Research Ethics: Cross cultural perspective of research ethics in Southeast Asia

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This paper was the first in a series that dealt with ethics at the Transmission of Academic Values in Asian Studies Workshop, 25-26 June 2009, Australian National University, Canberra, sponsored by the Australia-Netherlands Research Collaboration (ANRC). It is the third of a series of papers that developed from research into the health-related Millennium Development Goals (MDGs) with migrants from Burma[1] in Thailand (Ditton & Lehane 2009a, 2009b) and emphasises the complexities of humanitarian research in chronically oppressed, disadvantaged populations. It deals with: issues encountered by researchers as they seek approval from Western ethics committees prior to conducting research; the ethical review process of ASEAN countries; the ethical involvement of interpreters in cross-cultural research; and the impact of interpreters on informed consent, data collection and analysis. The latter part of the paper contains discussion that this paper and others in its session generated, namely suggestions for improved Human Research Ethics Committees' deliberations and recommendations for good practice; educational implications and future research.

Keywords: Research ethics committees; exploited populations; developing countries; interpreters; oppression.

 "Cross cultural perspective of research ethics in Southeast Asia" is the third in a series of papers that developed from research into barriers to achieving the health-related Millennium Development Goals (MDGs) in migrants from Burma living in the Sangkhlaburi

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[1] In 1989 the State Law and Order Restoration Council (SLORC) of Burma (now the State Peace and Development Council, SPDC) renamed Burma *Myanmar Naing-Ngan*. This article will follow South (2003) in retaining the country name of "Burma".

District of Thailand. The first paper presented the results of the empirical research (Ditton & Lehane 2009a). The second, "The control of foreigners as researchers in Thailand" (Ditton & Lehane 2009b), examined reasons why some Southeast Asian countries have a permit-style control system for researchers, and what researchers need to do to satisfy the conditions imposed. This paper continues discussion of research ethics in developing countries (Benatar, 2002; Benatar & Singer, 2000; Emanuel, Wendler & Grady 2000; Hawkins & Emanuel, 2008) by considering humanitarian research with exploited populations. Communities of migrants from Burma living in border communities in Thailand are typical of such populations.

The authors sought approval from the Human Research Ethics Committee (HREC) of the University of New England (UNE), Australia, in 2006 to conduct research into the barriers to the attainment of the Millennium Development Goals for migrants from Burma in Thailand. The process of seeking approval from a Western ethics review committee that has little knowledge of and no practical experience in the research topic or research site was complex and the conditions for approval, described here, were beneficial, although arduous and costly. The Australian National Ethics Application Form, available since October 2007, invites researchers to submit two peer review summaries of the application together with the Application Form to the Ethics Committee. This procedure may go some way towards alleviating the problems that arise when Ethics Committees have no previous experience in issues raised by the particular application.

Extrapolating from a general framework of ethical guidelines to a particular research protocol is difficult in developed countries. The difficulty is increased when HRECs are considering research which is to be conducted in developing countries, and still more increased when it involves health research with exploited populations. Best ethical practice requires questioning the intelligent application of ethical principles to new contexts (Sieber, 2006), but committees are not always aware of how different the contexts of exploited populations in developing countries can be. We discuss the ethics review process at the individual level for exploited populations in developing countries and the ethical research issues of exploited

populations in developing countries at the macro level, in particular, the chronicity of complex humanitarian emergencies; interdependence of actors and activities; and webs of knowledge that facilitate and/or obstruct.

Method

In 2006, the authors submitted a research ethics application to the HREC of UNE, Australia. It was proposed to interview migrants from Burma living in Thailand near the border area of Sangkhlaburi about their health and living conditions, so that an assessment of their position in relation to the attainment of the health-related Millennium Development Goals could be made. We intended to recruit participants from the stream of migrants that walked to and from work in a border area.

The HREC had no experience of humanitarian research of this type and sought advice from a Thai post-graduate student at the university. The student was hostile towards migrants from Burma in Thailand, and advised the committee not to approve the research. Only when the principal researcher asked for an appointment to discuss the matter with the committee, did she became aware that a third party hostile to the research had been consulted. The HREC was amenable to discussion with the researcher and imposed conditions for approval which stated that the researcher must:

1. obtain approval and assistance from a non-government organisation (NGO);
2. access the participants only through the activities of the NGO; and
3. not access refugee camps, or enter Burma.

