CHAPTER 3

Research Methodology

3.1 Research Site

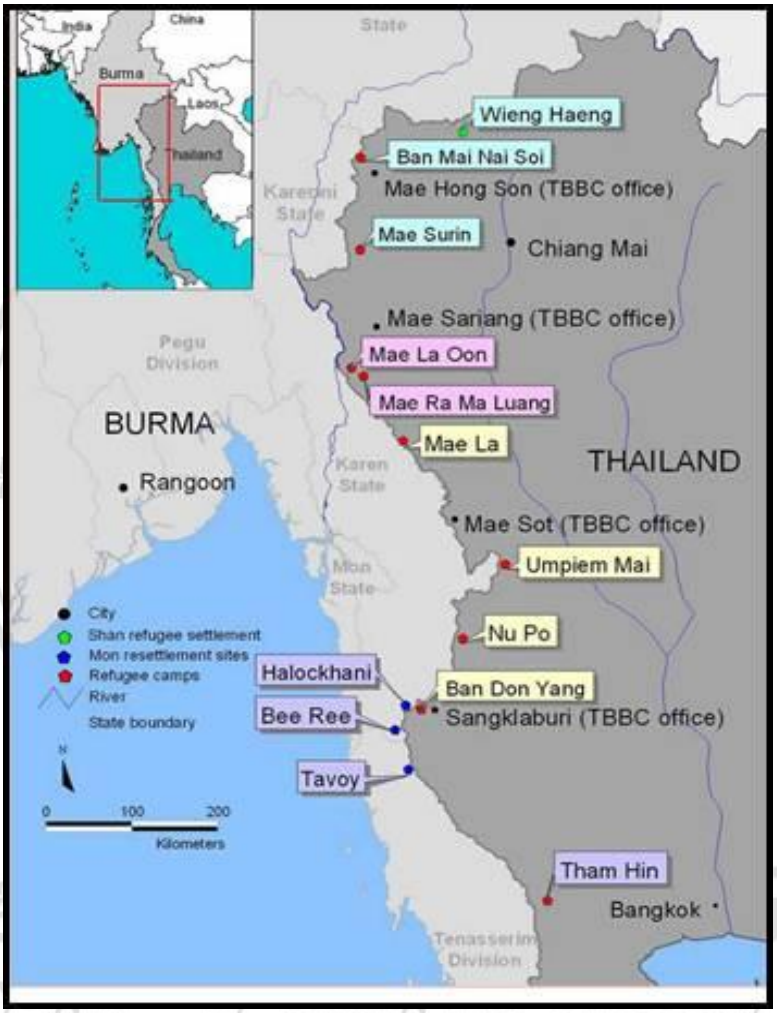

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Figure 1.2 The locations of refugee camps in Thai-Burma borderland retrieved from http:// australiankarenfoundation.org.au/images/Map.jpg?858

My research area is Mae La refugee camp, which is located 62 kilometers north of Mae Sot, in Tak province, Thailand. It takes about one-and –a-half hours to get to the camp from Mae Sot by local bus, and the road to the camp links with the northern part of Thailand, including Maesariang and Mae Hong Son. The Moi River flows to the west of Mae La camp. Since it is the biggest of the refugee camps along the Thailand-Burma

border, many NGOs have their offices there. Mae la camp is the largest camp and near Mae Sot, so NGOs workers visit it frequently. Medicins Sans Frontiers (MSF), Handicap International (HI), Zuid Oost Azie Refugee Care (ZOA), Taipei Overseas Peace Service (TOPS), the Border Consortium (BBC), have offices in this camp. The BBC is in charge of supplying aid mainly, and MSF is concerned with medical care for the refugees. These NGOs cooperation with the MOI and the camp committee which is composed of refugee themselves and which is working for the camp life of the refugees. ZOA and TOPS are educational NGOs. HI is doing its mission for disabled people. Shoklo Malaria Research Unit (SMRU) collaborated by both Mahidol University in Thailand and Oxford University in the UK is a research institute about tropical medicine. SMRU, like MSF, gives health services to patients.

The camp is officially divided into three zones: Zone A, Zone B and Zone C, and each zone is made up of five sections. For example, 'A1a, B2b and C2c', are the sign of the camp address. This camp started from the Zone C, and expanded to Zone A. So, earliest residents are living in Zone C, and new comers are staying in Zone A. I included participants from all Zones to my study to get diversity of women in terms of camp lengths of camp stay. Mae La camp is a well-equipped camp in terms of education and healthcare, when compared to other camps, and acts as a kind of 'capital city' for the Karen refugees. The population of Mae La camp (from TBBC data base, 2012) is 46,113, of which 83.9% is Karen, 2.87% is Burman and 13.23% is 'other'. In terms of religion, Christian makes up 50 % of the whole population, and Buddhists 40 % and Muslims 10 %. In Karen, in fact the Pwo Karen makes up 45 % of the population, and the Sgaw Karen 40-45 % (Sangkook, 2001).

