

**Original Article**

## The Family Planning's Experiences of Migrant Workers in Thailand: A Qualitative Research

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**Correspondence:** Nuchanad Hounnaklang, PhD, Lecturer, College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand, 10330 E-mail: nhounnaklang@yahoo.com**Abstract**

**Background:** Since Thailand is one of the main countries in Southeast Asian region that attracts a large number of transnational migrant workers, especially those from neighboring countries. The issue of sexual and reproductive health especially the family planning has been the one serious concern for Thai authority relating to transnational migrant workers policy.

**Objectives:** The purpose of this study was to explain the meaning and lived experiences of family planning of Myanmar migrant workers who work in latex rubber factory and rubber tapping in Surat Thani province, Thailand.

**Methodology:** This research was applied by the qualitative research methodology. The data collection covered in-depth interviews, observation, field note takings, together with such secondary data as literature reviews from various sources. The participants consisted of twenty males and females Myanmar migrant workers able to well communicate in Thai language and live in Thailand at least one year. The data was analyzed by using content analysis of van Manen's method.

**Results:** The study findings fell into six major themes as follows: 1) The meaning of family planning 2) Birth control: the woman's responsibility 3) Antenatal care: making mother happy 4) Cervical cancer examination: What is it? 5) Children upbringing: leaving the children in workers' shelter alone and 6) Access to family planning services provision.

**Conclusions:** The findings provided a deep understanding of the family planning of Myanmar migrant workers and can be used as foundation data to inform and propose to the society and organizations concerned, especially those responsible for mapping out the policy of the country.

**Key words:** family planning, migrant workers, qualitative research, reproductive health, sexual health

**Introduction**

It has been obvious that the current movement of migrant workers to other country's labour market is on the rise. This is due to an increasing demand for workers, over the past 10 years, to work in various factories and industries, ASEAN Economic Community's Free Trade Agreement, as well as migrant workers' desire to search for a better life as far as employment opportunity is concerned. The year 2007 saw 708,976 migrant workers in Thailand and doubly increased to 1,445,575 in the year 2015. Out of those transnational migrant workers to find employment in Thailand, 70 percent is Myanmar

nationality. It is found that five provinces of Thailand in which most Myanmar migrant workers are employed cover Bangkok, Samutsakorn, Pathum Thani, Chiang Mai and Surat Thani, respectively. Worth noting is that crossing border to work in Southern provinces of Thailand is easy and convenient for Myanmar workers, since there are several access points; both registered and non-registered Myanmar workers have, therefore, increasingly entered to gain employment in several Southern provinces. The influx of these migrant workers has evidently significant implications to not only Thai economy and public health, but also Myanmar workers' general health (Department

of Statistic Ministry of Social Development and Human Security, 2016).

Since Thailand is one of the main countries in Southeast Asian region that attracts a large number of transnational migrant workers, especially those from neighbouring countries. Once in Thailand, they have unavoidably encountered various issues, i.e., a number of them have had health problems, inability to access public healthcare, hiding from Thai authority owing to their illegal entry; no work permit; no knowledge of public healthcare provider. More importantly, their inability in two-way communication has resulted in Thai public healthcare organizations unable to efficiently promote and follow-up the Myanmar workers' healthcare (Buadang, 2008). Including, the issue of sexual and reproductive health especially the family planning has been the serious concern for Thai authority relating to transnational migrant workers policy (Sciortino, 2013; TK Sundari Ravindran, 2013).

In terms of family planning services provision, Thailand's family planning policy aims to cover all Thais including migrant workers. However, differences in factors as culture, tradition and faith has, to a greater extent, posed barrier to getting the intended services provided, especially among the Southern part of Thailand whose religious belief and identity has played key role influencing their marriage, pregnancy and birth control (Samuseneetoo Sunthornthada & Khamsuwan, 2011). According to the study of 3,426 Myanmar migrant workers in the North and South of Thailand in 2004, it was found that 25 percent of the samples had sex with prostitutes; 57 percent had regular sleeping partners; 6 percent had irregularly sleeping partners. The findings also indicated that, among those visiting prostitutes, 79 percent always using contraceptive condoms; 4 percent only mentioning that they used condoms (Ford & Chamrathrithirong, 2007). The study on migration conducted by Mahidol Migration center, the Population and Social Research Institute (Chamrathrithirong, 2012), found that among 3,405 migrants women in 11 provinces of Thailand, 60 percent of married women aged between 15-49 years used modern birth control approaches, and the most popular birth control method for Myanmar migrant workers was contraceptive pills as 72 percent of them preferred the pills. Worth pointing out is that though contraceptive pills are used by most

Myanmar migrant workers; however, the first top three birth control methods among those working along the bordering provinces were contraceptive injections, woman sterilization and coitus interruptus, respectively. Nevertheless, the findings also found that there was a number of them still lacked knowledge and understanding of birth control methods and application (Soe, Than, Kaul, Kumar & Somrongthong, 2012); whereas the birth control rate in Myanmar constituted 32.8 percent (Huguet, 2014).

