



***‘Children are puppets and parents move the strings’***



**Concepts of Child and Family Well-Being among  
Burmese Migrant and Displaced Communities in  
Tak Province, Thailand**

**November 2011**

IRC Thailand

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# Executive Summary

Thailand is home to an estimated 1.8 to 2.5 million migrants and displaced persons, of which the majority is of Burmese origin. Many Burmese migrants and displaced persons live and work in the northwestern province of Tak, a popular gateway from Burma to Thailand. The undocumented status of many Burmese migrants and displaced persons living in Tak province leaves them vulnerable to exploitation and marginalization. Children of undocumented Burmese migrants and displaced persons are particularly vulnerable to labor and sexual exploitation, as well as physical, sexual and emotional violence.

In order to address the risks faced by Burmese children living in Tak province, the International Rescue Committee (IRC) received funding from the United States Agency for International Development (USAID) Displaced Orphans and Children Fund (DCOF) and World Learning to implement a comprehensive child protection project titled “Improving Mechanisms and Partnership for Action for Children in Thailand” (IMPACT). The project is designed to intervene at multiple levels of a child’s environment – from the family to the legal and policy environment – in order to maximize protection outcomes. The IMPACT project includes a family-based intervention that aims to improve family functioning, positive parenting skills, and child psychosocial well-being. In order to address the knowledge gap around family-based interventions in humanitarian settings, the impact of the intervention will be evaluated using a randomized controlled trial to assess changes in child and family indicators of well-being.

The purpose of this study is to use qualitative research with Burmese migrant and displaced children and families to understand culture and gender-specific definitions and indicators of child and family well-being, as well as identify protective processes and risk factors. Study findings would then be used to select and adapt a family-based intervention to ensure maximum cultural relevance and enhance family recruitment and retention. Findings would also be used to select, adapt or create culturally-tailored measures for the impact evaluation of the intervention. The study was conducted in four communities in Tak province during February and March 2011. In total, semi-structured interviews and focus group discussions were conducted with 10 community leaders, 55 adult caregivers, 48 key informants and 68 children.

Study findings revealed that Burmese parents and caregivers prioritized values such as politeness, respect for elders, and social functioning in children. The prioritization of the overall good of the family above the child’s needs and desires was also seen as an important value. In general, respondents did not emphasize characteristics related to mental and emotional health as core indicators of child well-being, but more readily identified internalizing emotional or mental symptoms (e.g. depression) as well as externalizing behaviors (e.g. aggression) when asked to describe children experiencing problems. Study findings clearly point to family-level variables, most notably parenting practices and behaviors, as the most crucial protective processes or risk factors for child well-being. Respondents acknowledged that the use of physical punishment was at times necessary but that excessively severe or impulsive use of physical or verbal discipline can be detrimental to child well-being. Findings also revealed that Burmese migrant and displaced families face multiple risks of economic insecurity, stress, alcohol use and conflict, and that changes in family structures and dynamics in the transition from Burma to Thailand have resulted in increased vulnerability for children and families.

Findings from this study identify a strong need to intervene at the family-level by strengthening key protective processes such as positive, non-violent forms of discipline and behavior management, positive parental role modeling, parent-child communication, and peaceful conflict resolution, while simultaneously reducing risk factors such as harsh physical and verbal forms of punishment, parental stress, alcohol use, and family conflict. Study findings were instrumental to the selection and adaptation of a culturally grounded family intervention that takes into account the context of poverty

and insecurity in which many Burmese families live. Following an extensive literature review of evidence-based family strengthening interventions, the IRC selected the Strengthening Families Program (SFP) for adaptation and use with the Burmese migrant and displaced population in Thailand. SFP is a 14-week family skills training program initially developed in the United States and has since been adapted and disseminated internationally to more than 17 countries, including Thailand (Kumpfer et. al, 2008). SFP involves the whole family in a multi-component and interactive behavior change intervention delivered through separate parent and children skills training sessions followed by a combined family session. SFP was selected because of its focus on concrete behavioral skills in the areas identified by the study findings: these include stress management; setting appropriate developmental expectations; positive parent-child communication skills; problem solving; resisting use of drugs, alcohol and tobacco; understanding the negative consequences of physical punishment; and alternative methods of positive discipline and behavior management (UNODC, 2010). SFP is also well-suited for the Burmese migrant and displacement context given its emphasis on structured family time during the weekly family meals and the combined family sessions where caregivers and children can enjoy positive, bonding interactions.

Findings from the qualitative study were used to make cultural adaptations to SFP in order to maximize relevance and applicability. Most notably, cultural and religious concepts identified through the study were incorporated, in addition to surface adaptations such as changes to names, examples, songs and games. The concept of *metta* or “loving-kindness”, for instance, was a recurrent theme in study findings, particularly in relation to positive discipline. Punishment with *metta* was described as mindful and considered, leading to positive behavior and learning outcomes for children. In contrast, respondents described punishment without *metta* as overly harsh and impulsive, resulting in the development of psychological and behavioral problems in children. This concept of *metta* was incorporated into program content on the negative effects of physical punishment and used to differentiate punishment with the intention to *hurt* from punishment as a predictable and consistent *consequence* of misbehavior. In addition, some content such as stress management was expanded in recognition of the extreme stressors faced by migrant and displaced families living without legal documentation in Thailand. The program was also shortened from 14 weeks to 12 weeks given the transience and competing work demands of many Burmese families, and renamed the Happy Families Program or *Chan Myae Pyaw Shwin Thaw Mi Thar Su A Si A Sin* in Burmese.

Findings from the qualitative study were also applied to the selection, adaptation and development of measures for use in the impact evaluation of the family intervention. The following constructs were prioritized for measurement: parenting practices and behaviors, including the use of various discipline methods, communication styles and expression of parental warmth; family functioning including communication and conflict resolution; and, child well-being and resilience including internalizing and externalizing behaviors. Parental alcohol use was also prioritized given its prominence in study findings. Qualitative data was used not only in the selection of relevant measures, but also to guide translation and adaptation of measures through the addition of culturally-appropriate examples and items.

This study demonstrates the importance that Burmese migrant and displaced communities place on parenting practices and behaviors in determining positive outcomes for children and families. The protective capacity of the family, however, has been severely undermined by the many challenges and stressors faced by Burmese migrant and displaced families in Thailand. Child protection programming aimed at improving child well-being should therefore ensure that interventions are designed to strengthen the family’s capacity to protect and care for their children. Qualitative research can be instrumental to informing the design, implementation and evaluation of such family-based interventions by maximizing cultural relevance and grounding.

# I. Introduction

Estimates of the number of migrants and displaced persons in Thailand range from 1.8 to 2.5 million, of which the majority is of Burmese origin (Martin, 2007). Tak province in northwest Thailand is a popular gateway for displaced persons and migrants from bordering Burma to enter Thailand. In addition to approximately 137,097 Burmese refugees living in nine camps along the Thai-Burmese border, there are an estimated 150,000-250,000 migrants living in Tak province, most of whom are undocumented and of Burmese origin (IRC Thailand, 2011).

The undocumented status of many Burmese migrants and displaced persons living in Tak province leaves them vulnerable to exploitation and marginalization. Children of undocumented Burmese migrants and displaced persons are particularly at risk: many are stateless and have no claim to protection from the Burmese or the Thai governments and are vulnerable to sexual and labor exploitation, as well as physical, sexual and emotional violence. Research with Burmese migrant children and communities in Tak province has revealed a range of child protection risks including poverty, family separation, lack of birth registration, exposure to drugs and alcohol, child labor, lack of access to education, and violence in the home, school and community (CPPCR, 2009). In a study of child protection concerns among Burmese migrant and displaced children in Mae Sot, Tak province, 78 percent of children surveyed said that they would not seek help if they were witness to or experienced violence in the home (CPPCR, 2009).

In order to respond to the vast protection needs of Burmese migrant children and families in Tak province, the International Rescue Committee (IRC) received funding from the United States Agency for International Development (USAID) Displaced Orphans and Children Fund (DCOF) through World Learning to implement a comprehensive child protection project with its partners World Education, Committee for the Promotion and Protection of Child Rights (CPPCR) and Social Action for Women (SAW). The project, "Improving Mechanisms and Partnership for Action for Children in Thailand" (IMPACT), will be implemented from August 2010 through July 2013 and has two expected outcomes: (a) to reduce child abuse, exploitation and neglect in families and communities; and (b) to increase children's access to basic services and support from a comprehensive child protection response system. The project design is based on the concept of the child protection system, which emphasizes the need to intervene at multiple levels of a child's environment in order to maximize protection outcomes (Save the Children UK, 2010; Betancourt & Kahn, 2008).

The family environment is a key factor in child development and can be a source of both protection and risk (Maccoby & Martin, 1983). Effective parenting and positive parent-child relationships can lower the risk of child abuse and maltreatment, and protect against behavioral and emotional problems in childhood and adolescence (Smokowski, 1998; Masten, 2001). The protective quality of positive family relationships has also been found in children affected by conflict and displacement (Betancourt & Khan, 2008). Conversely, families can be a source of risk to their children's well-being and development. Parental aggression, parental distress and family conflict are risk factors for child physical abuse, and the lack of safe, stable and nurturing relationships in early childhood can increase the risk that children develop emotional and behavioral problems such as anxiety, depression, aggression, and delinquency (Milner & Chilamkurti, 1991). Poor relationships between caregivers and children are also associated with further perpetuation of violence, as child survivors of abuse may be victimized again or perpetrate violence themselves during adulthood (World Health Organization, 2009).

Researchers and social service organizations in the United States, Australia and Europe have implemented and tested numerous programs to improve family relationships because of their protective potential for children. In one review of evidence-based family strengthening interventions,

programs targeting families had a positive impact on family functioning and cohesion, parent-child relationships, parenting skills, and family involvement in learning at home and at school (Casper & Lopez, 2006). However, the evidence base on family interventions to improve the protection of children in low-income, development or conflict settings remains nascent (Machel, 1996; Betancourt & Williams, 2008). In order to address the knowledge gap around family-based interventions in humanitarian settings, the IMPACT project includes a family-based intervention that aims to improve family functioning, positive parenting skills, and child psychosocial well-being. The impact of the family-based intervention will be evaluated using a randomized controlled trial to assess changes in child and family indicators of well-being.

The influence of culture on parenting practices and child development has been well documented. Cultures differ in the value they place on various qualities and behaviors of children, and in their beliefs about how to promote those desired qualities and behaviors (Gershoff et al., 2010). Parents in countries with more collectivist orientations (e.g. China), for instance, tend to emphasize the importance of subjugating individual wants for the good of the family, while parents in Western individualist cultures typically value assertiveness and independence in their children (Gershoff et al., 2010). Cultures also differ in their judgment of which parenting practices are considered to be acceptable and desirable, and which are considered to be abusive (Lansford et al., 2005). In order to accurately assess constructs of child and family well-being and development, it is necessary to understand how the socio-cultural context influences the way in which vulnerability and distress manifest in children and families (Nikapota, 2009).

The current study uses qualitative research with Burmese migrant and displaced children and families to understand culture and gender-specific definitions and indicators of child and family well-being as well as protective processes and risk factors. The study's research questions are as follows:

- What are local definitions and indicators of child and family well-being in the socio-cultural context of Burmese migrant and displaced communities? Which of these, if any, are gender-specific?
- What are the protective processes and risk factors that enhance or limit the development of resilience among Burmese migrant and displaced children and families?
- What are common parenting practices among Burmese migrant and displaced communities and which practices are considered to be detrimental versus beneficial to child well-being and development?
- How has the experience of conflict and displacement influenced parenting attitudes and practices of Burmese migrant and displaced communities?

