

# The Psychosocial Health of Shan Children in Northeast Thailand

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*We administered the Strengths and Difficulties Questionnaire (SDQ) to 51 Shan refugee children from Burma who are living in northern Thailand, and collected life histories from 11 of their families. Of the sample, 63% of the children were stateless, and none were Thai citizens. About 30% of the children had normal peer relationship subscores—a number well below Thai norms after correcting for multiple comparisons ( $p < .001$ ). However, their overall functioning was not different from the Thai population as a whole.*

**KEYWORDS**

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## INTRODUCTION

The U.S. Committee for Refugees and Immigrants estimates that there are 13.5 million refugees and internally displaced people in the world, half of whom are under the age of 18 (USCRI, 2008; Valencia, 2001). Many of these youth

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28 have been exposed to war and its consequences, including violence, death,  
29 torture, rape deprivation of basic needs, and separation from caretakers  
30 (Boothby, 1994). Child and adolescent refugees often suffer from severe  
31 psychological distress including depression, posttraumatic stress disorder,  
32 and difficulty with identity and acculturation (Pernice, 1996; Sundquist &  
33 Johansson, 1996).

34 Burma (Myanmar) has waged a decades-long war against its ethnic  
35 minorities, and Thailand is the primary recipient of the refugees from this  
36 war (South, 2007). Many of those entering Thailand from Burma are stateless  
37 (without documentation of their nationality). The largest group of de facto  
38 refugees fleeing into Thailand is the Shan, at least 300,000 of whom live in  
39 Thailand (Grundy-Warr, 2002; Risser, Kher, & Htun, 2003; Suwanvanichkij,  
40 2008). Very little is known about their health and psychological well-being  
41 (Lang, 2002; Su & Muennig, 2005).

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## METHODS

### 43 Overview

44 The children were drawn from three Shan communities in Northern Thailand  
45 which have been receiving basic public health and education services from  
46 two small nongovernmental organizations, the Burmese Refugee Project and  
47 Opportunity for Poor Children.

48 We administered the Strengths and Difficulties Questionnaire (SDQ) to  
49 all 51 children between the ages of 11 and 16 in these communities with  
50 institutional review board approval. We also conducted qualitative interviews  
51 with one family member of 11 of the sampled households.

52 The SDQ is a widely used screening tool widely used and has been  
53 validated amongst Thais and Southeast Asian refugees (Goodman, 1997). It  
54 is a 25-item questionnaire divided into five subscales measuring emotional,  
55 conduct, hyperactivity and inattention, peer relationship problems, and the  
56 prosocial behavior of the individual (Goodman, 2000). We were given access  
57 to the Thai normative data (Woerner, et al., 2007).

58 We also conducted 11 semistructured, open-ended interviews on a sam-  
59 ple of adults to obtain a sense of the families' experiences in Burma and while  
60 immigrating to Thailand.

61 We used Thai normative cutoffs to determine a "normal," "borderline,"  
62 or "abnormal" score. Comparison to the Thai population ( $n = 2,682$ ) and a  
63 sociodemographically similar, matched subsample ( $n = 357$ ) from Chiang Rai  
64 (17) was conducted with two sample  $t$  tests with the Bonferonni correction  
65 for multiple comparisons.

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## RESULTS

67 None of the parents interviewed were actively involved in firefights or ad-  
 68 mitted to being rape, but all were forced to carry munitions at gunpoint or  
 69 give a significant portion of their earnings to Burmese and/or Shan rebel  
 70 soldiers. All migrated from the same village in Burma through challenging  
 71 terrain.

72 Only 37% of the population had birth certificates, the remainder being  
 73 stateless (Table 1). About 12% of the population spoke only Shan, just under  
 74 one third were single or dual orphans, and 40% had a self-reported health  
 75 of “good,” “fair,” or “poor.”