Therefore, we have realized the importance of those above-mentioned issues and, thus collaboratively conducted the research study on the meaning and lived experience of family planning of Myanmar migrant workers who work in latex rubber factory and rubber tapping in Surat Thani province, Thailand. Upon completion, the research findings can be used as foundation data to inform and propose to the society and organizations concerned, especially those responsible for mapping out the policy of the country.

### Research Questions

1. What is the meaning of family planning in their perspectives?
2. How do they plan about their family?
3. How do they protect themselves from cervical cancer and STIs/ and what method do they use for their family planning, how?
4. How do they access the sexual health service provision?

### Methods

This research was applied the qualitative research to explain the meaning and lived experiences of family planning of Myanmar migrant workers who work in latex rubber factory and rubber tapping in Surat Thani province, Thailand. The data collection covered in-depth interviews, observation, field note takings, together with such secondary data as literature reviews from various sources. The participants consisted of twenty males and females Myanmar migrant workers able to well communicate in Thai language and live in Thailand at least one year. Their ages ranged from 18 to 60 years. For the data analysis, based on an analytical technique of van Manen (1990), all data collected would be analyzed accordingly. As it is necessary that the data analysis, as well as the collection of data would be administered

simultaneously, right after each interview session, verbatim transcription of data would be done to ensure its precision, and we would scrutinize the trustworthiness of the transcripts whiles carry on with the data analysis. The trustworthiness was conducted according to the approach of Guba & Lincoln (1994) by credibility, persistent observation, triangulation, peer debriefing, transferability, dependability and conformability. Including, this research was approved by the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University (IRB Code: 099.1/60).

## Results

The family planning for Myanmar migrant workers can be divided into six issues as follows:

- 1) The meaning of family planning
  - 2) Birth control: the woman's responsibility
  - 3) Antenatal care: making mother happy
  - 4) Cervical cancer examination: What is it?
  - 5) Children upbringing: leaving the children in workers' shelter alone
  - 6) Access to family planning services provision.
- The details were described below:

### **1. The meaning of family planning**

The majority of Myanmar workers were of their opinions that family planning was about being good wife/husband; planning to have children; saving up as much money as possible; being economical and little spending required for future happiness, hoping to get back to their motherland and live comfortably for the rest of their life.

*"It's like... I have to be good wife taking good care of my husband and children. I got to save money, too, so that I can have a better life back at home when I'm getting older." (IDM 1)*

### **2. Birth control: the woman's responsibility**

As for birth control, they stated that it was only women's responsibility to have birth control if the family was not ready to have children. It was only woman who had to undergo sterilization process; allowing her husband to be family's efficient breadwinner: it has been believed among Myanmar migrant workers that those men going through sterilization procedure would be physically and mentally weak and fatigue, resulting in less efficient family leaders.

*"My wife has used injectable contraceptive once every three months."*

*"She used to take pills but said that she lost appetite and couldn't sleep. She later turned to injectable contraception. I don't do sterilization; it's my wife's responsibility, and I am responsible for earning money for our family." (IDM13)*

### **3. Antenatal care: making mother happy**

The majority of Myanmar migrant workers said that, the meaning of antenatal care referred to a practice to make mother happy; unworried, feeling safe and secured in that both mother and children were under medical staff's health caring supervision, resulting in good health for both, especially for mother's safe delivery. If mothers failed to register for getting antenatal care, they would not be able to get their child delivered in Thailand.

