

CHILDREN CAUGHT IN CONFLICT: CASE STUDY OF THAI-MYANMAR BORDER

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Report

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FOREWORD

This report is one study under a research titled Children Caught in Conflict which took place in 3 countries, Indonesia, Philippines and Thai-Myanmar border. The study was initiated in 2003 and finished in 2005, funded by the United Nations Children's East Asia and Pacific Regional Office (UNICEF-EAPRO). The regional report was published by the Asian Research Centre for Migration, Institute of Asian Studies, Chulalongkorn University in 2007. This country report has not been published earlier due to the sensitivity of the issue. The decision to publish this report aims to reflect the impact of the political and armed conflict in Myanmar toward children. The understanding of the root causes that drove these children out of their original country may as well broaden the public awareness and understanding the existing political situation and eventually conflict in Myanmar which remains unsolved.

**Asian Research Centre for Migration
Institute of Asian Studies, Chulalongkorn University**

We had our own country
But we had to leave it
Thank you Khon Thais
For giving us shelters

We had our houses
But couldn't live in them
Thank you Khon Thais
For letting us build our tents

We had our big gardens
But couldn't plant the food
Thank you Khon Thais
For allowing us to plant in exile

When we get home
We will never forget you
Will always remember you
Thank you Khon Thais
For yours great heart for us

**Ngaw Ngaw
Mae La Camp, Thailand**

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MAP OF MYANMAR



CHAPTER 1

CONFLICT: THE ROOT CAUSE OF DISPLACEMENT

MYANMAR: COUNTRY BACKGROUND

Geographically, Myanmar is located in Asia, on the west of the Indo-China peninsula along the Gulf of Bengal and Andaman Sea. Myanmar shares its west border of 256 km with Bangladesh, 1331 km with India in the northwest, 2192 km. with Tibet and China in the north and northeast, 224 km with Laos in the east and 2096 km with Thailand in the east and southeast. Among Southeast Asian countries, Myanmar is the largest mainland country of 676,577.5 square kilometers.

The country's territory is divided to 14 regions, 7 states and 7 divisions, with 64 districts and 324 townships 13,759 village tracts and 61,666 villages¹. The political system is under military regime. The seven states, which the major ethnic groups inhabit in each region, include Chin State, Kachin State, Kayah State, Kayin State, Mon State, Rakhine State, and Shan State. The seven divisions, where Myanmar (Burman) is majority, include Ayeyarwady Division, Bago Division, Magway Division, Mandalay Division, Sagaing Division, Tanintharyi Division and Yangon Division. The designated area of all states comprises of 54.9% and total area of all division is 45.1%².

¹ Ministry of National Planning and Economic Development, 1999 p. XV

² Than, M. *Plural Society and Non-traditional Security Issues: A case of Myanmar*. Paper presented at the workshop: Pluralism and Society in East Asia: A Comparative Study of Cohesion and Conflict August 2-3, 2004, United Nations University, Tokyo, Japan p.1.

The total population in 2002 was 48.852 millions³ with growth rate of 1.84% annually. Life expectancy at birth in year 2002 was 56.2/male and 61.8/female⁴. The national census in 1990 specified that the population is made up of the dominant Myanmar (Burman) ethnic (69%), the second largest group is Shan (8.5%), the third largest group is Kayin (6.2%).

The Ministry of Information indicated that there are over hundreds of ethnicities in the country. The official language is Burmese, but there are over 100 ethnic languages spoken in the country. Buddhism is the major religion of 89.3%, Christian 5.6 %, Islam 3.8%, Hindu 0.5% and animist 0.2%.

The country is located on lowland plains surrounded by rugged highlands and mountains. Myanmar is a country rich with natural resources such as gem stones, natural gas, steel, tin, timber, forestry, etc., but the country's economy is among the poorest economies in the region. Myanmar National Gross Product in year 2002 was 15 billion but the estimated GDP per capita was 258⁵.

1.1 Ethnic diversity and protracted armed conflict

Myanmar is a country of rich ethnic diversity. That diversity has contributed to animosities between groups and with the central government. Prior to the British era, the Myanmar Empire had conquered the indigenous ethnic peoples such as the Shan, Mon, and Rakhine whose claims for

³ Ministry of Immigration and Population, Myanmar, *Myanmar Fertility and Reproductive Health survey* 2001 p.3

⁴ World Health Organization 2004

⁵ UNICEF, Myanmar "*Children and Women in Myanmar Situation Assessment and Analysis*" 2001 p.8

separate nationhood resulted in intermittent warfare between the center and periphery. Since the mid-eleventh century, Myanmar had three empires until the British colonization in 1885. It has to be noted that the Kayin, Kachin, Chin, Kayah and Shan were never integrated into the Myanmar empires. The monarchs based in Central Burma opted for suzerainty rather than direct rule⁶. There were many wars and political power changed hands until in the late 18th century the Myanmar ruler successfully took control over most of the territories. The lack of integration between ethnic territories and central Myanmar had never changed though the whole area was conquered by Japanese and British in later years.

The complexity of the diverse ethnic groups was not the only cause of the conflict situation in Myanmar. Under the British colonial regime, Burma (the name at that time) was divided into two parts, Burma Proper or ministerial Burma and the frontier areas which non-Burmese races inhabited. This arrangement was based on the policy of divide and rule. The result of this arrangement was a separate route towards political and economic development for ethnic groups. The Union of Burma was formed when the country gained independence from the British in 1948.

The post-independence ethnic conflicts were restarted in 1948. Before independence General Aung San, representing the Burmese government, had signed the Panglong Agreement with non-Burmese groups; the agreement stated that they could secede after 10 years and they would gain autonomy. The agreement was signed with Shan, Kachin and Chin while

⁶ Than, *ibid* p.5

Kayin and Kayah (Karenni) attended but were not incorporated. The Panglong Agreement between the Burmese and ethnic groups gradually eroded after the assassination of Aung San in July 1947. Instead, the central government refused to allow any states to secede. It soon found itself faced with an increasing number of armed ethnicity-based resistance groups all over the country, most of which were seeking their own independence. There were several armed groups who launched their armed struggle against the central army due to different political issues. First to 'go underground' or rebel was the Communist Party of Burma in 1948, followed by Karen, Mon and Rakhine (Arakanese) in 1948 and 1949; Shan and Kachin followed later in 1950 to 1960⁷.

There were preparations made to negotiate with ethnic leaders for a federal constitution but further arrangement stopped when General Ne Win overthrew the civilian government in 1962. The country's economy was transformed to a socialist economy under the Burmese Way to Socialism Program Party. Burmanization of the economy was carried out by nationalization of foreign businesses and there was centralized control of government and economy throughout the country.

