Exchange, Unite, Empower!

The Sexual and Reproductive Health and Rights (SRHR) Experiences of Burmese Migrant Women in Thailand

ABOUT MAP FOUNDATION

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MAP
FOUNDATION

In 1996, a group of local organizations joined together to try to respond to the needs of Burmese migrant workers in Chiang Mai, Thailand. It became apparent that migrants were having to work and live in unsafe and unsanitary conditions and that the needs were much greater than could be addressed by a network. In 2003, MAP registered as a foundation, and in August 2004 the organization won the first labour case for migrant workers in Thailand. Today MAP has four programs: Labor Rights for All; Community Health and Empowerment; Rights for All, which focuses on women and education; and Multimedia. MAP operates a library/workers' resource center, numerous Promoting Occupational Safety and Health (POSH) Corners, drop-in centers for migrants to get information and condoms, and two community radio stations (FM99 in Chiang Mai and FM102.5 in Mae Sot), among other programs. MAP works toward a vision of the future where people from Burma will have the right to stay in their homeland and the right to migrate safely and where all migrants are treated with respect and have their human rights and freedoms observed.

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Background to Women's Activites at MAP

The Women Exchange program of MAP is a monthly forum where migrant and refugee women from different ethnicities and different jobs can come together to share their experiences and learn how their peers have dealt with difficult experiences and improved their situations. The women can also invite guest speakers or friends to facilitate special sessions on topics of interest and can get experience in expressing their views openly and arguing their perspectives. The first Women Exchange meeting was held on 8 March 1999. Some of the women who attended then moved to other places in Thailand and set up new exchanges. Today the forums occur in 22 different locations, including Chiang Mai, Bangkok, Maharchai, Sanklaburi, Mae Hong Song, Mae Sot, Mae Sariang, Phuket, Phang Nga, Khok Kloi, Kuraburi, Surat Thani, Ranong, Hat Yai, Songkla, and Mae Sai, as well as in cross-border regions, including Kaw Thaung, Tachilek and Myawaddy. The simplicity and yet efficacy of the project has been so appreciated that sister organizations have replicated the project in other areas, such that it is estimated that in any given month there may be 30-40 Women Exchanges happening among migrant women throughout Thailand and the surrounding area.

Between 20–40 migrant and refugee women attend each exchange. Exchanges are held wherever it is possible and safe for women to congregate and have some privacy from their husbands and employers. Often the places are crowded, hot and noisy. The women share and learn from each other. They look after each other's children. They participate. They relax. These are not one's typical focus group. They are more chaotic; more a women's space; more a women's support gathering.

Once a year, representatives from all of the Women Exchanges meet at the Annual Women Exchange Get-Together. Between 200–300 women gather to attend formal plenary sessions with invited speakers from UN bodies, media or leading women activists. Women then break into groups and get to attend eight different sessions over the four days, which include data collection, community project development, paralegal counseling on violence against women, and interest groups on such issues as global warming, sexuality, and CEDAW. At the end of the day, all women can enjoy a variety of rejuvenating activities, which have included belly dancing, self-defense, art activities, aerobics, vegetable carving, and salsa dancing. On International Women's Day, they join with their Thai sisters in a public event celebrating women's resistance and power, and enjoy a moment of freedom from the daily restrictions they endure at work and at home, freedom from being viewed as the "other," freedom from the transcience of temporary documents.

Overview of the Project

Access to information and health care is a challenge for most migrant women. Although those women who have registered in one of the government regularization schemes are eligible to use the national health service, there are many women who cannot register because they work in jobs that fall outside of the work permit system, such as sex work, or because the employers only register a "show percentage" of workers and keep the rest undocumented and easily exploited, such as in factories.