Findings from the qualitative study were used to select and adapt a family-based intervention to ensure maximum cultural relevance, which in turn has been shown to enhance family recruitment and retention (Kumpfer et al., 2008). Qualitative findings were also used to select, adapt or create culturally-tailored measures for the impact evaluation, to ensure maximum conceptual validity and reliability for this population.

Subsequent sections of this report describe the theoretical frameworks underpinning the current study, research methodology and key findings. The report concludes with a discussion of applying study findings to the adaptation and development of the family-based intervention and the measures to be used in the impact evaluation.

## II. Theoretical Frameworks

The design of this study is rooted in two intersecting theoretical frameworks: Bronfenbrenner's ecological model of human development (Bronfenbrenner, 1979), and resilience theory (Masten, 2001; Smokowski, 1998).

In Bronfenbrenner's ecological model, human development is influenced by different environmental systems ranging from the innermost level (microsystems), to the outermost level (macrosystems). These systems are conceived as a set of nested structures, "each inside the other like a set of Russian dolls" (Bronfenbrenner, 1994: 39). The first layer of a child's social ecology – the microsystem – involves the interactions between the child and its immediate setting. These most typically involve the home and school environments. The second layer or mesosystem comprises the interactions between two or more settings involving the child, such as the interactions between the child's family and school settings. The exosystem is an extension of the mesosystem and comprises the interactions between two or more settings that *indirectly* affect the developing child. These can include the linkages between the home environment and the parent's workplace. Finally, the macrosystem encompasses the larger social, political, economic and cultural context in which the child lives, including belief systems and customs. Bronfenbrenner also extends the environment into a third dimension through the investigation of chronosystems, which encompass change over time in the environment in which the individual lives (Bronfenbrenner, 1994). These can include changes in socioeconomic status, place of residence or family structure over the individual's life.<sup>1</sup>

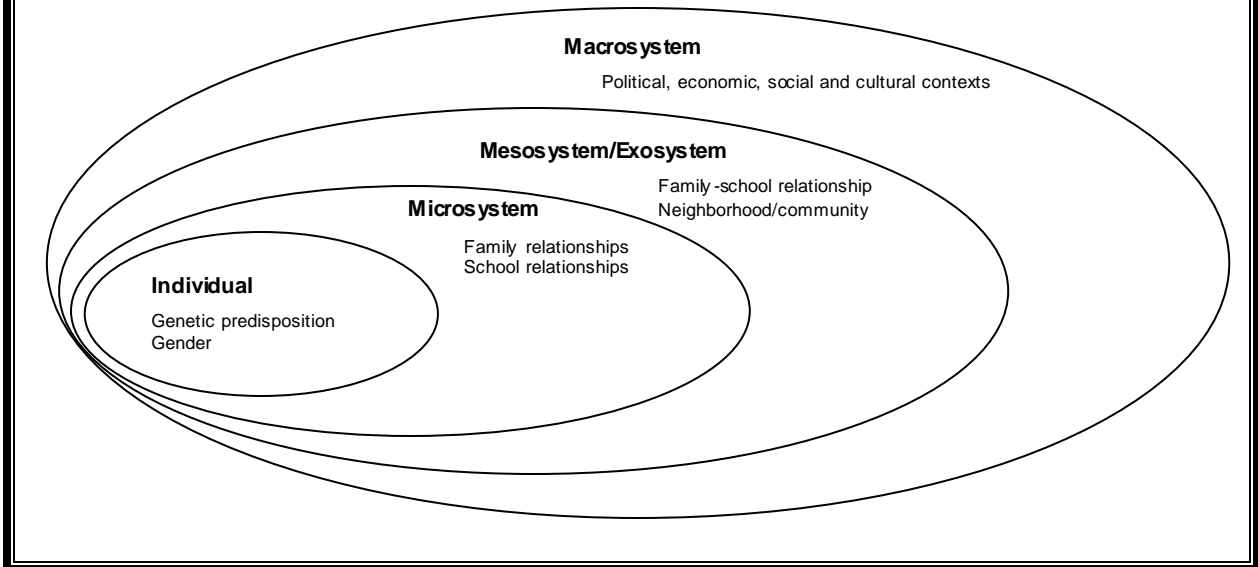
In this study, a social ecological framework is used as a lens through which to investigate the construct of resilience among Burmese migrant and displaced children and families. Traditionally, resilience has been conceptualized as an individual trait or unique quality; the study of resilience has since evolved to focus on the interaction of protective processes and risk factors that influence the development of resilience in children (Betancourt & Khan, 2008). This understanding of resilience complements the ecological perspective described above as protective and risk factors operate at all levels of a child's social ecology, from the individual and family to larger socio-cultural influences (Masten, 2001).

Resilience can be described as "the ability to withstand and rebound from adversity" (Walsh, 2002: 130) or the achievement of "good outcomes in spite of serious threats to adaptation or development" (Masten, 2001: 228). Risk factors are any influences that can result in or aggravate a problem condition: these can include individual risk traits such as temperament, or environmental factors such as poor parenting or neighborhood violence. When a number of risk variables co-occur, "risk chains" can form leading to an accumulation of risks and stress that can negatively influence child development (Smokowski, 1998: 339). Rutter's study of family risk, for instance, found that the probability of childhood disorders increased significantly when two or more risk factors were present in a child's life (Rutter, 1979). Protective processes, in contrast, are individual or environmental mechanisms that promote resilience through mitigating the negative effects of risk factors. These can include strong family connectedness at the microsystem level (Annan & Blattman, 2006), the availability of educational activities at the mesosystem level (Betancourt & Khan, 2008), or the influence of religious or cultural beliefs and practices at the macrosystem level (Betancourt & Khan, 2008).

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<sup>1</sup> See page 35 for application of the chronosystems theory to the analysis of changes in family dynamics in the transition from Burma to Thailand.

**Figure 1. The social ecological model of risk and protection** (Betancourt & Khan, 2008, adapted from Bronfenbrenner, 1979)



This understanding of resilience points towards several intervention strategies that aim to promote resilience through reducing vulnerability and risk, reducing stressors and the accumulation of “risk chains,” increasing resources, and mobilizing protective processes (Smokowski, 1998). The current study aims to identify protective processes and risk factors for child and family well-being at various ecological levels so as to inform the development of strategic interventions to promote resilience.

# III. Methodology

## ***Participants***

This study was conducted in four communities in Tak province, Thailand, where the IRC and its partner organizations are currently implementing the IMPACT project, a child protection initiative targeted at Burmese displaced and migrant children and families. After permission was obtained from the relevant local authorities (e.g. community or village leaders, district and sub-district officials), adult caregivers were recruited using snowball sampling. Interviewers first asked prominent community members to identify and recruit female and male adult caregivers of at least one child aged 0 to 15 who would be willing to participate in the study. These caregivers were then asked to identify other adult caregivers who met the criteria. In addition, adult caregiver respondents were asked to identify local individuals perceived to be particularly knowledgeable about issues facing children and families in the community. Upon completion of the adult caregiver interviews, individuals identified as knowledgeable about these issues were then approached by interviewers for participation in key informant interviews. These key informant respondents also recommended others who were knowledgeable about the relevant issues. Individuals interviewed as key informants included parents and caregivers, teachers, and traditional birth attendants. Child participants in focus group discussions were recruited in two ways: children who were in school were recruited by school teachers and principals, while children who were out of school were first identified by community leaders and then recruited using snowball sampling. Children aged 9 to 15 currently living with an adult caregiver were eligible for inclusion in the study.

In total, interviews were conducted with 10 community leaders (40% female), 55 adult caregivers (52% female), and 48 key informants (50% female). Sixty-eight children (50% female) participated in focus group discussions, of whom 29 (42%) were out of school. All respondents, apart from two Thai community leaders, were of Burmese origin and currently living in Thailand with no or varying forms of legal documentation.

## ***Procedure***

All interviews and child focus group discussions were conducted during February and March 2011. Interviews were conducted in the home of the respondent, and child focus group discussions were conducted either at the local school or another community space (e.g. mosque). Interviews and focus groups were conducted in either Burmese or Sgaw Karen depending on the native language of the respondent. With the exception of one Thai interviewer who speaks Karen, all interviewers were Burmese nationals living in Thailand. Prior to the study, all interviewers were trained on research methods and ethics, and study procedures were approved by the Human Subjects Committee of the Harvard School of Public Health. The IRC also conducted meetings with Thai authorities, employers, community leaders and teachers in the research sites to obtain permission and discuss study objectives and procedures before beginning the study. Key concerns including confidentiality and informed consent were emphasized during these meetings to protect the identity and safety of respondents.

Prior to their participation in the study, all respondents went through an informed consent process in which information about the study was provided. In the case of respondents under the age of 18, their parents or legal guardians had to give consent in addition to the child's assent. Each interview and focus group discussion lasted approximately 60 to 90 minutes, and respondents received a small snack as a token of appreciation. All interviews and focus group discussions were conducted by pairs of interviewers, with one person acting as lead interviewer and the second person acting as note taker. Interview and focus group discussion transcripts were then translated into English with extensive consultation between the interviewer, note taker and translator to ensure accurate Burmese or Sgaw Karen to English translations.

Adult caregiver respondents were asked to describe the characteristics of children and families who were doing well, compared to those who had problems. Interviewers probed for as many characteristics as possible, asking for a brief description of each. Upon completion of all adult caregiver interviews, the research team conducted a review of characteristics and descriptions for emerging themes related to child and family well-being. These themes were then selected for further exploration via in-depth key informant interviews. Using the same terms and phrases used by the adult caregiver respondents, interviewers used a series of probes to explore the term more fully with key informants – examples included: “How does a child who feels *arr nge* (inferior) behave?” “How does a child who feels *arr nge* feel about themselves or others?” and “What factors contribute to a child feeling *arr nge*?” In this way, key informant respondents were able to elaborate on the protective processes and risk factors that influenced the development of specific characteristics in children and families (Betancourt et al., 2009; Betancourt et al., 2011).

Child participants in focus group discussions were also asked to describe characteristics of children and families who were doing well, compared to those who had problems. Interviewers used a variety of child-friendly methods such as games, songs and drawing activities. Interviewers began each focus group discussion with a warm-up game or song, followed by a drawing activity in which child participants were asked to draw a “happy child” or “united family.” Child participants were then asked to describe their drawings and explain *how* a child or family became that way. Children were given the option to draw, write or verbally express their views.<sup>2</sup>

### **Analyses**

Data analysis was conducted according to Thematic Content Analysis (Smith, 1992). Responses from the adult caregiver interviews were sorted by theme during analysis and reviewed for conceptually similar responses. Such items were then combined and the number of responses tallied. Responses from the key informant interviews were not tallied but instead analyzed using Thematic Content Analysis and categorized into individual, family and environmental protective and risk factors according to Bronfenbrenner’s social ecological model (Bronfenbrenner, 1979; Smokowski, 1998).

### **Methodological Challenges**

The study faced three main challenges during the course of data collection. First, the research team encountered numerous difficulties in locating respondents during the day due to their busy work schedules. This was particularly true for male respondents who were typically engaged in various livelihood activities from early in the morning until after six in the evening. Many interviews were therefore conducted in the evening in order to accommodate the respondents’ schedules. Second, lack of privacy during the interview was a common concern due to the cramped living conditions of many respondents. Interviews were usually conducted in the home where other family members were present and could overhear the interview. The presence of the interviewers also often attracted the interest of neighbors, who would stand by the door or window to listen to the interview. Where appropriate, the interviewer politely requested to speak with the respondent in private; however, it is possible that the presence of other people in the vicinity of the interview inhibited or influenced responses. Finally, fear of negative repercussions from participation in the study was prevalent in all of the study sites. As many of the respondents were undocumented and living illegally in Thailand, they were afraid that participating in the study would lead to a backlash from Thai authorities and employers. In order to address this concern, the research team obtained permission from all relevant Thai authorities and employers prior to beginning the study, and invited respondents to select the time and location of the interview.