76 About 6% of the population had an abnormal total difficulty score  
 77 and 25% had a borderline score (data not shown). There was no sig-  
 78 nificant difference in any scores between Shan children born in Thai-  
 79 land versus Burma or between those who preferred the Shan language to  
 80 Thai.

81 About 70% of the Shan children showed borderline or abnormal  
 82 peer functioning, significantly more than either comparator Thai popula-  
 83 tion (Table 2). In addition, the conduct and hyperactivity scales showed  
 84 a trend toward statistical significance. The Shan youth also showed a  
 85 higher rate of conduct disorders when compared with a matched rural  
 86 population.

**TABLE 1** Baseline Characteristics of Shan Population (Continuous Variables Expressed as  $M \pm SD$ )

Characteristics	Males ( $n = 25$ )	Females ( $n = 26$ )
Age (years)	12.8 $\pm$ 1.59	12.8 $\pm$ 1.62
Height (cm)	147 $\pm$ 12.8	144 $\pm$ 7.3
Weight (kg)	38 $\pm$ 10.5	36.9 $\pm$ 7.3
Time in Thailand (years)	9.7 $\pm$ 4.3	8.6 $\pm$ 4.8
Years of Education (years)	4.8 $\pm$ 2.2	3.7 $\pm$ 2.1
Born in Thailand	48%	39%
Birth certificate	45%	31%
Visa/work permit	29%	35%
Speak only Shan*	21%	4%
Preferred language Shan*	37%	9%
Health status		
0 ( <i>poor</i> )	0%	4%
1 ( <i>fair</i> )	0%	0%
2 ( <i>good</i> )	30%	44%
3 ( <i>very good</i> )	44%	44%
4 ( <i>excellent</i> )	8%	8%
< 2 ( <i>parents</i> )	25%	36%

\* $p < .05$  for comparisons between males and females.

**TABLE 2** The Difference in Mean SDQ Scores and Two Sample *T*-Test Comparison Between Shan Population and Thai Norms, and Norms Derived From a Subsample Of Sociodemographically Similar Youth from a Similar Rural Province (Chiang Rai)

SDQ subscale	Difference of <i>M</i>	<i>p</i> value
Thailand norms		
Emotional	0.0	1.0
Conduct	-0.35	0.09
Hyperactivity	0.56	0.04
Peer	-0.64	0.004*
Prosocial	0.21	0.21
Total difficulties	-0.37	0.57
Chiang Rai subsample norms		
Emotional	-0.29	0.3
Conduct	-0.58	0.008*
Hyperactivity	0.13	0.65
Peer	-0.90	0.001*
Prosocial	0.41	0.19
Total difficulties	-1.57	0.02

Note. SDQ = Strengths and Difficulties Questionnaire.

\**p*-value remains significant after correcting for multiple comparisons within the sample or subsample category.

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## CONCLUSION

88 This study highlights the level of social difficulty amongst the Shan youth.  
 89 Many of the children have lost at least one parent and some cannot adequately speak the Thai language, a critically needed skill. Nevertheless, in  
 90 many of the SDQ domains, the Shan children scored similarly to their Thai  
 91 contemporaries. Thus, their total difficulties scores are similar to those of  
 92 Thai youth.  
 93 Thai youth.

94 This study was subject to a number of important limitations. First, the  
 95 community we studied may represent a “best case scenario” as they likely  
 96 did not suffer as severe hardship as some other Shan children in Thailand,  
 97 and they are being served by NGOs that provide basic education and health  
 98 services. Second, This study was powered to detect a difference of  $> .5$  at  
 99 a  $\beta = .8$  but not powered to detect small differences (traditionally defined  
 100 as a 1 difference in means). Low power is unlikely to explain a difference in  
 101 the total difficulties score; however, it may mask differences in the conduct  
 102 and hyperactivity subscales.