For communication services, since 2008 mobile phone coverage has been available to the camp, and this has also facilitated privately-run internet services in the community (see: www.theborderconsortium.org/where-we-work/camps-in-Thailand/mae-la 26.10.2015).

According to statistics produced by SMRU, more than 90% of pregnant women living in Mae La camp attend the antenatal consultation facility run by SMRU, and approximately 1000 deliveries per year (75% of all births) and around 400 women with first pregnancy are delivered in 2012.

3.2 Research Method

3.2.1 Entering into the field

Before entering into the field, I met SMRU which is based in Mae Sot and taking care of pregnant women in the camp in order to consult the question of "how I will confirm women are refugee because some have a UN card and some don't, some are trying to get this", in this case, I tried to narrow down the target group of people who have officially recognized ones such as MLA code (UN code) or/and TBBC ration number to get diversity amongst the women and to limit my scope of study within the limitation of time frame. SMRU advised me to follow with them by office car every morning when they go to the camp for medical services. In order to closely observe daily lives of refugees especially my target groups and their movement while waiting and registration for health services, I chose to stay at one of family in the camp which is near SMRU clinic, who I met and made friend when I did preliminary data collection for my thesis proposal, during my data collection period instead of going back and forth from Mae Sot to the camp with SMRU office car. Officially speaking, the outsider is not allowed to stay overnight in the camp. SMRU support me to enter into the field because of official request from the Faculty and helping them do the research in some parts by asking questionnaires and this information helped me to understand the general information of pregnant women in order to categorize my key informants for my interviews. As a part of SMRU research partner and cultural capital helped me to stay overnight.

3.2.2 Data Collection Methods

I conduct my field data collection activities mainly use three techniques, these being participant observation, in-depth interviews and life histories. All names of my key informants are kept pseudonyms- literally the name is not real name, in order to secure as low profiles because they stay in a sensitive area. I interviewed 40 participants (1st pregnancy Karen women) with questionnaires at SMRU clinic in order to select for cases for in-depth interview and to serve SMRU for the information they needed. These questionnaires focus on 1st pregnancy, personal background, family background, medical history and other practices. Please see the detailed participants' profile and questionnaires in Appendix A. Every morning I had interviewed the pregnant women

who are in their first pregnancy according to the registered list of SMRU at the clinic whereas they are waiting for medical check-up. The SMRU arrange the private space for me to have more privacy for interviewing. Among 40 participants of survey method, I chose 8 participants for in-depth interview based on their sub-groups such as Pwo Karen and Sgaw Karen, religious background, family type (family staying in the camp or not), length of staying in the camp which all influence on pregnancy caring practices and family relations. The key informants' profiles are as followed;

Table 1.1: Profile of key informants

No	**Name (pseudonyms)**	**Age**	**Sub-group**	**Religion**	**Length of camp stay**	**Month of pregnancy**	**Number of residence of household in the camp**
1.	Naw Lah Paw	18	Sgaw	Christian	4 years	4 months	6 people (herself, husband, mother-in-law, three brother-in-laws)
2.	Naw Su Su	18	Sgaw	Christian	6 years	8th month of pregnancy	6 people (herself, mother, father, two younger sisters and youngest brother)

Table 1.1: (continued)

No	Name (pseudonyms)	Age	Sub-group	Religion	Length of camp stay	Month of pregnancy	Number of residence of household in the camp
3.	Naw Khin Htwe	24	Sgaw	Buddhist	12 years	8th month of pregnancy	13 people (herself, mother, father, one elder sister, two younger sisters, four brothers and three nephews)
4.	Naw Aye Than	17	Pwo	Buddhist	17 years	4th month of pregnancy)	6 people (herself, husband, mother-in-law, aunt-in-law with one daughter and one son)
5.	Naw Kay Kay	21	Pwo	Buddhist	15 years	8th month of pregnancy	4 people (herself, husband, aunt, one brother)

Table 1.1: (continued)

No	Name (pseudonyms)	Age	Sub-group	Religion	Length of camp stay	Month of pregnancy	Number of residence of household in the camp
6.	Naw Sa May	18	Pwo	Buddhist	18 years	2nd month of pregnancy	4 people (herself, husband, mother, father)
7.	Naw Htee Wah	26	Sgaw	Christian	15 years	6th month of pregnancy	5 people (herself, husband, mother, aunt, sister)
8.	Naw Hla Min	19	Pwo	Buddhist	15 years	7th month of pregnancy	3 people (herself, husband, aunt)

