

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



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ABSTRACT

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

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

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

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

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

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

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