In August 2013, the Ministry of Public Health announced a new policy allowing any migrant to register for health care and also allowing children under 7 years old to pay 1 baht a day for healthcare. Nevertheless, access to health care is difficult for migrant women. Migrant workers' sites are often far from city centers, and migrants are kept segregated from the general population. They generally live on-site. Migrant women building housing estates in the suburbs live in shacks made out of left-over building materials alongside the mansions that they are building. They depend on "market trucks" coming into the sites each evening to buy meat and vegetables. Organizing a trip to a medical center involves discussions with the foreman, organizing transport, losing wages and, if there are follow up appointments, the possibility of losing their jobs. Migrant women working as domestic workers in private houses are completely dependent on their employers for facilitating their access to health care. Still excluded from protection under the labor laws despite a slight but ineffective change to the Ministerial Regulations, domestic workers have no complaint mechanism if they suffer health problems at work. Migrant women on rubber plantations go out at night to tap the rubber and sleep in the daytime. They live in the rubber plantations, often far from major roads. Getting to a health center is again a major endeavor. Hospitals are thus seen as a last resort. Migrant women will only go to a hospital when they are very sick. Going to a hospital or a clinic or anywhere for health information and services is a luxury of time, energy and resources that few migrant women have.

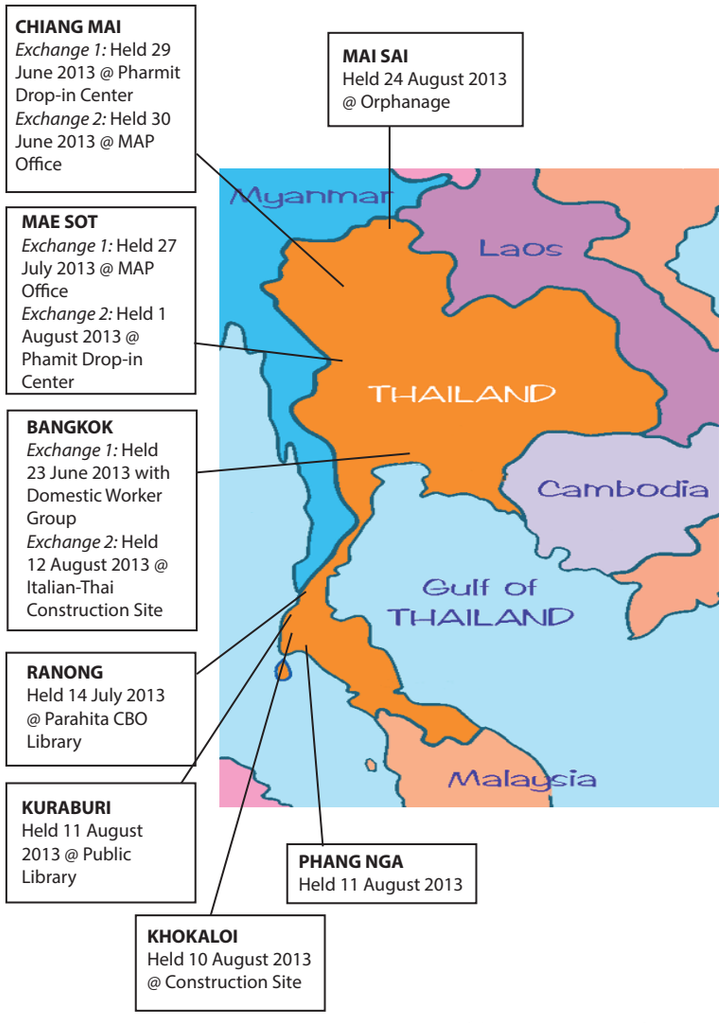
Migrant and refugee women from Burma face discrimination and abuse both in their home countries and in Thailand. These injustices are propagated by local authorities, employers, other members of their communities, and sometimes by other members of their own families. The types of abuse are varied and commonly include labor exploitation— underpayment of wages, deductions from wages, confiscation of documents, and unsafe conditions. Some migrant women, particularly domestic workers, also face severe forms of labor exploitation, including confinement, no pay, no rest time, verbal and physical abuse, and/or trafficking. These abuses harm women both physically and emotionally. They destroy women's confidence and self-esteem. They make what is already a difficult lifestyle almost impossible. It is already difficult because as migrant and refugee women they are considered to be temporary. Their right to be in Thailand can easily be taken away from them. They face multiple levels of resistance when trying to expose abuses, especially sexual abuse. The community itself attempts to placate the women, fearful that any action will bring attention to their community and thus threaten their security. The police are not proactive in following up on cases of abuse against women, particularly migrant women, and when the abuse has been committed by a family member in the migrant community, they claim it is a migrant affair and therefore not of concern to them. Even agencies mandated with the protection of refugees or migrants have sometimes been reluctant to encourage women to pursue justice. In order to increase the safety and quality of life of migrant and refugee women, it is important that migrant women have strong support systems, including linkages with other migrant women, contacts with women from the host community and regional bodies.

