



# **Foundation for Education and Development (FED)**

## **Maternal and Child Health Survey**

**Completed April 2010**

**GHRE**

**Mark Ellis**

### **Abstract**

This research project aims to investigate the maternal and child health conditions of Burmese migrant workers in south Thailand. Many of these workers are undocumented and their access to health care has continued to be poor after the Tsunami on the Andaman coast of 2004. A questionnaire was developed with 48 multiple choice and fill in the blank answers. The topics to be covered included: Demographics, Home and Environment, Child Birth and Children's Health, Nutrition and Family Planning/ HIV. There was some questions on literacy and schooling that were used to assess educational background of the women. The interviews were completed with 94 randomly selected women from ages 15-50. The studies were conducted in 5 districts of Phang-nga; Thaplamu, Takuapa, Kho Kloi, Ban Muang, and Ban Sai.

The questionnaire was designed, translated into Burmese and conducted during the months of February through April, 2010. The results aim to develop a better understanding of the current health knowledge and status of access to healthcare while further using this knowledge to design health interventions to address these findings.

## **Critical Review**

Data addressing health indicators for Burmese populations living in southern Thailand are scarce. Readings from the Helpless Before and after the Wave: The Plight of Burmese Migrant Workers (TACDB) suggested the poor access to health care through documented testimonials. There are no significant health statistics that represent the migrant Burmese in Phang-nga. It is felt by health care professionals that within this population there is an incomplete understanding of disease prevention. A discussion with community health workers in Burma (Teela) suggest that villagers have poor access to health care, which may promote the migration to Thailand, but further documentation about Burmese migrants access to health care in Thailand is unavailable. There is good data on maternal and child health in Thailand, but may not represent the Burmese subset. Overall, the Thailand birth rate is 13.4 births/1000 persons, infant mortality rate is 17.48 deaths/ 1000 live births (CDCFACTBOOK). Within the adult population in Thailand there is a 1.4% prevalence rate of HIV(CDC). Unfortunately, this is data for Thailand as a whole, and there is little data for the subset of the Burmese population. Infection rates according to MSF are as high as 3.1% amongst women and 9.0% amongst men at border crossing-points, such as the area around Phang-Nga compared to 1% in the mainstream Thai population. There is little other data.

## **Methodology**

The design of this project was broken down into 3 phases. Phase I was the design phase. During this time, the team of Grassroots Human Rights and Education discussed the design of the project. They used Burmese community health workers to give feedback into the direction and wording of the survey. Several previously validated surveys were used as references to design the questionnaire, such as the KPC2000 Rapid Core Assessment Tool on Child Health (CATCH) and UNICEF's Multiple Indicator Cluster Survey(numbers 3 and 4). The questions were translated into Burmese and tested with a sample population. Some revisions were then made. Phase II included training the staff on the guidelines and implementation of the survey. The survey was then taken

into the community and the information gathering started. This was a time consuming phase as many of the Burmese live in remote rubber plantation, construction sites or fishing villages. Each survey took approximately thirty minutes each. Phase III involved the compiling of data and documenting the report. The target audience was restricted to women of child bearing age and set at 15-50 years old. The staff was instructed to read the questions, as some of the Burmese women are illiterate. The literacy exam that was to be given, involved out loud reading by the women. The surveyor was given guidelines as how to interpret the results and give a qualified score.

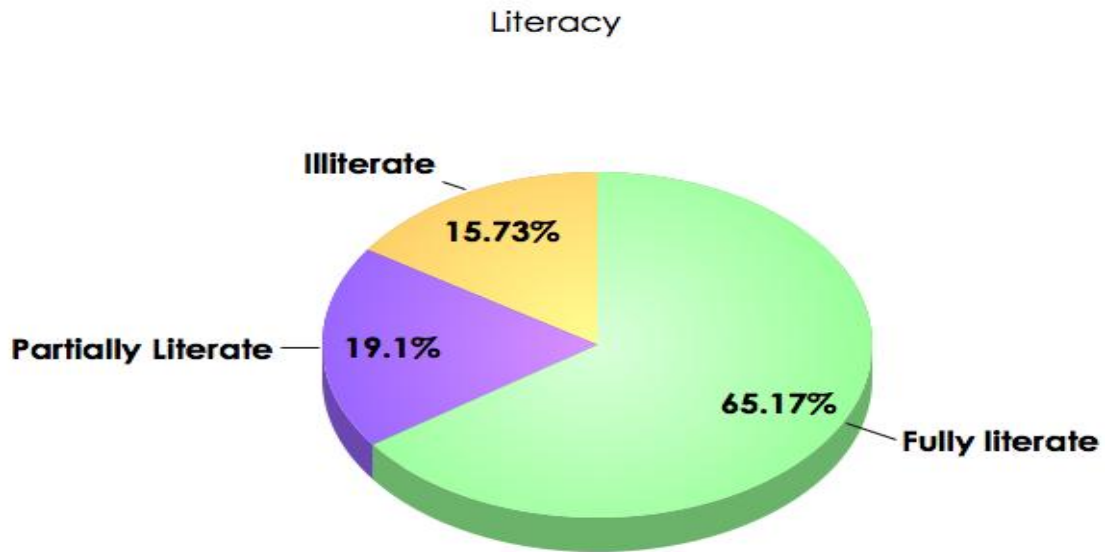
The conclusions and planning to address issues and implement programs based on the findings of this study will begin in April and May, 2010.

