 baht. I could do nothing so I went back to my wife and now we have to try and save again.

I wanted to go back to Shan State to find my parents. Near the border a policeman came onto the bus and called me down. He searched me and saw my tattoos. I said I was Shan. He found my wallet, opened it and found 13,000 baht. He took 10,000 and told me I could go back on the bus. I had only 3,000 baht left so I just returned to the construction site in Chiangmai to continue working.

Thailand is a better than Myanmar in terms of earning money because wages are usually better and Thai money is much more valuable. However, our homeland is a better and happier place to live.

In Shan State we have to pay taxes, porter and labor fees and so many other problems. It is so complicated there. It is easy to make money in Thailand. But since we don't have anything here in Thailand things seem similar to Myanmar.

Violence

The migrants identify their vulnerabilities and a wide range of extreme violence in their lives both in Myanmar and Thailand. As noted earlier, the majority of participants noted violence and harassment as the main reasons for migrating from Myanmar. Some of the abuses encountered were very personal and were described in detail by those interviewed. For example, six female migrants reported rape of immediate family members by Burmese government soldiers. Four male migrants reported being arrested and jailed in Myanmar for their political beliefs and one male migrant fled after his parents were arrested for support for opposition parties. Finally, one male migrant left after his friend and another after both his parents were killed by Burmese soldiers and believed their own lives were in danger of similar fates.

In Thailand, twenty-one migrants reported having been arrested by Thai authorities and detained until they could pay the fine or were deported to the border. Eighteen reported having been cheated on their wages by their employer. Eleven migrants said they were robbed or forced to pay bribes to the Thai police

Finally, eight women interviewed reported physical abuse by their husbands with another woman beaten by her father. Many migrants reported high rates of domestic violence but feel there is not a strong enough sense of community or outside support to intervene and therefore believe it is best to mind their own business.

My husband used to visit other women and when he was drunk he used to beat and kick me. It is good that he now went away and married another woman and I am rid of him. He was just a burden.

My first husband took both alcohol and opium and so I left him. After I had a child for seven or eight months I married another man. He was a gambler and a bully. He was good at the beginning, but after five or six months he started to show his real colors. He was very unpredictable when he was drunk and anything could happen. After a while we had a violent row and my husband beat me until I lost consciousness. He also visits prostitutes and I am afraid of HIV/AIDS, but he doesn't care. I am so upset whenever I think about it that I forget what I am doing. I am sick at heart and mentally disturbed because I have long been put down and bullied by him. Now we have a child together and I do not know what to do.

My husband always shouts and throws things at me. Last night, we divided our savings and each took 3,700 baht and one baht of gold and separated. Now, I have to figure out what to do.

My husband would come home drunk and fight with me. He would yell at me and scold me for everything. He would pull my hair and beat me. He bullied me a lot. We had a small child so I tried to stay together. I was crying most of the time. One day he brought home one of his other women and I couldn't take it anymore. So I divorced him and moved to another place with my child.

I have one bad habit, sometimes when I go out to drink with my friends I get lustful for sex. I would try to have sex with my wife and she would complain. I would slap her once or twice and sometimes say I would go and find another woman or go to the brothel. Then she would become reasonable again. Sometimes she is quite pitiable. I will try to quit that bad habit in the future and work hard.

Since we married, we have quarreled several times. Mostly because she doesn't want me to drink and smoke. I beat and kicked her once and after that she is not so quarrelsome any more.

Both my husband and I worked, but he kept all the money. He would come home drunk and fight with me. We had three daughters and our family was very unhappy. Then my husband got married to another woman and we divorced. But, I am scared to live at this construction site without a man around. I am scared of being bullied by others. If people know that there is not man in the house they will take advantage of us. I didn't want others to think low of us. That is why I got married to yet another man.

My father says we are lazy to work. He curses me and always kicks me. I often feel sad and cry. My father is very rude. One of my sisters ran away and got married. Another sister has been severely beaten because my father found a love letter of hers.

Women interviewed described other forms of violence such as rape, forced marriage and trafficking.

While living in Shan State my friend and I were walking to the village fair. We were walking along a rice field and an older man wearing a longgyi (worn by Burmese men) tried to grab us. We tried to fight him off. I got away and ran for help. But, when I returned with help he had already raped my friend and left. No one knew who he was. Not long after that, my friend got married to another guy.

I was a raped when I was still a virgin. I had to marry the man who raped me even though I didn't love him.

When I was on the construction site my husband and I were returning from having a bath. My husband stopped at a shop to buy things and I waited outside. While I was standing there alone a Thai man on a motorbike asked where I was going and offered a ride. I told him I live here and don't need a ride. He insisted and tried to pull me to get on his motorbike I ran to my husband and got away. I was so scared. I thought he wanted my money, gold or body.

I had many Thai and Shan men take an interest in me. The Thai men were very rude and bold. They often tried to touch me or take me away after they had come to talk with me just a couple of times. Then my brother decided I better get married to stay safe.

Life was so hard that I had to give away my elder daughter to a man from China who was visiting Shan State. This man was so cruel that he never let me contact or see my daughter again. Life is so miserable for my husband and I we had to separate. I

could not support my daughter alone. My heart aches every time I think of my daughter. I had no choice the situation was so hard and I felt I had to do it.

The men interviewed reported violence by government authorities, or their employer as noted above. Several interviewed described incidences of crime that they were able to address among themselves. Such as the following:

One Shan man needed money to support his drug habit. He robbed a construction worker and took two ounces of gold and about 2,500 baht and beat him in the head. The he came again with a gun and robbed another family of three. The family wouldn't give him any money and so he shot and killed them all. The construction workers planned to beat him up when he came again. When he returned the workers beat him until he was dead. The police didn't do anything about it because they were all Shan and didn't involve any Thai people.

Health Problems

Of the sixty-one participants interviewed, eight reported deaths of immediate family members of which five took place after arriving in Thailand. Of the eight deaths, four were adults who died from malaria, one woman died due to complications during delivery at the construction site and three others did not know the exact cause of death (of which two were children under five years).

My oldest son died when he was three years old. Nothing was wrong in the morning, but by the afternoon he suddenly felt sick and died. His body was blue all over and people said that it was the influence of the evil spirits. Another one of my children died in Shan State four days after I gave birth at home. So, out of four children two have survived.

After working for five or six months in Thailand, my husband fell down a building while working and died. I had no relatives, only some friends to help with the funeral. I was five months pregnant at the time. I told the employer and asked for his help. He gave me 7,000 baht for my child.