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<sup>2</sup> Please see Appendix A for samples of the interview and focus group discussion guides.

## IV. Findings

### *Indicators of Child Well-Being*<sup>3</sup>

Thematic analyses of the data revealed several characteristics of children associated with well-being as reported by caregivers, key informants, and children themselves. These characteristics are discussed in detail in this section and include politeness, social competence and self-sacrifice. Also see Table 1 for frequencies of responses for each indicator of child well-being.

Caregiver respondents described politeness as an important and necessary attribute for children in the Burmese migrant context. Respondents explained that politeness is demonstrated by the child's tone of voice – often described as “speaking softly” or “speaking sweetly” – but also, importantly, by the use of appropriate pronouns when referring to oneself or others. Polite speech in the Burmese language uses third person pronouns instead of first and second person pronouns when referring to oneself and addressing others. For instance, one refers to oneself in the third person as *kya nau* for males and *kya ma* for females, meaning “your servant,” and addresses others using third person pronouns, such as *saya ma* (“teacher”), or *u* (“uncle”) (Bradley, 1993). The pronouns used clearly delineate the relationship between the self and the other, often in terms of each person's role, status and position of power. The importance placed by respondents on the use of appropriate third person pronouns offers some insight into the hierarchical culture in which Burmese children live and point to the enormous value placed on respect for and obedience to elders.<sup>4</sup>

R: *If the child sees older people, the child talks to them nicely and shows respect. The child speaks with them politely. The child does not speak unpleasant words.*  
I: *How does the child speak politely?*  
R: *When the child speaks to aunts and uncles, the child does not call their names. The child will say “aunt” or “uncle.” The child also does not call the person's name when he or she speaks to older people.*  
- Female caregiver

Caregiver respondents emphasized the well-being of the family over the individual desires or needs of the child. “Understanding the parents” was described by respondents as a desirable quality in children, and typically involved the child suppressing his or her feelings, thoughts and desires so as to avoid placing additional demands on the parents. One respondent described this quality as an example of “family spirit,” demonstrating the extent to which the subjugation of the child's individual needs and desires is normalized and even prized in Burmese culture. Some respondents described child well-being in terms of how the child's behavior affects the parents – such as “makes the parents feel happy or proud”, “never makes the parents feel upset” – further emphasizing the primacy of the adult in the parent-child relationship.

*But he understands the parents that we don't have money. He doesn't ask for what he wants and he doesn't say what he feels.*

<sup>3</sup> During the pilot of the data collection instruments, the research team experimented with various ways to translate the English phrase “well-being” or “doing well” into Burmese. As there did not appear to be an appropriate Burmese translation for this phrase, the research team agreed to use the term “ideal” child or family when asking about a child or family that was doing well. The research team was then trained to probe about specific feelings, thoughts or actions of an ideal child or family. Although we recognize that the use of this term may have influenced the nature of the responses, the respondents' views provide valuable insight into how Burmese migrant communities define and value aspects of child well-being.

- Male caregiver

*They know the difficulties of the parents. If they want something, but they know their parents can't afford it, they don't ask even when they want something, they just keep it inside.*

- Female caregiver

Also related is the concept of filial piety, which was commonly described by respondents as the child “paying back gratitude” to the parents. This duty was usually explained in terms of the child looking after the parents when he or she becomes an adult, but some respondents used the example of a child dropping out of school to work in order to relieve the parents’ economic burden. These findings suggest a tendency for some respondents to have inappropriate and unrealistic developmental expectations by requiring children to be sensitive to and responsible for their parents’ needs

Respondent: *They have the truth inside their hearts and they believe only in that truth.*  
 Interviewer: *What is the truth inside their hearts?*  
 Respondent: *The truth is that they only think about how to payback their gratitude towards the parents and how should they try to make it happen.*

- Male caregiver

*They understand the parents. They don't want their parents to feel sad. Whatever happens to them, they never express their feelings and keep them inside. They don't want their mothers to work. They help the mothers with cleaning the house, cooking and giving food to the animals...He doesn't want the parents to feel sad. He wants to take care of the parents by working. He doesn't want the parents to do work. He doesn't even care if he has to drop out from school.*

- Male caregiver

*According to Burmese culture, children have to look after the parents.*

- Female key informant

The influence of religious values on the moral character of the child was a common theme throughout the research findings. Respondents described an “ideal child” as having a “pure heart” or “noble mind,” which encompassed qualities such as kindness, generosity, patience and empathy. Caregivers associated such qualities with the principles integral to Buddhism – the dominant religion in Burma – or to Christianity and Islam depending on the religion of the respondent.

*They have a pure heart. They never look down on others. And they have confidence about themselves. For example: if they look after the parents well, good Karma will come back to them again. They believe like this.*

- Male caregiver

Other important indicators of child well-being included education and social competence (for example, getting along with others). In general, characteristics related to children’s mental and emotional health, such as happiness or confidence were not emphasized by caregivers. One exception was a sense of ambition and self-improvement, which was described by a number of respondents as an important value in children.

Respondents mentioned a range of externalizing and internalizing behaviors when describing children with problems. Externalizing behaviors included: disobedience; aggressiveness; delinquent behaviors such as smoking or drinking alcohol; rudeness; and, destructiveness. Internalizing behaviors were described as: feeling sad or depressed; crying; isolation; and, withdrawal from others. Many of these internalizing symptoms were grouped under the Burmese term, *arr nge*, meaning to feel inferior.

Respondents explained that children who felt inferior often compared themselves to other children and felt envious of them, and that such children were often orphans, living with a relative or step-parent, or from a poor family. While most respondents described children with externalizing behaviors as “naughty” or “bad,” a few were able to recognize that children sometimes manifest emotional problems through externalizing behaviors such as aggression and bullying.

*They feel inferior about themselves because they don't have a father. They feel embarrassed when they grow up. They don't have friends. Although the other children want to make friends with them, they feel inferior and they don't make friends with the other children.*

- Male caregiver

*The child thinks that other people can go to school and they are educated, but [they think] I can do nothing. Other parents can send their children to school, but my parents cannot. My friends can go elsewhere, but I can go nowhere. The child will feel inferior.*

- Female caregiver

*Some children fight and hit the other children when they get to school if their parents were fighting at home. That shows they don't like their parents if they fight. They feel angry with the parents. But they don't dare to respond the parents so they bully the other children who are thin and weak at school.*

- Female key informant

### *Gender Influences*

Respondents had mixed opinions about the influence of gender on indicators of child well-being. Some respondents reported no differences in the desired qualities of girls and boys, while others described significant variation in the way in which problems manifest in girls and boys, as well as in gender roles. In general, respondents believed that girls tend to express their problems through internalizing behaviors such as crying and sulking, while boys tend to exhibit externalizing behaviors such as alcohol use and aggression. Girls and boys were also described as having different gender roles with corresponding expectations. Girls were expected to be feminine and modest, excelling at household chores and taking care to dress appropriately in a *longyi*.<sup>5</sup> Some, but not all, respondents further stated that education was of lesser importance for girls than for boys given the role of the female as the homemaker. Boys, in contrast, were expected to be educated and to have the confidence and drive to eventually become the breadwinner for the household. In accordance with the Burmese Buddhist tradition known as *shinbyu*, boys were also expected to enter the monastery as a novice monk for a period of weeks or months.<sup>6</sup>

*There are differences. Girls are not strong-minded as boys. Girls are soft. Girls will discontinue everything when they face problems. Girls will feel inferior and cry. When boys face problems, they will get angry and be violent.*

- Female caregiver

Respondent: *The most important thing for the ideal girl child is that she must know how to do the housework. That is the only important thing for the girl child.*

Interviewer: *Why don't you think this quality is necessary for an ideal boy child?*

Respondent: *No I don't think so. They need to work and earn money for the family.*

Interviewer: *Why does the girl need to do the housework?*

Respondent: *When they are grown up, they will get married. Then they have to take care of their husbands and the parents. They need to know how to do the housework.*

<sup>5</sup> A *longyi* is a long piece of cloth typically worn by Burmese women around the waist and running to the ankles.

<sup>6</sup> *Shinbyu* refers to the ceremony marking a boy's novitiation or entry into the monkhood. This is considered to be a rite of passage for many Burmese boys.

- Female caregiver

*The girls should be much more disciplined than the boys. They should not go outside late at night. They should stay under the strict rules of the parents. There is no other exception for the girls. But for boys, there are exceptions. For example: it doesn't matter if they come back home late from playing football. But not the girls. The other people would say badly about the girls if they behave like this.*

- Male caregiver

The different gender roles and expectations for girls and boys also result in different risks. Respondents expressed concerns about girls having romantic relationships or being a victim of sexual abuse, which would result in the girl “getting a bad name” and being a source of shame and disgrace for her family. Boys, however, were seen to have more freedom in their interactions and behaviors. In general, respondents reported gender differences as becoming more apparent and important as children matured and assumed adult roles and responsibilities.

**Table 1. Indicators of Child Well-Being**

Indicator of "Ideal Child"	Reporting, N = 55 (%)	Indicator of Child with Problems	Reporting, N = 55 (%)
Is polite Uses appropriate third person pronouns Is not rude Speaks softly Does not swear	35 (63)	Disobeys parents Does not listen to parents Talks back to parents Disobedient	28 (50)
Gets along with others Loves his/her friends Is nice to his/her friends Does not bully others Does not hurt others Does not fight with others Does not gossip about others Does not make others feel bad Does not look down on others	33 (60)	Hits and fights with others Bullies others Is aggressive Is violent	21 (38)
Goes to school Good at school Works hard at school Values education Is educated Is literate	34 (61)	Feels sad Feels unhappy Feels upset Feels bad Feels depressed Feels unsatisfied	20 (36)
Listens to parents Obeys parents Respects parents	32 (58)	Feels inferior to others Feels embarrassed Compares himself/herself to others Feels envious of others	16 (29)
Understands parents Considers needs of parents and family	21 (38)	Does whatever he/she wants Goes wherever he/she wants	16 (29)
Helps parents at home Helps parents with housework Does housework	20 (36)	Drinks alcohol Smokes cigarettes Takes drugs	16 (29)
Is helpful	19 (34)	Does not attend school Plays truant Does not value education Does not have knowledge	15 (27)
Is ambitious Has goals Is motivated Strives to improve	18 (32)	Steals	14 (25)
Takes care of parents and elders Works to make money for parents and family Pays back gratitude to parents Looks after parents when he/she grows up	16 (29)	Is rude Uses rude words Swears	13 (23)
Respects elders	16 (29)	Cries	9 (16)
Listens to teachers Obeys teachers	14 (25)	Does not consider consequences of actions Does not differentiate between right and wrong Does not care about anything	9 (16)
Has good morals Has a good character Has a good personality Has a pure heart Lives with purity Has a noble mind	13 (23)	Breaks things Hits things Destroys other people's things	7 (12)