### **Analysis of Data**

The demographic breakdown of the 94 women studied included an age range of 15-50 years old (15 participants were age 15-22; 39 participants age 23-32; 32 participants age 33-42; 8 participants age 43-50). The studies were done in Phang-nga Province. The population came from the districts of Thaplamu (11%), Phang-nga(22%), Takuapa(26%), Khok Kloi(18%), Ban Mueng( 8%), Ban Sai(15%). The women were asked to identify themselves as an ethnic group from Burma. 2% identified themselves as Rakhin, 35% as Burmese, 16% as Mon and 46% as Dawei. One question to determined there religious identity in which all of the participants themselves as Buddhists.

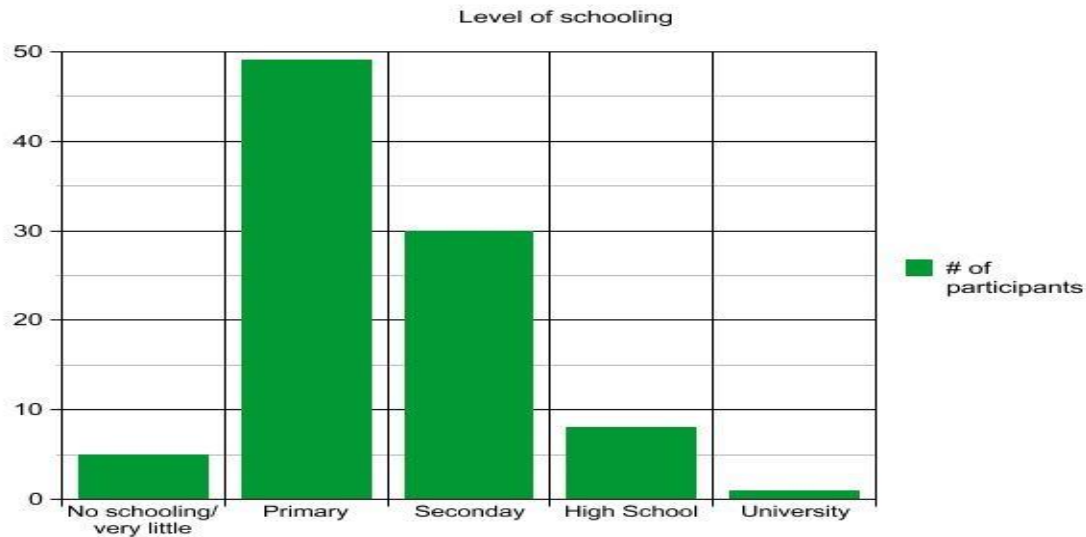
One question determined the spoken language fluency of many of the Burmese. Most of the Burmese described Burmese as their primary language and many spoke a tribal language. None of the participants felt comfortable conversing in Thai or English.

A basic reading exam that was developed by the MICS was preformed. The patients were asked to read, and the surveyors were then to determine their level of literacy. The results suggests that about 35% of the women had low or no literacy.



**Fig 1.1 Rate of Literacy**

A follow up question to literacy addressed the educational background of the women. The school system varies in different areas of Burma and Thailand. The women were asked if they had completed no schooling, at least some primary schooling, had completed primary schooling/some secondary, or were at high school level or were at a university level. Primary schooling included 1-6 grades, Secondary grades 6-9, high school grades 10-12/13 and university was education beyond 12 years of schooling.



**Figure 1.2 Level of Schooling (Level reached)**

The patient population polled was asked how long they had been living in Thailand. The result were as follows:

Less than 1 year 5%

1-5 years 38%

6-10 years 35%

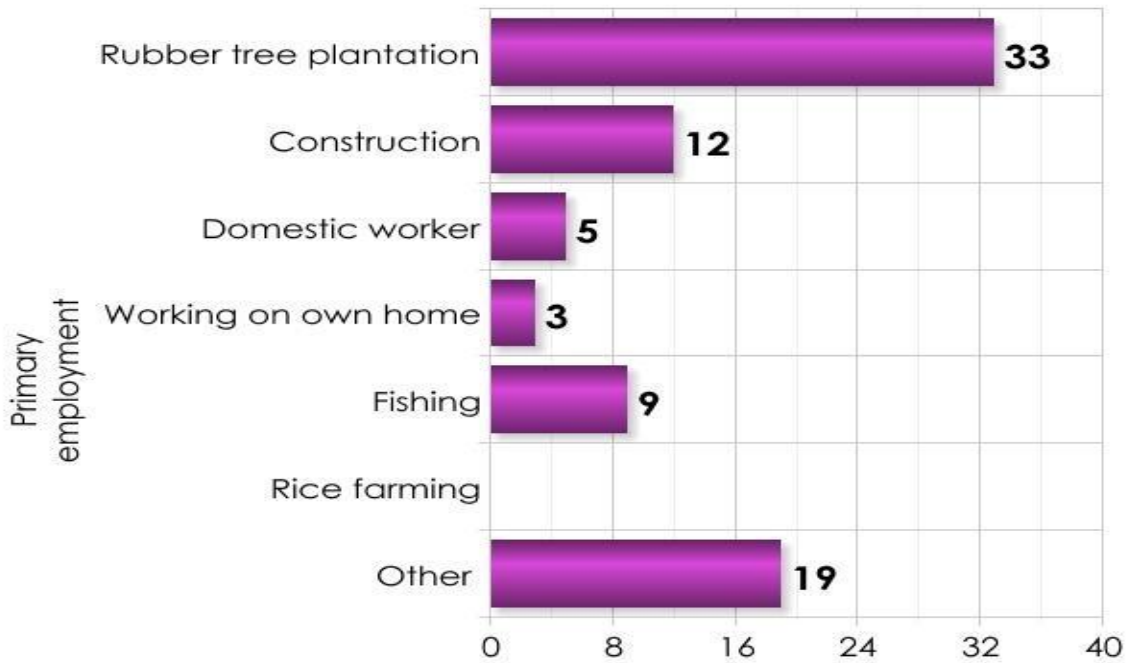
11-20 years 16%

more than 20 years 1%

91% of the women described their living situation as “married, living with husband”. 3% chose “married not living with husband”. 1% were divorced or widowed and 4% were unmarried.

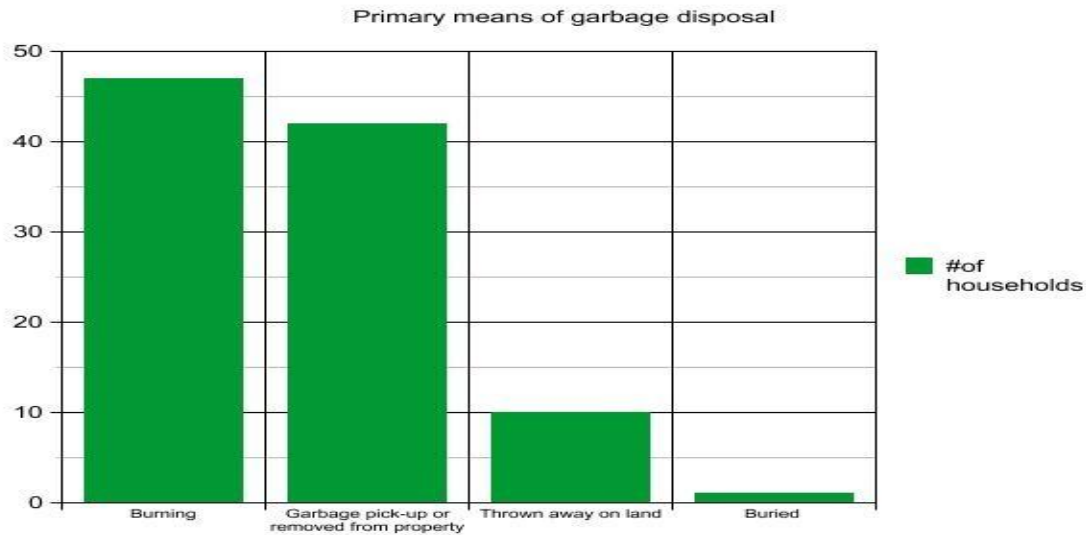
The survey assessed the primary employment of the women. Of those that responded, 33 worked on the rubber plantation business, 12 worked in construction, 5 worked in the home of another, 3 worked in their own homes, 9 were involved in the fisheries business, 0 were rice farmers and 19 replied “other”. Those that replied “other” were given a chance to further specify. These

included 8 that worked in saw mills, 1 as a hotel grounds keeper, 2 listed “odd jobs”, 1 car cleaner, 3 shopkeepers, 1 brick factory worker, 1 gardener and 1 dishwasher.