On the other hand, the offensive against insurgent groups was launched all over the country. The most ruthlessness on the battle field was the counter-insurgency shelteraign known as the "Four Cuts (food, funds, information and recruits)" to cut off any support to the insurgent. Large areas were declared "free-fire" zones under this program. The political and

⁷ Ibid. p.6-7

economic mismanagement of the military finally led to a massive pro-democracy uprising across the country in 1988. The massive protest was soon crushed by Ne Win loyalists' coup d'état which established the military State Law and Order Restoration Council (SLORC); later in 1997 the name was changed to State Peace and Development Council (SPDC)⁸. The ceasefire policy was initiated during that period and there were successful ceasefire agreements made with Kachin, Mon, Palaung, Pa-o and Shan⁹. The peace agreements however did not cover the whole country, especially Karen (Kayin), Karenni (Kayah), Chin and Shan borderlands. There were still clashes and intensive government operation in these non-cease fire areas. The large scale displacement in ethnic areas continued and affected not only the ethnic minority but also the Myanmar (Burman) communities as well¹⁰. The border area development projects have created hardship for the villagers as they were forced to "contribute" their unpaid labour to build infrastructure of railways, irrigation and army plantations¹¹. Men, women, elderly and children could be targeted to perform such duties which sometimes were not in construction but to serve or carry loads (being forced to become porters) for the military. The other forms of human rights violation such as physical abuse, sexual harassment, rape, etc had also occurred.

⁸ Smith, M. 2002. *Burma (Myanmar): The Time for Change* p.9-10

⁹ Ibid. p.12, see also p.38 (not all Shan armed groups agree to cease fire agreement).

¹⁰ Smith Ibid. p.23

¹¹ Ibid. p.24, "the government claimed that the use of unpaid labour was an act of merit in accordance with Buddhist tradition". See also Risser, G., Kher, O. and Htun, S., 2003 "*Running the Gauntlet*" p.65

1.2 Forced out of homes, internally displaced persons

The forced relocating in ethnic areas was believed to be taking place long time ago but the widespread massive forced relocation was begun in 1996¹². The approximate 2500 villages in ethnic areas were abandoned, burnt or destroyed and 370,000 people had been forced to 180 relocation sites¹³. People received no support for moving to relocation sites. There was no food nor any basic needs provided for victims in the relocated villages¹⁴. The villagers' movements were restricted, especially to their cultivated areas. In order to cut links between civilian and insurgent armed groups, several villages where resistance armed forces were active, were destroyed and designated "free fire zones". Villagers who were caught going back there were subjected to being shot or arrested and tortured¹⁵. The villagers or civilians who were suspected of having links with the resistance forces had been tortured in relocation sites and were subjected to forcibly work for the government's development projects or income generating for the military¹⁶. They were vulnerable to all forms of violence, especially the women and girls were reported to be victims of gender based violence by the Myanmar military¹⁷.

¹² Cloakey, V. Htun, T. Oo, Z. "Humanitarian Assistance to Burma", 2003 p.15, Risser Ibid p.9

¹³ Martin, V. *World Displaced person Survey, 2004* p.83

¹⁴ Risser Ibid. 77

¹⁵ Risser Ibid., Cloakey p.15

¹⁶ Ibid.

¹⁷ Shan Women's Action Network (SWAN) and Shan Human Rights Foundation (SHRF) *Licence to Rape, 2002*

The estimated number of displaced people in these areas was 60,000-70,000 in Mon State, 70,000-80,000 in Karenni State, 100,000 in Arakan State, 100,000-200,000 in Karen State and around 300,000 in North-Eastern Shan State¹⁸.

Some people refused to move to relocation sites, and chose to hide in the forests or the hills and moved further to avoid encountering government troops in the area. There are a large number of such internally displaced persons in Myanmar, resulting from forced relocation, forced labor and persecution¹⁹. The escapees were hunted by government troops in the area and this put the hiding people in extremely difficult situations and conditions. At the very least, the number of displaced people is estimated at 600,000 to 1 million people since 1996²⁰.

1.3 Forced out of the land: asylum seekers across the border

During the fighting between Myanmar military and resistance armed forces, the ethnic population along the border escaped the fighting to seek refuge on the Thai side from time to time and went back when the fighting broke off. In 1983 and 1984 the Burmese military successfully attacked the strongholds of active Karen insurgents, Karen National Liberation Army (KNLA) and Karen National Union (KNU). Those attacks drove almost 10,000 Karen villagers across the border into Thailand. The first temporary shelter for

¹⁸ Pinheiro, P. *Report on the situation of human rights in Myanmar UN Doc.E/CN.4/2002/45*, 2002

¹⁹ Risser Ibid. p.56

²⁰ Burmese Border Consortium *Internally Displaced and Relocation Sites in Eastern Burma*, 2002 p.2

Myanmar displaced persons was established in Mae Sot, Tak province in 1984.

In addition to the above displaced persons, there were the dissidents who had fled the country after the 1988 mass nationwide peaceful demonstrations were brutally crushed by the government. It was estimated that as many as 3,000 were killed. In the wake of the violence, the government imposed martial law, curfews and other restriction across the country. Thousands of dissidents fled to the large territories controlled by ethnic-based armed opposition groups and crossed the border to the neighboring countries including Thailand. Numerous shelters were established along the border.

As the military offensive increased inside ethnic areas, more and more people fled to Thailand. The situation of violation of the people in forced relocation areas and the hardship of hiding in the jungle had driven people to cross over the border to neighboring countries. Thousands of villagers had been forced out of their land and thus became displaced persons crossing the border to the shelter.

As the number of displaced persons increased, the strength of Thai security in the shelters was also augmented by amalgamating small village-like sites into larger shelters. For example, Umpiem Mai shelter in Prob Pra District, Tak Province, was established in 1999 after Wangkha and Mawker shelters were relocated by the Thai authorities due to security reasons. Both shelters had been attacked by what is believed to be a combination of Myanmar regulars and soldiers from the Democratic Karen Buddhist Army (DKBA), a group that broke off from the KNU and later agreed to a cease-fire

with the government. The consolidation of these shelters has continued to the present day, resulting in a high density of the displaced person population in each shelter. With 42,077 displaced persons, Mae La shelter provides shelter for the largest population of all the shelters.

Currently, there are 133,156 displaced person in all nine shelters along the border²¹. The majority of these displaced persons are Karen and Karenni. The shelters are supervised by the Ministry of Interior, with humanitarian assistance to asylum seekers provided by UNHCR and various humanitarian organizations.