Is nice Is sweet Is gentle Is loving	13 (23)	Is inactive Does not want to go anywhere or do anything Is quiet Stays alone Does not play with friends	6 (10)
Is hardworking Is willing to work	12 (21)	Is lazy Does not work Does not have goals	5 (9)
Is patient Is slow to anger Does not have hot temper	12 (21)	Associates with bad influences	5 (9)
Shares with others Is generous	10 (18)	Is selfish	5 (9)
Is happy	10 (18)	Does not get along with others	5 (9)
Plays	9 (16)	Does not respect elders	4 (7)
Is loved by others Is praised by others	8 (14)	Goes out too much Plays on the street Stays outside the house	4 (7)
Does not play too much Does not go outside the house for fun Does not go to other people's houses too much	7 (12)	Is naughty	4 (7)
Feels confident Has a positive attitude Feels proud of himself/herself	7 (12)	Develops bad ideas and behaviors Becomes a bad person	4 (7)
Is a good role model Is a leader at school and in the community	7 (12)	Does not see the positive Has a negative attitude	3 (5)
Looks after siblings	7 (12)	Disturbs others in the neighborhood	3 (5)
Empathizes with younger children Helps and teaches younger children	7 (12)	Looked down upon by others Ostracized by others	3 (5)
Does not associate with bad influences	6 (10)	Lies	2 (3)
Does not steal	6 (10)	Shouts Yells	2 (3)
Is religious	6 (10)	Does not have many friends	2 (3)
Is honest Does not lie	6 (10)	Immature	2 (3)
Does not ask for what he/she wants Does not express how he/she feels	6 (10)	Does not do housework	2 (3)
Makes parents happy and proud Pleases parents Does not make parents feel sad	6 (10)	Feels angry	2 (3)
Is active Is fresh	5 (9)	Makes parents feel sad Does not understand parents	2 (3)
Informs parents about where he/she is going Informs parents about what he/she is doing	5 (9)	Talks too much	1 (1)
Does not smoke Does not drink alcohol Does not use drugs	4 (7)	Is impatient	1 (1)
Smiles	4 (7)	Is unhealthy	1 (1)
Saves money Does not waste money	3 (5)	Feels unloved	1 (1)
Is intelligent	3 (5)	Is not able to go to school	1 (1)
Considers positive and negative consequences of actions	3 (5)	Is a bad influence on others	1 (1)
Does not stay out late	3 (5)	Lacks confidence	1 (1)

Comes home on time			
Cleans school	3 (5)	Gambles	1 (1)
Has friends	2 (3)	Does not follow rules and regulations	1 (1)
Is good looking	2 (3)	Nags parents	1 (1)
Is healthy	2 (3)	Is beaten by parents	1 (1)
Feels peaceful	2 (3)	Has no empathy for others	1 (1)
Is mature	2 (3)	Feels worried	1 (1)
Helps to resolve family conflict	2 (3)	Feels resentful	1 (1)
Helps to resolve conflict between parents		Feels vengeful	
Is involved in community activities	2 (3)	Is irresponsible	1 (1)
Provides help in the community			
Is clean	2 (3)		
Dresses properly			
Does not talk too much	2 (3)		
Speaks Thai	1 (1)		
Does not gamble	1 (1)		
Is humble	1 (1)		
Is responsible	1 (1)		
Does not disturb people in the neighborhood	1 (1)		
Does not nag parents	1 (1)		
Tells parents not to drink alcohol	1 (1)		
Does not want to be judged or criticized by others	1 (1)		

## **Protective Processes and Risk Factors for Child Well-Being**

Key informant respondents identified a range of protective processes and risk factors for child well-being that can be categorized into individual traits and characteristics, family-related factors, and environmental influences.

### *Individual, Family and Environmental Protective Processes*

Some respondents believed that children had innate qualities that pre-disposed them to have good moral characters, and that these qualities were “genetic” and thus unchangeable. Others, however, indicated that child well-being was dependent on the interplay of innate and contextual factors ranging from the child’s genetic makeup to the influence of parents, teachers and the community. Other characteristics deemed to be protective for children included being educated, having positive peer influences, and a sense of self-confidence.

*Children who are good in character are good since they were born. So are the wicked children too.*

- Female key informant

*80% of it is related with the people who look after them since childhood. I think 20% is because of the genes.*

- Male key informant

*I'd say the future of the children mainly depends on the parents. The first most important thing is the parents and secondly, the child's effort to do something by himself, his character and his decision. The teachers from the school are the third most important people in taking care of the children.*

- Female key informant

All respondents reported that the role of the parents was the most important factor in determining child well-being. In particular, respondents emphasized the importance of parental instruction and guidance, positive role modeling and supervision as key protective processes for children.

*Children are like puppets and parents are like those who move the strings.*

- Female caregiver

*Children become what their parents draw.*

- Female caregiver

Respondents also stressed the importance of positive parent-child communication and interaction (e.g. asking the child about his or her day, playing with the child) and providing encouragement and emotional support to the child. The concept of *metta* was frequently cited in relation to the importance of parental love and warmth. *Metta* is a Pali word meaning “loving-kindness,” “benevolence,” or “goodwill” and refers to a form of altruistic love free of selfish attachment, a virtue integral to the Theravada school of Buddhism that is popularly practiced in Burma (Bodhi, 2005). Parents’ role in demonstrating appreciation and encouragement for the child as a form of *metta* was viewed by some respondents as a key protective factor that contributed to positive outcomes for child well-being.

*Parents should show their appreciation to the child. That is really helpful in encouraging the child. If the parents are not like this, the child may feel inferior...Some children are young but they have much more knowledge than us. We should encourage them. We shouldn't say "don't disturb when we speak" if the child says something.*

- Male key informant

The role of parents in providing appropriate discipline for their children was also seen as an important protective process. Respondents generally agreed that disciplining children through the use of physical force was a normal and necessary way to ensure children learned proper behaviors. However, they also recognized the need to have certain limits on the use of physical punishment in order to ensure positive outcomes and limit negative effects. Respondents specified that physical punishment such as beating or hitting should be administered only when necessary and in the privacy of the home, and that it should be moderate and avoid areas where serious, long-term damage could be inflicted. Some respondents also mentioned the need to soothe children with kind words or a treat after they have been punished.

*I have four canes for each of my children. Each cane has a number. If a child makes mistakes, I ask that child to bring his or her cane. There is a story: a son always steals things since he was young. The mother never taught him. She even used that stolen money. So the son became a real thief when he grew up. Later, he got arrested and on the day of execution, he asks his mom to come near to him and he bites his mom's ear. She lost her son and also has a painful ear. It's the two losses or two damages. I don't want to be like her. I teach my children when they made mistakes.*

- Female key informant

Interviewer: *What do the parents do to make sure that their children listen to them?*

Respondent: *Sometimes we threaten them, sometimes we hit at their legs and buttocks. But we don't hit their heads.*

- Female key informant

Respondents reported the use of other forms of discipline in addition to physical punishment. Scolding and the use of threats were seen as effective ways to chastise or frighten children into good behavior. Some of the threats used reflect the precarious conditions in which Burmese migrant families live in Thailand, while others reflect cultural and religious stories and beliefs.

*I teach them if you are naughty, the other people will kill you as you are living in other people's country.*

- Female key informant

*When the children are young, parents may threaten them. For example: don't talk back to elders, otherwise you will fall into the hot oil pot or hot water pot in hell. We threaten them like that.*

- Female key informant

Although physical punishment, scolding and threats were frequently cited as important discipline tactics, respondents simultaneously emphasized the importance of positive methods of discipline and behavior management. Respondents described a variety of methods to "teach children in a nice way," including using a gentle and kind tone of voice, explaining reasons for parents' actions, and praising or rewarding children for good behavior. Parental instruction through the use of stories, proverbs, and positive role models was also cited as effective ways to promote desired behaviors in children. In general, respondents stressed the need for balance and moderation when disciplining children. This was seen as a key protective process for child well-being, as laxness could result in spoiled, delinquent children, while excessive control could lead to suffocation and rebelliousness. Respondents also acknowledged that children generally responded more positively to non-violent alternatives to physical punishment.

*Children don't like if you shout at them or if you beat them or if you swear at them. They like if you speak nicely. Mostly they accept our teaching if we say softly rather than being aggressive.*

- Male key informant

*Parents also persuade them. For example: if the child wants to see the movies, parents would say “my son, let’s go another time. I’m busy, I have to go to work today. If I don’t go to work, I won’t get money. I could buy you the good curry only if I get the money.” If parents have patience with the child and explain to the child, the child’s brain can understand to a certain limit. Parents just need to speak nicely with the child. Some parents know only to yell at the children. Children wouldn’t understand if you don’t explain to them. And they will keep badgering for things. They feel worse if the parents yell at them.*

- Female key informant

*Generally, the parents should behave with their children like “not too stretched or not too loose on the strings of the harp.” What I want to say exactly is that parents should try to support or encourage the children to do something that they want. If the child wants to hold something hot, then the parents should allow him or her to touch the heat which is not dangerous for the child. Some parents just say “don’t touch” so the child wants to touch it more and more. If we stop the child’s wish, that is not good for the mental health of the child. If you are too tight with the rules, they will feel suffocated...then this kind of child will not become a child who has a pure heart. His behaviors may be ruined as he is living in a life with bars.*

- Male key informant

Other key family-related protective processes for child well-being included: household economic security and family intactness (i.e. children living with both parents).

Finally, respondents reported the influence of the community as an important environmental factor that can contribute to positive outcomes for children. Positive community role modeling, instruction, monitoring as well as social support were cited as crucial to the child’s development. Teachers, in particular, were viewed as an important source of guidance. The influence of religious beliefs and practices was another environmental protective process seen as related to child well-being.

*Like a saying “near the fisherman is a fisherman, near the hunter is a hunter.” The children learn to be an expert if they see something bad. If the community where they live is good, the children will be good. And if the community is bad, the children will be like them.*

- Male key informant

#### *Individual, Family and Environmental Risk Factors*

Risk factors for children broadly reflected the protective processes described above. Respondents reported several individual-level risk factors such as negative traits and characteristics, association with negative peer influences, and lack of education. Child labor was also mentioned as a specific individual risk factor.

Similar to the responses around protective processes, respondents identified family-level risk factors as the most problematic for child development and well-being. Poverty and economic insecurity, parental stress and fatigue, alcohol and drug use, and family conflict were often described as co-occurring in vulnerable households, thus forming “risk chains” that can have severe, negative effects on children (Smokowski, 1998: 338). Some respondents also reported parents placing inappropriate demands on their children such as asking them to work and contribute to household income at a young age, thus exposing them to further risk of harm.

*Parents are drinking. Make their children work...they talk to their child unpleasantly. They would say, “Should I feed you? If you are educated, you can eat rice. If you are not educated, eat shit.” As a result, the children feel depressed. Sometimes, if the children tell their parents that they are not happy at school, they would say “if you are not happy, it’s finished.” We should encourage our children to go to*

*school and not to feel depressed. Some parents quarrel with each other and this makes the children to feel depressed.*

- Male key informant

Interviewer: *How do people live to make children feel depressed?*

Respondent: *Parents do not have unity. They use drugs because their jobs are not going well. Parents have to work and they get tired. As a result, quarreling happens.*

Interviewer: *What is the character of parents that make children feel depressed?*

Respondent: *Parents' words can make children feel depressed.*

Interviewer: *What kind of words?*

Respondent: *Swearing, saying "are you foolish?" is not suitable. As children are told this often, their confidence becomes less.*

- Male key informant

Lack of parental guidance and instruction – in part due to parents' workloads and resulting fatigue – as well as poor parental role modeling were seen as key risk factors for child well-being. Respondents also described harsh physical and verbal discipline methods that they felt were ineffective and harmful to children. In particular, punishment that is administered impulsively while the parent is angry or drunk was viewed as detrimental to the child's mental and emotional well-being. This finding is consistent with research suggesting that the considered, regulated use of a disciplinary technique is less likely to cause fear or anxiety or to evoke an aggressive response in children (Gershoff et al., 2010). Respondents also described examples of verbal abuse, such as harsh criticism, calling the child names, and swearing, as causes of low self-esteem and depression.