**Figure 1.3 Primary means of employment**

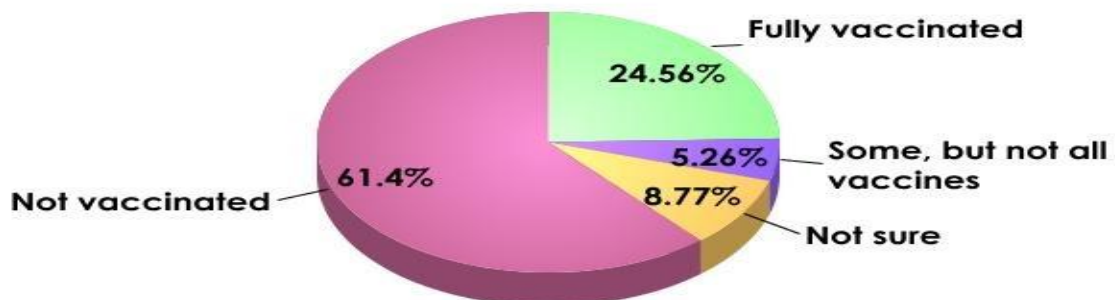
The next topic discussed questioned home and environment. A question about garbage disposal allowed the interviewees to choose all applicable answers (Burning, garbage pick-up, throw away on land or buried). The results were as follows.



**Figure 1.4 Primary means of garbage disposal**

Participants were asked the number of animals (Dogs, Cats) that lived inside of their homes. Of these, 48% of the women lived without animals in their homes, 16% have 1 animal, 12% have 2 animals, 12% have 3-5 animals and 13% have 6 or more animals in the home. Of the households that have animals, 75% have animals that have either not received vaccines, the vaccination status is unknown or they have not received all the needed vaccines.

Vaccine status of animals within Burmese homes

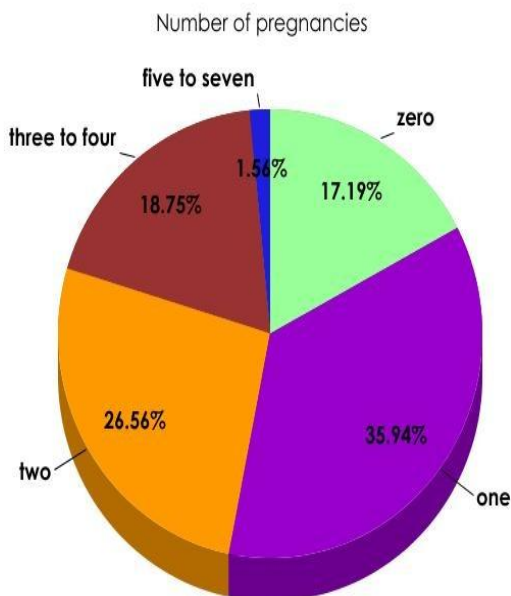


**Figure 1.5 Vaccine status of animals in Burmese homes**

Due to the incidence of mosquito borne diseases in Thailand, the questionnaire assessed the means that people used to protect themselves from mosquitoes at night. The participants could choose all applicable answers. Notably, several mentioned that they burn mosquito coils as primary protection from mosquitoes. 82% of the homes used mosquito nets on beds. 40% used fans, 8% used insect sprays, 1% did not use any protection and 1% responded that mosquitoes were not a problem in their homes.

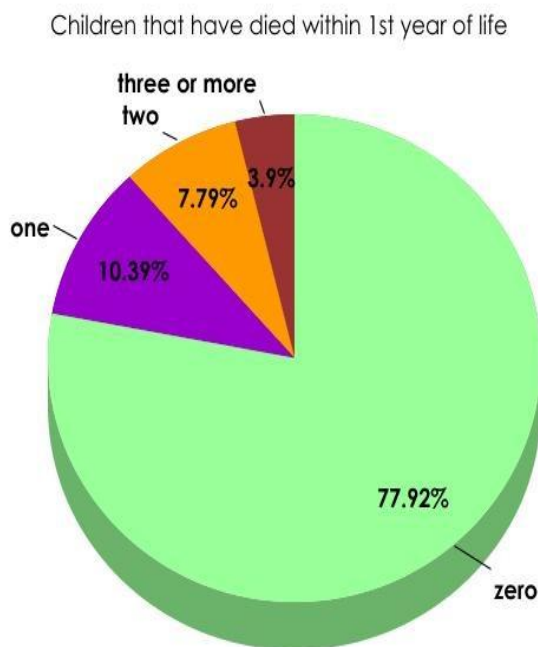
The survey continued to address issues concerning pregnancy, child birth and children's health. Question 3.1 questioned the health services available if necessary. The feedback from the surveyors confirmed that people were confused with this question. The people were given the opportunity to choose all types of services in which they knew how to access. Of the 94 surveys, 22 responded with knowledge of where to access vaccines, 80 knew how to access the hospital, 2 could receive HIV treatment and 20 knew how to access professional help an outbreak of disease occurs. This question, however, was believed to be worded in a way that make the results unreliable.