Condition three was easily managed as it was never intended to recruit participants from the migrants in refugee camps, and it was never planned to travel to Burma. The reasons given for imposing these conditions were concern about the possible harm to the migrants from Thai authorities with researchers directly accessing the migrants and concern for the researchers' welfare. Conditions one

and two created the necessity of conducting a preliminary feasibility study.

Feasibility Study

We conducted a self-funded feasibility study in Thailand from 6–19 August 2007 for two research projects: 1) the attainment of the Millennium Development Goals for women workers from Burma in Thailand, and 2) coping of migrants from Burma in Thailand in relation to the social determinants of health. The second project was still in the planning stages, and HREC approval had not yet been sought for it.

The feasibility study was aimed at determining a research setting in which access to the women workers from Burma was good, and cooperation with appropriate stakeholders was assured. We toured the known migrant sites in border areas in the western and northern areas of Thailand by van, taking in three of the four passes on the Burma–Thai border and some established work sites for migrant women workers. We interviewed some migrants, as well as Thai Government and non-government stakeholders, using Thai or Burmese interpreters when necessary.

Before embarking on the 1500-km border trip, government officials from the Ministry of Labour and the Ministry of Public Health in Bangkok took us to Samut Sakorn province, where 500 000 aliens (mainly from Burma) live, and discussed migrant employment issues with us. We were shown one of the biggest fish processing factories, Unicord Public Co. Ltd., and the local Srivichai Hospital, and met the local Secretary of Federation of Thai Industries and the Superintendent of the hospital where registered migrants from Burma are treated.

During the tour of the border, we approached seven NGOs including Migrant Assistance Program (MAP) Foundation, Yaung Chi Oo Worker's Association, Empower, Mao Tao Clinic, Baan Unrak Orphanage and Pattanarak Foundation. All were interested in our proposed research, were willing to participate, and pledged

assistance. Three Pagodas Pass, where Mon and some other minority ethnic groups from Burma enter Thailand, and adjacent areas in the Sangkhlaburi District, offered the most suitable fit for our requirements as a research setting. Approval for the research was given when documentation of support from the NGOs was offered to the HREC.

Results

Beyond meeting the conditions of approval of HREC, the feasibility study tour informed the research in several ways. First, the target group of participants was expanded from "migrant women workers" to "migrants from Burma living in Thailand". We decided that "migrants from Burma living in Thailand" would give a better view of the attainment of health-related Millennium Development Goals for that community than the younger, healthier population of migrants from Burma who had obtained work in Thailand. The women workers in the "sweatshop rag trade" were generally young and unmarried. In fact, pregnancy meant that they lost their jobs. Although the conditions of employment and living for these young people were extremely poor and had been researched (Arnold, 2004), the living conditions of women and children who could not work were even worse.

Second, it was apparent that the border pass areas of Mae Sai, Mae Sot and Three Pagodas Pass were socio-demographically different from the rest of Thailand. The populations of these areas comprised rural Thais and non-Thais, the latter mainly represented by minority ethnic groups from Burma. (We called the migrants "migrants from Burma" rather than "Burmese migrants", because the majority were from ethnic groups other than Burman, and do not like to be referred to as "Burmese".) Within the border areas, Thai police and military, and Thai Government Departments, were highly visible, as were NGOs. Stories abounded of corruption, people trafficking, a flourishing sex industry, the prevalence of HIV/AIDS, drug trafficking and addiction, and abuse of migrant workers. Following the HRECs conditions and in order to negotiate in this oppressive environment, we developed a relationship with a Thai non-government

organisation, Pattanarak Foundation, which had an office and a
training centre in the Sangkhlaburi District of Kanchanaburi
Province.

