ReBUILD FOR RESILIENCE

Approaching data collection in a liminal health system: Engaging migrants and internally displaced communities along the Thailand–Myanmar border

Background

Since the political turmoil of 2021, several million people have migrated from Myanmar to other countries, and more than 3.5 million have been internally displaced. Of those who emigrated, it is estimated that around 70% moved to Thailand due to the accessibility of the shared border. Many migrated for work, while others were forced to flee for safety and security concerns.

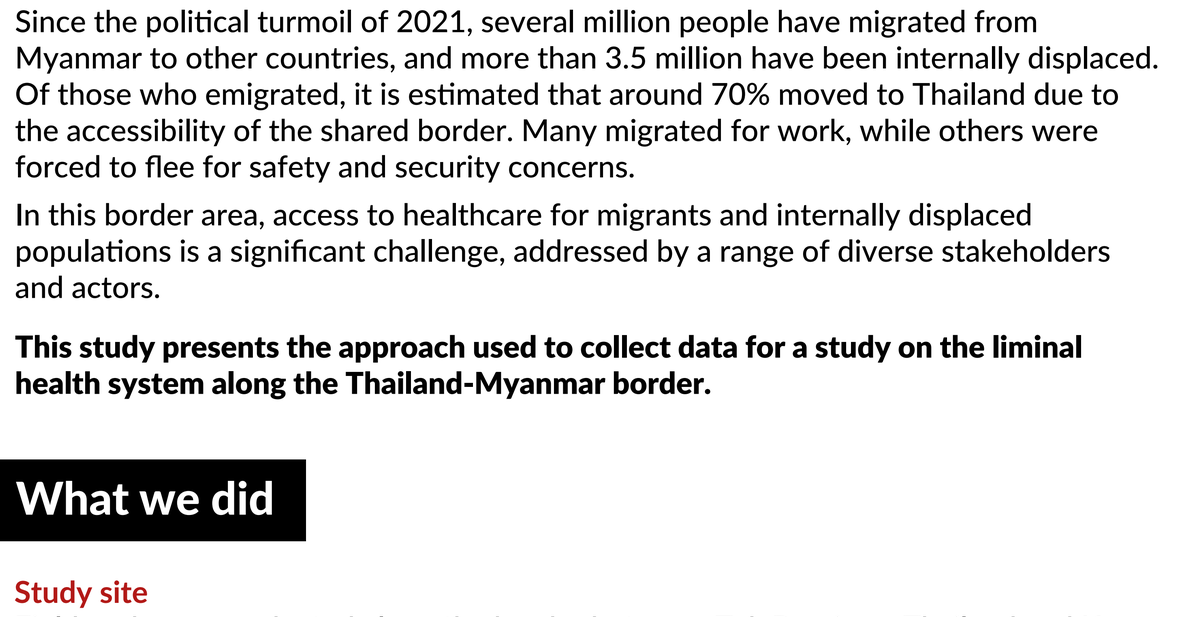
In this border area, access to healthcare for migrants and internally displaced populations is a significant challenge, addressed by a range of diverse stakeholders and actors.

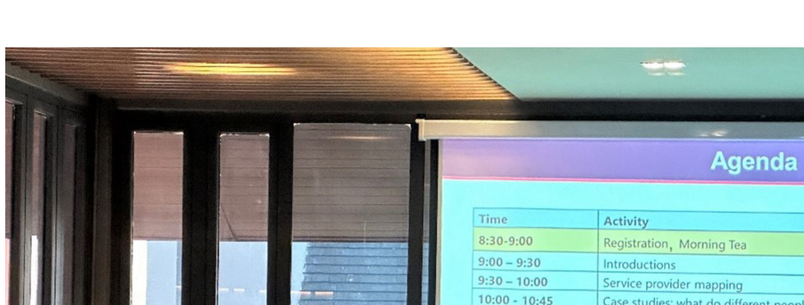
This study presents the approach used to collect data for a study on the liminal health system along the Thailand-Myanmar border.

What we did

Study site

Fieldwork was conducted along the border between Tak Province, Thailand and Karen State, Myanmar. These are areas characterized by high mobility, political unrest and an under-resourced health infrastructure.





An inception workshop conducted by the research team. The session involved key health actors working along the Thailand-Myanmar border and helped them to explore methods for the identification and selection of participants for inclusion in the study.

Health actors working on the Thailand-Myanmar border generating ideas during an inception workshop for the study.

Our approach

Ethical considerations: Two review processes

Our study was approved by both international and local ethical review boards. This ensured ethical compliance with global standards, contextual relevance and local applicability, in addition to safeguarding participant safety and data integrity.

Stakeholder engagement: Local partner involvement

Our local partners have been working in the border area for decades, providing services and building strong relationships with key stakeholders. Their deep contextual understanding and established engagement served as the entry point to reach participants who are particularly sensitive due to their legal status.

Trust: The role of service providers

Participants (two groups of i) community members and ii) service providers) were recruited for interviews with support from trusted service providers. Interviews were scheduled at times and in locations chosen by the participants, with attention given to personal safety and confidentiality.

Early consultation

A co-design approach guided data collection and participant recruitment strategies. To foster trust and produce a map of the local health system and care-seeking pathways, the research team organized a participatory workshop before data collection, using case-based discussions. The workshop informed the further data collection process and identified the participants for key informant interviews.

Safeguarding: Prioritising participant safety

The legal status of participants made them vulnerable. Therefore, selected interview locations considered their safety and security. Interviews were conducted at community-level health facilities operating outside the national health system in both Thailand and Myanmar. Other interviews were conducted at local community centres and at the participants' houses, in accordance with their requests.

Validate the findings: Co-analysis

Following data collection, research findings were shared with stakeholders to verify accuracy and ensure the safety and security of participating organizations and individuals. The research team completed the findings by incorporating stakeholders' feedback. This process also contributed to building and maintaining trust with the community.

What we learned

- **Leverage local knowledge:** Partnering with community organizations facilitated access and engagement.
- **Safety and trust first:** Participant-chosen locations and rapport-building ensured comfort and security.
- **Workshops and case studies:** These enabled local service providers to share insights on health-seeking pathways and to build trust with the researchers.
- **Findings/co-analysis:** This process ensured the analysis reflected local realities and enhanced stakeholders' understanding of the barriers, enablers and overall landscape of the liminal health system.
- **Local context matters:** Understanding the health system and stakeholders shaped participatory methods.
- **Adapt and improve:** Iteratively refining methods enhanced data quality and relevance.

Conclusion

Successful data collection in fragile settings is built on trust and necessitates ethical rigor, strategic stakeholder engagement, transparent practices and respectful collaboration for accessing and accurately representing the voices of marginalized communities.

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Further information on this study and its outputs can be found at rebuildconsortium.com

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