My brother died of food poisoning after arriving in Thailand. Now my sister-in-law stays with us.

The woman next door to me at the construction site was pregnant. She had no money and dared not to go to the hospital. With the help of her husband they tried to deliver the baby in their room. But there were complications. It was nearly midnight and the husband tried to go get help. When he came back his wife was almost unconscious. She delivered the baby in the car on the way and did before she got to the hospital. It was a baby girl and was adopted by one of the nurses at the hospital with the father's consent.

I have two children. My elder son died two years ago at age 13 from malaria. He died very quickly after having fever for only one week.

My wife was often sick and we could not go to the hospital because we didn't have any identification cards and couldn't speak Thai well. I borrowed 500 baht from a co-worker and bought some medicine for her. Still she did not get well. Her condition became worse and finally she went mad. She died of cerebral malaria.

My nephew came down with malaria in Thailand and could not go to the hospital or get treatment anywhere. He went mad with high fever. Malaria got into his brain and he died.

One of my children died from malaria. He got ill and his skin turned yellow. He died a few weeks later.

Malaria was the health problem most frequently identified. In addition to the deaths reported above, eight of the participants interviewed suffered from malaria.

The other most commonly reported health problems were rashes and poison from the water and/or food at the site.

My son has skin allergies. The doctor at the clinic gave him medication, but he still hasn't improved.

We need some good water in this area. Everyone who uses this water gets skin rashes.

I have been suffering from some kind of itching as if something is wrong with my blood. I cannot wash any clothes because my hands itch so much when I do. They said it has something to do with my blood.

Several women and children reported being in poor health and sick often not knowing the cause of their illnesses.

I get sick often and I am jaundice. My youngest son is also often ill. Last month both my son and I were very sick and only my husband could work.

My daughter is often sick. She is not very healthy.

I cannot see out of my right eye. I got very sick when I was around ten years old. Someone was working black magic on my parents, but the effect was on me instead.

About ten days ago, over 60 people at this site were all sick at the same time. No one could go to work. Finally, the employer took us to a clinic to get some medicine.

Menstruation

The majority of women interviewed explained they knew little or nothing about menstruation until theirs began.

My menstruation started when I was 15 years old and I did not know what it was for many days. Finally others told me how to take care of it.

I didn't know anything when my menstruation came. I was only 14 years old.

When I was 16 and my menstruation came, I just stayed in my room. I didn't tell anyone. The second time it came for seven days and again I stayed in my room the entire time. The third time my mother knew and told me that if I wash my skirt to bring it to the doorstep and hit the skirt three times and my menstruation would last for three days. I did, and it was like magic. It comes only for three days ever since.

Only a few women explained that they had some knowledge of menstruation from their mother or older sisters before they began their own.

I knew about menstruation from my mother and sisters. So, I was prepared when mine came.

Two common traditional Shan beliefs around menstruation were described. One claimed that if a woman washes her hair when she is menstruating she would face diseases and illnesses in old age. Another belief described was that if women place or beat their clothing worn from the waist down on the second or third step to their house when they first began menstruating, the blood flow would last only two or three days each month. Several females interviewed claimed they did the latter and it worked as they were told.

When my period came my mother told me to wash my underwear and put it on the second step of our stairs. By doing this my period will only last two days. It worked. I have no pain or white blood.

My elders warned me not to wash my hair during menstruation. They said if one washes her hair while menstruation in youth, she can get all kinds of diseases when she reaches old age. So, I don't wash my hair at this time of month.

The elders do not allow young women to wash their hair during their menstruation. I was also told to beat a longyi really hard three times by the stairs. Then your period would only come for three days per month. If you beat the longyi twice, then you would menstruate for only two days.

If I eat sour food, have a bath or wash my hair during my period, it usually lasts longer.

I never wash my hair during menstruation and never have sex.

We never sleep together when I have my menstruation. It is bad luck.

Those interviewed also reported not having sex during this time of month with several male migrants describing a woman as stinky and unattractive, moody and often lacking energy during their menstruation.

It is easy to get an infection if men and women sleep together during menstruation.

Women are very short-tempered when menstruating. They stink and usually men do not go near them.

I have often seen women easily angry and complain of pain in the waist during their menstruation. They have a headache or other sickness. They don't wash their heads and have many other concerns till it goes away.

Several females said they would not wear make-up or flowers or try to make themselves in any way attractive during their menstruation as it would otherwise bring them shame.

Pregnancy and Delivery

Most migrants, particularly the females interviewed, knew nothing about reproduction or sex before their experiences

When my periods didn't come people said I was pregnant. I didn't know this until I was already pregnant.

A woman can get pregnant if she has sex with a man and does not use any birth control or condoms. I got married, but I didn't understand anything. I didn't even know I was pregnant.

I didn't know what would happen when we slept together. It was my husband who taught and told me everything about sex and pregnancy.

The majority of the births reported by migrant women interviewed were delivered in Myanmar at home with a traditional midwife while some gave birth at home only with the aid of their husband. All births in Myanmar were accompanied by traditional Shan medicines of special teas or brews often with alcohol.

In Shan State I bore my two children at home with the help of my husband. Afterwards I took and bathed in traditional medicine.

My three daughters were all born in Shan State. The first one was born at the local hospital. It cost 500 kyat and I stayed there for two days. Afterwards, I bathed in Shan traditional herbs and took other traditional medicines orally. The second and third daughters were born at home with the help of a traditional midwife. She just knew how to do it though she never had any training from any health department.

My three children were all born at my home in Shan State. A midwife helped to deliver the first two and my husband helped with the last one. I washed the hands of the

midwife after the birth, as is our tradition. I bathed in traditional medicine during the one month after giving birth. I also bound my waist and took Shan medicine.

I gave birth to my first child in Shan State. It was nighttime when I delivered and by morning I tightened my belt and went down to the stream to wash my clothes. There are people know about herbal medicine. They gather the leaves from the forest and sell them to us. We bought them, boiled and I drank and bathed in them. Now, I am seven months pregnant and my husband went away and has never come back. I don't know how I will deliver this child in Thailand.

My husband delivered all three of our children.

I married at 16 years old and have given birth to five children. However, only two have survived.

I delivered both of my children in a hospital in Shan State. However, both died a few weeks after birth.

In contrast, half of births in Thailand, among participants or their partners, were in a hospital with the other half delivered at the construction site with the help of a their husband and on a few occasions a friend or midwife. One male participant reported that his wife died while giving birth at the construction site. Another female migrant reported her friend died during delivery in the room next to hers at the site. These will be discussed in the section on health services in Thailand.