The women were asked how many times they had been pregnant. They were instructed to include current pregnancies and pregnancies that did not lead to child birth.



### Figure 1.6 The number of pregnancies for each women

The follow-up questions regarded the number of women who had had children die at birth or within the first year of life. 76 women responded to this: 60 had never lost a child within the first year of life. 8 had lost one child, 6 had lost 2 children and 2 women had lost 3 or more children. 22% of the women polled had lost atleast one child during his/her first year of life. The rate of infant mortality in Thailand is ranked at 108<sup>th</sup> in the world with 17.6 deaths/1000 live births (CIA World Factbook).

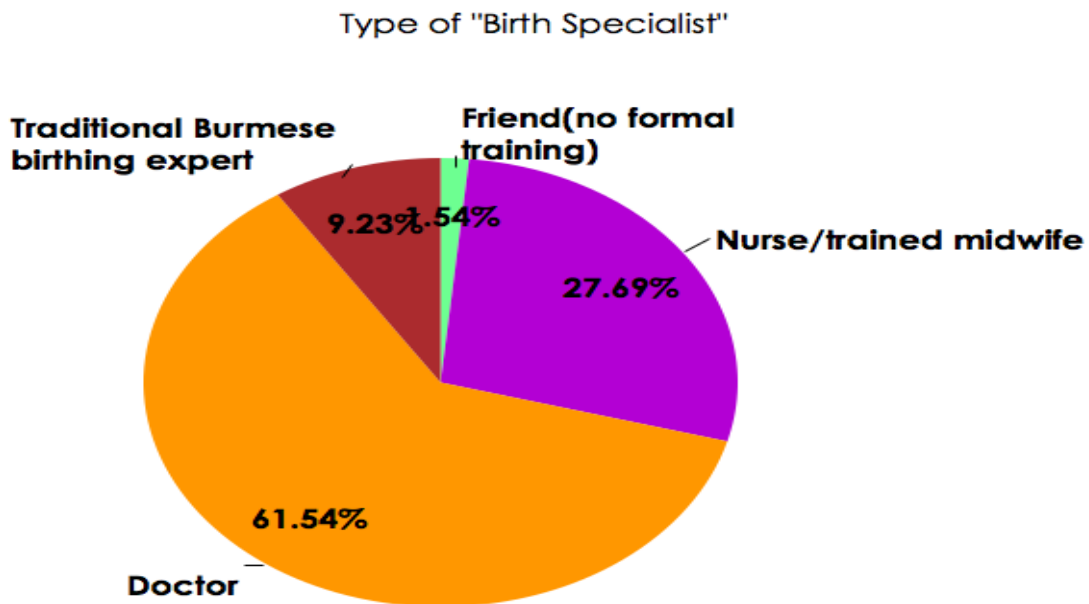


### Figure 1.7 The number of children that have died within the first year of life

Question 3.5 addressed where the births take place. Women were asked where their last birth had occurred. Overall, 67% of women had given birth in hospitals. 9% had given birth at home with a “trained health specialist”. 20% had given birth at home without a trained health specialist. 4% selected “other”. Women were asked if they had seen a “birth specialist” during their last pregnancy and the amount of visits. If they had seen a birth specialist they were asked what the qualifications were of this person.



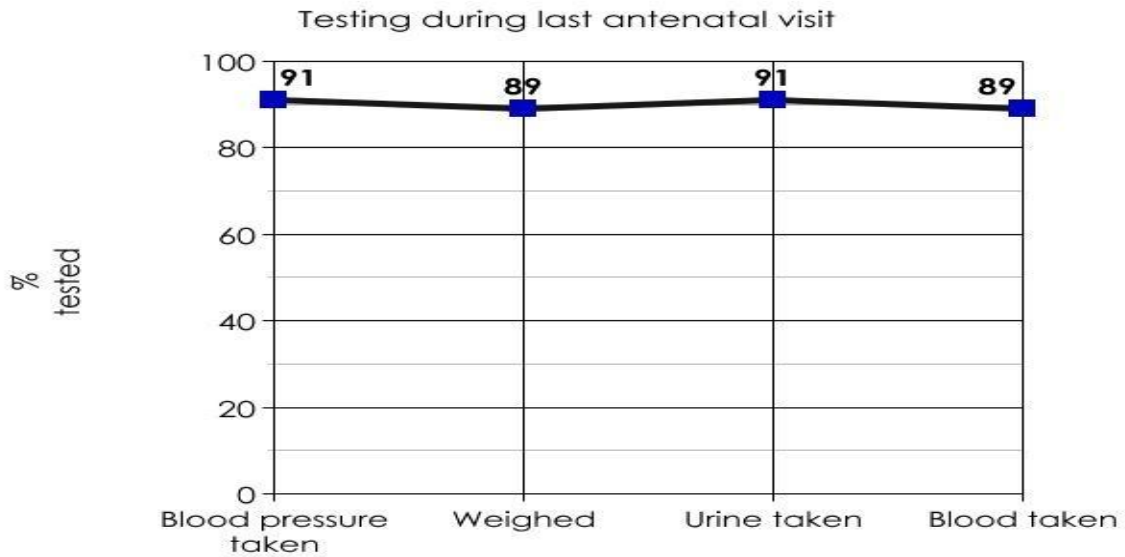
**Figure 1.8** Number of visits to a "birth specialist" during last pregnancy