*Metta* was again cited as instrumental to positive parent-child communication and interaction, as well as effective discipline. Lack of *metta* when disciplining a child could result in abusive treatment of the child, which in turn could lead to psychological and behavioral problems.

Interviewer: *What kind of parental teaching makes the child feel inferior?*

Respondent: *The child will feel inferior if the parents teach them in a violent way without thinking of the consequences.*

Interviewer: *Anything else?*

Respondent: *If the parents beat and scold the children with temper when they are angry, the children will feel inferior.*

- Male key informant

*There are a lot of different teaching methods. For Burmese, to make everyone understand about this, I would like to talk about a song which is sung by Zaw Win Htut, the title of the song is "The Sky, Mom." The lyrics are "all the hard beatings of mother is the strength to my heart, to the success." What I want to mean is the best thing to teach a child is to put the metta in front of everything, whether it is beating or hitting. Otherwise, you will get the bad consequences only. If the parents or guardians teach the child with anger without metta, that could hurt a child emotionally, leading him or her to be a psycho.*

- Male key informant

Interestingly, several key informant respondents pointed to the oppression of the child as a key risk factor. Respondents described how the hierarchical family structure in Burmese culture and society resulted in fixed, narrowly defined roles for children where the child must be subservient to elders. This culturally-defined role of the child also means that children are discouraged from expressing their views and participating in family discussions. Respondents further explained that criticism of the child and suppression of his or her independence could result in stunting self-expression and self-esteem.

*For example: what I experienced in my childhood was that I didn't have the right to have meals together with the elders in my family. I had a chance to have meals with them only when I was fourteen. Children will never grow up if the elder people always stop the children and tell them "you are a child, stay where you belong as a child." When I became a grown up and a teacher, I never dared to take the curry first at the school party...A child may draw a line with his own idea and it may not be neat and tidy. But parents should say like "oh what you drew is beautiful" rather than saying "what's that!"*

- Male key informant

Family separation was another family-level risk factor that was frequently cited by respondents. Children who are orphans or come from broken homes and live with relatives or stepparents were viewed as particularly vulnerable to discrimination within the family and community, as well as to physical, sexual and emotional abuse. Such children were also described to be most at risk of feelings of inferiority and low self-worth.

*Children who don't have parents are like 'the people who stay near the white elephant and eat the sugar cane' (Burmese proverb meaning someone who is dependent on others for survival). They don't get a chance to eat the sweet part of the sugar cane but have to eat the part which is not sweet...Children who don't have parents have no one to guide them to the right way...They have to eat what they are given...Their step moms ask them to do work but don't give nice food.*

- Male key informant

Finally, the community was described as a key environmental risk factor for child well-being. Respondents pointed to negative community role modeling, community conflict, negative community influence, and discrimination as particularly destructive to children's morals, behavior, and emotional well-being.

**Table 2. Protective Processes and Risk Factors for Child Well-Being**

PROTECTIVE PROCESSES			RISK FACTORS		
<i>Individual</i>	<i>Family</i>	<i>Environmental</i>	<i>Individual</i>	<i>Family</i>	<i>Environmental</i>
School attendance	Positive parental role modeling	Positive community role modeling	Disability/poor health	Family alcohol or drug use	Negative community role modeling
Association with positive peer influences	Parental instruction and guidance	Religious beliefs and practices	Envy/comparison to others	Family economic problems	Discrimination, criticism and verbal abuse of child by community
Innate moral character	Parental supervision and monitoring	Positive teacher role modeling	Living with relative or stepparent	Parental/family conflict	Conflict and swearing in the community
Self-confidence	Presence of <i>metta</i> (loving kindness)	Teacher instruction and guidance	Lack of education	Family separation	Use of physical punishment at school
Self-initiative	Household economic security	Effective community (e.g. religious leader, neighbors, relatives) monitoring and guidance	Association with negative peer influences	Lack of parental instruction and guidance	War in home country
	Family intactness (two parent household)	Social support from school and community	Innate immoral or aggressive character	Lack of parental supervision and monitoring	Lack of religious beliefs and practices
	Positive parent-child communication	Positive community interaction	Child labor	Parental stress/fatigue	
	Use of physical discipline	Access to social services/organizations		Lack of time for parent-child interaction	
	Use of verbal discipline	Living in home country		Negative parental role modeling	
	Use of positive discipline and behavior management methods (e.g. rewards)			Parental criticism, swearing or verbal abuse	
	Use of positive, non-violent teaching methods			Use of physical discipline	
	High degree of parental involvement			Use of verbal discipline	
	Positive parent-child			Controlling or imposing	

	interaction (e.g. enjoying fun activities together)			overly strict rules on children	
	Social support from parents and family			Lack of parental warmth and care	
	Meet child's needs			Use of threats	
	Establishment of clear rules for children			Negative parent-child communication	
	Parental interest in child's opinion			Lack of <i>metta</i>	
	Parental understanding of child's personality			Lack of parental support	
	Equal, non-discriminatory treatment of children in family			Disciplining while intoxicated	
				Child neglect	
				Inappropriate demands/expectations of child	
				Disciplining child in front of others	
				Negative parental instruction	
				Spoiling children (e.g. by refraining from physical punishment)	
				Suppressing child's independence/fixated and narrowly defined role of the child	
				Low parental education	
				Poor parent/family health	
				Young/underage parents	

### **Indicators of Family Well-Being**

Polite and respectful communication was again the most frequently cited indicator of family well-being. As in the descriptions of child well-being, caregiver respondents described the importance of family members speaking politely and with a gentle tone to one another, and using the appropriate pronouns. Other indicators of family well-being include having family unity or family spirit, which was defined by respondents as being kind and respectful to one another, and helping or understanding one another. Respondents described such families as peaceful and free of conflict, and that problems are solved through discussion among family members. Respondents had mixed opinions regarding the involvement of other people in family problem-solving. Community leaders and elders were often cited as helpful resources for problem-solving; however, for some respondents the need to involve outsiders in personal or family-related issues was seen as shameful and stigmatizing. Other frequently cited indicators of family well-being included economic security and positive relations with neighbors and community members.

Interviewer:	<i>How do they solve their problems?</i>
Respondent:	<i>Quietly, among the family. They teach their children quietly, without letting other people know.</i>
Interviewer:	<i>What do they do if they have problems?</i>
Respondent:	<i>They speak nicely and solve it.</i>
Interviewer:	<i>What do you mean by "speak nicely?"</i>
Respondent:	<i>They discuss quietly in the family.</i>
<i>- Female caregiver</i>	

In contrast, respondents described families with problems as having high levels of physical and verbal conflict, including domestic violence, as well as poor communication skills such as rudeness, shouting and swearing among family members. Economic problems and alcohol consumption – usually by the male head of household – were also frequently cited as co-occurring in families with problems, as the stress from financial insecurity leads to alcohol use, which in turn leads to increased levels of family conflict.

Interviewer:	<i>Can you describe a family with problems?</i>
Respondent:	<i>Drinking alcohol and getting drunk. They never look at the bright side. Always try to find someone to blame when there is no one to blame. These things happen mainly because of financial problems.</i>
Interviewer:	<i>How do they behave with others?</i>
Respondent:	<i>They are not kind to family members. Always drunk and become aggressive towards the family members. They never think in a positive way no matter what the family members do.</i>
<i>- Female caregiver</i>	
Interviewer:	<i>Could you tell me about a family with problems?</i>
Respondent:	<i>Nothing goes right whatever they do. They become anxious and upset about that. The husband tries to create fights with the wife. They use rude words to each other when their work isn't going well. The main thing is their work.</i>
<i>- Female caregiver</i>	

Respondents further described such families as unable to solve problems in a peaceful manner and instead resorting to violence or confrontation. As they are unable to resolve conflict within the family, outsiders such as the community leader, and at times even the police, must be called on to intervene.

This was viewed by many respondents as shameful and stigmatizing, leading to negative community relations and ostracism.

*If there is a problem, they cannot solve it themselves. They have to call the community leaders to solve it.*

- Female caregiver

Respondent: *And also the neighborhood doesn't like them much because they swear at each other very loudly.*

Interviewer: *What does the community do to help in solving their problems?*

Respondent: *Most of the neighbors just avoid them because they are very rude.*

- Female caregiver

**Table 3. Indicators of Family Well-Being**

Indicator of Family Well-Being	Reporting, N = 55 (%)	Indicator of Family with Problems	Reporting, N = 55 (%)
Is polite Uses appropriate third person pronouns when addressing one another Speaks nicely Does not swear	32 (58)	Fights with one another Hits one another Argues with one another	33 (60)
Discusses problems and resolves them together	26 (47)	Is rude to one another Uses swear words Does not speak politely or nicely to one another Shouts at one another	27 (49)
Is kind and gentle to one another Is nice and sweet to one another Respects one another Is patient with one another Understands one another Forgives one another	25 (45)	Father drinks alcohol	19 (34)
Gets along well Is peaceful Does not fight with one another	20 (36)	Has financial problems Work is not going well Cannot meet basic needs	17 (30)
Has good relations with others in the community Helps and shares with others in the community	16 (29)	Feels unhappy Feels anxious Feels bad Feels upset	10 (18)
Solves problems among one another without involving outsiders	15 (27)	Fights with others in the community Is unhelpful and unkind to others in the community Gossips about others in the community	10 (18)
Is happy	12 (21)	Is avoided by others in the community Is discriminated against by others in the community Does not interact with others in the community Is disliked by others in the community	8 (14)
Discusses work and daily activities together	10 (18)	Children don't listen to parents Children get into trouble	7 (12)
Work is going well Has money	10 (18)	Hits children Scolds and shouts at children	7 (12)
Loves one another	10 (18)	Uses violence to resolve conflict	5 (9)
Takes care of one another Helps one another Tries to meet one another's needs	9 (16)	Involves community leaders and members in resolving conflict	5 (9)
Children obey parents Children follow rules Has strict rules	9 (16)	Has wild behavior	4 (7)
Parents teach children quietly Parents speak nicely to children Parents do not scold or shout at children Parents guide children	8 (14)	Has debts	4 (7)
Lives and works together	7 (12)	Not patient with one another Not kind to one another Blames one another	4 (7)
Is united Has family spirit	6 (10)	Does not have unity	3 (5)
Has a good character Has a good heart Lives with purity	6 (10)	Gambles	3 (5)
Asks community leaders, relatives or friends for help with problem-solving	6 (10)	Parents are divorced or separated	3 (5)
Is religious	5 (9)	Is lazy	2 (3)

Goes to mosque regularly		Does not want to work	
Pays respect to Buddha			
Is hardworking	5 (9)	Steals	2 (3)
Is self-disciplined		Lies	
Children are educated	4 (7)	Does not solve problems together	2 (3)
Children go to school			
Does not steal	2 (3)	Does not follow God's path	1 (1)
Does not lie			
Does not drink	2 (3)	Wife and children are afraid	1 (1)
Speaks Thai	1 (1)	Has negative attitude	1 (1)
Wears clean clothes	1 (1)		
Solves problems through prayer and religious rituals	1 (1)		
Respects elders	1 (1)		
Parents are involved in children's education	1 (1)		
Husband and wife are equal	1 (1)		
Does not have debts	1 (1)		

## **Protective Processes and Risk Factors for Family Well-Being**

Key informant respondents identified a number of protective and risk factors that influence family well-being. The leadership and behavior of the head of the household – typically the husband/father – was cited as an influential protective or risk factor. Respondents explained the need for the head of household to be a good provider and role model for the rest of the family, and the negative effects resulting from a negligent head of household. One key informant reported that it was the mother rather than the head of household who had a potentially positive or negative influence on family well-being. A significant and frequently cited risk factor at the individual level was the use of alcohol and drugs, typically by the male head of household. Respondents linked the use of alcohol, in particular, with family level risk factors such as economic insecurity, stress and fatigue. The co-occurrence of these risk factors results in “risk chains” that in turn lead to negative outcomes such as family conflict and family separation. Household financial security, the presence of *metta*, time management and planning, and positive parent-child relationships, on the other hand, were described as key protective processes that enhance positive family outcomes.