103 In this study, we find reason for both hope and alarm. Hope, in that dif-  
 104 ficulties with peer interactions may be easier to repair than other domains of  
 105 the SDQ, and because the children surveyed are generally well-functioning.  
 106 Alarm, because this particular community is relatively well positioned for suc-  
 107 cess within Thailand, but it nevertheless reveals some signs of poor physical  
 108 and mental health among its youth.

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## REFERENCES

- 110 Boothby, N. (1994). Trauma and violence among refugee children. In T. B. A. J.  
 111 Marsella (Ed.), *Amidst peril and pain: The mental health and well being of*  
 112 *the world's refugees* (pp. 239–259). Washington, DC: American Psychological  
 113 Association.
- 114 Goodman, R. (1997). Strengths and Difficulties Questionnaire: A research note. *Jour-*  
 115 *nal of Child Psychol Psychiatry*, 38, 581–586.
- 116 Goodman, R. (2000). Predicting type of psychiatric disorder from Strengths and  
 117 Difficulties Questionnaire (SDQ) in child mental health in child mental health  
 118 clinics in London and Dhaka. *European Child and Adolescent Psychiatry*, 9(2),  
 119 129–134.
- 120 Grundy-Warr, C. S. Y. E. W. (2002). Geographies of displacement: The Karenni and  
 121 the Shan across the Myanmar-Thailand border. *Singapore Journal of Tropical*  
 122 *Geography*, 23(1), 93–122.
- 123 Lang, H. J. (2002). *Fear and sanctuary: Burmese refugees in Thailand*. Ithaca, NY:  
 124 SEAP Publications.
- 125 Pernice, R. B. J. (1996). Refugees' and immigrants' mental health: Association of  
 126 demographic and post-immigration factors. *Journal of Social Psychology*, 136,  
 127 511–519.
- 128 Risser, G., Kher, O. U. M., & Htun, S. (2003). *Running the gauntlet: The impact of*  
 129 *internal displacement in southern Shan State* (Vol. 2008). Bangkok, Thailand:  
 130 Chulalongkorn University.
- 131 South, A. (2007). Karen nationalist communities: The “problem” of diversity. *Con-*  
 132 *temporary Southeast Asia*, 29(1), 55–76.
- 133 Su, C., & Muennig, P. (2005). The politics of social entrepreneurs in access to  
 134 education: A case study of Shan Burmese refugees in Northwest Thailand.  
 135 *Current Issues in Comparative Education*, 8(1), 31–40.
- 136 Sundquist, J., & Johansson, S. E. (1996). The influence of exile and repatriation on  
 137 mental and physical health. A population-based study. *Social Psychiatry and*  
 138 *Psychiatric Epidemiology*, 31(1), 21–28.
- 139 Suwanvanichkij, V. (2008). Displacement and disease: The Shan exodus and infec-  
 140 tious disease implications for Thailand. *Conflict and Health*, 2, 4.
- 141 United States Committee for Refugees and Immigrants. (2008). *World refugee sur-*  
 142 *vey 2008—Thailand*. Retrieved from [http://www.unhcr.org/refworld/docid/485](http://www.unhcr.org/refworld/docid/485f50d6c.html)  
 143 [f50d6c.html](http://www.unhcr.org/refworld/docid/485f50d6c.html)
- 144 Valencia, A. (2001, June). *Child refugees: Young and vulnerable*. Retrieved from  
 145 [http://earthtrends.wri.org/features/view\\_feature.php?fid=26&theme=4](http://earthtrends.wri.org/features/view_feature.php?fid=26&theme=4)
- 146 Woerner, W., Nuanmanee, S., Wongpiromsarn, Y., Goodman, R., Becker, A., &  
 147 Rothenberger, A. (2007). *Thai parent-rated Strengths and Difficulties Question-*  
 148 *naire (SDQ): Normative data, scale properties, and comparison with European*  
 149 *field samples*. Paper presented at the 2nd International Conference on Child and  
 150 Adolescent Psychopathology.

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