**Figure 1.9** Type of "Birth Specialist"

The women that had seen a health care specialist were asked which types of testing were done. Below is the response from the women. 91% responded that

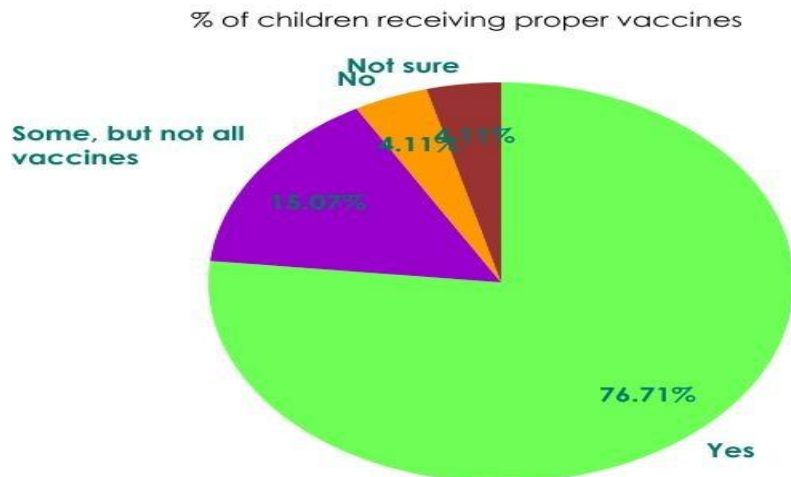
their blood pressure was taken, 89% were weighed, 91% had urine taken and 89% had blood taken.



**Figure 1.10 Testing done antenatally**

The data suggests that a high percentage of women who had antenatal care received adequate testing.

Mothers with children were asked to respond to the statement, "My children have received the proper vaccines", and were given the following responses to choose from: Yes; some, but not all; no or unsure. Of 73 women who answered, 56 replied "yes", 11 replied, "some, but not all", 3 replied "no" and 3 were "unsure."



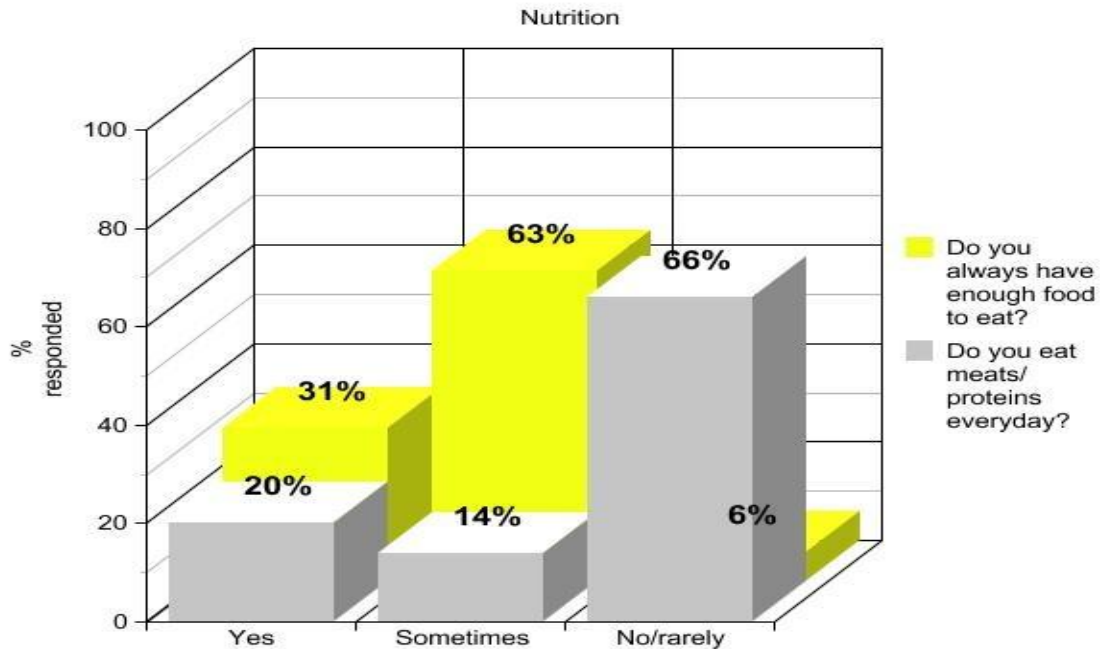
**Figure 1.11 % of children receiving proper vaccines**

This data suggests that up to 23% of children may not be adequately vaccinated.