Sexual and reproductive health and rights (SRHR) should not be a luxury or a privilege. They are a set of veritable rights that all migrant women are entitled to enjoy. However, few have questioned how migrant women can actually practice these rights and, moreover, what needs to change in order for migrant women to truly exercise their sexual and reproductive health rights.

Migrant women live in a precarious world, where their livelihoods can be taken from them without warning by Immigration, by their employers, by their husbands. Refugee women live in closed camps where the Women Exchange forums provide some stability, some assurance of visibility and connectivity. Through the Exchanges, migrant women have sisters from across the country; they have a louder voice; they have support groups such as MAP. However, to make a greater impact globally, they need to be connected to networks of women who are in a position to advocate globally. The migrant women need allies. The women of the Women Exchanges joined with the Asian-Pacific Resource & Research Centre for Women (ARROW), as well as with other women's grassroots organizations from the Asia-Pacific, to explore how migrant women currently understand reproductive and sexual health and what are the barriers to achieving true sexual and reproductive rights.

MAP Foundation conducted eleven special Women Exchanges between May and August 2013, in eight different locations. Discussion topics ranged from barriers to

accessing reproductive health services to domestic violence and unplanned and unwanted pregnancies. At the beginning of each Exchange, a survey consisting of 50 questions pertaining to SRHR issues was distrubuted. The survey questions were all written in Burmese [an English translation of the survey can be viewed in Appendix A]. Those women who were not able to read the questions had the questions asked to them verbally. In the end, the information coming from the exchanges was less important than the information shared, less important than the courage inspired. In this report, we try to elucidate some of the discussions and experiences from the SRHR Women Exchanges.



Locations of SRHR Women Exhcanges

Migrant and Refugee Women's Sharings

ACCESS TO CONTRACEPTIVES

Most of the women in the Exchanges said that they only learned about contraceptives from their mothers, older sisters or friends. Most did not know about choices surrounding contraceptives. Many women said that they had to buy pills from pharmacies near where they lived or asked neighbors for assistance in obtaining them. They preferred to buy the contraceptive pills themselves instead of seeing a doctor, as it saved time and the pills were cheaper to purchase. At both the pharmacy and the hospital, women faced language barriers and could not get any detailed information, especially about possible side-effects.

Those few women who do have health insurance obtain their contraceptives from a hospital or local clinic. A nurse or doctor generally relays information the first time that they visit these facilities, but it is difficult for migrant women to understand the Thai language and thus the information is not properly conveyed. There were no discussions between the migrant women and the doctors regarding contraceptive

Women participate in an "energizer" before starting one of the Women Exchanges in Mae Sot

methods. The doctors generally did a blood pressure test and then just gave the women a three month injection of Depro Provera. In most places this costs around USD 4 each time.

In Mai Sai, migrant women were told that starting in July 2013 they would only be given health services during the afternoon. Therefore, migrant women would have to miss work and would have to wait a long time to meet with doctors and nurses. If they are unable to see the doctor or nurse during that time, they will have to return the next day, requiring them to miss their jobs yet again and pay for a second day of transportation.

In areas where NGOs operate, some contraceptives may be provided for free. In Phang Nga, World Vision and the FED Foundation provide free family planning for migrants. The Mae Tao clinic in Mae Sot also provides free family planning services. MAP works with the local health authorities to provide contraceptive pills to women on their worksites. All partners of the Prevention of HIV/AIDS Among Migrants in Thailand (PHAMIT) provide free condoms to migrant communities.

Some of the migrant women living in Chiang Mai have had the opportunity to join the reproductive health workshops conducted by Adolescent Reproductive Health Zone (ARHZ) and therefore understood more about reproductive health than women living in other areas.