Contraceptives

The majority of migrants explained natural methods they used in Shan State to prevent pregnancy.

In Shan State most people do not know anything about contraceptives. If they do not want the child they would just get an abortion by massage. No one knew it was against the law and they did not care because there were no other options.

In Shan State we can have a traditional masseur turn our womb which will prevent any further pregnancies. She did this by massaging my womb from the outside. It was painful at first because it was just 45 days after I had given birth. It was successful, but after years I got so much pain in the belly and had to ask her to undo the massage treatment. She did and then I got pregnant again. After I had that child I took contraceptive injections.

If we are careful not to let the sperm enter the woman seven days before and seven days after her menstruation we can prevent pregnancy. The man should pull out before he finishes. I have done that with my wife.

Only seven women reported using contraceptives when in Myanmar. Among these seven, three received injections, two used traditional sterilization (where the womb is turned around), one was sterilized at a government hospital and one took pills.

Five participants said they had never heard of western forms of birth control while living in Myanmar.

In Thailand however, participants or their partners reported using a wide range of contraceptives. Twenty-two used pills they received purchased at the drug stores or kiosks at the construction site. Twenty received injections (three month injections were the most common with one, two and six month injections also reported) from local clinics. Five received norplant and five female sterilizations from the Thai government services. Two said they used "pulling out" before ejaculation. one reported using an IUD and the others did not specify the contraceptive they were using.

The migrants gave a variety of reasons and processes for making decisions about contraceptive methods and their use.

Contraceptive pills

In Shan State we did not know anything about contraceptives or sterilization. The more sex you had the more children. Some couples had 15 or 16 children. When we came to Thailand we asked people to tell us about contraceptives. My wife asked someone to buy pills for her. There are 30 pills in one card and she has to take them every day. There are also injections, but because we do not have identification cards and do not speak the language well, we are afraid to go.

I took contraceptive pills. They came on cards for each month. After I had taken seven or eight cards, I missed some doses and got pregnant.

I am taking birth control pills that I ask somebody to buy for me at the drug store.

I don't want another child until we are settled. Therefore, I am taking pills everyday.

I took pills, but later I needed to work and the pills made me thin and weak. So, my husband and I agreed to stop using them for one month and see what would happen. I got pregnant.

We are married four years already, but we are not ready to have children. I take pills every day and try hard not to forget. I get them from the drug store.

Injectables

In Shan State injections from China were the only way to prevent pregnancy. I took them, but they didn't work. I got pregnant again.

I buy birth control pills in Thailand. But, sometimes I forgot to take them. So now, I take injections that I get at the clinic.

After I was married for one year and had a child, I still didn't know anything. I didn't know that there were ways to prevent pregnancy. After I came to Thailand and had my second child I learned about contraceptives. Now I take injections from the clinic. After I was married for one year and had a child, I still didn't know anything. I didn't know that there were ways to prevent pregnancy. After I came to Thailand and had my second child I learned about contraceptives. Now I take injections from the clinic.

I was afraid of forgetting to take the pills and get pregnant again. So, I went with the sister of our employer's wife to the clinic and received an injection. The injection is good for three months. My periods still come regularly every month. I do not understand because my sister's stopped when she got the injection.

I'm not taking any taking any birth control pills any more. I take injections every three months. I don't want anymore children. I think two is enough.

I take an injection once a month to prevent pregnancy.

After I gave birth I received a contraceptive injection for six months. I don't know any more than that.

After two children I decided to use contraceptives. For four years I received injections every six months. But, then I got pregnant. After that child was born I began using three month injections available in Thailand

I got an injection in my womb and they said it would prevent pregnancy. I did this four times, but it didn't work. I got pregnant again. My sister thinks maybe the medicine had expired.

Norplant

I decided not to have more children while I was in Thailand. I went to the district dispensary along the border and they gave me contraceptive pills. I was worried that I would forget to take them as required and heard about other methods of contraceptives. So, I went again and this time they buried six needles in my arm and told me that it would last for five to six years. I needed to come back in five years or if anything was wrong before then. It is more than a year now and I sometimes feel dizzy or get headaches, but I didn't go for a check-up yet.

In Shan State we never used contraceptives. But now in Thailand, I have buried six needles in my arm for five years. So far I have had no problems. The people at the government hospital who gave me the needles said that I can go to any doctor when I return home and ask them to take them out.

I have never used condoms or pills, but I have buried needles to prevent pregnancy.

When I suffered from an abortion and went to the public hospital in Chiangmai Province, they took care of me and then buried needles in my arm. They instructed me to come back for a checkup after five or six years. But after eleven days the bandage came loose and the needle was protruding a little. I don't know what to do.

Female Sterilization

I don't want any more children so I went to a private clinic and got sterilized.

After three children I got sterilized.

I was a soldier's wife and wasn't allowed to take any birth control or have an abortion. Our community was very strict and conservative. It took about six months for others to find out a woman was pregnant. I was able to get sterilized only after having three children. Now I can't have any more children.

When we came to Thailand, my wife took contraceptive pills, but she suffered head and backaches. So, after the last baby was born she was sterilized. She had to pay 5,500 baht for this service.

I don't know of any men who will get sterilized. If we get sterilized we cannot do hard work and even worse we will be terminating our own race.

Only three of the participants could explain in any detail how the contraceptive they were taking worked, its effectiveness or side effects. For those taking norplant, only two knew about the need for removal and where they could have it done.

I use pills, but there are side effects. My throat burns and I can feel dryness in my mouth. I don't know what to do about this or who to ask.

When I first married we used contraceptive pills. There are some side effects such as pain in the throat and dryness of the mouth. But the period is regular

My wife has problems with contraceptive pills. We do not want any more children and don't know what to do. So she just keeps taking the pills. She often complains of headaches and itching. I have no idea what is wrong and no one among us knows anything about medicine. I myself do not speak Thai and am feeling very frustrated about this.

After I took the three-month injection three times I went to see the doctor and asked him why I am getting so thin. He said it had nothing to do with the injection and there is nothing wrong with my health. I don't like how skinny I am becoming, I used to be fatter.

After taking the injection every three months I got bad headaches. I asked the doctor and he said as long as my menstruation is regular than everything is alright.

