



THAILAND-BURMA BORDER REPRODUCTIVE HEALTH NEEDS ASSESSMENT: KEY FINDINGS

Assessment findings & results: Cross-border populations

- **Family planning (FP):** Limited access to family planning counseling, supplies, and procedures among cross-border populations. Common barriers to family planning include security, lack of information, age and marital status, lack of sustainable FP supplies and trained health workers, common misperceptions about FP methods.
- **Emergency contraceptive pills (ECPs):** Lack of knowledge and low-level use among cross-border organizations and populations.
- **Family planning procedures:** Virtually no access to family planning procedures among cross-border populations.
- **Maternal mortality and access to skilled birth attendants:** Lack of access to skilled birth attendants, post-partum hemorrhage, and unsafe abortion among cross-border populations. Challenges to reducing maternal mortality among cross-border populations include lack of sustainable supplies and trained health workers, medic turnover, logistical challenges in the movement of people and supplies, poor access to FP.
- **Unsafe abortion among cross-border populations:** High prevalence of unsafe abortion, lack of access to safe and legal abortion, untrained TBAs perform unsafe procedures.



These are the key findings of Hobstetter M, Walsh M, Leigh J, Lee C, Sietstra C, Foster A. *Separated by borders, united in need: An assessment of reproductive health on the Thailand-Burma border*. Cambridge, MA: Ibis Reproductive Health, 2012. An electronic version of the full report (in English only) is available at: <http://ibisreproductivehealth.org/work/other/thaiburmaborder.cfm>

Assessment findings & results: Migrants

- **Access to family planning in the migrant community:** Limited access to family planning counseling, supplies, and procedures. Security, age, gender, marital status, resource constraints, distrust of Thai health centers, and lack of knowledge pose greatest barriers to FP access.
- **ECPs:** There is very little knowledge about ECPs in the migrant community and among healthcare providers that serve migrants. Lack of knowledge is reported as the most common barrier to emergency contraception.
- **Maternal mortality and access to skilled birth attendants in the migrant community:** Higher rates of PPH, induced abortion, and malaria among migrant populations due to structural barriers.
- **Unsafe abortion:** Stakeholder organizations report widespread unsafe abortion among migrant women. TBAs continue to perform unsafe procedures.

Assessment findings & results: Refugees

- **Family planning:** Camp-based clinics provide family planning services, but age, marital status, and widespread misconceptions about FP limit access.
- **ECPs:** Limited knowledge and distribution in camps; lack of evidence-based standards for distribution.
- **Maternal mortality:** Access to skilled birth attendants in camp-based clinics, but MMR likely higher than the rest of Thailand.
- **Unsafe abortion:** Unsafe abortion with very limited referrals to Thai health centers.

Assessment recommendations

Family planning information, counseling, supplies, and procedures: Respondents from all three communities overwhelmingly reported lack of knowledge about reproductive health and family planning as one of the biggest reproductive health issues in their communities. Funding priorities should include resources to ensure sustainable organizational access to FP supplies and support to scale-up education and outreach activities, including yearly trainings of peer educators, particularly for adolescents.

Adolescent reproductive health:

Among all three populations, availability of family planning counseling and services for adolescents and unmarried adults is variable among those organizations that are not ARH focused. There is a need to support efforts to strengthen capacity building, visibility, and coordination among all organizations that provide RH services and interface with adolescents, particularly for existing ARH networks and service delivery organizations.



ECPs: Use of ECPs is low among all three populations. Health workers, program managers, and community members lack adequate knowledge to dispense and request ECPs in accordance with evidence-based practice, while camp-based clinics have adopted policies that do not make the pills accessible for all women who could benefit from ECPs to prevent unplanned pregnancy. Overall, more information and education is needed for both the public and stakeholder organizations.

Maternal mortality and access to skilled birth attendants: Given the numerous challenges facing organizations in the cross-border setting, sustainable, multiyear funding that includes organizational core costs is crucial for long-term interventions to reduce maternal mortality in eastern Burma.

Reducing harm from unsafe abortion: Harm from unsafe abortion continues to serve as a significant factor in maternal death and morbidity across the region. In particular, there is a need to initiate comprehensive dialogue with program managers and community leaders about unsafe abortion in migrant and cross-border areas. Furthermore, the greatest barrier to safe abortion care is lack of legal access to abortion providers. Without increased access to safe and legal care, unsafe abortion will continue to be a presence in the region.

Communications and coordination: The success of joint projects among stakeholder organizations emphasizes the importance of coordination among stakeholder organizations. Additional donor support is needed for reproductive health coordination in the Thai-Burma border region. Priority areas for communication and collaboration would include data collection and sharing, and such data sharing would inform interventions and encourage evidence-based practice in the region.