PREGNANCY

Generally migrant women only go to the hospital once they know that they are pregnant. As discussed at the Mae Sot exchanges, only migrant women who have documents deliver their babies at the Mae Sot hospital. Migrant women who do not have documents opted to deliver at the Mae Tao clinic. At these hospital appointments, nurses or doctor explain how to take care of oneself while pregnant, how to be healthy, and what to eat or not eat while pregnant. All pregnant women are given an HIV test and, if positive, are put on treatment to prevent transmission to the child. However, this treatment is often discontinued once the mother has delivered. HIV positive mothers are also not given clear guidance on what to do about breast feeding.

DISCRIMINATION AGAINST MIGRANT AND REFUGEE WOMEN

Migrant factory workers reported that they are dismissed from their jobs if they become pregnant. Some are allowed to continue working, but they are not permitted to take any special days off to make visits to the doctor. If they do take days off, they do not get paid for those days. Some domestic workers and shopkeepers are able to continue working prior to delivery, but that option is not common.

Women in Khok Kloi discuss gender dynamics and gender-based discrimination

None of the women in the Women Exchanges had been given paid maternity leave. Moreover, none of the women knew of any migrant women who had ever been given paid maternity leave. Most women either lose their jobs or take time off unpaid and return when they were ready, provided that their jobs have not been given to someone else. According to the Labour Protection Act (1998) in Thailand, women are entitled to 90 days maternity leave, 45 days of which the employer is to pay full salary. For workers contributing to the Social Security system, Social Security pays the remaining 45 days. The Ministry of Labour has confirmed that migrant women are also entitled to paid maternity leave equivalent to that of Thai women and has encouraged NGOs to report infractions related to this policy. To date, no such case has been brought through the legal system, partly because it is very difficult to prove that the employer dismissed the worker due to her pregnancy, as the employer will commonly claim some other reason. And partly because seeking legal redress adds extra pressure and stress on a woman who is pregnant. Nevertheless, it is hoped that such a case will be pursued in the

near future.

The Women Exchange discussions showed that 80 percent of migrant women had been instructed to go back to a local clinic or hospital 45 days after delivery. However, only 20 percent of these women went to their appointments, because most could not take additional days off of work or were not able to afford transportation.

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DELIVERY

Most of the migrant women report giving birth at a clinic or hospital. Only women working in orange orchards, onion fields, rubber plantations, paddy fields, and other related farming occupations did not give birth at a clinic or hospital. They gave birth with the assistance of a traditional birth attendant (TBA). One issue that arises as a result of this delivery method is that these babies cannot get birth certificates unless the TBA is a registered midwife. Migrants do not know that they must go to their district office in order to obtain birth registration for their children. Without a birth certificate, it is much more difficult for migrant children to attend Thai schools and it is much more difficult to prove relationships with parents, which can cause problems related to citizenship, education, health, inheritance, et cetera. Mae Tao Clinic issues birth delivery certificates which may prove parentship but are not considered an official document in Thailand.

UNPLANNED AND UNWANTED PREGNANCIES

Due to a lack of consistent access to contraceptives and a the lack of contraceptive choices available to migrant women, the women in the Exchanges reported that there was quite a high incidence of unplanned and unwanted pregnancies. Some women, particularly married women, decided to go ahead with the pregnancies despite the financial difficulties. Some returned to Burma to have the baby or took the baby back to Burma to be taken care of by family. For single women, giving birth was considered not only a financial burden but would also bring stigmatization to the woman and her family. If the couple or the woman alone decided to terminate the pregnancy, in most places there were very few options available.

If the woman has information and access, the emergency contraceptive pill (ECP) is commonly available in Thailand. Different forms of the ECP can be bought over the counter at most pharmacies and are not expensive. Postinor is used commonly by young Thai women and is also well known among young migrant women in factories.

Although the abortion pills Mifepristone and Misoprostol have been approved by the WHO for terminations, in Thailand it is illegal to use these pills for terminations. Misoprostol is a registered drug in Thailand, but only for use in the care of peptic ulcers. However, doctors and academics in Thailand have recently called for the drugs to be legalized.