Abortion

Seven female migrants reported having had an abortion. All were undertaken by another Shan woman who massaged the uterus to abort. One respondent reported also taking an herbal medicine with alcohol in addition to the massage. Four of the women sought an abortion because they either had too many children already or were too close together. Three females said they underwent abortions because they were not yet married. None of the females in the FGD reported having had an abortion but knew of friends and described the massage procedure in detail.

After giving birth to my first son. I had three abortions while in Shan State. A friend from my village massaged my stomach. It was easy to abort a pregnancy that way. I was bleeding a lot. I paid 300 kyat for each abortion. After the abortions, I had my youngest son.

When I was still in Shan State I became pregnant and didn't want the child. When I was three months pregnant, I had an abortion. The person who did the abortion was from my village. She massaged my stomach and I thanked her with 300 kyats.

When we had just married my wife got pregnant and didn't want the child. She wanted to have an abortion by drinking alcohol with traditional medicine and getting a massage. But I told her all I knew and object to it. There are many ways to induce an abortion, but the most common is to take hot medicine and have the womb massaged.

After our divorce, she had an abortion by massage. I told her that I wanted the child, I would take responsibility for it and would support her before it was born. But, she did not agree.

After about a month, my boyfriend had to back to the frontline. He died in battle and I was left alone and pregnant. We didn't even get a chance to marry. I was afraid that the others would find out about my pregnancy, so I had an abortion. I found a woman to massage my stomach.

When I was four months pregnant my boyfriend went away for a long time. My mother forced me to get an abortion. She gave me black liquid medicine that tasted cool and like alcohol, but I don't know what it was. Than she massaged and pressed my womb, but I did not abort. Finally, I delivered a baby girl at the hospital in Shan State. The baby was healthy and normal.

My neighbor at the construction site died while trying to abort her child. She had been trying for about three months to abort the baby. She drank a lot and told others to press and step on her stomach. Suddenly she became very full of pain, groaned and cried. The baby aborted and she had a stroke or something. I wanted to take her to the hospital, but her husband would not allow me. He said his wife had a bad heart to kill her child, so she too should die.

Ever since I had my abortion my menstruation each month is so painful. I try to take Shan traditional medicine with hot water, but it doesn't help much. It is also hard to find in Thailand.

Here in Thailand it is hard to find the traditional herbs and masseuse. If one gets pregnant she has to bear it. Whether she wants to or not, there is no other way.

I have heard you can't have an abortion at a hospital. If I wanted an abortion I would have to have someone massage my stomach.

I wanted an abortion, but I heard that if the police know they will lock you up. Also we don't have enough money. That is why we just keep having babies one after another.

Many of the respondents reported being opposed to abortions and several knew that you could not seek an abortion at the hospital in Myanmar or Thailand because it is illegal. However, the majority said they understood why females seek abortion, especially in Myanmar where there are little or no contraceptives available.

Condoms

Most all of the respondents said they had never heard of condoms until they came to Thailand. Twenty-seven of the participants said that they had heard of condoms but never used them. Seven said they had never heard of condoms.

We do not use condoms. Some people come and hand them out and we know how to use them. We just do not use them.

I have never heard of a condom and wouldn't know how to use it.

I have never heard of, seen or tried to use condoms.

The first time I heard about condoms was after I came to Thailand.

I have only heard of condoms in Thailand. I have not been here long and have not actually seen one.

I have only seen condoms in Thailand when people pass them out. I don't know how or why we need to use them.

My wife does not want a baby and she tries to persuade me to use a condom. But I have only heard of it since coming to Thailand and have never seen one. I don't actually know what a condom is or how to use it.

We don't use condoms because I am already taking contraceptive pills.

To prevent having children a man can use a condom or get sterilized.

The majority of those who knew about condoms understood they could be used both as a contraceptive and for protection against infections. However, it was the overriding assumption that they are only to be used with sex workers.

I have heard that women can get HIV if they sleep with many men. If a woman has more than one sex partner and doesn't use a condom she can contract the disease. I think it is best to have just one partner.

Married couples don't use condoms.

Condoms are very important. If one does not use them when visiting prostitutes one could easily get AIDS.

Using condoms can be frustrating. It should only be used when visiting prostitutes, if we use it then we can protect ourselves from contracting AIDS.

The discussion of condoms was always negative saying they were either too embarrassed or shy to talk about it or found them disgusting, uncomfortable and frustrating.

I understand about condoms, how to use them and why. But, I don't like them and have never used them.

Using a condom is not good. It may be that we do not know how to use it.

I would be insulted if my husband asked me to use a condom.

Reproductive Tract Infections (RTIs)

All discussions about RTIs focused on HIV/AIDS, except for complaints among four men of difficulty urinating and four females with vaginal itching and white blood.

For men, the most common disorder is difficulty and pain when urinating. It is as if something is blocking the way. It happened to me once. I did not know what medicine to take and my mother gathered some herb and boiled I for me to drink. I also went to the traditional healer who gave me a kind of holy water to drink. After some time I was cured.

We men can suffer from urinary infection and women can have 'white blood.' As I know it, both married and single women can get 'white blood.' It is a white juicy liquid streaming out from the vagina. Women feel no pain when it flows, unlike when they menstruate.

I have had white discharge for over a year now. I get it just before my period for one day. When I have it I feel very tired. It seems I have gotten thinner since I have had the discharge. I don't know what is happening to me.

I have white blood about three days before my menstruation. It is light yellow, smells of decay and is itchy.

I have white blood often when I urinate.

Forty-six of the participants had heard of AIDS, but not seen anyone with it. Seven had heard of AIDS but knew nothing about it and one reported having never heard of it.

I never heard of AIDs while living in Shan State. No one had this kind of disease in our village. I only heard about AIDS when I came to Thailand. I have only heard about it and don't know any more than that.

I don't know about AIDS. I have only heard that some people can die from AIDS.

I only heard of AIDS, I don't know how it is transmitted.

Our employer always warned us of the danger of AIDS. He also told us that people who love us were very rare, except our relatives.

I learned of AIDS when I was in Shan State. I heard of someone who contracted AIDS in Thailand and died when they returned to Shan State.

If wives are not true to their husbands, they might bring home AIDS.

Few could explain AIDS symptoms and many were quick to judge rashes and other infections and illnesses as signs of having the illness.

I have never used condoms or seen anyone with AIDS. I have only heard about these things in Thailand. One time my husband got a rash all over him. I was worried he might have AIDS. I was already planning to leave him. I only calmed down after the doctor said he had a liver disease.