Third, through informal networking with academics from Burma
working in Thailand, we saw and heard the "inside" story of how
migrants survive as non-citizens in Thailand. The ethics of
conducting research with oppressed populations or refugee
populations is challenging and rests on acquiring this type of in-
depth understanding of the individuals and their communities (Smith
2009) and we were able to ensure that the research methods were
appropriate for the people and their communities. Migrant
communities were mobile, with young adults tending to move into
big cities and towns of Thailand, and older people and children
staying either in Burma or in the border area. Although the migrants
from Burma are an exploited population, they have, over many years,
developed enduring social formal and informal networks that support
their survival and ethnic identity. Remittances were sent back to
Burma though a reliable but informal system called '*hundi*' (Khine,
2007). A few of the better-educated migrants protest against stigma,
injustice, and discrimination in the host country. Data collection for
the research into the health-related Millennium Development Goals
with migrants from Burma in Thailand was carried out in July 2008 in
the Sangkhlaburi District of Thailand (Ditton & Lehane 2009a).

Discussion

**Western ethics committees and oppressed populations in
developing countries**

Human Research Ethics Committees (HRECs) in Australia review
research proposals if the research involves humans. These
committees are established by organisations that register their
HRECs with the National Health and Medical Research Council
(NHMRC). The *National Health and Medical Research Council Act
1992* (*NHMRC Act*) establishes the NHMRC as a statutory body and
sets out its functions, powers and obligations (National Health and
Medical Research Council, 2009). The National Statement on Ethical

Conduct in Human Research (2007) provides the most recent guidelines for ethics committees and was developed jointly by the NHMRC, the Australian Research Council and the Australian Vice-Chancellors' Committee in fulfilment of the statutory obligations of NHMRC.

Western ethics committees such as those in Australia have a legal basis and experience tension in extrapolating from a general framework of ethical guidelines to a particular research protocol. The tension is increased when research is conducted in developing countries, and still greater tension exists for Western ethics committees when that research involves health research with exploited populations in developing countries. These tensions are often expressed in a tendency to be highly cautious in granting approval to research projects outside Australia and in imposing requirements that are intended to eliminate all possibility of ethical problems but which can be onerous and may be unnecessary. Western ethics committees considering research conducted on exploited populations in developing countries derive their perspective from the Nuremberg Code of 1947. Emanuel, Wendler and Grady (2000: 2702), in their analysis of guidelines on the ethics of biomedical research with human subjects in Western countries from its origin with the Code to the National Statement on Ethical Conduct in Research Involving Humans in 1999, state that there are seven ethical requirements. These are social and scientific value, scientific validity, fair subject election, favourable risk–benefit ratio, independent review, informed consent, and respect for enrolled subjects. These requirements are universal because they are based on human rights.

Respect for basic human rights includes basic civil and political rights, rule of law, freedom of expression and association, equality of opportunity, and the right to have a basic level of material well-being (Lukes, 1993). According to Rawls (1993:68), these rights do not rely on a particular moral philosophy, but are the minimum standard required for a well-ordered society.

Emanuel, Wendler and Grady (2000) insisted that researchers and ethics review committees have the necessary expertise to evaluate

ethical requirements. In our case UNE's HREC, recognising the limitations of their own knowledge, asked advice from a post-graduate student at the university. He happened to be a Thai national hostile to migrants from Burma in Thailand, and the research proposal had then to overcome Thai resistance to humanitarian research, which had infiltrated the Australian HREC. Seeking information opportunistically rather than impartially from experts, the ethics committee betrayed one of the theoretical foundations of ethics review—that of procedural fairness. In Keith-Spiegel and Koocher's (2006) research into what scientists want from their research ethics committee, they found that fair treatment and respectful consideration of the proposal were the most important issues.

As inappropriate as this consultation by the HREC was, it did prepare the researchers for the hard reality of the research environment. The principal researcher made a special request to speak to the HREC about the research and the meeting was helpful in clarifying the issues. The Committee was ignorant of the different categories of migrants from Burma and had jumped to the conclusion that we wanted to interview refugees in camps believing that all migrants in Thailand were in refugee camps, even though the research proposal has stated this was not the case. In addition, it was concerned about potential participant harm resulting from loss of confidentiality to the exclusion of all other ethical considerations. However, eventually, to their credit, the HREC recognized that the project had strong potential to contribute to the welfare of the oppressed two to four million migrants in Thailand and gave approval, with conditions, for the research.

