Barriers to immunization among children of migrant workers from Myanmar living in Tak province, Thailand.

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Problem

Immunization is a cost-effective means of improving child survival but implementation of programmes in low- and middle-income countries is variable. Children of migrants are less likely to be immunized.

Approach

The qualitative study aimed to identify barriers to the successful implementation of migrant immunization programmes in Tak province, Thailand. We ran a total of 53 focus groups involving 371 participants in three sites. The Thai district health authorities attributed this to difficulties completing immunization courses due to the mobile border. The Thai Government maintains immunization records for all Thai children but not for migrant children living on the Myanmar border. The Thai district health authorities attributed this to difficulties completing immunization courses due to the mobile border. The Thai district health authorities attributed this to difficulties completing immunization courses due to the mobile border.

Local setting

Tak province in Thailand borders Myanmar and has an estimated 200,000 migrants from Myanmar. Vaccine-preventable diseases are a documented cause of morbidity in this population but there is no systematic or coordinated immunization programme in the area.

Relevant changes

As a result of the findings, the subsequent immunization campaign targeted children in school to overcome those barriers of distance to immunization services, fear of arrest, not remembering immunization appointments, and the disruption of parental work. The campaigns also included immunization education for both parents and teachers.

Lessons learnt

Migrant parents identified similar barriers to accessing childhood immunization programmes as migrant populations elsewhere in the world, although a unique barrier identified by parents from Myanmar was “fear of arrest”. The subsequent school-based strategy to overcome these barriers appears to be effective.

The provision of immunization services to children of migrants is neither systematic nor coordinated. The Thai Government provides immunization services for migrants at health posts and public hospitals. Only one of the many humanitarian aid organizations working along the border with Myanmar is implementing immunization programmes for children of migrant workers. The Thai district health authorities attributed this to difficulties completing immunization courses due to the mobile border.

Approach

We conducted focus groups at three different SMRU clinic sites in three different geographical areas along the border with Myanmar in Tak province, Thailand: Wang Pha, Mawker Thai and Mae Kon Ken districts between 14 May and 10 July, 2009. Qualitative research conducted internationally has identified several barriers to successful implementation of such programmes in migrant populations, it was important to identify context-specific barriers to inform the planning and delivery of migrant immunization programmes in Tak province, Thailand.

Abstracts in Arabic, 中文, Français, Русский and Español at the end of each article.
who refused did so because they were not feeling well enough to participate. The focus groups were held in a quiet area at the clinics. There was no gift or compensation given directly from this study.

The researchers were specially trained members of the SMRU vaccine team who were all fluent in Thai and Karen languages; two of them spoke the Myanmar language as well. They used a discussion guide, which enabled team members to run focus groups independently using a standardized format. The discussion guide format used was recommended by the children's vaccine programme at PATH. The language of interview was chosen according to the members of the group; the language most used was Karen. Every focus group session was composed of one facilitator and two note takers, who differed among groups. Notes were taken in Thai language and subsequently translated into English. The data were then coded and categorized and subsequently translated into English. The conversations were taken in Thai and Karen language as well. They used a discussion guide, which enabled team members to run focus groups independently using a standardized format. The discussion guide format used was recommended by the children's vaccine programme at PATH. The language of interview was chosen according to the members of the group; the language most used was Karen. Every focus group session was composed of one facilitator and two note takers, who differed among groups. Notes were taken in Thai language and subsequently translated into English. The data were then coded and categorized and analysed using thematic analysis by two independent researchers. Differences were resolved by discussion.

**Findings**

Participants considered that vaccinating their children was a good thing. They were able to identify several benefits that immunization conferred upon their children. One parent's view was typical of many other participants: “When children get vaccinated they become strong and cannot get diseases” (focus group 11).

Despite this positive view of immunization, the participants identified several difficulties they faced when immunizing their children. The main barriers identified in this study were: continued migration, distance to immunization services, fear of side-effects (particularly fever), fear of arrest, not remembering immunization appointments, and the necessity of work. Several of the key findings from this study were consistent with the findings of previous research identified in the international literature. Access – both geographical and financial – was a considerable issue; one participant expressed succinctly the concerns of many others: “I have too many children, my house is too far and I cannot walk because of heavy rain and flooding, besides that there is no transportation; the only transportation available is motorcycle but it is very expensive and I have no money” (focus group 51).

The fear of arrest was a finding unique to this context. Some parents said they did not have their children immunized because they were afraid of getting arrested on the way to the clinic or at the clinic by the Thai police: “The only reason we would risk accessing a Thai clinic is when our child is very ill because under those circumstances the Thai police would not do anything to us” (focus group 22). Parents expressed strong fear of coming to the vaccine site: “We are afraid of the police. There are several checkpoints from our place to the vaccine site and we can get arrested anytime” (focus group 30).