*"Just get pregnancy supervised and examined. If not, nobody will be responsible if something happens to the newborn or unborn child...As soon as I registered for pregnancy healthcare service, I felt much relieved and lighthearted. I used to see from television about child delivered deformed and felt awful, so I decided to follow their recommendation." (IDM2)*

### **4. Cervical cancer examination: What is it?**

The majority of them said that they had no idea what the cervical cancer was, and they had never undergone this kind of examination before. Besides, they never received advice or had been contacted by any registered nurses or local hospital staff for getting the services. The statements extracted were as follows:

*"I've heard about it and thought it is was not good to have cervical cancer. It's not good at all, but I don't know what it is like 'cause nobody ever told me about it before, never." (IDM2)*

*"Oh, cervical cancer? Well, I have no idea what it is. Actually nurses from local healthcare hospital used to contact me for getting the cervical cancer examination, but I don't know what it is (laughing)." (IDM6)*

### **5. Children upbringing: leaving the children in workers' shelter alone**

They would leave their children in their room of workers' shelter alone, because they did not want

other people to be responsible. Besides, they did not want to pay other people to take care of their children since it involved baby sitter's expenses. Briefly, even though their 3-year-old kid, parents would leave them alone in their room, and immediately returned to their child at lunch. Nevertheless, some Myanmar migrant workers stated that as soon as their maternal leave ended, their babies would be brought back to their own country to be looked after by their relatives.

After that they would return to resume their work in Thailand, earning enough money to send back to their relatives for taking care of their children.

*"Nowadays my child is left alone in my room....Personally, I'm kind of scared at first to leave my kid alone like that and thought of sending her to stay with my sister, but my husband told me not to send her there. He said that if our kid went to stay with others, the kid would feel isolated and not talking to anyone. So, it's best to keep her here, and we also didn't want to spend money by paying our sister as a babysitter. Besides, my kid had got used to staying alone for several months already, and we turned on TV for her enjoyment while waiting for us to get back home. Oh, there were also other neighboring kids. You see, other parents were doing the same thing, letting their kids stay home alone all day and comeback for lunch to meet them too, then return to work after lunch."*

(IDM2)

## 6. Access to family planning services provision

Most of them, males and females, stated that to get the services, they and their partners had to go to local medical clinic or health-care related hospital, or community hospital. The services they required covered mainly illness treatment, pregnancy supervision and examination. However, they had never requested for family planning services. Most of the time, it was a matter of family planning discussion between husband and wife. They said that, to get access to family planning depended on whether or not the foreign workers would exercise their rights entitled to them, i.e., Foreign Workers' Self-Insurance Fund; they can get general medical checkup, pregnancy care, vaccination at local healthcare clinic where they resided, for instance, sub-district healthcare hospital, local community hospital.

*"Well, we mostly went to hospital, local healthcare clinic just to get pregnancy care service or took our children to get vaccinated. For family planning matters, only two of us discussing together."*

(IDM8)

## Discussion

The meaning of family planning, those interviewed explained that family planning referred to the organizing process of family life, such as having child/children planning; financial planning, so much so that parents could be ensured of family happiness in the future. They believed that to have a secured and perfect family depended on such key factors as loving bondage; smart savings and spending. In other words, they had to save up their hard-earned money as much as possible whiles spending as little as they could, so that one day when returning home, they could be well equipped financially and lived happily through the rest of their life. This corresponded to the definition and theory of family planning in that, it was about the mutual plan and agreement between husband and wife, in terms of when to have a child, the number of children required to be well and properly brought up. This mutual consent and respect is important and necessary for a healthy family life. To realize their objectives, the spouses would decide and select birth control approaches that best suit them, according to their financial ability and parenthood readiness, otherwise, if they somehow feel that they are not ready for being parenthood, or having a child is overburden, then they can keep waiting until the right time to have one (National Statistical Office, 2010).

For birth control, the study indicated that birth control was actually a women's responsibility, if they were not ready to have one. While others went even further to say that, to succeed in birth control solely relied on women side to have sterilization; men would get weaker and poor health if they got sterilized. Women then should sacrifice so that their husband would be healthy and strong enough to work earning money to feed their family. This corresponded to the belief and attitude based on social and cultural norm inherited from previous generations that, in Myanmar, men are more privilege and powerful than women. As for them, based on their social value that it was a woman's duty and responsibility to have birth control, so that her

husband could retain strength and energy as a family's leader and breadwinner. Their preferences for birth control methods were contraceptive pills and injections. It was interesting to mention that, of the Myanmar migrant workers interviewed, 95 percent of those not ready to have a child had used either method of birth control approaches; whereas the findings of Mahidol University on birth control among migrant female workers - married women-aged between 15-49 years revealed that only 60 percent used modern birth control method (Chamratrithirong, 2012). Likewise, other study in 2014 of Phang Nga province, Southern Thailand, on birth control among migrant married women workers, aged between 15-49 years, indicated that 80.1 percent used birth control method (Soe et al., 2012); whereas in Myanmar itself, the birth control rate of the country constituted 32.8 percent (Huguet, 2014).