In the conditions for approval, the HREC placed the NGO as the selector and access point for the participants. This decision was based on the belief that NGOs are good and non-political. In our case, we were fortunate in being able to work with NGOs that were genuinely humanitarian. This, however, is not the case in every situation. While this requirement separated us somewhat from the participants, it did allow the participants to access an organisation they were familiar with to discuss problems associated with the research if necessary.

The principal researcher was free to choose any NGO, with no assistance or advice on this aspect from the HREC, which influenced sample selection greatly. The HREC was concerned that harm might possibly come to the participants if their contact with the researchers enabled the authorities to identify them as illegal migrants. The Committee was also concerned about possible harm for the researchers in a socio-politically contentious environment. Particularly, although the researchers had no intention of entering Burma, and no indication of any such intention was given in the research proposal, the committee forbade the researchers to enter Burma.

The feasibility tour, although costly for us, was necessary in fulfilling the conditions of the HREC and giving us a first-hand overview of living conditions of migrants from Burma living in Thailand. The tour also gave us direct access to supportive NGOs—some Thai, some Burmese, and some foreign—and the Thai Government Health and Employment Ministries that deal with migrants. The extensive nature of the feasibility tour multiple objectives proved to be invaluable not only in meeting the conditions of the HREC but in informing the definitive research.

Benatar (2002) proposed a wider role for ethics committees beyond informed consent, universal standards, justice, exploitation and distribution of risks/harms in order to encompass an educational component and responsibility for audit. Benatar's argument lay in the disparities in health and wealth between rich and poor countries and emphasised that the transposition of ethical guidelines into ethical practices in cross-cultural and political oppressed groups is complex. For the benefit of whole populations, ethics committees need to debate the social determinants of health inequalities (Marmot, 2001), and the structural factors and pathologies of power that determine those social determinants (Farmer, 2005). The feasibility tour was educative for UNE's HREC as a well as for the researchers, because the committee saw by the extensive nature of the tour and the support from NGOs that those NGOs thought that the research was ethically sound and in the best interests of the oppressed population. Every one of the NGOs that the researchers approached offered support for the research.

Ethics review process in developing countries for oppressed populations at the individual level

Research ethics has been a growth discipline in Asia over the past ten years. The Strategic Initiative for Developing Capacity in Ethical Review (SIDCER) was established by the World Health Organization and the Special Programme for Research and Training in Tropical Diseases (WHO/TDR) as a Public–Private Partnership Project. (TDR was established in 1975 to combat major diseases that impact on the poor and disadvantaged globally) The objective was to bring regional fora together in a global strategic initiative focused on addressing human subjects' protections in global health research. There are five fora: Asia, Africa, Latin America, North America and Eastern Europe. The SIDCER objective is to contribute to the protection of human research subjects globally by developing capacity in ethics review and the ethics of health research (SIDCER, 2008). SIDCER does this by acting through the fora, for example, the Forum for Ethical Review Committees in the Asian and Western Pacific Region (FERCAP), and providing operational guidelines for 1) Ethics committees that review biomedical research; and 2) Surveying and evaluation of ethical review practice.

Despite historical differences in contact with Western countries and in contemporary tolerance and interaction with Western culture, the international principles of research ethics have penetrated ASEAN countries. All ASEAN countries except Brunei and Burma are members of FERCAP, which holds annual conferences and training workshops. Member countries have workshops on research ethics as well. The World Commission on the Ethics of Scientific Knowledge and Technology (COMEST) was held in Bangkok, 23–25 March 2005, and in Kuala Lumpur 16-19 June 2009 (COMEST, 2009). All the ASEAN countries are member states of UNESCO and adopted by acclamation the Universal Declaration on Bioethics and Human Rights in October 2005 (UNESCO 2005). At the national level, the ASEAN countries have ethics committees in universities and health facilities with the Ministry of Health or similar government departments taking an oversight. The National Research Council of Thailand (NRCT) does not require that foreign researchers seek approval from a Thai ethics review committee.