Article 305 of Thai Penal Code states that abortion is illegal except in cases when a pregnancy endangers the physical health of the mother or when the pregnancy is due to sexual offenses such as rape and incest. The procedure must be committed by a medical practitioner. On 10 November 2006, the Thai Medical Council's Regulation On Criteria for Performing Therapeutic Termination of Pregnancy expanded the critieria to include cases where the mother is suffering from mental health problems, but in this situation it has to be certified by at least one other doctor, in addition to the one performing the termination.

Legal terminations are thus difficult for migrant women--or indeed any woman-- to obtain. A survey conducted in 2011 by the Thai Ministry of Public Health found that 28% of Thai women who had abortions were 15-19 years old. Out of all women

A Women Exchange in Mae Sot

seeking abortions, 20% used illegal medicine and 20% were operated on by people who lacked the required qualifications. The survey also found that 21.4% of women seeking abortions had complications, primarily excessive bleeding. With no access to safe, legal abortions, migrant women have to seek more clandestine and less safe methods. Some commonly used methods abdominal massage and a liquid mixture of alcohol and herbal tonic. Complications often arise and women have to seek further assistance.

In Ranong, it was noted that some women elected to get abortions with midwives in Kawthaung, on the Burma side of the border. This is particularly common among those women who cannot speak Thai and do not have documents. The women generally return to Ranong after giving birth.

FORCED STERILIZATION

Numerous instances of forced sterilization have been recounted at the Women Exchanges over the past ten years, and these stories have become more common over the past two to three years. In one case, a migrant woman who participated in the Khok Kloi exchange shared her experience of delivering her baby at a hospital in Phang Nga in 2011 and then being sterilized without any consultation and without her consent.

Ma Yu Yu (named changed) recounted her experience of delivering a baby at the Mae Sot hospital in 2012. Nurses asked her to undergo an operation, almost certainly a sterilization procedure, but she refused. In response, the nurse said, "If you get pregnant again, don't come here to deliver. You can go deliver in Myanmar."

A women's exchange participant in Phang Nga shared her experience of being subjected to forced sterilization. Five years ago she was told to enter an operating room at a hospital in the city in which she used to work. She did not fully understand what would be done to her, as she does not speak Thai, but instead just followed what the nurse indicated for her to do. She only knew that she was operated on after she came out of the operating room, and now she is no longer able to conceive a baby.

SEXUAL HEALTH

The SRHR surveys indicated that migrant women do not fully understand conditions affecting sexual health, notably HIV/AIDS, breast cancer and cervical cancer. Very few migrant women had heard about cervical cancer. They were not familiar with the option of getting tested at local clinics or hospitals.

Although pap smears are available in all hospitals in Thailand, there has not been a nationwide campaign to reach all women. However in 2011, Thailand started a campaign using the procedure known as VIA/cryo for visualization of the cervix with acetic acid (vinegar) and treatment with cryotherapy. This process can be done by a nurse, and only one visit is needed to detect and kill an incipient cancer. As of September 2011, VIA/cryo was the routine procedure in 29 of Thailand's 75 provinces. Nevertheless, none of the women in the Exchanges had ever been offered this method. The only women to have had pap smears were those who signed up for a test organized by the Community Health Education (CHE) project of MAP Foundation at a local hospital in Chiang Mai. In Khok Kloi and Kuraburi, migrant women knew more about STIs, because World Vision operates HIV/STI awareness initiatives in these areas. If they suspect that they may have contracted an STI, they can get assistance to be tested.

DOMESTIC VIOLENCE

Every woman who attended the exchange had experienced some sort of domestic violence in her family. Previously, when they had experienced physical abuse by a family member or husband, they did not tell anyone about it. However, after they

Women fill out the SRHR surveys at the Women Exchange in Phang Nga

participated in the Women Exchanges, they felt more confident in sharing with other women. They also noted the importance of talking with one another and running to a friend's house for help when these situations occur. If it is a very bad situation, they go to a women's organization. Commonly migrant women help each other with contacting organizations and seeking out counseling. Nevertheless, none of the women had ever made a legal complaint against an abusive husband or family member, nor did they know of any woman who had. While women could talk to close friends, the community still blames the woman for what has happened to her, and any guidance provided is always geared toward reconciliation and keeping peace in the community. The community leaders will often invoke the precarious situation of the migrant community and the fear that any involvement of the police could cause the community to suffer.