When asked about documentation for vaccines (ie. Vaccination cards), 76% of women said they had cards for their children and 24% replied that they did not have vaccine cards.

Lastly, women were sub grouped into women than had given birth to children in Thailand. They were asked if their Thai born children had been given a proper birth certificate. Of the 52 women who had Thailand born children, 37 have birth certificates (71%) and 15 do not have birth certificates(29%).

The next section of the questionnaire addressed key issues concerning nutrition. Our goal was to understand if people are eating sufficiently and are obtaining regular sources of meats/proteins. Also, due to the prevalence of alcohol use in Burmese communities, we were curious to determine whether alcohol use was common in women. Our results show that only 31% of women feel that have enough food everyday, with 63% feeling that they sometimes do and 6% feeling that they rarely have enough food. The next question asked if the women had a source of protein (chicken, fish, pork, nuts etc...) everyday. Only 20% responded that they eat protein everyday. 14% of women felt they only sometimes had protein and up to 66% stated they only rarely have protein.



**Figure 1.12 Nutritional graph**

The next question asked them if there were days when the women ate nothing but rice. 63 of 89 women (71%) stated that regularly there are days when they consume nothing but rice. 23 of 89(26%) stated that at certain times they have only rice and 3 of 89(3%) stated that they always have more than rice. The women were asked about their consumption of alcohol. Of the 89 responses, the break down occurred:

81(91%) of the women never drink alcohol

2(2%) of the women have alcohol 1 or less time per week

5(6%) of the women have alcohol 2-5 times per week

1(1%) of the women has alcohol everyday

This shows that the majority of women abstain from alcohol but there may be pockets of alcohol abuse among Burmese women similar to Burmese men.

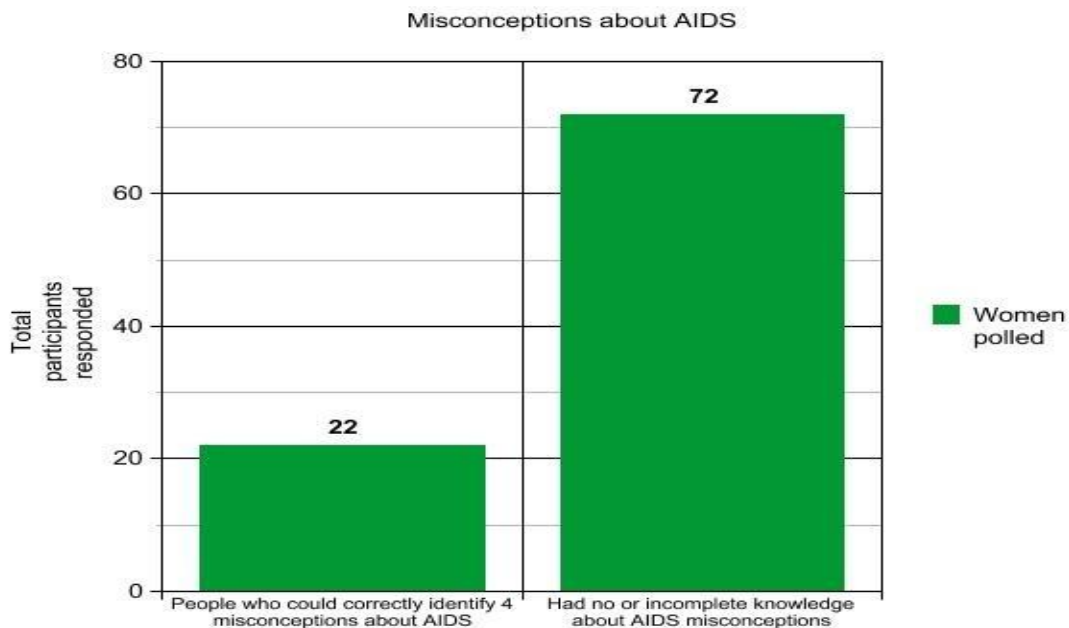




Can people become infected by the AIDS virus by sharing food with someone with AIDS?	14	66	3	83
Is it possible for a healthy looking person to have AIDS?	22	55	3	83

**Figure 1.15 Questions/Response on AIDS misconceptions**

The totals were compiled along with those who did not answer due to not knowing about AIDS to form the following results that concerned misconceptions.