We used Beyrer and Kass's (2002) advice about research in settings where human rights violations are suspected. These authors suggest that researchers:

- learn about the political and human rights conditions;
- get local opinions about local risks;
- have informed consent explained by a trusted intermediary of the participants; and
- determine whether and from whom to seek official approval.

The first two points and the last point have been discussed in the second paper in this series (Ditton & Lehane 2009b). The third point that considers informed consent and how to ensure participants' voluntary contributions was of the utmost importance to this research.

Informed consent is the cornerstone of ethical research. The ability of research participants to give informed consent is sometimes qualified or even compromised by the circumstances of exploitation etc. in which they live. Researchers need to consider concepts like undue inducement, poor understanding, historical expectations, and coercion (Pace & Emanuel, 2005). Oppressed populations live in violent and restricted environments and often survive only through humanitarian aid from Western governments. Voluntary consent is hard to determine when these people live in a condition of subservience to outside agencies. The test, according to Pace and Emanuel (2005), is whether the researcher is gaining more than the participants in the exchange. Of course 'gain' is difficult to define, but it does imply that the research should be concerned about solving the practical immediate and long term problems of living that the participants are experiencing and not just enhancing the researcher career with another publication. The favourable risk–benefit ratio must not lie with the researcher- meaning, that the participant should not risk more than he or she will get. All of these concepts are difficult to evaluate. In this case the researchers relied on honest and lengthy communication with the participants and their intermediaries to come to mutual agreement about the research and participation in it.

In our research, we used two levels of trusted intermediaries to assist the participants comprehend the information about the research and assess the risks of involvement—the Thai non-government organisation, Pattanarak Foundation, and the interpreter.

The migrants from Burma were familiar with Pattanarak Foundation, as its staff visited the migrant communities frequently, helping them learn the rudiments of sustainable farming; pig, fish and chicken rearing; taking children to be enrolled at school; retrieving women abused in domestic help work from cities and returning them to their communities; providing food parcels to people with HIV/AIDS; educating young people about environmental issues, retaining ethnicity and getting emergency medical help; and transporting people to hospital. Prior to talking to any participants, we talked to Pattanarak staff about our research aims and purposes, and about what we wanted from the participants and the essential features of informed consent. The staff helped us approach the communities and individuals. As we were paying for the use of a Pattanarak car and driver, the communities saw that we were "with" Pattanarak. Because the participants could not read or write English and they feared bureaucratic forms, the Director of Pattanarak Foundation suggested that consent be requested verbally, obtained and taped recorded. Local leaders of communities ("headmen") gave us approval, through Pattanarak Foundation, to enter the community.

The interpreter is of central importance to cross-cultural research and when dealing with oppressed populations in developing countries, crucial. It was essential that our interpreter speak English, Thai and Burmese. Pattanarak staff found us an interpreter in Sangkhlaburi—a Mon from Burma who was a Prospect Burma scholar. She took time from her studies in human resource management of non-government organisations in the Thai–Burma border region to act as our interpreter. The salary we paid her helped her and her family. She was firmly rooted with her family at the research site and politically aligned with Aung San Suu Kyi's "war of endurance"—using the political conscience and freedom of Westerners to work for human rights for people in Burma and for those that had fled Burma (Wintle, 2007:401).

The interpreter was a trusted intermediary of the participants because of her "belonging" to the participants. The participants trusted her because they shared ethnicity, networks, solidarity, knowledge and participation in the protest of the migrants against their oppression at home in Burma and in Thailand—all features of social movements, according Della Porta and Diani (1999:4-15).

The interviews were conducted in bamboo huts, and very often neighbours would drop in and listen to the talk and contribute their thoughts about various issues. This neighbourly participation seemed to be common in the communities. It did not stop or interrupt the flow of the conversation but rather expanded the details.

No incentive was paid to the participants in the research. However, we handed out tennis balls and marbles to children. On one occasion, we approached a woman who would have agreed to participate, but was unable to because she had been suffering for four days with a tooth abscess, and her child had diarrhoea. We took her to the local hospital and paid for her and the child's treatment. She received several medications and the dosage regime had to be translated from Thai to Burmese for her so she could understand when to take the various tablets. On other occasions, when a mother had no rice to feed her family we gave her 100 Thai baht (about $4). When we were concerned about the health of a participant, for example, when a person had a history of coughing and weight loss and was possibly suffering from tuberculosis, the interpreter, through her community networks, would arrange for the person to receive attention and we would give a small amount of money to assist.