Each shelter differs greatly in its size, density, location, and, most importantly, accessibility. Ban Mae Surin shelter in Khun Yuam District, Mae Hong Song province, for example, cannot be accessed during the rainy seasons, and some other shelters are quite difficult to access at the times of heavy rains. On the other hands, Mae La shelter and Umpiem Mai shelter are accessible all year-round with good road conditions²².

²¹ Burmese Border Consortium 2002 Relief Program Report, July-December, 2002

²² CCSDPT Annual Health Statistic Report 2002, p.13-14

CHAPTER 2

RESEARCH METHODOLOGY AND STUDY AREAS

Thailand, which is not a party to the 1951 Convention Relating to the Status of Refugee and its 1969 Protocol, has responded to the flow of asylum seeker from Myanmar differently at different times. The arrival of displaced persons from Myanmar into Thailand has occurred in different periods and defining their specific names also varies according to the Thai policy and international political situation. 'Burmese displaced person' means those who came in Thailand before 1976 and 'displaced person fleeing fighting' focuses on those who came in after 1976 and later. The important ethnic groups fleeing from Myanmar are the Karen, Karenni, Mon, and Shan. The chronology of asylum seekers from Myanmar to Thailand is as follows:

- In year 1962, revolution in Burma caused many ethnic groups to flee into Thailand and live around the Thai border. They returned home when the conditions in Burma were better, but some continued living in Thailand

- During 1962 - 1984, a new group of asylum seekers from Myanmar came in. Political conflicts between the ethnic minorities and the Myanmar government have led to insurgencies and fighting inside Burma and near border areas. As a result, more than 110,000 asylum seekers fled into Thailand. There were many temporary shelters, however these asylum seekers had been attached to their homeland, so they returned home as soon as they had chance and the situations were better. At this time, the Thai government was not worried about their resettlement.

- In 1984, Burmese military and the armed forces of the Karen National Union (KNU) fought severely near the Thai border at Mae Sot district in Tak province. Consequently, around 6,000 Karen fled into Thailand and lived scattered all along the border. For security concerns, the Thai government has consolidated all into Huay Kalok temporary shelter at Mae Pa sub-district in Mae Sot and in the meantime allowed international relief agencies to provide basic assistance to these asylum seekers. This was the first step of displaced persons from Myanmar being sheltered in a displaced person shelter.

- Between 1988 and 1997, political turmoil occurred in Myanmar and it affected international relations between Thailand and Myanmar especially in border policy. The Myanmar government has given concessions in its forests to Thai companies which led to the need to conquer ethnic groups as most forest areas were occupied by them. Ethnic groups, namely Mon, Karen, and Karenni, migrated to the Thai side and entered temporary shelters in Mae Hong Son, Tak and Prachuabkhiran provinces. Thus the number of those who returned home was getting less.

- In 1997, the KNU hosted an ethnic nationalities seminar that produced a ten point "Mae Tha Raw Hta Agreement". The agreement was said to have been signed by fifteen ethnic opposition groups. The agreement called for a federal union of national states having the full rights of national equality and self - determination. As a result of the KNU's involvement in this agreement, which was seen as a direct challenge to the Myanmar military regime (SPDC), the SPDC commenced a major offensive against the areas under the control of the KNU. It caused some 10,000 new displaced persons

to cross the border between Umphang and Sangklaburi in Thailand. Since then, groups of new arrivals continued entering the Karen shelters in Ratchaburi and Kanchanaburi throughout 1997 and up until the present.

- From 1997 up to the present, though fighting situations in Burma are better, the number of asylum seekers has not decreased. The causes of fleeing also changed from direct armed conflict to economic hardship and human rights violations. At the moment, the internal conflicts are still unresolved. Under the current regime of the SPDC, all forms of human rights continue to be systematically denied. Asylum seekers from Myanmar are living in displaced person shelters along the Thai - Myanmar borders which consist of nine displaced person shelters, namely Ban Pang Kwai - Pang Tractor, Ban Mae Surin, Mae Kong Kha, Mae Ra Ma Luang, Mae La, Umpium, Nu Po, Ban Don Yang, and Tham Hin.

At present, the significant ethnic groups fleeing from conflict in Myanmar to Thailand came mostly from the eastern part of the country; major groups are from Kayah (Karenni), Kayin (Karen) and Shan State as areas of active resistance to central Myanmar Government. Geographically, most people from Kayin (Karen state) fled to Tak province, people from Kayah state sought asylum in Mae Hong Son, and people from Shan State sought refuge in Chiangmai and Chiang Rai province, northern Thailand. Apart from displaced persons in these 9 shelters, another significant group fleeing from Myanmar is from the Shan State; an estimated 150,000 Shan²³ are residing in Thailand. As there are no official shelters for Shan displaced persons, they

²³ The Shan Human Rights Foundation, 2002 p.3

have been scattered all over Thailand, to work as illegal workers. The most frequent entry route to Thailand is through several districts in Chiangmai province but the highest density areas of Shan communities are in Fang district, Chiangmai province, northern Thailand.

Considering the areas where three major ethnic groups are residing, three sites were selected for the field trip of the study. The selected site for the Karen ethnic was Mae La shelter, the biggest Karen shelter in all 7 Karen shelters along the border. The selected Karenni shelter was Pang Kwai-Pang Tractor in Ban Nai Soi which is also hosting the biggest Karenni displaced person population. The third site was a Shan community in Fang District, Chiang Mai province²⁴.

Overall, the study framework, questions guideline both qualitative and quantitative, had been developed with another 2 research teams in Philippines and Indonesia, the UNICEF.EPRO coordinator and staff during two workshops in mid 2002 and early 2003. The instruments used in this study include the questionnaire to interview parent or care giver of children and questions guideline to interview children and key informant.

Field studies took place during September 2002 and continued up to June 2003. To start with, the team used network contacts with local ethnic group, and staff of humanitarian organizations from previous studies to approach the target groups

²⁴ The study covered 4 villages for which no names are given for security reasons, in the sub-district area where there is one of the most frequent entry routes for Shan asylum seekers from Myanmar to enter Thailand.

This project was a participatory study that utilized multiple methods of inquiry. A small group of around a dozen young people, who were selected by their peers during national workshops, were involved from the initial planning stage and throughout the field research. A larger group of teens acted as research assistants, a role they had identified for themselves, during the field research process. A still larger group of hundreds of children provided information for this study. The main research tools were a survey that was used with adult caregivers, focus group discussions with children (divided into three age groups, and, for the oldest age group of 15-18, divided again by gender), in-depth interviews, observation, and key informant interviews. For children, research team used various technique including games, plays and art to approach the children and for children to tell their story and express their feelings.

All respondents interviewed were in Thailand, in displaced person shelters and among the larger community of undocumented migrant workers. No one was interviewed in their home villages, though the interviewees were asked about conditions existing there before they fled.