MAP held two additional workshops, involving both women and men, that focused specifically on domestic violence. One was held in Chiang Mai and one in Mae Sot, each composed of approximately 15 women and 15 men. These workshops provided a space for women and men to exchange opinions and perceptions surrounding domestic violence and to offer practical suggestions for responding to these issues. The results were moving, as women and men opened up about their feelings toward family life, represented by the happy and, predominantly, glum faces (pictured below). In the spirit of sharing ideas, the methodology of the domestic violence workshop has been provided in Appendix B, so other communities can keep the conversation going--or get the conversation started--and proactively address the many concerns surrounding domestic violence.

"How do you feel about your family life?" as depicted by happy and glum faces

Recommendations

REPRODUCTIVE HEALTH

Working together, the Thai Health authorities and NGOs should develop a comprehensive Reproductive Health and General Well-Being program for migrant women that, among other things, would include:

- Mobile clinics that visit work sites and living quarters of migrant women
- Illustrated information provided in migrant languages about a range of contraceptives
- Counseling and access to a range of contraceptives
- Provision of antenatal and postnatal care for migrant women
- Information about and access to reproductive health screenings, with associated treatment available
- As one of the first actions in moving toward comprehensive antiretroviral therapy (ART) coverage for all migrants living with HIV, follow the WHO's recommendation of providing antiretroviral drugs to HIV positive mothers or their infants throughout the period of breastfeeding and until the infant is 12 months old

MATERNITY LEAVE

- The Ministry of Labour should start a campaign to inform migrant women of their right to maternity leave and should actively pursue and punish employers who dismiss workers on grounds of pregnancy or who do not provide paid maternity leave.

BIRTH CERTIFICATES

- All hospitals and clinics should have information available in migrants' languages on how to obtain a birth certificate.
- Embassies of countries of origin should issue passports or Certificates of Identity to newborns.

FORCED STERILIZATION

- Hospital staff should be informed that forced sterilization is against the law and violates human rights.
- All efforts should be made to ensure that migrant women are not sterilized against their will, without their consent or through coercion.
- Migrant women should be informed of a complaints mechanism to report cases of forced sterilization.

ABORTION PILLS

- The Medical Council should review recommendations on the abortion pills, mifepristone and misoprostol, to legalise their use in medical settings.

VIOLENCE AGAINST WOMEN

- All agencies--government, multi-lateral and NGOs--should work together to address prevention and redress issues of violence against migrant women.
- Migrant women who have been victims of violence should be issued with temporary stay permits to avoid any immigration problems during pursuit of their legal cases.

APPENDIX A

Sexual and Reproductive Health and Rights Questionnaire

(Translated from Burmese)

SECTION 1: METHODS OF CONTRACEPTIVES AND RELATED INFORMATION

- Do you know about contraceptives? And how many kinds are you familiar with?
- Which kind do you like the most?
- Where do you buy it? And do you buy it yourself?
- Is it expensive? And do you have to buy it every month?
- Do medical shops/pharmacies explain about it? Or ask questions to you?
- If yes, what questions do they ask you?
- Do medical shops provide any information about contraceptives or about health? If yes, please provide details.

EXPERIENCES OF VISITING CLINICS

- Have you visited a clinic or hospital to access contraceptives?
- If yes, did you have the option to decide which contraceptive you used? Did a doctor educate you about health issues related to the contraceptives?
- If you received explanations from the doctor, which method of contraceptive did you choose? Or what method did you prefer?
- Were you satisfied with the services you accessed from the clinic or hospital?

SECTION 2: FAMILY PLANNING AND PREGNANCY

- Have you heard about family planning? If yes, where did you get the information?
- As a couple, how did you make a plan for family planning?
- Have you had a discussion with a doctor about having children?
- Have you been discriminated against when you visited a hospital or clinic for showing that you were pregnant? If yes, could you explain how the doctor talked to you?
- What procedure(s) did the doctor conduct when you visited while pregnant?
- Before the procedure and after the procedure, what information did the doctor provide for you?
- What did your employer say to you when you got pregnant?
- What difficulties or problems did you face in the workplace while you were pregnant?
- Where did you deliver your baby?
- If you delivered at a hospital, how did you feel about the services you accessed from the hospital during delivery?
- Did the hospital issue birth registration for your baby? Could you explain a little about the process?
- Did you get any appointment from the doctor for after you left the hospital? If yes, for what?