The interpreter is not only important as a trusted intermediary of the participants to facilitate informed consent, but also important in the faithful recording of participants' narratives. Traditional ethnography involves long-term engagement in a culture or community (Chase, 2005:659), but when investigating oppressed populations it may not be possible for foreigners to stay in the research site for long. Rather, they rely on shorter periods of involvement and ongoing contact with community networks and key stakeholders to truly understand the voice of those they represent in findings and discussion of the empirical work. Denzin and Lincoln (2005:19) refer to this as the

triple crisis of "representation, legitimation, and praxis" that confronts qualitative researchers in contemporary times.

The worthy depiction of the lived experience of the cross-cultural and oppressed "other" relies on Geertz' "thick description" of particular events, rituals and customs. Thick description refers not only to the microscopic detail of descriptive data but also to the interpretation of those data in their cultural context (Geertz, 1973, reprinted in Bryman & Burgess 1999: 346–68). This detailed rendering of participants' narratives allows local small scale theories to be fitted to specific problems and situations (Denzin & Lincoln, 2005:20).

The ethics of interpretation has not been explored fully in cross-cultural qualitative studies, although the "interpreter effect" on cross-cultural research has been noted (Jentsch, 1998) and the push to render the interpreter visible in cross-cultural research and methodology is acknowledged. We needed an interpreter with whom we could work in the interpretation of the process of data production and narrative content (Temple 2002b). There is always a risk of well-intentioned (and occasionally even malicious) distortion by the interpreter, so recruitment, selection, training and evaluation was very important. The NGO assisted us to find and hire suitable interpreters in the nearby town of Sangkhlaburi. The working arrangements were discussed with the interpreter including pay, hours of work, length of the project and travel, and mutual agreement was reached.

The training of the interpreter was a bilateral and ongoing process throughout the research. In fact it could be described more as an exchange of 'intellectual biographies' between the researchers and the interpreter. 'Intellectual biographies' is Stanley's (1990) term to refer to understanding how we hold the views of the world that we do. Temple (2002a: 47) states that 'Researchers use their own lives (their autobiographies) to understand and interpret the lives of their subjects', as do interpreters. The researcher-outsider view of migrant health is a distillation of the literature's comparative view of the health of the migrants from Burma. The interpreter-insider view of migrant health is formed by life experiences of escaping the worst of

the migrant situation into a life of comparative good living and education.

We considered ourselves fortunate in that, while the interpreters shared a common background with the participants, having fled from Burma for a better life, they had both received sufficient education in Burma to speak English fluently. In each case, the principal researcher (MD in the first study and LL in the second) spent a considerable time talking to the interpreter in advance of the data collection and making sure she was familiar with our methods and goals. Subsequently, in each case, the interpreters, both of whom had community work experience, assisted the migrants in understanding the research and its purpose, the concept of informed consent, and the fact that maintaining confidentiality was of paramount importance. All migrants approached in this way were happy to participate in the projects.

Our research used an "active interpreter model" (Pitchforth & Teijlingen, 2005), allowing the interpreter to shape many questions and keep the flow of the conversation going with the participant. Our sensitive interpreter participated in "representation, legitimation and praxis" by learning about the research inquiry process, engaging with probing questions that we sought answers for, and tracing similar issues through the responses of one informant to another. We had an ongoing dialogue of thought-provoking analysis of interviews with the interpreter as we moved from one participant to the next. Certainly there are multiple interpretative practices and processes involved in qualitative analysis, but the actual guidelines for research ethics to recruit, select, and engage with a linguistic interpreter have not been developed.

Ethical research issues of exploited populations in developing countries

This paper accepts Benatar's (2002) recommendation to deal with ethical considerations beyond the interpersonal level when the magnitude of the problem is vast. In the preceding papers of this series, the structural factors that operate in chronic humanitarian emergencies (e.g. government departments administering the legality

of migrants tenure, NGOs offering relief development and advocacy, and entrepreneurial individuals operating in the informal sector) have been discussed, and methods to create a space for research and manage stakeholders have been put forward (Ditton & Lehane 2009b). However, there are other process issues to consider in research with exploited populations in developing countries—the chronicity of complex humanitarian emergencies; interdependence of actors and activities; and webs of knowledge that facilitate human right and/or obstruct them.