I once suffered from having difficulty urinating and I thought I had AIDS. Actually, I don't know how AIDS looks like. I only heard a little about it from others. Most workers don't know much about AIDS like me. They only know it is a strange disease and blame the evil spirits. Most people believe like that.

Soon after my release from prison, my friend took me to visit prostitutes a couple times. About ten days after that I had swollen pots on my body. I was so worried

Several respondents knew about HIV/AIDS in great detail while the majority knew generally that it happens to people who have many partners, drug users or if blood is exchanged with an infected person.

I watch TV a lot and I know a lot about AIDS. But my husband and I don't have other partners so I don't worry about it.

We always see stuff about HIV on TV. My husband is really scared of this disease and he would never mess around with another woman. In fact I don't think there are any men here who have more than one sex partner at a time.

I have heard about AIDS on the Shan radio program in Thailand. It is quite dreadful and our young people should be very careful. It is contagious and everyone has a responsibility to prevent it.

Two male migrants saw themselves at risk of being HIV positive and three females said they were afraid because their husband frequented sex workers.

My husband visits many prostitutes. I told him it is his money, but I am afraid of HIV. But he still goes and I cannot stop him.

Condoms are very important. If men don't use them when visiting prostitutes they could easily get AIDS. Everybody knows what AIDS is, but for people like me, we don't know properly how to prevent it. If one gets AIDS it would affect their name and that of their parents and children. We should be careful. But it is hard to control when I am drunk.

Five migrants interviewed had actually been around individuals with AIDS.

There was one man who worked with us in Thailand who they said suffered from AIDS. He was very thin and coughed so much. His throat made loud noises as if he had lung disease, but there were no swollen spots on his body. Finally he went back to Shan State. I later heard that he went to have a medical checkup and they gave him a death injection. He went home and died only a week later.

I have seen a Shan woman with AIDS. She got it when she went to work in the gem mines along the China border. When she came back, her parents and relatives were afraid of her. They fed her as if she was a pig or dog. She was very thin and dry and her eyes sagged. I went often and talked to her. Now she is dead.

In our country, lepers and AIDS patients are kept in quarantine. This is usually a shelter built some distance outside of the village or town. Most people cannot distinguish between leprosy and AIDS.

There was one man who worked on the same construction site I did. He was a womanizer and contracted AIDS in no time. He died first and then his wife found out she was positive. She was pregnant at the time and so aborted the baby. She went back to her village and people say she is very thin now.

I have seen a drug addict with AIDS. He injects himself with needles and he got increasingly thinner every day. He was quite healthy and heavy before. I think he has AIDS.

I have seen someone with HIV. I was working in Bangkok and he lived near the restaurant. He had small swollen spots like people with smallpox.

Most of the migrants explained that those who come to Thailand are seen as most likely to get AIDS.

I've heard of AIDS, but never seen it first hand. In Shan State the Burmese soldiers don't want women to come around any more. They said they are afraid of getting AIDS. Right now any woman under 20 years old is not allowed to cross over the Thai border. I believe it has something to do with believing they will get AIDS and bring it back to their home.

Sexuality

All of the respondents married between the ages of 15-20 years old with one female marrying at 13 years, two at 22 years and one when she was 25 years old. Most of the migrants reported having married too young but explained that it is the way of life in Shan State.

Many women explained that they knew nothing about sexuality before their experiences or marriage.

Before I got married I knew nothing about sex.

My husband was older than I am and he taught me everything I know about sex. He got some knowledge from reading books on sex education in Burmese language.

I know nothing about sex and no one has told me about it. All I know is if one gets married one has to have sex with a man.

I don't know much about reproductive and sexual health.

I haven't talked about sex with anyone. The subject is so embarrassing.

My parents just told me sex is like the dogs do, but people don't let anyone see them.

The majority of participants explained that it is still important in Shan culture to remain a virgin until marriage, especially for females, as it is easy to detect if she is not. Many women said that virginity is important in order to maintain one's integrity, especially with her husband.

I think it is better for a woman to abstain from pre-marital sex. Then her husband would not think lowly of her.

I was a virgin before marriage and therefore kept my integrity.

It is very important for a woman to be a virgin before marriage. If I had pre-marital sex with another man I am afraid my husband would say degrading things

about me when we have a fight. Since I was a true virgin, my husband values and treats me well.

No one can tell if a man is a virgin. But if a woman is not a virgin, the opening of her vagina will be large. For a man, he has nothing to lose. For a woman if she sleeps with a man her virginity is gone forever.

It is best for men and women to maintain their virginity, but us men usually do not take it seriously.

The women I know all had their first sexual experience on their wedding night. I think the men were all sexually experienced before their marriage.

In our town, all the girls were well behaved. Couples were not allowed to sleep together before marriage.

I was a virgin before marriage. I could not accept having sex before marriage because I saw my friend do so and when she got pregnant he avoided her. She had to get an abortion. I do not want this experience, so I have refrained from sex before marriage.

As a result, many explained that it is not acceptable for unmarried Shan women to go out alone for fear they may be harassed or even raped.

I never talked to my boyfriend before we were married. We made contact through our trusted friends with letters because we were too shy to meet and my parents would not let me go anywhere alone. They were afraid of me being molested and were always strict. I was so afraid of men.

If you want a good man than you better behave yourself. If you want to get married ask permission nicely. Don't go out at night and in the daytime go with a friend. Otherwise you will get a bad name.

Several female migrants explained they were expected to marry the man with whom they had pre-marital sex. This included one woman interviewed who was raped and forced to marry the man as a result.

Before my husband and I even got married, we would meet secretly every night to talk. We would make love under the tree. When the elders found out we were forced to marry.

I fell in love with my boyfriend and we often met to secretly have sex. When my mother found out she beat me. So, I eloped with my boyfriend and we headed to Thailand.

My husband and I had sex before marriage. I gave up my virginity because I trusted him. We get along very well, but we never discuss sex.

I was raped while I was still a virgin. That is why I had to marry him, although I didn't love him.

Six female migrants said that they got married when they came to Thailand because it was "not proper to stay alone as a single woman in Thailand."

It was not proper to stay alone with one child on the construction site in Thailand. So, I married another husband.

My employer married me to one of his workers saying 'it was not decent for a mature woman to be single.'

People have narrow minds on girls who come back from Thailand, especially those who are not married. They assume they are prostitutes.

The majority of those interviewed married partners they chose themselves. While some migrants had their marriages arranged by others.

I dated my husband for five years. We have just been married one year. We first had sex on our wedding night. I bled and it was very painful. I am used to it now and it doesn't hurt any more.