*It's mainly because of the breadwinner. If the breadwinner is drunk all the time, how could the family be united! There is a Burmese saying: "If there is one hole in the roof, the water will leak through this and make the whole house in the water." If there is no right person for leadership, how could a family be united?*

- Female key informant

*The parents may be upset with their work which is not doing great. They are tired from their work and they may be stressed. So they drink because of the stress. After that, they get drunk and fight with the family. Later, they may have affairs. The wife also doesn't care about the children and wanders around the neighborhood gossiping. The husband also gambles. They don't care about the children. And they become a family which is not united. At last, the family becomes separated.*

- Male key informant

Other protective processes and risk factors revolved around the influence of religious beliefs and practices, as well as social support (or the lack thereof) from community leaders and members. Respondents described the importance of community role models and support for families to be united and peaceful. Families living in communities that model positive behaviors and provide helpful guidance and advice were more likely to do well, while families in conflict-ridden and gossip-prone communities with weak social support systems were more likely to have negative outcomes.

Interviewer: *What are the reasons that make a family to be united?*

Respondent: *Seeing good examples of neighbors, Seeing other families living in unity, loving each other, seeing it and do it in the same way.*

- Male key informant

*A family could be united again if the community people help them to be united again. But if some of the community people come and say: "Hey, come on! Let's go and drink if you are feeling bad." If it's like that, how can a family be united? But if the people in the community say: "That alcohol costs you 30 Baht, wouldn't it be better to buy curry with that 30 Baht instead of buying alcohol?" Then the family could be united again because of this kind of people in the community.*

- Female key informant

**Table 4. Protective Processes and Risk Factors for Family Well-Being**

PROTECTIVE PROCESSES	RISK FACTORS
Household economic security	Family separation
Presence of <i>metta</i>	Family economic problems
Positive parental instruction and role modeling	Lack of <i>metta</i>
Effective time management and planning	Lack of parental instruction and guidance
Positive parent-child relationship	Parental/marital conflict
Positive parent-child communication	Parental stress
Community role models	Negative parental role modeling
Social support from community	Negative family interactions
Community and religious leaders	Use of harsh discipline
Religious beliefs and practices	Negative community role modeling
Access to social services/organizations	Lack of social support from community
Behavior of head of household	Community gossip
Role of mother	Lack of religious beliefs and practices
	Use of alcohol and/or drugs
	Behavior of head of household
	Role of mother

### **Children's Perspectives on Child and Family Well-Being**

Children participating in focus group discussions had some similar views on child and family well-being as adult respondents, but emphasized different indicators of child well-being. When asked to draw a picture of a child who was doing well, both girls and boys drew pictures of a smiling, healthy and well-dressed child. Child respondents described such a child as happy, healthy, well-nourished and attentive to his or her appearance. Loving and being loved by one's parents and family was viewed as a key feature of child well-being. Similar to adult respondents, children emphasized the importance of being polite and respectful to elders, as well as understanding and obeying parents. Children also pointed to the importance of having academic and professional goals, as well as social skills such as helpfulness and empathy towards others, and having positive peer relationships.

*He makes his hair spiky, as he wants to be handsome. He smiles showing all his teeth as he is so happy. He is happy because he plays football and passed the exam. He is happy because he played with his friends at school and he won the football game. His mother bought him a ball and he is so happy about it. He is a polite child, listens to the teachers. He loves his parents and his teachers too. He does everything what his parents asked him to do. He likes to play football. He never talks back his parents. He is polite, respects the elders and never steals the other's things. He helps the others. He listens to the parents. He respects the teachers. He loves all his teachers. He is very helpful to the others. He speaks politely with his parents.*

- Focus group discussion with school-going boys aged 9 to 15

In contrast, child respondents drew pictures of a crying or frowning child wearing dirty and tattered clothes and covered with bruises and cuts when asked to describe a child with problems. Like their adult counterparts, child respondents described children with problems in terms of externalizing and internalizing behaviors. Externalizing behaviors included: being angry, frustrated and aggressive; fighting with and bullying others; swearing and using rude language; disobeying and talking back to parents; stealing and using drugs and alcohol; and, having no regard for the consequences of one's actions. Internalizing behaviors included: crying and feeling sad; feeling inferior, unlucky and discriminated against; being withdrawn and isolated from others; feeling afraid and anxious; feeling unloved; and, intentionally hurting oneself or thinking about suicide. Child respondents explained that children with problems are fearful of being punished and feel they cannot express their feelings to their parents; as a result, they run away from home. Such children do not perform well at school, have few friends, and are often bullied or beaten by others in the community them.



Girls in focus group discussion drawing a picture of a "happy child"

Child respondents prioritized the role of parents when describing protective processes and risk factors for child well-being. Parental love, care, support and guidance were all described as key protective processes for children. In particular, child respondents emphasized the need for parents to meet children's basic needs for food, clothing and education, and to use positive, non-violent methods of instruction and discipline, including the use of stories, games and songs. Child respondents also valued time for positive interactions between parents and children, such as playtime or going on outings together. Living in a united, intact family with both parents

who have a peaceful marital relationship was also described as crucial to child well-being. Other protective processes mentioned by child respondents included social support from peers and from community members such as community leaders, elders, and teachers.

Child respondents again emphasized the role of parents when describing risk factors for child well-being. Children cited lack of parental love, care, guidance and support, as well as the use of physical punishment and verbal abuse as extremely detrimental to children's physical and emotional well-being. Physical and verbal abuse, as well as child labor and the lack of access to education, were emphasized by female, out of school child respondents in particular, suggesting the increased vulnerability faced by this group of children.

Respondent:	<i>Sometimes, she is talking with the friends on the way back home from school or sometimes she goes to her friend's house. If the mother finds out about that, she beats her. Sometimes, if we take too much time in doing house work or taking a bath, then mother scolds us and beat us.</i>
Interviewer:	<i>Do your mothers beat you all?</i>
Respondent:	<i>Yes, that's why we're talking about this. My mother beat me and my nose was broken.</i>
Interviewer:	<i>Why did she beat you?</i>
Respondent:	<i>Because I played with friends without doing housework.</i>
Interviewer:	<i>How long did your injury take to recover?</i>
Respondent:	<i>Not very long. My mom didn't apply any medicine for me. I just put tumeric powder and MSG powder in the wound by myself and it was healed in about three days.</i>
<i>- Focus group discussion with out of school girls aged 9 to 15</i>	
 <i>Mother would say like: "You are not polite, you always give me trouble. It's not worth it to give birth to a child like you. You are such a useless child. If I knew about this, I would never give birth to a child like you. I regret giving birth to you." Our mothers always say like that so we feel bad. We do what we can. But the mothers think we are not good enough.</i>	
<i>- Focus group discussion with out of school girls aged 9 to 15</i>	

Parental conflict, alcohol use, and gambling were other risk factors frequently mentioned by child respondents, who also identified family separation and living with a stepparent or relative as particularly risky for children. Children who live with a stepparent or relative were seen to be vulnerable to discrimination, ill-treatment, abuse and neglect as they are relegated to a lower status within the household and do not enjoy the protection and love of their biological parents. Poverty, debt and the inability to meet the child's basic needs were other family-related risk factors described by child respondents. Finally, discrimination and ill-treatment by the community, as well as child protection threats such as child trafficking, were identified as key environmental risk factors for child well-being.

Child respondents who were asked to draw a "united family" typically drew colorful pictures of a mother, father, and children smiling and holding hands in front of a house with a garden, or doing family activities such as sharing a meal together. Child respondents described such a family as loving and caring towards one another, having *metta*, speaking politely and sweetly to one another, and solving problems quietly and calmly without conflict. Parents in such a family get along well and teach their children how to behave in a calm and gentle manner without resorting to physical punishment. In a united family, parents send their children to school and children are able to fulfill their goals and aspirations. Child respondents described a united family as being able to save money, wear clean clothes, and live in a clean and beautiful house. They described this kind of family as happy and helpful to others, as well as observant of religious practices.

*This is the mother in the green blouse and white longyi holding the hands of her three children – two daughters and a son. The children are smiling as they are happy with the metta of their mother. Even though they don't have a father, their mother takes good care of them. The children are polite because their mother and teachers teach them to be polite. Here are the flower pots they planted. Behind them is their house, they have chickens in their compound. Now, they are going outside to go to the school as the teachers told the mother to come to the school. They behave nicely with the neighbors.*

- Focus group discussion with school-going girls aged 9 to 15

In contrast, child respondents who described a “not united family” drew pictures of children separated from their parents, or family members fighting and crying. Family separation was a recurrent theme during the child focus group discussions, with respondents describing children who are forced to live with abusive relatives because their parents have passed away or moved elsewhere for employment. Many narratives also revolved around poverty and unemployment resulting in the use of alcohol by the father, which in turn leads to domestic violence and family conflict. Child respondents described such families as unhappy, rude, and selfish, with no love or understanding for one another. Such families use violence to resolve problems and are disliked by others in the community because of negative behaviors such as cheating, stealing, gambling and drinking.

*This is the father, he drinks alcohol a lot. He is holding a knife to cut the mother when they fight. The two sisters are crying. They started to make a big fight because the mother slapped the father as she felt angry with his drinking habit.*

- Focus group discussion with school-going girls aged 9 to 15

Child respondents cited many of the same protective processes and risk factors for family well-being as their adult counterparts. In particular, child respondents emphasized marital harmony between parents and lack of parental conflict, as well as positive communication and *metta* among the key protective processes for families. Risk factors included poverty and economic insecurity, alcohol use, family separation and lack of *metta*.



Drawings of a united and not united family by children in focus group discussions

### ***Help-Seeking and Social Support***

Respondents reported having different sources of assistance and social support when children and families face problems. Community leaders such as village leaders, religious leaders and elders were described as frequently called upon to assist in problem solving, particularly with regard to family-related problems. Relatives, neighbors and friends were also mentioned as important sources of social support for children and families alike. Teachers and religious leaders such as monks were described as particularly important for helping and supporting children, and the school and monastery were seen as safe spaces for children to learn positive behaviors and obtain assistance if necessary. Respondents also mentioned seeking help from child and family role models in the community. Finally, a few respondents reported seeking help from the Thai employer (often in the context of borrowing money) or in some cases, from the Thai police, as well as from non-governmental organizations. Interestingly, several respondents felt that it was not possible for children and families with problems to get help, either because they do not ask for help or because these are problems that can only be solved within the family and not by outsiders.

### ***Differences between Thailand and Burma***

The transition from Burma to Thailand has resulted in a number of significant changes in family dynamics, parenting practices and child well-being. Respondents had differing views about life in Thailand compared to in Burma, with some preferring the former and others the latter. In general, however, most respondents agreed that greater economic security with more employment opportunities and better income was one of the main pull factors for coming to Thailand. While increased income means that parents and caregivers are better able to meet their children's needs, the greater availability of jobs in Thailand also results in families spending less time together than in Burma. Respondents explained that due to the scarcity of work in Burma, the head of the household – generally the father – typically works while the mother stays home with the children. As many households in rural parts of Burma engage in agricultural activities on land that they own, families also have more flexibility and time to spend together than in Thailand where they typically work for a Thai employer for a daily wage. In many Burmese families in Thailand, both parents work long hours six or seven days a week, leaving their children unsupervised by an adult. Respondents explained that parents in Thailand have little time to provide guidance and supervision to their children, and that those parental responsibilities have been assumed in large part by teachers. Labor migration to and within Thailand has also resulted in increased family separation, compared to Burma where families typically live and work together on their land.