Exploitation is usually a chronic phenomenon, with oppression hidden within a subculture with occasional sporadic violence, but sustained with structural arrangements that ensure human rights abuses. Social reproduction continues and when education and health rights are denied, promoting the continuation of an oppressed underclass to following generations. This is the case for the migrants from Burma, some of whom have lived as non-citizens on Thai soil for more than thirty years. According to the 2008 report by the International Organization for Migration (IOM), an estimated 200,000 migrant children younger than 17 are in the Thailand. However, some NGOs estimate there could be as many as 500,000 children born to Burmese parents in Thailand (IRIN, 2009). At least 2,000 Burmese children are born in Thai hospitals each year, while unknown numbers are born at home or outside, in orchards or plantations. Since August 2005, when the Thai government adopted a policy entitled "Education for All", the children of migrants have been allowed to attend Thai schools. However, many informal barriers, for example, parental fear of detection and deportation, language and cost of uniforms prevent their attendance.

The chronicity of oppression bends norms and perceptions, and when the rule of law is arbitrary corruption spreads. When people are hungry, obtaining food seems right, regardless of the rules of property. When life is not worth living, taking life-and-death risks seem reasonable. When there is no one to witness anger, resentment and greed, these emotions may go to their extremes. The chronicity of migrants' illegality in Thai–Burma border areas has created a corrupt subculture. Drug and people trafficking, sex exploitation and HIV/AIDS flourish. Poverty, alienation from mainstream society's

benefits, and cycles of deprivation separate the migrants as an underclass and many Thai see them as a threat to normal society.

In the traditional Thai value system, advancement is derived from connections to power. In this way, it forms the basis for a patron–client relationship in political society (Muntarbhorn, 2006; Nelson, 2004:167). Migrants from Burma have no power other than that which can be bought. At the border areas Thai citizenship varies in price for the migrants as they have to pay off Thai officials in the process (Ditton & Lehane 2009a). As trafficked cargo concealed in vegetable trucks, migrants pay about 10, 000 baht for the trip from Mae Sot to Bangkok. The trafficking cost is high because of the cost of paying off the police who have permanent road-blocks on the roads from the border areas to the main freeways accessing Bangkok. In addition, most of the illegal factory workers in Mae Sot pay a monthly bribe fee of 100 baht to the local police, which is called the "police fee" (Khine, 2007). This is a manifestation of corrupt practices in the border areas, but Thai society in general is considered by Transparency International (2006) as fairly corrupt, ranking 93rd out of 179 countries.

The perspectives of the different stakeholders all indicate some elements of the story of the migrants from Burma in Thailand. Some of these stakeholders are: government officials, army personnel, policemen, public health officials, aid workers, volunteers, staff of non-government organisations. The ethical responsibility of the researcher is to tell it as it is to improve the wellbeing of research participants, recognising always that some stories are chosen and others ignored. The researcher must defend this stand with her peers. Risk and vulnerability comes with this responsibility but the goal of speaking truth is, as Said (1994:73-74) says:

> . . . mainly to project a better state of affairs and one that corresponds more closely to a set of moral principles—peace, reconciliation and abatement of suffering—applied to the known facts ... one's aim is not to show how right one is, but rather, in trying to induce a state of change in the moral climate whereby aggression is seen as such, the unjust punishment of peoples or individuals is either prevented or given up, the recognition of

rights and democratic freedom is established as the norm for everyone, not invidiously for the select few.

Recommendations for Human Research Ethics Committees

Researchers should nominate two experts who are familiar with ethical research issues that are contentious in the proposal. Human Research Ethics Committees who are not themselves familiar with ethical issues applied to the specific research site should be obliged to use one of these experts, or seek appropriate alternative experts. Of course, it is sometimes difficult to determine what is 'appropriate expertise'. Nevertheless the process of HREC seeking assistance beyond itself and setting up a dialogue with the researcher would create a richer and more mutually beneficial research ethics learning environment.