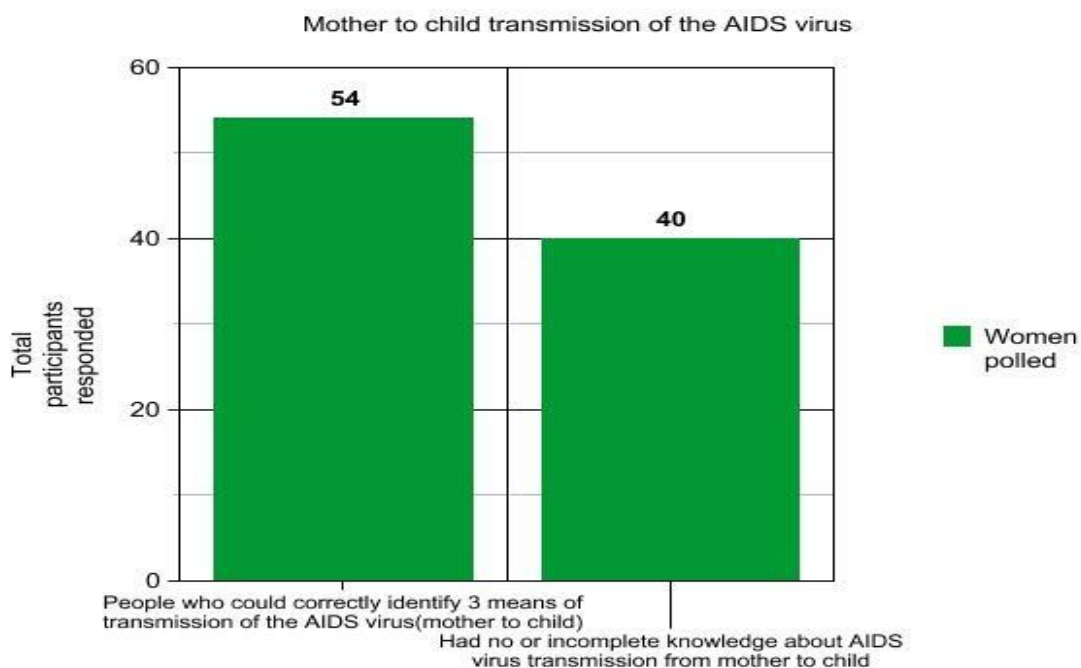
**Figure 1.16 Misconception competency graph**

77% of the women could not identify all 4 misconceptions. Only 23% had comprehensive knowledge on HIV/AIDS myths. The next issue dealt with issues of prejudice relating to AIDS. When asked if a female teacher with AIDS should be allowed to teach, 61% responded that she should be allowed to teach. 32% responded that she should not be allowed to teach and 7% did not know. A follow-up question about prejudice asked if they would buy a vegetable from a street vendor with AIDS. 68% said they would buy a vegetables from a street vendor with AIDS, 27% said they would not buy and 5% did not know. The last

group of questions concerning HIV/AIDS concerned mother to child transmission. 3 questions were asked to assess the women's understanding of this process.

Question	Yes	No	Not sure	Total
Can the AIDS virus be transmitted from mother to baby?	72	8	3	83
Can AIDS virus can be transmitted during childbirth?	65	9	9	83
Can AIDS virus transmitted during breastfeeding?	79	4	0	83

**Figure 1.17 Questions/Response on mother to child transmission of HIV**



**Figure 1.18 Competency of knowledge concerning HIV transmission from mother to child**

## **Conclusions/Recommendations**

1. Up to 35% of Burmese women are semiliterate or illiterate. Many have no or only a few years of schooling. Adult education classes could alleviate literacy.
2. Up to 75% of animals that live in homes may not have their proper vaccines. A vaccine campaign is suggested.
3. Many women continue to have multiple pregnancies and up to 87% of the women do not currently want to get pregnant. A family planning campaign should address this issue.
4. 22% of the polled women state that they have lost a child within their first year of life. Some have lost multiple children. A further investigation should be done to understand and address this issue.
5. Many women do not obtain regular prenatal care. Also, many births are still performed by untrained individuals. Up to 24% of children may not be fully vaccinated and 24% do not have vaccine cards for their children. A plan to better access the health care system is recommended.
6. Many Thai born children to Burmese mothers do not have Thai birth certificates.
7. Nutritional studies show that many people go without a regular protein rich diet.
8. Although, it is a minority of the population, alcohol abuse may be prevalent within women.
9. There was a large deficit of knowledge about HIV and AIDS. There was a lack of understanding of how to prevent transmission of HIV and AIDS as well as many prejudices and misconceptions held throughout the majority of the population. A large education campaign to create understanding of the disease is recommended.

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<http://www.cpc.unc.edu/measure> MEASURE Evaluation, a conglomerate of organizations that work with USAID to assist in improving health information systems

<https://www.cia.gov/library/publications/the-world-factbook/geos/th.html>