Altogether, the study has interviewed 162 respondents who are taking care of 369 children and youth. In certain parts, more information was taken from focus group interviews and case studies with 119 children, all of whom were born in Myanmar. All the respondents are parents or care givers of children who were born in Myanmar and came to the shelter less than 3 years ago or, if that was not possible, not longer than 5 years ago. The respondents had been selected with assistance from the shelter committee and collaboration of local ethnic groups. For the non-shelter area, the

research team contacted ethnic community leaders through the assistance of the human rights organizations and staff of non-government organizations working with the Shan ethnic group in the north. The snow ball technique has been used to address and approach key informants in each area.

Apart from interviewing the target groups, more information has been collected from shelter committees, school teachers, humanitarian agencies staffs and ethnic human rights groups. In certain parts, additional information was taken from focus group interviews and case studies with 119 children, all of whom were born in Myanmar, members of shelter committee, school teachers, humanitarian agencies staffs and ethnic human rights group. During this period, 3 trips of 8-10 days had been carried out to collect data from parents and care givers of children. Apart from these trips, the research team had paid several trips to the 3 study areas to collect information and interviewed numbers of key informants.

2.1 Mae La shelter, Tak province

Mae La shelter is located in Ban Mae Oak Hoo, Mae La sub-district, Thasongyang district. The area is mostly clay and has a stream called “Huay Oak Hoo”, which passes through most parts of the shelter. Huay Oak Hoo is also the main water source for the people in the shelter. There are three zones inside the shelter; zone A, B and C.

The people living in the shelter totaled 42,077 in number.²⁵ They can be divided into 3 groups as follows:

²⁵ As of January 2004

- 1) Persons who have been accepted by the Provincial Admission Board (PAB) as people who flee from fighting in Myanmar and have made a registration with UNHCR. The number is 32,906.
- 2) Persons who have been rejected by PAB and need to repatriated to Myanmar as they did not flee from fighting. However, since the conflict in Myanmar has continued, they could not return back at the moment. This group accounts for 9,034 people.
- 3) Persons awaiting submission to the Board, the number is 137.

With limited funds for assisting displaced persons, the government allowed the UNHCR and relief agencies to support displaced persons in many respects, such as shelter material: Burmese Border Consortium (BBC), primary health and sanitation: American Displaced person Committee (AMI), Catholic Office for Emergency Relief and Displaced person (COERR), Handicap International (HI), International Catholic Migration Commission (ICMC), International Rescue Committee (IRC), Mediciens Sans Frontieres-France (MSF), Parenthood Population Association Thailand (PPAT), education: Adventist Development and Relief Agency (ADRA), Burma Distance Education Program (BDEP), COERR, Consortium (CI), IRC, Jesuit Displaced person Service, Shanti Volunteer Association (SVA), Taipei Overseas Peace Service (TOPS), Women's Education for Advancement and Empowerment (WEAVE), ZOA Displaced person Care Netherlands (ZOA), etc. As for food and daily commodities, the Burmese Border Consortium and shelter committee cooperate in distributing the food.

2.2 Pang Kwai-Pang Tractor shelter in Ban Nai Soi, Mae Hong Son province

The shelter is well known as Shelter 1²⁶, situated 3 kilometers from the border. The first shelter for Karenni was set up in 1989 and has been moved many times. Once it has been moved across the border into Myanmar in August 1993 and was forced back in July 1995. Finally, it was moved to present location in March 1996. The shelter consists of two zones; Ban Pang Kwai and Ban Pang Tractor, which are divided by 1.5 kilometers of protected forest.

In 2002, the Thai authority made the decision to consolidate the Karenni shelters in Mae Hong Son by closing scattered shelters and move displaced persons to Shelter 1. Consequently, all 4,421 displaced persons were relocated to Shelter 1 with logistical and technical supporting by IRC. The movement process was finally finished in February 2003. The majority of displaced persons are arranged to settle in the area of Nai Soi. According to the consolidation, the shelter has currently 18,521 displaced persons as of April 2004.

Majority shelter population in the shelter is Karenni which is divided to many sub-groups. There are both Christians and Buddhists living together. There are 13 primary schools, 4 elementary schools, and 2 high schools. There is also a special school called “accelerating school” for those who recently arrived and have had no educational background in their home state. The schools open from 8.30 am to 3.15 pm everyday. The language used in

²⁶ There are another Karenni shelter in Mae Hong Son at present. Shelter 2 is in Ban Mae Surin where the research was not conducted. It cites about 3 kilometers from the border. The total population at the end of April 2004 is 3,506. Most of them are Karenni.

instruction is Karenni in primary school and Burmese in elementary and high school. Though Karenni is considered being a sub-group of Karen, its language is a little similar to Karen. There are many ethnic groups in the shelter such as Paku, Palaung, Pa-O, Shan, etc.

2.3 Shan communities, Chiang Mai province

Besides those living in official shelters, there are also many people who have left Myanmar and are currently residing in Thailand but not in official shelters. This group has no legal status and therefore limited access to education or health services. One of the largest of these groups is composed of people from Shan State. There is no official displaced person shelter for the Shan when they enter Thailand but only one unofficial temporary shelter in Viang-haeng district, Chiangmai for approximate 400 Shan and hundreds of Shan displaced persons who are staying in Mae Hong Son shelter. Most of the Shan asylum seekers have to struggle for their living as migrant workers, usually illegal, and face great difficulties in fulfilling their basic needs.

Currently, the number of Shan in border provinces has increased but there is no formal data collected from governmental agencies or humanitarian organizations. However, a report from Shan Human Rights group estimated the number of Shan people as approximately 150,000 in Thailand, the major areas where Shan displaced persons seek refuge are Chiang Rai, Chiang Mai, and Mae Hong Son province, northern Thailand. Chiang Mai has the largest Shan population, including Thai villagers having same ethnic as Shan. The districts in Chiang Mai that have many Shan displaced persons are Chiang Dao, Viang-haeng, and Fang.

Fang is a popular destination community as it is full of fruit orchards and other agricultural plantations of crops such as red onion, garlic and chilly, which need many laborers. Fang has 8 sub-districts, namely Wiang, Sansai, Monpin, Mae Ka, Mae Ngon, Mae Soon, Mae Kha, and Pong Namron. Each village has similar characteristics. Apart from crossing immigration check points, the geographic area allows many natural channels for people to cross the border rather easily.