Thus a three-way confidential and educative dialogue would be set up between the researcher, Ethics Committee and the external adviser.

1. The presumed advantages of the above suggestion are that it would:

   o teach the researcher about addressing the ethics committees concerns.
   o expose the research proposal to impartial and greater scrutiny.
   o develop greater understanding in all members of the ethics committee.
   o allow the researcher to learn practical ways to become a better researcher.

2. The main disadvantage of this suggestion is that it would:
   o add to the time and cost of Human Research Ethics Committees' decisions

The process would be more participatory, transparent and fair. It would also be respectful and professional for all parties. In considering the overall cost of research, the additional cost of

electronic communication seeking greater knowledge for decision-making is small.

Recommendations regarding use of an interpreter

Cross-cultural health research very often needs to involve an interpreter. It is recommended that researchers take time to recruit, select, and engage with an interpreter. The interpreter should have cultural as well as linguistic knowledge of the community being researched and preferably some training in the discipline of the research. Rapport between the researcher and the interpreter needs to be developed, and understanding about nature of the interviewing needs to be reached. Confidentially of participants' information should be discussed. Creating dialogue with the interpreter about issues that arise in the interviews allows the researcher to test the accuracy of the data and also to test the interpreter's commitment to seeking deeper information about the topics in the interviews beyond the surface answers that are first given by the participants. This process goes some way to teaching the interpreter about in-depth interviewing (Minichiello, Aroni & Hays, 2008) and generates richer data.

Field behaviour and future research

The researcher is highly visible in the field when working with oppressed populations in developing countries. His or her behaviour and attitudes to participants, interpreters, and other field research assistants and other stakeholders must reflect Said's (1994) opinion of the intellectual as existing at the margins, seeing not the status quo but what to change and how to change it, and always representing those that cannot represent themselves. This duty, however, is qualified by the risk to the local people. The researcher's behaviour in the field has educational impact that cannot be underestimated.

The rules that bind an exploited population in a developing country as an underclass are demonstrated to a foreign researcher by the behaviour of its members. Members of the underclass do not talk

about who harasses them, or who makes them carry contraband, or when or where drug runs are occurring. They participate to survive, and keep quiet. Denying the corruption, criminality and violence that operates to enforce and maintain the underclass and, by contrast, ensures the survival of its members, is naive. Macro-level research that looked at the part the informal sector plays in excluding exploited populations from society would bring to the surface an oppressive element that has hitherto been hidden. This research would make the researcher very vulnerable.

Less controversial, but no less important, research would explore the coping strategies of the migrants from Burma living to Thailand, identifying why and how oppressed people make the decisions they do to achieve what quality they can in the context of their lives, and investigating why some are able to cope better than others. Recognising migrants as active decision-makers, although restricted in choices, gives them dignity and may elucidate research avenues to loosen the power of those restrictions.

Conclusions

The ethical considerations of research with exploited populations in developing countries are important to researchers, Western ethics committees, ethics committees of the country in which the research is conducted, participants, and stakeholders. In conducting research into the health-related Millennium Development Goals with migrants from Burma in Thailand, problems that the researchers encountered have provided useful discussion about the practical application of ethical guidelines in health research with oppressed populations. Humanitarian research is complex because of the ethical approval processes and the process of oppression itself that promotes an underclass that survives mainly through engagement with the informal economy, and subservience to outside agencies.

Western ethics committees are obliged to respect the rights of research participants and researchers by continual reflective practice so that ethical guidelines can be more intelligently applied to new contexts. Ethics committees in ASEAN countries are based on the

same principles of human rights as in Western societies. The role of the interpreter in cross-cultural research has been discussed, and the point has been made that there is room for the development of ethical principles for the recruitment, selection and engagement of interpreters.

Researchers' behaviour in the field is significant because it demonstrates ethical practice in dealing with participants, non-participants, children, and other stakeholders. Two streams of future research that would grow from this would consider the nature of oppressed populations and how being oppressed influences research ethics particularly in accessing and accurately describing the population, and the coping styles and strategies of those in oppressed populations.

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