SECTION 3: UNWANTED PREGNANCY OR UNPREPARED PREGNANCY

- What decision did you make when you had an unwanted pregnancy?

SECTION 4: SEXUALLY TRANSMITTED INFECTIONS (STIS) AND PREVENTIONS

- Have you heard about sexually transmitted infections (STIs)?
- What do you know about STIs?
- Have you or your partner ever had to deal with sexually-transmitted infections?
- How can you and your partner know whether you have STIs or not?
- What will you do if you or your partner have an STI?
- If you need counseling for an STI, where can you go to get counseling?
- If you want to have treatment for an STI, where can you go?
- Have you heard about cervical cancer and uterine cancer?
- Have you had a medical check for cervical or uterine cancer?
- If yes, where did you get checked?
- How much did it cost?
- Before the procedure, what information did the doctor or nurse provide?
- After the procedure, what advice did you get from the doctor or nurse?

SECTION 5: UNWANTED PREGNANCY OR UNPREPARED PREGNANCY

- Have you ever experienced domestic violence?
- If yes, how did you deal with it?
- Are you aware of other women who have experienced domestic violence in your community?
- If yes, how, if at all, did you help them?

SECTION 6: LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT) INDIVIDUALS

- Have you heard about LGBT individuals?
- What do you think about LGBT people?
- Do you know what services they can currently access?
- What services do you think they should/need to be able to access?

APPENDIX B

What Can We Do About Domestic Violence?

Workshop Methodology

LENGTH OF TIME: One Day

NUMBER OF PARTICIPANTS: No more than 20 people

OBJECTIVES OF TRAINING:

- To build an understanding about domestic violence
- To provide a space for men and women to exchange feelings and opinions
- To develop some practical suggestions for responses

MATERIALS: Flip chart, 40 white circles of paper, tape, small bag, markers, and ballpens.

TIME	ACTIVITY	
9:00-9:15	Registration and Introductions	
9:15-9:30	Ask participants to write down the <u>number</u> of people in their families. Then either: A) Ask participants to move to different corners of the room-- one corner for those with less than 4 people in a family; one corner for 5-10 people in a family; one corner for 6-16; and one corner with 17 and above. The participants discuss with each other who these people are (i.e. wife, husband, granny, etc.) **OR** B) Ask people to find others with the same number of people in their respective families; sit down together; and write down who these people are. Then share with the whole group.	Color Paper
9:30-10:00	Facilitator points out that different people view families (and who is considered family) differently, but we are told all the time that families are sacred, the happiest place to be. This comes from romantic, idealist images of families shown in movies, advertisements, religion, etc. But in reality, families have many different flavors; we may feel different on different days; and we all have bad days in families. Now we will ask you to draw a picture of how you feel most of the time when you are with your families. Show examples of smiley faces with different emotions. Tell people that they can draw the pictures in private and then put in a bag, so no one will know who drew which picture. Give people two pieces of round paper. They can draw one or two faces. How do they feel most of the time in their families? Collect the pictures in a bag. Take out pictures and group them on the flip chart by happy, sad, angry, etc. Once grouped, have a look together. Usually we have quite a few happy smiley faces, but we also have some sad faces, some angry faces. Participants provide a list of reasons why people are unhappy in families (i.e. not enough money, don't understand each other, jealousy, violence, etc.)	3-4 examples of smiley faces (smiling, crying, sad, angry) 40 round pieces of paper Small bag Strips of sticky tape to stick smiley faces on flip chart
10:00-10:30	Facilitator points out that the happy families can look after themselves, but that the unhappy families may need some help to change behaviors in order to be able to live together with greater happiness. We are going to look now at the types of violence that can occur in the family and what kinds make people unhappy. We will divide into four single-sex groups: Group One, Men: What types of violence do men commit in the family, against whom? Group Two, Men: What types of violence are men victims of in	Flip chart Marker pen