CHAPTER 3

LIFE OF CHILDREN BEFORE DISPLACEMENT

LIFE OF CHILDREN IN MYANMAR

The long conflict history in Myanmar has affected most sectors in Myanmar society. Many reports reflecting the negative impact on the people's life condition have been released for years. Though the Myanmar government reports the launching of several development programs, the improvement of the people's well-being is doubtful, especially the life of the children. The proportion of youth population in Myanmar in 2001 was over one third of the total (39%)²⁷. In 1997, malnutrition was one of the health problems as 36% of children aged less than 3 years at national level were moderate to severely underweight. Severely underweight was found in 5.5% of children in urban areas, and the number increased to 8.6% in rural areas²⁸.

In 2002, Myanmar was ranked 132 from among 177 countries in terms of the Human Development Index²⁹ compared to 131 in 2001. Life expectancy at birth rose to 57.2 years in 2002, slightly increased from 57 years in year 2001 and 55.8 years of year 1995-2000³⁰. Myanmar's GDP per capita was US\$ 1027 in year 2002, still lower than US\$ 1720 of Lao PDR and US\$ 2060 of Cambodia. The adult literacy rate has been rising since the

²⁷ UNICEF, 2001 "*Children and Women in Myanmar, Situation Assessment and Analysis*" p.6

²⁸ Ministry of Health, Myanmar 2000 *Multiple Indicator Cluster Survey (MICS) 2000*. p.13

²⁹ Measuring achievement in three basic dimensions of human development: a long and healthy life, knowledge and decent standard of living

³⁰ UNDP, *Human Development Indicators*, 2003

1996's: 80% in 1986, 83% in 1996 and 85.3% in 2002 while the adult illiteracy rate has been decreasing from 15% in 2001 to 14.7% in 2002. Total health expenditure in 2001 was only 2.1% of GDP.

3.1 Children in Kayin³¹ state

The Kayin state consists of 3 districts, Hpa-An District, Kawkaireik District and Myawaddy District, 7 townships and 410 wards and village tracts. The government statistics indicated that the total population in year 2001 was 1,431,377³² in an area of 11,731 square miles. The major ethnic group is the Karen which is the second largest ethnic group, among over a hundred ethnic groups in Myanmar. The Kayin state contains mountainous forest area, valleys and cultivated plains area.

Table 1 Area and Estimated Population (2000-2001)*

	State / Division	Area (Square mile)	Total	Population	
				Male	Female
	Union	261227.8	47254716	23464828	23789828
⇒ 1	Kayin State	11,730.85	1,431,377	708,000	723,377
2	Mon State	4,747.76	2,390,681	1,198,694	1,191,987
3	Yangon Division	3,927.14	5,382,051	2,675,010	2,707,041

Source: Ministry of Information, Union of Myanmar, 2002

³¹ Kayin is an official name for all collective Karen sub-groups, including Sakaw and Po, the two major groups in Kayin state. See Ministry of Information, Union of Myanmar, 2002 p.33

³² There is a discrepancy in the number of population in that the estimation of the ethnic group is much higher than the official figure. See Smith. M. "Ethnic Group in Burma", 1994, p.34

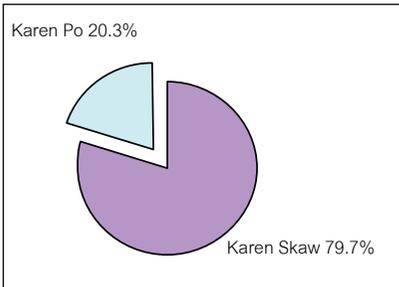
The information gathered from 59 respondents indicated that they came from 29 villages of 7 townships. The longest distance they came from was Toungoo District which is made up of steep valleys situated on high mountains. There are a number of people from Hpa-an, capital town of Kayin state.

Ethnicity

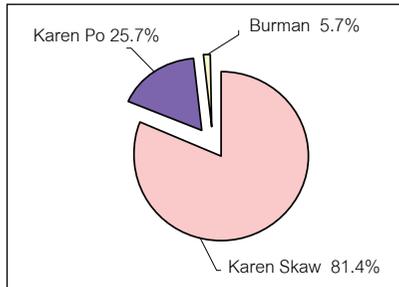
Among the respondents, all are Karen ethnic which is divided into Karen Skaw and Karen Po. They come from the areas where the major ethnic are Karen and other ethnics.

Chart 1 Ethnic of the respondents

Chart 2 Major ethnic in the original area



All respondents are Karen ethnic with 79.7% of Karen Skaw and 20.3% of Karen Po.



Karen Skaw is the major ethnic in most of the area (81.4%) where the respondents came from. Skaw, Karen Po is the major ethnic in some areas (25.7%) and the rest (5.7%) is Burman ethnic.

Over half of the children's families (59.3%) came from small villages (11-100 households), 37.3% were from bigger villages of over 100 households and 3.4% came from big villages or townships of over 1000 households.

Though the Karen follow different religious beliefs, Buddhist, Christian and animist, they live together throughout the area³³. Among the children's families, the respondents are comprised of Buddhists and Christians with a few who do not practice any religious belief.

There are 136 children in 59 families, more than half 58.82% are boys and 41.18% are girls. The biggest group age is between 6-10 years, second group are under 5 years old, followed by group age 11-15 and 16-18.

3.1.1 Land, property and income

Karen people are considered rural population who are engaged mostly in agriculture, forestry, fishery and livestock with approximately 10% who live in urban area³⁴. Although there are large cultivated areas in the state, over half of the field owners held less than 10 acres of cultivated land³⁵.

Information from this study shows that of the respondents in Kayin state (Chart 3), half of them were farmers, the second group was labourers (30.5%), some of them earned their living as merchants but some of them had no job. Most of them (81.4%) had lived or worked on their own land³⁶, 1.7% had to rent and 16.9% did not own any land. The land they owned was between 2 square yards to the most 10 acres, the majority of those who own the land (95.7%) occupied less than 3 acres which was the subsistence

³³ Burma Ethnic Research Group and Friedrich Naumann Foundation: *Forgotten Victims of a Hidden War: Internally Displaced Karen in Burma*, 1998 p.12

³⁴ Ibid. p.10

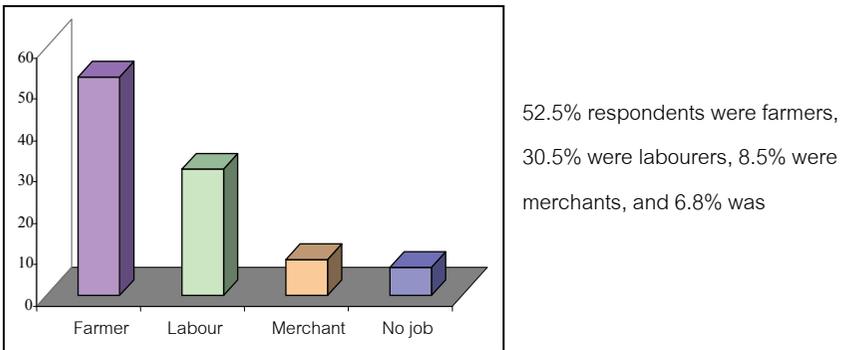
³⁵ Ibid. p.10

³⁶ The "ownership" is not a legal term but conveys their sense of occupying the piece of land which they can cultivate or use for agricultural or farming purpose.

area³⁷. Only 3.72% of the respondents occupied enough land for their subsistence.