I was 22 years old when I first married. Our parents arranged both my marriages.

My parents arranged my marriage. We have never fought, My husband and I have a simple and normal life.

The migrants described very specific gender roles within the family. However, some migrants explained a sharing of the responsibilities between them and their partners.

The main responsibility facing women is to please their husband. To cook, wash clothes and take care of him.

When I am sick my husband does all the work, including wash my clothes. We always work together and help each other.

Seventeen female participants said their husband had other partners and seven of them eventually divorced as a result. Two men reported their wives with other partners and both divorced as a result. In general however, the respondents explained that it was common for men to have other partners, but not women.

Men usually go away to find more pleasure in sexual indulgence. But sooner or later, having learnt some hard lessons, they would come back to the major wife. As our Shan saying goes: 'Divorce your major wife and your [money] bag string would be broken.'

Visiting prostitutes is nothing strange or abnormal. It is just a simple practice for those who are not married and have no girlfriends or lovers. It is acceptable to many men. But, my wife dislikes the idea and we would surely have a row. But, not everyone thinks the same way.

We do not have prostitutes in our homeland or if we had I did not know. In Thailand there are many prostitutes and they sell openly. Their customers visit them without any shame or embarrassment. It is very common in Thailand.

In Shan State my husband used to have a lover, but it did not become anything. We just had a few quarrels and it stopped.

If a woman has sex with a man several times, she would feel free to enjoy it, be more creative and reach an orgasm. But with a man, it is the other way around.

I met one woman who married when she was 14 years old. Because she married too young they say her 'sexual pot burst' and she could not stay without having sex. She had sex with so many people. Her husband knew about it, but did nothing about it. He said he did not take their marriage seriously. How disgusting to see a woman whose 'sexual pot burst.'

Most women interviewed reported having never or rarely talk about sex and their sexuality with others. Male migrants however reported knowing about sex before marriage and having discussed it with others. While female migrants reported no efforts

to enhance their sexuality male migrants described implantation of glass balls into their penises to increase sexual pleasure and injecting oil into their penis to make it bigger

I put two glass balls in my penis when I was in prison in Myanmar. When I have sex, my partner always complained that it hurt, but she also seemed to enjoy it. Some men also inject their penis to enlarge it. I have not tried this, but it would be good to try if you had a lustful woman.

I used to have three glass balls in before I got married. My friend and I put them in for each other. We sharpened the handle of a toothbrush into a sharp pointed tool. Broke some glass and ground it into a ball. Pulled the skin on the side of the penis against a flashlight until you can clearly see the small blood veins and pierce the skin with the toothbrush tool where there is no blood vein. Put the ball into the hole. Apply some toothpaste on the hole and bandage it for nine to ten days. If you have sex before that it can get hurt, swollen or even infected. If you do like that your girlfriends will surely be sexually aroused, making them moan with a little pain and great pleasure. I also felt a little pain. But, I have already taken them out at my wife's request.

Health Care in Thailand

Less than half of the respondents had sought health services in Thailand. The majority of women sought pre-natal and/or delivery services from government health centers.

I went to the hospital to deliver because I had no strength and was thin and small boned. I stayed three days and it costs only 600 baht. I have never had to go back again. My child is now 16 months old.

My husband's boss admitted me to the hospital to give birth. I had a beautiful and healthy baby girl.

I delivered at the district hospital. Our employer took me there and we had to pay 800 baht. We did not get a birth certificate however because we did not have identification cards.

I registered my pregnancy with the public hospital in Chiangmai. But, I did not deliver there because the pain came in the night and the baby was born in our room at the construction site with the help of my husband. The next day, my husband called a taxi and took us to the hospital. They did not give me anything to eat for the whole day. So, I drank some milk and ate a biscuit because my heart shook I was so hungry. The doctor scolded me and said I should read what was written on my chart. I told him I could not read and no one explained anything to me.

A friend who had been in Thailand for a long time brought me to the hospital in Chiangmai. I delivered there because the baby's bottom came out first and I could not deliver normally. The doctors had to operate. They told me I could only have two children. I was also given one bottle of blood transfusion. It cost 4,800 baht.

I registered my pregnancy at the district hospital in Chiangmai Province. But, I delivered at the construction site with the help of my husband and mother.

Several female respondents did not seek any health services.

I married my wife here in the construction site. During her pregnancy and through her delivery we never went to see a doctor. This is because we do not have any identification card and so we cannot ask anyone for help. Fortunately, there was a traditional Shan midwife at the construction site who helped with the delivery.

My fourth child was born in Chiangmai in our room on the construction site. My husband and my friend are the only ones who helped me deliver.

My wife gave birth in our shack. I couldn't take her to the hospital. Luckily some of her friends knew what to do and everything was all right.

My mother-in-law and I helped my wife deliver the baby right here in the camp.

My friend ran to call me while I was working on the construction site. He told me my wife was ready to deliver. When I got to our room she had already delivered the child.

Some of those interviewed explained why they did not use health care services in Thailand. The reasons they gave were: too expensive (10), feared arrest (7), language

problems (4), and other individuals reported a fear of western medicine, not knowing how to go or believed the Thai providers will assume they have AIDS and send them away.

Others who reported seeking health services from hospitals or clinics were largely for emergency health situations

My wife had a great fall and hit the ground so hard. We took her to the hospital because she was seven months pregnant at the time. The doctor said the baby was dead and he used a machine to suck the baby out. We had to pay 5,000 baht for the service.

One day, a machine split my husband's right index finger. He had to go to the hospital. They charged him 3,000 baht and the construction company compensated him 2,700 baht. He could not work any more in that job so we left.

My mother was hospitalized for a long time. She had an operation on her bladder. It cost 10,000 baht. Now she is working to pay off the debt she owes to the hospital.

Once when I was shaking with malaria some health workers found me wrapped up in a blanket. The health workers were there to tell the workers about HIV/AIDS but when they saw me they put me in a car and took me to the malaria center. They tested my blood and said that if I had been any later in getting to the hospital I would have

died. I had cerebral malaria. They gave me medicine and I took as they instructed. After some time I was better. The health workers who took me there paid for everything.

When my daughter is sick I take her to the clinic. Each trip costs at least 200 baht. At first the doctor asked all kinds of questions and I could not speak Thai very well. But, since my daughter is often sick, the clinic has issued a medical card for her. I am lucky to find such a good clinic.