### Lessons learnt

This report presents the first exploration of the barriers to immunization among children of migrant workers from Myanmar living in Tak province, Thailand, from the perspective of the parents (Box 1). It was important to involve the migrant parents in the development of the immunization programme in this area as they are key to deciding whether to immunize their children. Identifying perceived barriers also identifies opportunities for developing an acceptable and accessible immunization programme. In the light of these findings, we decided to implement the immunization programme at schools specifically set up for migrant children. We targeted 49 migrant schools in Tak province run by nongovernmental organizations that have transportation services. This change in approach helped overcome those barriers of distance, the necessity of work and the fear of arrest; all issues raised by the parents.

We addressed parents’ fear of fever by providing paracetamol preparations at every school, including detailed instructions on dosage in case of fever. In addition, we provided training to parents and teachers on immunization benefits and side-effects. We established strong relationships with teachers and this also helped us to follow-up children who dropped out from school and were unable to complete their immunization schedule.

The campaign was designed in five rounds and a monitoring session was held at the end of each round. The final evaluation took place immediately after the 2009–2010 mass immunization campaign. Vaccination coverage estimates were obtained by dividing the number of doses administered by the number of children of eligible age. All coverage rates achieved in the SMRU immunization campaign were over the threshold of 80–90% needed for herd immunity. The SMRU programme among migrant school children has achieved similar rates to Thailand’s national coverage and above the World Health Organization minimum targets.

### Box 1. Summary of main lessons learnt

- Migrant parents should be involved in the development of immunization programmes.
- Immunization services should be offered at schools attended by migrant children to help overcome barriers of distance, parental work commitments and fear of arrest.
- Parents and teachers should be trained on the benefits and side-effects of immunization.
- We addressed fear of fever by providing parents with paracetamol and dosage instructions.

### Table 1. Social characteristics of the 371 focus group participants in Tak province, Thailand

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age (years)</td>
<td>31</td>
</tr>
<tr>
<td>Median number of children</td>
<td>3</td>
</tr>
<tr>
<td>Ethnicity (%)</td>
<td></td>
</tr>
<tr>
<td>Karen</td>
<td>49</td>
</tr>
<tr>
<td>Burman</td>
<td>44</td>
</tr>
<tr>
<td>Pho O</td>
<td>7</td>
</tr>
<tr>
<td>Occupation (%)</td>
<td></td>
</tr>
<tr>
<td>Farmer</td>
<td>71</td>
</tr>
<tr>
<td>Housewife</td>
<td>20</td>
</tr>
<tr>
<td>Factory worker</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Religion (%)</td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>16</td>
</tr>
<tr>
<td>Buddhist</td>
<td>80</td>
</tr>
<tr>
<td>Muslim</td>
<td>4</td>
</tr>
</tbody>
</table>

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Sara Canavati et al.
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We would like to thank the Tak provincial health department for their invaluable support, the SMRU vaccination team for their hard work and the Burmese Migrant Workers Education Committee and Help without Frontiers for offering us constant support. Likewise, we thank Andrew Pollard, Cindy Chu and Verena Carrara for their advice throughout the vaccination campaign and Adrian Smith for his assistance in this study.

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530

Lessons from the field
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Sara Canavati et al.

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Competing interests: None declared.
Obstáculos para la vacunación de los hijos de trabajadores inmigrantes procedentes de Myanmar en la provincia de Tak, Tailandia

Situación La vacunación es un método rentable para mejorar la supervivencia infantil, aunque la aplicación de este tipo de programas resulta variable en países de ingresos medios y bajos. Los hijos de inmigrantes tienen menos probabilidades de vacunarse.

Enfoque Estudio cualitativo para identificar los obstáculos existentes para la correcta aplicación de los programas de vacunación de inmigrantes en la provincia de Tak, en Tailandia. Establishimos un total de 53 grupos muestrales, con un total de 371 participantes de tres emplazamientos.

Marco regional La provincia de Tak se sitúa en la frontera de Tailandia con Myanmar y en ella habitan aproximadamente 200 000 inmigrantes procedentes de dicho país. Las enfermedades vacunables son una causa documentada de morbilidad en esta población, pero no existe un programa sistemático y coordinado en esta área.

Los padres inmigrantes encuentran obstáculos como para los profesores. Estas campañas también incluyeron educación sobre la vacunación, tanto para los niños como para los profesores.

Lecciones aprendidas Los padres inmigrantes encuentran obstáculos similares en cualquier parte del mundo a la hora de acceder a los programas de vacunación infantil, aunque la única barrera que identificaron los padres de Myanmar fue la del «miedo a ser arrestado». La subsiguiente estrategia centralizada en los colegios resultó efectiva a la hora de superar estos obstáculos.