The antenatal care, they said that antenatal care was some sort of looking after mother and child to ensure that they would be strong and healthy, and that the new born baby were safely delivered. Those having antenatal care would have little, if any, anxiety and feel more safe and secured. As for Myanmar workers, they said that if they had not registered to get antenatal care services provided, it was impossible to deliver their child in Thailand. They said that they always observed their doctors' appointment on antenatal and postpartum care, which corresponded to the 2012's survey on Woman and Child Situation in Thailand that over 95 percent of mothers had received at least 1 antenatal care session; whiles 93.4 percent of them had at least 4 sessions (National Statistical Office, 2013). The findings of the study found that they did have quality antenatal care and postpartum examination whenever having appointments with doctors which, interestingly, contrasted with other study reporting only 50 percent of delivering mothers had received antenatal care at public healthcare centers (Huguet, 2014).

For cervical cancer examination, they had never heard and never been given consultations by registered nurses or healthcare providers for cervical cancer screening before. Clearly, this is a worrying issue for Myanmar female migrant workers because a study found that the 2012 incident rate of Myanmar women with cervical cancer constituted 20.6 cases per 100,000 general citizen; whiles the death rate of cervical cancer

constituted 12.3 cases per 100,000 general citizen (Bruni, Barriónuevo-Rosas, Albero, Serrano, Mena, Gómez, Muñoz, Bosch , & Sanjosé, 2017). Furthermore, they had not received breast cancer screening provided by public health centers both in Myanmar and Thailand, despite lacking knowledge and information about breast cancer issue. Breast cancer has been a number one killer for women in Myanmar, as reported in 2012 of the incident rate of women with cervical cancer that constituted 20.6 cases per 100,000 general citizens. By the same token, the comparative rate of death caused by cervical cancer in Myanmar was illustrated that the figure constituted 12.3 cases per 100,000 general citizens (Bruni et al., 2017).

The children upbringing, they would leave their child/children in their room alone: some said that they did not want their children to be with other people; while others said that they did not want to have any additional expenses on baby sitter to look after their 3-year old child who would be left alone in their shade. As soon as the lunch break started, they would rush to their room to take care of their baby. In some cases, they would bring their baby back to their hometown in Myanmar after maternal leave ended, and their relatives at home would be the guardians who would be financially supported by parents returning to work in Thailand.

Finally, the access to family planning services provision, they received such services as antenatal and postpartum care, birth control and birth control related medical supplies after delivery. However, they did not go for such services as family planning consultations and services including family planning related medical supplies. Therefore, it was reported that though the family planning services were offered free of charge, it turned out that the majority of Myanmar migrant workers either did not get access to the services (Saejeng, 2012). In general, they would go for health related services when having illnesses or wanted to have antenatal care by visiting local healthcare center/hospital located in the vicinity of their community. Nevertheless, they never used family planning services, except those wanted contraceptive injections. They never went for contraceptive pills or condoms or any other kind of birth control methods. As for family planning knowledge and information, they normally learnt about birth control after their delivery prior to

being discharged from hospital. They would later come for birth control services after their delivery to be followed up by their doctors, and then would choose birth control method suiting their preferences or conveniences. Worth mentioning is that most Myanmar migrant workers at latex rubber factory had limited, if any, access to family planning services from organizations concerned, especially the government's healthcare centers or local hospitals.

### **Conclusion and Recommendation**

Based on the research findings, Since Myanmar migrant workers have limited, if any, family planning information or knowledge; they only know one of these methods of birth control, for example, contraceptive pill, contraceptive injection, sterilization. Thus, it obviously confines their birth control alternatives and opportunities. So, the registered nurses, healthcare providers and related public health parties are immediately required to take part in initiating educational programs for them, regarding correct and appropriate birth control methods, so that they are able to choose which method suits them the most. Including, owing to the fact that the cervical and breast cancers testing and examination are not listed in the health insurance scheme, and that in Myanmar itself insufficient instruments exist for the above-mentioned symptoms diagnosis. Therefore, the health related organizations should publicize by disseminating information necessary to enhance their knowledge and understanding, or launching promotional medical packaging, so much so that they realize the benefits of visiting the reproductive healthcare promotion centers to get services required. It is necessary to encourage nurses and healthcare providers or hospitals giving services to them to arrange and provide Myanmar nationality translators/interpreters on a voluntary basis and promote them to be key assistants in health-related issue translation. And setting up migrant childcare centers, given that Myanmar migrant workers, as parents, would mostly leave their child/children at home alone for such reasons as busy work schedule and frugality, thus leading to their poor childcare of their own, It is recommended that childcare centers for them should be set up to look after their children to prevent unexpected incidents or different kinds of accidents that might arise.

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