Eight respondents explained that their employer accompanied them to the health facility and facilitated the care received.

When I was not well I dared not go to see the doctor because I didn't speak Thai and could not find the way. Then my employer took me to the clinic and the doctor said I had malaria. He gave me medicine and an injection. Later on my husband took me again. Now I am well and don't have any illness.

When I came to Thailand, I fell sick with malaria. My employer took me to the hospital. We paid the fee ourselves. It cost over 600 baht.

The employer took me once to the hospital when my child was sick and he paid 150 baht. Another time the employer took me to a clinic to get an injection after I stepped on a nail. He paid the fees.

The employer took me once to the hospital for my stomach pains and they gave me some medicine to drink. He paid for everything. I have received two traditional Shan massage treatments also. But the pains still come. I have no money to go back and I don't want to ask the employer again.

Others went with their husbands or others in their community who could get around Chiangmai well.

However, the majority of respondents purchased drugs from the stands in the market and nearby drug stores for self-medication.

When we are sick we dare not go to the hospital. We only ask people to buy medicine for us. Sometimes we get better and other times we are worse. Everyone has experienced this situation.

We have no identification cards to go to the hospital and we don't speak Thai very well. We have to buy medicine from the drug stores and treat ourselves, and sometimes it gets worse. I have seen people get so sick they have to go to the hospital. They have to hire other people to accompany them to the hospital, pay for transportation and expensive hospital fees. Everyone tries to buy medicine to take care because it costs so much money to go to the hospital.

The woman next door is sick sometimes. She just takes some medicine and goes to sleep. She doesn't go to a doctor as the clinic is too far away. We don't know our way around and can't speak Thai very well. If I get sick I will do the same as her.

Several others said they tried to get traditional Shan medicine and used that when available.

Future

There were a wide range of responses among the migrants to their future. Some had made their decisions to return to Shan State. Perhaps returning again to Thailand if necessary.

I am going back to Shan State tomorrow. I have been in Thailand for about seven months now. I miss my family too much. I won't return to Thailand again. I just want to work on my farm.

I am terribly fed up with working in Thailand. I will go home as soon as I collect my wages.

I would like to go back home. I miss my family so much.

I don't have any official Thai documents. I better return to Shan State and try again to make a living there.

We will try to go back home and make a living there. If we cannot we will try to come back to Thailand again.

We will go home and try to live in Shan State peacefully.

I will go back to check out the situation in Shan State. If I cannot live there I will come back to live in Thailand along the border area.

Others were going to wait and see what the situation back in Shan State was like before making their decision to return.

We will go back to the border first and learn about the situation in Shan State. If it is safe enough to go back we will. If not, we will return to Chiangmai again

Some decided to stay and work in Thailand to save more money before they returned to Shan State.

I would like to work here until I could save some money. Then return to my homeland. We can earn money here but just a little at a time. We have to worry about getting cheated by our employer and the police.

I can't go back home now because I don't have much money. I cannot go back until I have enough to repay my debts there.

Many migrants said they would stay in Thailand and continue working.

I don't want to go back to Shan State at all until the situation there changes.

To go home means trouble. So, I will try to stay and work in Thailand as long as possible.

If I could choose I would prefer to stay and work safely in Thailand.

As long as we don't get arrested or deported back, we would like to continue working like this in Thailand.

Finally, migrants talked about concerns for their children's education and claimed that this would determine their future.

I would like to arrange for a teacher to come to the construction site and give the children some education.

The children cannot go to school here in Thailand. Therefore in one year, we are planning to return to Shan State so the children can study.

I will go back to Shan State and suffer so that our children can attend school. The children suffer now from not knowing any education, discipline or politeness.

The above summary provides a brief description of the perceptions, concerns and realities found among Shan migrants from Myanmar in construction sites in Chiangmai, Province, Thailand.

4.6 Discussion

The findings of this study were able to meet the objectives:

1. To describe the reproductive health beliefs, concerns and realities among those from Shan State in Myanmar in the larger context of their lives as illegal migrants in Thailand.
2. To describe how their perspectives, concerns and realities impact their reproductive health and care-seeking decisions
3. To identify obstacles and barriers faced by Shan migrants in Thailand in dealing with their reproductive health concerns and needs.

The results provide an overview of these objectives, but at times fails to provide details on specific issues. For example, the findings are weak in describing reproductive tract infections, pre and post natal care issues, traditional practices and preferred reproductive health commodities or services. Obtaining detailed information was largely hindered by the limited amount of time. The interviews were on average 1.5 to 2 hours in length and follow-up interviews were difficult due to mobility and time

constraints of migrants. The lack of privacy and frequent interruptions also interfered with the detail and depth of the responses.

The in-depth interviews provided invaluable information on a diversity of attitudes, realities and concerns among migrants. This research tool allowed for participants to describe the wide-range of issues and obstacles that impact on their reproductive health and care-seeking behavior. The data presents language and basic understandings that can be incorporated into designing further research and outreach to this community.

The in-depth interviews with key informants were critical in establishing the guideline questions, identifying migrant populations and framing the context, culture and concerns in conducting the research. By including the key informants experiences and insight into the research, the research team was able to check in throughout the process and link migrants to some ongoing support systems already in place. The findings of the research will be shared with the key informants, who will also participate in the presentation and discussions of the study with the government and service providers.

Unfortunately, the in-depth interviews with service providers were lost when one of the researchers quit mid-way through the study with the data collected. It was too late to repeat the interviews and therefore, their perspectives were not incorporated into the findings.

Focus group discussions did not provide much useful information. The researchers felt that the lack of trust within the group and uncertainty and fear in the community at large did not allow for open exchanges among participants. More consideration should be taken in how best to deal with vulnerable populations. The research team should have taken time to rethink the research tools when raids and arrests became more frequent.

The findings of this study will be used to develop the questionnaire for the second phase of the project proposal. The second phase will include a larger population that will allow for more conclusive findings and to explore more distinctions among variables such as gender, age, years in Thailand and others. Given the small number of participants in this study and the research tools used, such conclusions and distinctions cannot be made. However, the background and depth of this data will be critical in the development of an appropriate and well-designed questionnaire. This includes identification of commonly used language, cultural values, insight into living and working environments, an understanding of social dynamics as well as actual reproductive health issues and concerns.

4.7 Conclusions

This study was able to reach the overall objectives proposed through the various qualitative research methods employed. The results provide an understanding of the reproductive health beliefs, concerns and realities of Shan migrants from Myanmar in the broader context of their lives. The data also gives insights as to how their beliefs,

concerns and realities impact on their reproductive health and care-seeking behavior. Finally, the findings identify some of the obstacles and barriers faced by the Shan migrants in Thailand in attempting to meet their reproductive health needs.