	the family? Who commits these acts of violence? Group Three, Women: What types of violence do women commit in the family, against whom? Group Four, Women: What types of violence are women victims of in the family? Who commits these acts of violence? Discuss in groups.	
10:30-10:45	BREAK	
10:45-11:00	Presentation from groups	
11:00-11:30	After all the presentations, ask for comments. May notice that "men as perpetrators and women as victims" does not match up (i.e. women say they are forced to have sex but men do not say this is what they do). Try to point out some of these incongruencies to show that men and women do not always understand each other and how they experience families and violence.	
11:30-12:00	So we see that there is violence in families, and women are sometimes even beaten. Why do women who are beaten stay in that family? Participants give some answers (i.e. children, love, money, etc). But how do they feel after being beaten? (Angry, want to leave, etc). Now it is time to discuss what is known as the Cycle of Violence. Draw an Explosion on a flip chart; discuss how a woman feels immediately after being beaten (angry, upset,wants to leave); after a couple of days (starting to think it is OK, wants to go back); after husband phones up or comes looking for her, and says sorry, cries, begs her to come home, says he loves her, can't live without her, etc. Draw circle going to Honeymoon period--then what happens? Everything is great for a while then tensions start, little things, gradually getting bigger. Draw all of this on the flip chart. Ask when can anything be done to break this cycle? For women, they come for help after explosion and need assistance (shelter, support, etc.) but it's a very emotional time so can only provide an immediate response. What about the long-term intervention? Also, what can be done for men? During the explosion, perhaps can stop them from doing	Flip Chart Power and Control Handout

	serious harm to their wives but for long-term response need to address somewhere along the line when and where the tension is starting. Draw arrows into the circle on the flip chart to show these interventions. Go through the Power and Control Cycle to explain that in addition to more obvious sexual and physical abuse, there are also different types of abuse happening to make the woman feel worthless and dependent.	
12:00-13:00	LUNCH	
13:00-14:00	Divide into four single-sex groups: Group One, Men: What interventions can men do with other men during the Explosion (response intervention)? Group Two, Men: What interventions can men do with other men long-term? Group Three, Women: What interventions can women do with other women immediately after the Explosion? Group Four: Women: What interventions can women do with other women long term?	
14:00-15:00	Report back from groups	Flip Chart Marker pens
15:00-16:00	As full group, discuss any actions/interventions that men and women can do together to reduce or stop domestic violence. MAKE A PLAN.	

APPENDIX C

Sexual and Reproductive Health and Rights Resources for Migrant Women in Thailand

EMPOWER
322 Chiang Mai Land,
Chiang Mai
Tel: 053 282 504
Email: badgirls@empowerfoundation.org
Website: www.empowerfoundation.org

THE FOUNDATION FOR EDUCATION AND DEVELOPMENT (FED)
20, Moo 4, Khuk Khak, Phang Nga, 82110
Tel: 076 486 315
Email: grassroots@ghre.org
Website: www.ghre.org

FOUNDATION FOR WOMEN
PO Box 47, Bankoknoi, Bangkok, 10700
Tel: 024 335 149
Website: www.womenthai.org

MAE TAO CLINIC
PO Box 67, Mae Sot, Tak, 63110
Email: info@maetaoclinic.org
Website: maetaoclinic.org

MAP FOUNDATION
Chiang Mai Office
PO Box 7, Chiang Mai University,
Chiang Mai 50202
Tel: 053 811 202

Mae Sot Office
No. 1/5 Ameena Uthit Road,
Mae Sot, Tak, 63110
Tel: 055 536 381

Email: map@mapfoundationcm.org
Website: www.mapfoundationcm.org

NEW LIFE CENTER FOUNDATION
PO Box 29, Chiang Mai 50000
Tel: 053 351 312
Website: www.newlifecenter.org

SOCIAL ACTION FOR WOMEN (SAW)
Mu Ban Htoon Htaung, Mae Sot, Tak, 63110
Tel: 055 542 964
Email: saw.socialaction@gmail.com
Website: www.sawburma.net

Chiang Mai Office
P.O. Box 7, Chiang Mai University,
Chiang Mai, Thailand, 50202
Tel: 053 811 202
Email: map@mapfoundationcm.org

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และการเรียนรู้ของ
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