Participant Observation

Participant observation allows the researcher to access and participate in social phenomenon, which in itself constitutes a method - the use of the researcher as a methodological tool (Evans, 1988). During my stay in the field, I visited Shoklo Malaria Research Unit (SMRU), which offers prenatal care to pregnant women, every morning and having the informal conversation with pregnant women concerned with general information about their lives in the camp. Pregnant women are holding their medical history book issued by SMRU and waiting for their call for medical check-up in early morning. Some are accompanied by her husband, some are with their mothers or sisters or aunts, some are alone, some comes together with other neighborhood pregnant women etc. According to the arrangement of SMRU staff, I interviewed first pregnancy

women in order to get general information such as age, education, religious beliefs, place of birth, Pwo or Sgaw Karen, months of pregnancy, expected date of delivery, family staying with them or not, years of resettlement which help to analyze and categorize the key informants of my study. Moreover, I visited other health facilities such as the traditional health clinic in the camp and also Traditional Birth Attendants (TBAs) in different zones - in order to observe and understand how both the modern and traditional health facilities influence pregnancy care practices. Furthermore, I participated the ritual practice of *Duwae* pagoda worshipping carried out by a group of Pwo Karen at *Duwae* pagoda in Hpa-an township in Kayin state, Burma. This approach helped me to understand the phenomenon which I am unable to analyze through formal or informal interviews. I also observed the various ritual practices of the pregnant women in order to ensure the well-being of mother and the fetus during pregnancy period of varying religious backgrounds.

In-depth Interviews

To recruit participants for my in-depth interviews, I first asked for an official list of first pregnant women from the SMRU clinic, based upon my identity as a researcher and student from Chiang Mai University. This list is also helpful to categorize my potential participants, and I also interviewed SMRU staff in order to obtain general and interesting information about the cultural practices they have witnessed from their previous experiences dealing with pregnant women in the camp. All pregnant women have to attend the clinic and deliver in the clinic in order to get "birth certificate", which is vital to register as a refugee.

Before conducting any in-depth interviews, I needed time to develop a certain level of understanding between myself and the participants, to build a good relationship and facilitate a smooth discussion. Seeing me as a representative of SMRU is a challenge for me at the first time when I interviewed at the clinic because the pregnant women are hiding the reality of practices they do. I tried to narrow the gap between myself as a researcher and the participants by making frequent home visits and holding informal discussions not only with the pregnant women, but also their family members. As a member of the Karen group, I used my cultural capital and ethnic affiliations to build trust, as this is very important for the interview process.

As a male researcher studying pregnancy care practices, I face a number of challenges sometimes, in this case, a Sgaw Karen friend of mine who is a mother of two girls and my female research partner play a vital role – acting as a bridge between myself and the participants – creating a research environment that is as natural as possible and helping me to gain in-depth information. I conducted in-depth interviews with pregnant women and family members, to understand the social phenomenon of pregnancy care practices and familial relations.

Informal conversations are also carried out whenever possible and convenient - whenever I meet my key informants and their family members. Through these conversations I obtained useful information, that not available during formal discussions, because informal discussions usually make participants feel more comfortable and less stressed – as though they are having a normal conversation.

Life histories

Wicks and Whiteford (2006) mention that life history research methods are used in order to understand human experiences and how people construct their lives. They can be used not only one across one lifetime, but also to understand how individuals' lives interact as a whole, and is a very appropriate methods to use for understanding the life experience of individuals and for understanding personal, social, economic, historical and geographical aspects of people's lives – those that shape their experiences. This method helps me to understand the pregnant women's lives; how they spent their youth, how they got married etc., as these aspects may have an influence on the pregnancy care practices they use.

3.3 Data Analysis

My unit of analysis is the pregnancy care practices of displaced Karen women and their forms of familial relations. I categorize the individuals, first, based on them being pregnant for the first time - both Pwo and Sgaw Karen, then by religion, age and family type (staying with a family in the camp or not), length of staying in the camp, all of which influence the pregnancy care activities carried out. I will focus on those women having their first pregnancy, because it is their first experience of such an event

and marks a crucial transition in status, from being a woman and/or a wife to a mother - a mature and responsible member of society and I make assumption about that they will open to all experience of beliefs and practices, and use all strategies to navigate it for their own lives and fetus.

I carry out data analysis from the moment I start to collect data, and try to include all the data contained in my detailed field notes, including that gained from my in-depth interviews, observations, participant observations and life history discussions, those carried out in a variety of languages - Karen, Burmese and English, so as to capture the original meanings of the narratives. I analyze the data based upon my conceptual framework (see above). I tape record almost all my interviews and focus group discussions – having gained the participants' permission, after which I listen to all the tapes several times before transcribing them - to fill any gaps in my field notes and to make sure the information is consistent.