

How does child mortality differ among ethnic minorities in Thailand?

: A Comparative Study between Karen and Mon

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Abstract

Ethnic minorities have often reported higher child mortality rates than the majority groups, but this disparity has rarely been explored in Southeast Asia. This study was undertaken to explore and compare the incidence of child mortality in Karen and Mon ethnic minorities in Thailand and to investigate the reasons behind the mortality differences between these two groups using Mosley and Chen conceptual framework (1984) which permits examination of ecological, socioeconomic, demographic, and cultural factors contributing to child mortality.

An ethnographic approach is employed through direct observations, in-depth interviews, and group interviews. Sixty two households in Karen village and 29 households in Mon village in which parents identified themselves as Karen/Mon and had children aged less than five years during the time of survey and/or reported an experience of deceased child under-five years within five years preceding the survey were selected as subjects.

A total of 12 deaths before age five were recorded, 11 of Karen and one Mon. The Karens, who experienced multiple forms of disadvantage in terms of geographical setting, economic status, and medical knowledge, were more likely to be at risk of child mortality than the Mons who were well-off. The Mons universally adopted wage economy and moved up in socioeconomic status, as well as adopted new values in their life. Their health perceptions and practices were partly shaped by the dominant Thai that, in turn, led them to use health care services: antenatal care, and immunization which benefited their children's health and survival. The Karen's subsistence living in inaccessible locations led them to have a lower assimilation than the Mon. Their low income and lack of health information and knowledge impeded the Karen access to health services, which was an important determinant of child mortality.

The important underlying factors of the differences are access to health information and services. The economical and effective way to enhance child survival among these groups would focus on the health education, particularly with respect to child food, hygiene, and benefits of health care utilization. Although the Mosley and Chen framework (1984) is useful in exploring in the linkage between socioeconomic and proximate determinants affecting child mortality in ethnic minorities in Thailand, in terms of ethnic studies, the issue of cultural change, acculturation, or assimilation should be included in the conceptual model, as it appears to have a powerful influence on determinants of child mortality among ethnic minorities.