*While they are in Thailand, they have little time to give to their family members as the parents have to go out and work. They go out in the morning, come back home late and go to bed as they are tired. They cannot talk with their children. If they are in Burma, they work for themselves and nobody orders them in their work and they can go or come back anytime from their work.*

- Female key informant

All respondents emphasized the enormous stress and anxiety that stems from living and working in Thailand without legal documentation. Fear of arrest and deportation restricts freedom of movement, with respondents reporting parents' inability to participate in religious and cultural activities with their children compared to in Burma where such family activities and outings were more common. The sense of insecurity stemming from not being in one's homeland was prevalent throughout interviews with respondents. One key informant reported the following case that exemplifies the vulnerability faced by undocumented Burmese migrants in Thailand:

*Two months ago, an event occurred. A household from Burma fled to Thailand and came to work here. They are a family of parents and a nine-year-old daughter. One day, the parents left their daughter at*

*home and went out to work. While they were out, their daughter was raped. Nobody can help this family, since they do not have legal documents for living in Thailand. They cannot go and seek help according to the law. Nobody will help them.*

- Female key informant

On the other hand, some respondents pointed out that Thailand was more secure as there is no conflict and no forced "taxation," whereas people in Burma continue to be subject to forced portering and other human rights violations. Respondents also praised the availability of free education for Burmese children in Thailand, although others noted the poor quality of instruction in migrant learning centers and the lack of access to higher education.

Finally, respondents explained that Burmese communities in Thailand are more diverse as members from different ethnic, linguistic and religious groups as well as social backgrounds live together in the same neighborhoods. Compared to in Burma, respondents felt that there was less social cohesion and greater exposure to negative community role models and influences such as alcohol abuse and crime in Thailand. Respondents also reported lower levels of social support and less community monitoring and supervision of children. The general consensus among respondents was that children living in Thailand were generally less polite, well-behaved and respectful compared to children in Burma due to these differences in parental supervision, family functioning and community cohesion.

**Table 5. Differences between Thailand and Burma**

Thailand	Burma
Better economic security More jobs/work available More income Better able to meet children's needs Able to save money More focus on making money	More poverty Fewer jobs available Less income Less able to meet children's needs (e.g. medicine, school materials)
Both parents can find jobs and work so children often left unsupervised	Only one family member (usually head of household) works while mother stays home with children
Less time together as family members work long hours for an employer More instability as dependent on employer and job	More flexibility and time together as families work on their own land More stability from self-employment
Less time for parental guidance and supervision Teachers assume greater responsibility for monitoring and supervising children as parents have to work	More time for parental guidance and supervision
Less time for family discussions and activities	More time for family discussions and activities
More family separation due to labor migration and remarriage	Families live and work together Families more united
Lack of legal status Less freedom of movement Fear of arrest and deportation Unable to own land/property Sense of not being in "homeland" No equal rights Lack of access to healthcare and justice systems	Greater freedom of movement Greater sense of security Able to own land/property Able to speak own language
No war No need to flee from home No "tax"	War Forced to give bribes ("tax") to police, teachers Forced portering
Less participation in religious/cultural activities with children due to fear of police	More participation in religious/cultural activities with children (e.g. visiting pagoda)
More restrictions on children's movements due to fear of police	Children are able to move around and play freely
Access to free education Free school materials Education supported by NGOs	Must pay for education and school materials
Little access to higher (post-secondary) education Teachers come from migrant community	Greater access to higher (post-secondary) education More qualified teachers
More diverse community People from different ethnic groups, religions and backgrounds living together Less community cohesion More negative community influences (e.g. crime, conflict)	Families live with relatives and neighbors More community cohesion More monitoring and supervision of children from relatives and community members More social support from relatives
Seek help (e.g. borrow money) from employer Assistance from NGOs available	Seek help from relatives as no employers or NGOs
Children more exposed to outside world through media, contact with Thais and other foreigners	Children have little exposure to outside world
Children less polite, respectful and well-behaved Children do not value their belongings as more available	Children more polite, respectful and well-behaved Children take better care of their things

### ***Recommendations for Program Recruitment and Content***

When asked for their recommendations on how to recruit and retain children and families in a family-based intervention, respondents emphasized the need to overcome the barriers of work schedules, lack of time, and lack of interest. Most recommendations focused around the provision of various incentives to families; these incentives included: meals and refreshments; basic necessities such as soap and washing detergent; toys and stationery for children; *per diem* equivalent to average daily wage (typically 80 to 120 Thai Baht); and, transportation. Other recommendations included: scheduling program activities around the families' work schedules (meaning that most activities would have to take place in the evenings); conducting program activities in participants' homes; house-to-house mobilization; targeting community gatherings and networks such as church; showing videos; and, using jokes, folk tales and games to publicize the program. Another key recommendation was to engage community and religious leaders, elders and other influential community members as families would be more likely to participate in a program if they were encouraged to do so by an authority figure. Respondents also mentioned the need to obtain permission from Thai authorities and employers so as to ensure safety for participating families.

Respondents had different recommendations for program content targeted at parents/caregivers and children. Recommendations for program content for parents/caregivers include: having unity and *metta* in the family; building respect and understanding in the family; being a good role model for children; teaching children positive behaviors and values; using positive discipline strategies; establishing rules; child development; health education; household management and planning; time management; maintaining a good marriage; valuing children's education; dangers of child labor; parent and child responsibilities; and, family discussions. Recommendations for program content for children included: being polite, obedient and respectful; understanding parents; educational activities; English and Thai language lessons; handicrafts; and, dancing.

Other recommendations for program content included: HIV/AIDS education; dangers of alcohol abuse; income generation (e.g. savings and loans, microenterprise); and, household budgeting. Several respondents also recommended the use of games, contests, and cultural and religious traditions to more effectively convey the key messages of the program.

## V. Discussion and Conclusion

The objective of this study was to explore local perspectives on child and family well-being and to identify protective processes and risk factors among Burmese migrant and displaced communities in Thailand. Study findings revealed that Burmese parents and caregivers prioritized values such as politeness, respect for elders, and social functioning in children. Subjugation of the child's individual needs and desires in deference to the overall good of the family unit was also seen as an important value. In general, characteristics related to the child's mental and emotional health were not emphasized as core indicators of child well-being, although this may be due in part to how the interview questions were phrased in Burmese. When asked to describe children experiencing problems, respondents readily identified internalizing emotional or mental symptoms such as depression, as well as externalizing behaviors such as aggression and delinquency.

Study findings clearly point to family-level variables, most notably parenting practices and behaviors, as the most crucial protective processes or risk factors for child well-being. In particular, parental guidance, role modeling, love and support were identified as key to positive outcomes for children. Respondents expressed a nuanced perspective on discipline, acknowledging that the use of physical punishment was at times necessary but that excessively severe or impulsive use of physical or verbal discipline can be detrimental to child well-being. Findings also revealed that Burmese migrant and displaced families face multiple risks of economic insecurity, stress, alcohol use and conflict, and that changes in family structures and dynamics in the transition from Burma to Thailand have resulted in increased vulnerability for children and families.

While the findings from this study confirm the many challenges faced by undocumented Burmese migrant and displaced families in Thailand, they also identify a clear entry point and need to intervene at the family-level for maximum impact on child and family well-being. Study findings suggest a number of key risk factors that a family-based intervention should target for reduction, including the use of harsh physical and verbal forms of punishment, parental stress, alcohol use, and family conflict. Interventions should simultaneously strengthen key protective processes, including positive, non-violent forms of discipline and behavior management, positive parental role modeling, parent-child communication, and peaceful conflict resolution.

Based on these findings, the IRC selected the Strengthening Families Program (SFP) for adaptation and use with the Burmese migrant and displaced population in Thailand following an extensive literature review of evidence-based family strengthening interventions. SFP is a 14-week family skills training program initially developed in 1982 for high-risk families (e.g. parents considered to be at risk of abusing or neglecting their children; parents at risk of substance abuse). Since then, the program has been adapted for different ethnic populations in the United States as well as disseminated internationally to more than 17 countries, including Thailand (Kumpfer et. al, 2008). SFP involves the whole family in a multi-component and interactive behavior change intervention delivered through separate parent and children skills training sessions followed by a combined family session. SFP was selected because of its focus on concrete behavioral skills in the areas identified by the study findings: these include stress management; setting appropriate developmental expectations; positive parent-child communication skills; problem solving; saying "no" to drugs, alcohol and tobacco; understanding the negative consequences of physical punishment; and alternative methods of positive discipline and behavior management (UNODC, 2010). SFP is also well-suited for the Burmese migrant and displacement context given its emphasis on structured family time during the weekly family meals and the combined family sessions where caregivers and children can enjoy positive, bonding interactions.

The IRC used findings from the qualitative study to make cultural adaptations to SFP in order to maximize relevance and applicability. In addition to surface adaptations such as changes to names,

examples, songs and games, cultural and religious concepts identified through the study were incorporated to increase cultural relevance. The concept of *metta* or “loving-kindness”, for instance, was a recurrent theme in study findings, particularly in relation to positive discipline. Punishment with *metta* was described as mindful and considered, leading to positive behavior and learning outcomes for children. In contrast, respondents described punishment without *metta* as overly harsh and impulsive, resulting in the development of psychological and behavioral problems in children. This concept of *metta* was incorporated into program content on the negative effects of physical punishment and used to differentiate punishment with the intention to *hurt* from punishment as a predictable and consistent *consequence* of misbehavior. In addition, some content such as stress management was expanded in recognition of the extreme stressors faced by migrant and displaced families living without legal documentation in Thailand. The program was also shortened from 14 weeks to 12 weeks given the transience and competing work demands of many Burmese families. Renamed the Happy Families Program or *Chan Myae Pyaw Shwin Thaw Mi Thar Su A Si A Sin* in Burmese, the program was piloted with 11 Burmese families living in Mae Sot, Tak province. Lessons learned from the pilot were further incorporated into the program design and content.

Findings from the qualitative study were also applied to the selection, adaptation and development of measures for use in the impact evaluation of the family intervention. The following constructs were prioritized for measurement: parenting practices and behaviors, including the use of various discipline methods, communication styles and expression of parental warmth; family functioning including communication and conflict resolution; and, child well-being and resilience including internalizing and externalizing behaviors. Parental alcohol use was also prioritized given its prominence in study findings. Qualitative data was used not only in the selection of relevant measures, but also to guide translation and adaptation of measures through the addition of culturally-appropriate examples and items. As in the pilot of the family program, all measures were extensively pilot tested to ensure accuracy of translation, comprehension and relevance.

This study demonstrates the importance that Burmese migrant and displaced communities place on parenting practices and behaviors in determining positive outcomes for children and families. The protective capacity of the family, however, has been severely undermined by the many challenges and stressors faced by Burmese migrant and displaced families in Thailand with negative consequences for children. Child protection programming aimed at improving child well-being should therefore ensure that interventions are designed to support the family in producing positive outcomes for their children. Qualitative research can be instrumental to informing the design of such family interventions by providing cultural grounding, which in turn improves program retention and results. Evaluation of program impact on child and family well-being can also benefit from qualitative research by ensuring that measures are sensitive to cultural differences.