Apart from the agricultural land, some of them raised livestock such as chicken, duck, pig, cow or buffalo. The number of livestock they kept was small to be used for their food and only a small number of the respondents were able to keep the livestock for sale. They used labor from family members and animals to help in the field. Information gathered from the children also informed us that they help their families to work in their field, the youngest one being 13 years old³⁸.

Chart 3 Occupation of children's families in Kayin State



Information from the study indicated that while they were in the Kayin state, many respondents (28.8%) had no paid work, and 20.3% of them could earn a small income less than 1000 Kyats (USD 20) monthly, 28.8% had monthly income between 1000 Kyats and 2500 Kyats. Their income came from selling their rice, livestock, labor work and selling goods. Interviewed

³⁷ UNICEF 2001. Ibid p.36

³⁸ Interviewed children during field trip in April, 2003

children in this study informed us that children aged from 12-18 years also had to work as laborers and sellers to raise income for their families³⁹. The figure indicated the amounts they earned were lower than the average income of Kayin population according to the national survey in 1999 which was 11800 Kyats (Table 2). The statistics also pointed out that most of the respondents were among the group of lowest earners in Kayin state (Table 3).

Table 2 Average monthly household income in Kayin state

Description	Kyats		
	Overall	Urban	Rural
Union	10122.98	13005.76	8905.65
Kayin State	11800.54	13281.82	11599.90
Tanintharyi Division	12712.76	16038.41	11387.18

Source: Central Statistic Organization, Union of Myanmar, 1997.

Table 3 Percentage of distribution of households by combined monthly household income class in rural area

Description	Percentage of people with monthly household Income (Kyats)			
	Less than 2000	2001 to 10000	10001 to 20000	Above 20001
Union	6.75	69.17	17.04	7.07
Kachin State	5.51	63.16	24.38	6.95
⇒ Kayin State	6.66	57.40	21.58	14.37
Mon State	4.07	64.06	23.07	8.79
Yangon Division	5.45	56.62	26.41	11.52

Source: Central Statistic Organization, Union of Myanmar, 1997.

³⁹ Interviewed children during field trip in December, 2002 and April, 2003

Compared to the national average expenditure, the income they earned was still lower than the average expenditure for each individual in Kayin state which was 2817 Kyats (Table 4). Only a small number of the respondents could earn enough income to buy necessary food items for children or one family member (Table 4).

Table 4 Expenditure on some food items (taken from Monthly Household Expenditure by Group-Kayin state)

(Value - Kyat)

Expenditure Group	Urban		Rural	
	Value	Percent	Value	Percent
Household Size (Person)	6.03		5.27	
Household expenditure total	15645.59		14847.18	
Rice and other cereals	2459.87	15.72	2579.04	17.37
Meat	1201.81	7.68	998.77	6.73
Eggs	207.44	1.33	239.42	1.61
Ngapi and nganpyaye	471.57	3.01	449.55	3.03
Cooking oil and fats	949.58	6.07	1119.14	7.54
Sugar and other food	175.83	1.12	311.61	2.10
Milk and milk products	134.48	0.86	98.28	0.66

Source: Central Statistic Organization, Union of Myanmar, 1997

3.1.2 Access to Basic need

Food: access to food and food security

There have been several reports which indicate that the great numbers of villagers in ethnic areas, including Kayin state had been forced to

relocation sites which were under military control⁴⁰. Living in relocation sites made it difficult to work in their fields as little time was left for them to work for their own cultivation. Even though they are able to work in the field, many times the crops have to be sold at lower than market price to the military or are taken by force. Food security has been a problem for villagers in Kayin State for many years.

For this study, the main food source of over half of the respondents (57.6%) while they were in Kayin State was their agricultural products from their field and livestock they raised. Two thirds of the respondents kept a small number of chickens and half of them kept a few pigs, some raised buffalo and cows (Table 5)

Table 5 Number of livestock the children's families kept in Kayin state

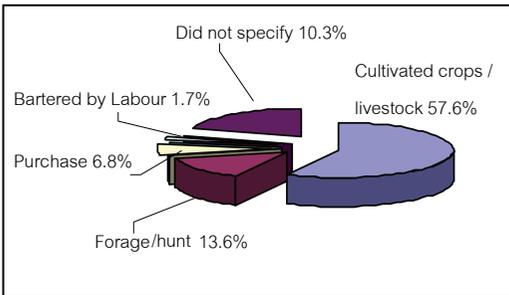
Livestock	Number of livestock (percentage of people)
Chicken	(32.2%) 0-100 (1.7%)
Duck	(76.3%) 0-20 (1.7%)
Goat	(96.6%) 0-2 (1.7%)
Pig	(50.8%) 0-6 (1.7%)
Cow	(76.3%) 0-6 (1.7%)
Buffalo	(89.8%) 0-10 (1.7%)

⁴⁰ Burma Ethnic Research Group, *ibid.* p. 16-17., Asian Human Rights Commission(AHRC), 1999 Hong Kong. *Voice of the Hungry Nation*, p.18-19, Burmese Border Consortium (BBC), 2003. *"Reclaiming the Right to Rice: Food Security and Internal Displacement in Eastern Burma"* p.18

Some of the respondents (6.8%) had to purchase their food and some (1.7%) bartered their labor in exchange for food, the rest had to rely on wild plants and what they hunt (Chart 4) from the forest for their food as they were unable to plant or make use of their crops. Information from children also stated that their families were forced to leave their villages many times and they had difficulties in planting for their food⁴¹.

Even the children's families who were able to cultivate and raise livestock had to leave their crops and livestock behind when the military came to their villages. The crop and livestock were often taken away and their fields were sometimes destroyed or burnt⁴².

Chart 4 Most important food sources of children's families in Kayin State



Over half the respondents (57.6%) used the cultivated crops and raised livestock for their main food sources, 13.6% relied on what they foraged or hunted, 6.8 % purchased and 1.7% used their labor in exchange for food.

The situation of destruction on food supplies of the villagers occurred not only in the respondents' areas but widely happened in various parts of Kayin State⁴³.