This study does confirm that the critical reproductive health issues among migrants identified by Population Reports (1996) are extremely relevant to Shan migrants from Myanmar in Thailand. These are:

1. Contraceptives access and use
2. Risks to HIV/AIDS and other sexually transmitted diseases
3. Safe motherhood
4. Unsafe abortions
5. Violence against women

All of which were identified by Shan migrants as issues of concern to them or others in their family or community.

Although the data available from this study is only preliminary, it does highlight some issues and considerations for further exploration. For Shan migrants from Myanmar working and living on construction sites in Thailand this will mean considering the:

- ongoing experiences of violence and trauma in both Myanmar and Thailand;
- high illiteracy rates;

- early marriages with no reported knowledge of sexual and reproductive health;
- limited knowledge of RTIs including HIV/AIDS and lack of condom use;
- low use of contraceptives in Myanmar and high use in Thailand;
- limited knowledge and/or access to contraceptive information or services;
- high use of contraceptives (and western medicine in general) as migrants seek means of self-proscribing medicines with little or no knowledge of their proper use, side effects or follow-up interventions;
- presence of unsafe abortions;
- lack of infant and child immunization coverage and
- fear to access health services in Thailand due to costs and their illegal status, resulting in deaths from curable illnesses.

This information along with language and cultural knowledge will be incorporated into the second phase of this project and hopefully offer insight to others seeking to explore any of these issues not only among Shan, but other migrant populations as well.

Although it is not possible to make recommendations from such a small study, the key issues that have emerged are worth sharing with health providers, government offices, non-government organizations and others in contact with migrant populations. It is crucial that the reproductive health needs of migrants and their particular vulnerabilities be considered. Given their mobility, migrants are members of much

larger communities and the quality of life in these communities is dependent on the health of all its members.

Finally, the high level of violence faced by the migrants (without recourse) both in Myanmar and Thailand directly impacts their ability to safely seek health care services.

Many Shan interviewed compared migrating to Thailand to an old Shan proverb where one “escapes from the bear and runs into the tiger.” It is critical that policies and interventions realize the difficulties and violence encountered by the Shan both in Myanmar and Thailand and its impact on their reproductive health and decisions to seek care. Simply giving migrants from Myanmar in Thailand more information and access to commodities and services without consideration of the fear, violence and isolation in which they live will not be adequate in meeting their reproductive health needs.

Given the levels of violence reported by the migrants in this study, serious attention should focus on protecting their basic rights as well as to the provisions of basic health information and care. Collaboration between government and non-governmental bodies working with migrants could better discern the concerns of migrants and establish a means for preventative and primary care that is safe and sensitive of their environment.

Collaboration between migrants from Myanmar, Thai government and non-governmental players has been established in several border provinces in Thailand. With support, such initiatives have allowed for improved care to migrants and reduced costs to the Thai government (Asian Resource Center for Migration, 1997). Such collaborative initiatives could be explored, strengthened and considered elsewhere as a means for addressing the compounding factors influencing the reproductive health of migrants from Myanmar in Thailand.

References:

Adams, A. & Castle, S. (1994). Gender relations and household dynamics. In G. Sen, A. Germain, & L. Chen (Eds.), *Population policies reconsidered: Health, empowerment, and rights* (pp. 161- 173). Boston: Harvard School of Public Health.

Amnesty International. (1998). *Myanmar: Atrocities in the Shan State*. London, Author.

Archavantkal, K., & Koetsawang, P. (1997). *A passage of women from neighboring countries to sex trade in Thailand*. Nakhonpathom, Thailand: Institute of Population for Social Research, Mahidol University.

Asia Watch. (1993). *A modern form of slavery: Trafficking of Burmese girls and women into brothels in Thailand*. New York: Human Rights Watch.

Asian Research Center for Migration. (1997). *Report of second technical consultation on transnational population movements and HIV AIDS in Southeast Asian countries*. Bangkok: Chulalongkorn University.

Chintayananda, S., Risser, G., & Chantavanich, S. (1997). *The monitoring of the registration of immigrant workers from Myanmar, Cambodia and Laos in Thailand*. Bangkok: Asian Research Center for Migration, Chulalongkorn University.

Gittelsohn, J., Pelto, P.J., Bentley, M.E., Bhattacharyya, K., & Russ, J. (1995).

Women's health network protocol: For using ethnographic methods to investigate women's health. Baltimore: John Hopkins University.

Human Rights Watch. (1997a). *Rohingya refugees in Bangladesh.* New York: Author.

Human Rights Watch. (1997b). *Burma/Thailand: No safety in Burma, no sanctuary in Thailand.* New York: Author.

Images Asia. (1998). *All quiet on the western front: The situation in Chin State and Sagaing Division, Burma.* Bangkok: Author.

Krueger, R. (1994). *Focus groups.* Thousand Oaks, California: Sage Publications.

Lee, R.M. (1993). *Doing research on sensitive topics.* London: Sage Publications.

Mann, J., & Gruskin, S. (1995). Women's health and human rights: Genesis of the health and human rights movement. *Health and Human Rights, 1*, 309-314.

Pollock, J. (1996). Women, discrimination and HIV. *Asian Migrant, 9*, 4.

Population Reports. (1996). *People who move: New reproductive health focus.* Baltimore: John Hopkins School of Public Health.

- Portor, D. (1995). *Wheeling and dealing: HIV and development on the Shan State borders with Myanmar*. New York: UNDP.
- Pyne, H.H. (1992). AIDS and gender violence: Enslavement of Burmese women in the Thai sex industry. In Peters, J. and Wolper, A. (Eds.), *Women's rights, human rights*. New York: Routledge.
- Sen, G., Germain, A., & Chen, L. (1994). *Population policies reconsidered: Health, empowerment, and rights*. Boston: Harvard School of Public Health.
- Shan Human Right Foundation. (1998). *Dispossessed: Forced relocations and extrajudicial killings in Shan State*. Chiangmai, Author.
- Smith, M. (1996). *Fatal silence: Freedom of expression and the right to health in Burma*. London: Article 19.
- Venkateswaran, K.S. (1996). *Burma: Beyond the law*. London: Article 19.
- World Health Organization. (1997). *An assessment of the contraceptive method mix in Myanmar*. Geneva: Author.