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# Appendix A

1. Caregiver Interview Guide
2. Key Informant Interview Guide
3. Child Focus Group Discussion Guide

## CAREGIVER INTERVIEW GUIDE

### WELCOME/PREAMBLE

Thank you for agreeing to participate in this interview. My name is \_\_\_\_\_ and I work for the International Rescue Committee (IRC). The IRC and Harvard School of Public Health are conducting a study to learn more about children and families living in Tak province.

The purpose of this research project is to understand how we can better help children and families in this community. You were selected to participate today because you are a parent/caregiver and we are interested in learning about the thoughts and opinions of parents/caregivers in this community. There are no right or wrong answers to the questions I will ask you. Please feel comfortable to talk about your thoughts, opinions and experiences openly.

In order to remember what you said, my colleague will be taking notes and recording our discussion. As we discussed in the consent, the identity of all participants in this research will be kept confidential meaning that we will not use your name in any of the reports of our discussion today. If at any time during this interview you do not want to answer a question or continue with the interview, please let me know and you can leave the study. This will have no impact on you, your family or any assistance you could receive from IRC or any other organization.

Thank you again for helping us with this important project. By sharing your ideas today, we hope to improve our understanding of how to meet the needs of children and families in this community.

### START OF INTERVIEW

- 1) I would like to understand what children and families in this community are like. Can you please describe an “ideal” child?
  - How does this child feel? How does this child feel about others? How does this child feel about him/herself? How does this child express his/her feelings?
  - How does this child behave and interact with others in the family, at school and in the community?
  - What beliefs/values does this child have?
- 2) What are some qualities that are particularly important for a female child to have?
- 3) What are some qualities that are particularly important for a male child to have?
- 4) Can you describe a child who has problems?
  - What kind of problems can a child face?
  - How does this child feel? How does this child feel about others? How does this child feel about him/herself? How does this child express his/her feelings?
  - How does this child behave and interact with others in the family, at school and in the community?
  - What beliefs/values does this child have?

- 5) Do girls with problems behave differently from boys with problems?
- 6) Do boys with problems behave differently from girls with problems?
- 7) Now let's talk about families in your community. Can you describe an "ideal" family?
  - How does this family behave and interact with each other?
  - How does this family communicate with each other?
  - How does this family resolve problems or conflict? Who is involved in resolving issues?
- 8) Can you describe a family with problems?
  - What kind of problems does this family have?
  - How does this family behave and interact with each other?
  - How does this family communicate with each other?
  - How does this family resolve problems or conflict?

## **CLOSING**

Are there any other important things about children and families I haven't asked you about?  
Please feel free to tell me about additional thoughts or ideas you have.

## KEY INFORMANT INTERVIEW GUIDE

### WELCOME/PREAMBLE

Thank you for agreeing to participate in this interview. My name is \_\_\_\_\_ and I work for the International Rescue Committee (IRC). The IRC and Harvard School of Public Health are conducting a study to learn more about children and families living in Tak province.

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In order to remember what you said, my colleague will be taking notes of our discussion. As we discussed in the consent, the identity of all participants in this research will be kept confidential meaning that we will not use your name in any of the reports of our discussion today. If at any time during this interview you do not want to answer a question or continue with the interview, please let me know and you can leave the study. This will have no impact on you, your family or any assistance you could receive from IRC or any other organization.

Thank you again for helping us with this important project. By sharing your ideas today, we hope to improve our understanding of how to meet the needs of children and families in this community.

### START OF INTERVIEW

- 1) I would like to learn more from you about children and families who live in this community. We talked to some parents and caregivers who told us about children who are *(insert local terms/phrases to describe children who are doing well)*.
  - How does a child become *(insert local terms/phrases for doing well)*?
  - What are things that parents/caregivers do to make sure their child is *(insert terms/phrases for doing well)*? Probe for parenting behaviors, actions, behavior, feelings, thoughts and relationships. Ensure communication and discipline are discussed.
  - Which of these things do you think is most important? Why?
  - What are some other things beyond what parents/caregivers do that make a child *(insert local terms/phrases for doing well)*? Probe for factors in the child's life beyond the immediate family (e.g. school, community, religious/cultural values and practices) that help children do well.
  - Which of these things do you think is most important? Why?

- 2) Now let's talk about children who are (*insert local terms/phrases for not doing well*).
- How does a child become (*insert local terms/phrases for not doing well*)?
  - What are things that parents/caregivers do that can result in their child (*insert local terms/phrases for not doing well*)? *Probe for parenting behaviors, actions, behavior, feelings, thoughts and relationships that can result in children not doing well.*
  - Which of these things do you think is most significant? Why?
  - What are some other things beyond what parents/caregivers do that can result in making a child (*insert local terms/phrases for not doing well*)? *Probe for factors in the child's life beyond the immediate family (e.g. school, community, religious/cultural values and practices) that result in children not doing well.*
  - Which of these things do you think is most significant? Why?
- 3) When parents/caregivers have a child who is (*insert local terms/phrases for not doing well*), what do they do?
- What do they do to get help?
  - Who do they go to for help?
- 4) How would you describe the families living in this community? What do different kinds of families look like here? *Probe for different family structures, children living with non-biological caregivers, etc.*
- 5) We talked to some parents and caregivers who told us about families who are (*insert local terms/phrases for doing well*).
- How does a family become (*insert local terms/phrases for doing well*)?
  - What are things that family members do to make sure their family is (*insert local terms/phrases for doing well*)? *Probe for actions, behavior, feelings, thoughts and relationships that can result in families doing well.*
  - Which of these things do you think is most important? Why?
  - What are some other things outside the family that help to make a family (*insert local terms/phrases for doing well*)? *Probe for factors beyond the immediate family (e.g. community, religious/ cultural values and practices) that help families do well.*
  - Which of these things do you think is most important? Why?
- 6) Now let's talk about families who are (*insert local terms/phrases for not doing well*).
- How does a family become (*insert local terms/phrases for not doing well*)?
  - What are things that family members do that can result in their family being (*insert local terms/phrases for not doing well*)? *Probe for actions, behavior, feelings, thoughts and relationships that can result in families not do well.*
  - Which of these things do you think is most significant? Why?
  - What are some other things outside the family that can result in making a family (*insert local terms/phrases for not doing well*)? *Probe for factors beyond the immediate family (e.g. community, religious/cultural values and practices) that result in families not doing well.*
  - Which of these things do you think is most significant? Why?
- 7) When a family is (*insert local terms/phrases for not doing well*), what do they do?
- What do they do to get help?

- Who do they go to for help
- 8) What differences are there between how families were in Burma and how families are here in Thailand? What are the reasons for these differences?
- Differences in family composition and roles
  - Differences in how children are raised
  - Differences in attitudes and values around children and families
  - Differences in relationships and behaviors between parents/caregivers and children
  - Differences in how families relate/communicate to each other, spend time together
  - Differences in how families relate to others in the community and seek help
  - Differences in school and community as they relate to children and families
- 9) If there was a program for families to help children and families do well, what should be included?
- What kind of knowledge and skills would parents/caregivers want to learn?
  - What kind of knowledge and skills should children learn?
- 10) How can we make such a program attractive to families?
- How much time would most families in your community be able to spend in such a program? (*Probe for number of times per week, number of hours per session, days of week, times of day*)
  - Would most families in your community be willing to allow their children to participate in such a program?
  - What would make it easier for parents/caregivers and children in your community to participate in such a program?
- 11) Are there songs, proverbs, stories or traditional ceremonies about children, parents and families? Could you share some examples with us?

## **CLOSING**

Are there any other important things about children and families I haven't asked you about? Please feel free to tell me about additional thoughts or ideas you have.

## CHILD FOCUS GROUP DISCUSSION GUIDE

### WELCOME/PREAMBLE

Thank you for agreeing to participate in this group! My name is \_\_\_\_\_ and I work for the International Rescue Committee (IRC). The IRC and Harvard School of Public Health are conducting a study to learn more about children and families living in Tak province.

You are all here today because you and your parents/caregivers agreed for you to participate in this group. The purpose of this discussion is to understand how we can better help children and families in this community. You were selected to participate today because we are interested in learning about the thoughts and opinions of children like you in this community. There are no right or wrong answers to the questions I will ask you. Please feel free to talk about your thoughts, opinions and experiences openly.

In order to remember what you said, my colleague will be taking notes of our discussion. As we discussed with you and your parents/caregivers, we will not use your name in any of the reports of our discussion today. So you should feel free to share your thoughts and feelings. If at any time you do not want to answer a question or participate anymore, you just have to tell me. You will not get in trouble with me or your family if you don't want to take part anymore. Nothing will happen to you or your family if you choose to leave the discussion.

Thank you again for helping us with this important project. By sharing your ideas today, you will help us understand how to meet the needs of children and families in this community.

### WARM UP

Welcome and introduction game.

### START OF FOCUS GROUP DISCUSSION

#### Activity 1

- 1) Let's draw a picture of a child your age who is a happy child.
  - *Ask children to describe the picture*
  - Probe:
    - How does this child behave?
      - At home with parents and siblings
      - At school with friends and teachers
      - In neighborhood
    - How does this child feel?
      - About himself/herself
      - About other people
- 2) What makes a child like this (like the child in the picture)?

- Probe
    - What do parents do?
    - What do other people at school or in the neighborhood do?
    - What does the child himself/herself do?
- 3) Now let's draw a picture of an unhappy child.
- *Ask children to describe the picture*
  - Probe:
    - How does this child behave?
      - At home with parents and siblings
      - At school with friends and teachers
      - In neighborhood
    - How does this child feel?
      - About himself/herself
      - About other people
    - What kind of problems does this child have?
      - Physical
      - Mental
      - Emotional
- 4) What makes a child like this (like the child in the picture)?
- Probe
    - What do parents do?
    - What do other people at school or in the neighborhood do?
    - What does the child himself/herself do?
- 5) When a child has this kind of problem (*select specific problems mentioned by children*), what can they do to get help or feel better?
- Probe
    - What can parents do?
    - What can friends do?
    - What can teachers or other adults do?
    - What can the child himself/herself do?

## Activity 2

- 1) Let's draw a picture of a united family.
- *Ask children to describe the picture*
  - Probe:
    - How does this family behave with each other?
    - How does this family talk to each other?
    - How does this family handle problems or disagreements?
    - How does this family feel towards each other?
    - How is the relationship between his family and others in the neighborhood?
- 2) What makes a family like this (like the family you just described)?
- Probe

- What do family members do?
  - What do others in the neighborhood do?
  - Other (e.g. religion/culture, family structure)
- 3) Now let's draw a picture of a family that is not united.
- *Ask children to describe the picture*
  - Probe:
    - How does this family behave with each other?
    - How does this family talk to each other?
    - How does this family handle problems or disagreements?
    - How does this family feel towards each other?
    - How is the relationship between his family and others in the neighborhood?
- 4) What makes a family like this (like the family you just described)?
- Probe
    - What do family members do?
    - What do others in the neighborhood do?
    - Other (e.g. religion/culture, family structure)
- 5) Why are some families united but other families are not united?
- 6) When a family has the kind of problems you described, what can they do to get help?
- Probe
    - What can family members themselves do?
    - What can other people in the neighborhood do?

### Activity 3

- 1) In this activity, we're going to talk about some of the problems that children here can experience. You don't have to talk about your own problems; you can just talk about the problems that children who live here can face. These can be any kind of problems – physical problems (e.g. pains in our body), mental problems (e.g. worries or fears), or emotional problems (e.g. sadness). Let's draw a picture of a child who has these problems.
- 2) Can you explain these problems to me one by one?
- Probe
    - Why or when do children experience these problems?
    - What do they do when they experience these problems?
    - What can they do to get help or feel better when they have these problems?

### **CLOSING GAME**



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