⁴¹ Interviewed children during field trip in April, 2003

⁴² Interviewed children during field trip in April, 2003

⁴³ Burma Ethnic Research Group, *ibid.* p.29, AHRC. *Ibid.* pp.18-19, 21, 25, Burmese Border Consortium *Ibid.* p.19

The information reflected the difficulties of the children's families in accessing food sources. The small plot of land already indicated the limitation of crops they could produce as well as the small number of livestock they raised. Apart from that, the military's attacks and violation they had to face were other factors contributing to their food insecurity.

Access to safe drinking water

There was no problem of water shortage in the areas where the respondents came from. They were able to get access to water throughout the year. Information gathered from the respondents indicated that they did not have problems even in the dry season. They were able to get water from various sources: river, stream and shallow well in some areas.

Table 6 Sources of drinking water of the respondent in Kayin State

Source \ Season	Summer %	Monsoon %	Winter %
Shallow well	32.2	28.8	28.8
Deep well	32.2	30.5	30.5
Pond	1.7	1.7	1.7
River / steam	32.2	32.2	32.2
Canal	1.7	1.7	1.7
Many sources	-	5.1	5.1

Sources: Interviewed target group during field trip in April, 2003

The above information indicated that 1/3 of the respondents had to use drinking water from unprotected sources, from canal, river, stream, pond and shallow well. The probable protected water source might be the deep well source which one third of them used for drinking water. The findings from the children's families indicated information different from the national survey, which pointed that almost half of Kayin population had access to safe drinking water⁴⁴.

Table 7 Percentage of the population with access to safe drinking water, Myanmar, 2000

	Kayin	Urban	Rural
Piped into dwelling	0.0	21.2	2.0
Public tap	1.4	9.4	5.7
Tube well/ borehole with pump	5.1	36.3	19.9
Protected well / spring	36.3	19.0	28.6
Protected pond	0.2	3.1	8.9
Protected Rain water	0.0	0.3	0.7
Un-protected dug well / Spring	46.9	3.2	13.4
Un-protected pond	0.7	3.1	9.9
Un-protected rain water	0.1	0.1	0.2
River / Stream	7.5	1.8	10.0

⁴⁴ Ministry of Health, Union of Myanmar MICS Ibid. p.35

Other	1.7	2.6	0.7
Total With Safe drinking water	43.1	89.2	65.8

Source: Ministry of Health, Union of Myanmar, 2000.

Half of the respondents (52.5%) could get water at their living places, 33.9% were able to get water within 500 meters, but the rest had to go further to get water. Among all families, 39.3% were mothers who collected water, followed by fathers (29%), daughters (18.7%) and sons (13.1%). The youngest child who helped in collecting water was 9 years old. A few of the respondents (6.8%) expressed their concern about accidents and sexual harassment while collecting water (Table 7).

3.1.3 Health condition and access to healthcare facility

Myanmar spent very low budget on healthcare system, in 1999/2000 the national expenditure on healthcare services was 0.17% of GDP, which was among the lowest in the world⁴⁵.

Maternal mortality ratio (per 100,000 live births) reported in 1995-2002 was 230⁴⁶. High risk of maternal mortality can arise from difficulty in delivery without professional health assistance. This may result from difficulty in access to healthcare facility and insufficient health personnel. The national figure indicated in Table 8 reflected type of assistance to delivery cases. The number of delivery cases with professional health assistant, doctor, nurses

⁴⁵ Asian Development Bank, 2001. Cited in Coakley, V., Htun, T. and Oo, Z. *Humanitarian Assistance to Burma*, 2003 p.6-7.

⁴⁶ UNDP, *Human Development Reports 2003*.

and midwife had increased during the period 1991-1997 while delivery cases with traditional birth attendant declined in the same period. However, the delivery cases with nurses and midwife have decreased after that period but increased cases with assistance of traditional birth attendants. There were still delivery cases with no assistance from health personnel.

Table 8 Percent distribution of births by type of assistance at delivery

Type of Assistance	1991 PCFS*	1997 FRHS**	2001 FRHS**
Doctor	8.5	11.5	13.0
Nurse/ Midwife	37.8	44.9	44.0
Traditional Birth Attendant	45.8	38.1	38.9
Relative/ Neighbor	3.9	3.5	2.9
No assistance	1.2	2.3	1.2

Sources: Ministry of Immigration and Population, Department of population, 2001

* Population Changes and Fertility Survey

** Fertility and Reproductive Health Survey

The status of the children's health condition basically starts from the infant mortality rate which can reflect the situation of mother's health, nutrition status, availability of prevention measures for preventable diseases and accessing to healthcare services. Myanmar national statistics showed decrease in mortality rate from 1991 to 2001⁴⁷.

⁴⁷ Ministry of Health, 2001 *Myanmar Fertility and Reproductive Health Survey (MFRHS)*
p.44

Table 9 Infant mortality rate and crude death rate per1000 live births

Background Characteristics	Crude Death Rate		Infant Mortality Rate	
	1991	2001	1991	2001
Union	9.1	7.7	94.0	70.5
Urban	7.9	8.2	80.0	66.2
Rural	9.6	7.5	98.0	71.8
Sex of infant				
Male	10.0	9.5	98.0	84.9
Female	8.0	6.1	89.0	55.9

Source: Ministry of Immigration and Population, Department of Population, Myanmar.

In comparison, mortality rate among infant and children aged less than five years were substantially higher in rural area than urban area (Table10).

Table 10 Infant and children (under 5 years) mortality rate during 1991-2001

	Infant mortality rate	Child mortality rate	Under five mortality rate
Urban	64.7	17.1	80.7
Rural	78.9	31.7	108.1

Source: Ministry of Immigration and Population, Department of Population, Myanmar p.46-

47.

In terms of providing immunization for preventable diseases for children, UNICEF (Myanmar) planned to continue its Universal Immunization Project for Children program in 2001-2005 in its 5 years master plan of cooperation with the Ministry of Health. The government statistics claimed that

each year, the percentage of children receiving immunization was as high as 95-99%⁴⁸.

Anyhow, a national survey earlier in year 2000 indicated that children with full immunization in Kayin state were only half of total number and there were also children who did not receive any vaccine coverage (Table 11).

Table 11 Percentage of children under 2 years with access to immunization in 2000

	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None
⇒ Kayin	75.9	73.6	65.1	59.9	88.3	85.2	72.8	70.6	56.4	9.4
Urban	96.7	95.6	92.3	85.8	97.9	95.2	91.1	86.6	81.8	2.0
Rural	92.5	91.5	88.2	82.1	96.0	94.5	89.2	79.3	79.3	3.3

Source: Ministry of Health, Myanmar. 2001.

At national level, the leading causes of morbidity in infant and children under five are diarrhea, acute respiratory infection (ARI), especially pneumonia, malaria, dysentery and meningitis⁴⁹. In 1998, pneumonia was the cause of over 50% mortality and 40% morbidity of children under 5⁵⁰. Diarrhea which leads to dehydration was among the leading causes of death of children under 5 in year 2002⁵¹. In the same year, over half (60%) of the population lived in the area at risk of malaria transmission and one in five

⁴⁸ Ministry of Information, 2002 Ibid. p.175

⁴⁹ Department of Health Planning, cited in UNICEF, *ibid.* p.60

⁵⁰ UNICEF, Myanmar, 2002. *Master Plan of Operation : Myanmar-UNICEF Country Program of Cooperation 2001-2005* p.33

⁵¹ *Ibid.* p.33

children or adult in highly endemic areas was found to be malaria positive⁵². Acute Malaria is found in border areas in Chin, Kachin, Kayah, Rakhine, Mon, Shan, Sagaing and Tanintharyi⁵³.

In the latest available national surveillance, malnutrition of children under five was still high. At national level, underweight children were 35.3%, moderately or severely stunted 33.9% and moderately to severely wasted 9.4%⁵⁴. The highest moderately to severely underweight children was in Rakhine state (48.1%) followed by Chin state (41.3%), Kayin state and Taninthayi division was the third (40.1%).

Table 12 Percentage of children under 5 severely or moderately undernourished, 2000

	Weight for age		Height for age		Weight for height	
	%below-2SD	%below-3SD	%below-2SD	%below-3SD	%below-2SD	%below-3SD
Rakhine	48.1	16.9	46.4	20.3	14.4	3.7
Chin	41.3	9.0	44.0	22.1	11.1	0.9
⇒ Kayin	40.1	9.9	40.1	9.9	9.0	1.0
Urban	29.6	5.5	25.5	7.6	8.3	0.8
Rural	37.0	8.6	36.3	13.8	9.7	1.3

Source: Ministry of Health, MICS, 2000

⁵² Ibid. p.33

⁵³ UNICEF, 2001 ibid.p.63

⁵⁴ Ministry of Health, MICS Ibid. p.13

Furthermore, insufficient healthcare service is a problem in Myanmar. At township level, there are township hospitals with 16, 25 or 50 beds according to population, station hospitals which are smaller and rural health centers where each has 4 sub-centers covered by a midwife and a public health supervisor (grade II)⁵⁵. The total number of healthcare facilities and personnel are described in Table 13 and 14.

Table 13 Number of Health Facilities in year 2001

	Year 2001
Hospitals	742
Hospitals Beds	30,254
Rural Health Centers	1,412
Dispensaries	350
Secondary Health Centers	86
Medical Institutions	9
Indigenous Hospitals	8
Maternal and Child Welfare Centers	348

Source: Ministry of Information, Union of Myanmar 2002

Table 14 Number of Basic and Voluntary Health Workers

	1995/96	1996/97	1997/98	2001*
Doctors	na	Na	na	14,356
Nurses	na	Na	na	12,642

⁵⁵ UNICEF, 2001 *ibid.* p.82

Midwives	8,454	8,989	9,524	10,307
Public Health Supervisors (I&II)	1,457	1,496	1,633	6,282
Lady Health Visitors	1,621	1,736	1,851	2,106
Health Assistants	1,280	1,698	1,723	1,725
Community Health Workers	38,429	39,383	40,225	39,383
Auxiliary Midwives	22,323	23,322	24,822	23,322
Traditional Birth attendants (trained)	15,704	15,704	15,704	15,704

Source: Ministry of National Planning and Economic Development cited in UNICEF, 2001

* Ministry of Information, Myanmar Facts and Figures 2002

From the above figures it can be seen that in year 2001 there was approximately 1 bed for 1593 people, 1 doctor for every 3357 people, 1 nurse for 3812 people (the total population in 2001 according to UNDP was 48.2 millions). In the rural area where the rural health center (RHC) is the main facility, there is approximately 1 RHC for 34,000 people and 1 community health worker for 1223 villagers. According to the UNICEF report, in remote and border areas where there are fewer facilities, the number for 1 RHC could reach 200,000 people⁵⁶. The traditional hospital is another alternative facility and the total number including all levels in 2001 was 261. In Kayin state, there were 7 traditional healthcare facilities at the township level.

Another factor which is closely related to children's well being is the condition and well being of women in families. In most families, the children are taken care of by women- mothers, elder siblings or female relatives.

⁵⁶ Ibid. p.82

Women's health condition may basically be dependent on the availability of maternal and child health care service. UNICEF reports that the service of birth spacing and contraceptives were not available in every township and were provided by the private sector⁵⁷. The coverage of antenatal care was reported to be high but the quality varied in the different areas. This concern was particularly great in the more remote areas, where continuous supervision of pregnant women was almost non-existent⁵⁸.

In the case of the target group, most of them did not have access to maternal health care services (Chart 5 and 6). The majority of them (90.9%) who delivered babies at home with the assistance of neighbors was higher than the national figure and so also for the number of delivery cases with assistance of traditional birth attendants (69%) followed by assistance from midwife (19.7%). There were not many cases (7.6%) who delivered babies in hospitals, with assistance from nurses.

Chart 5 Places to deliver baby of the to respondents in original areas

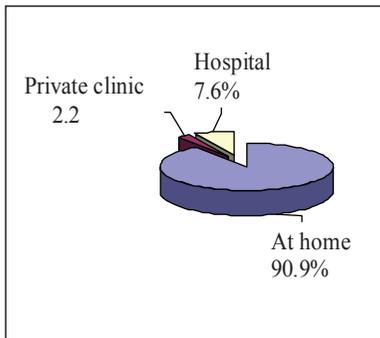
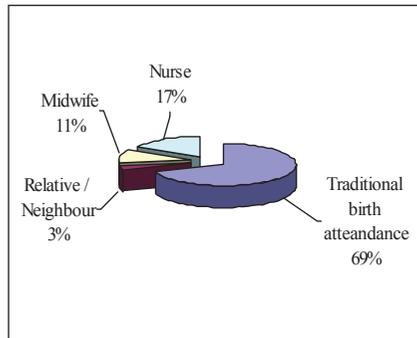


Chart 6 Type of assistance respondent's delivery



The respondents chose various ways when their children were ill. They treated their children with medicine they bought (27%), sent the children to hospitals (14.3%), to traditional healers or spiritual doctor (12.7%), to private clinics (7.9%), to uncertified doctors (7.9%), to midwife (1.6%), community health centre (1.6%), as in table 15. The places they could get medicines were from healthcare facility to herbal medicine from forest. They got medicines from pharmacy (29.3%), doctors or health workers (17.2%), grocery stores (10.3%), traditional healers (15.5%), mobile clinic or backpack doctor (3.4%) and found from the forest (3.4%). Among them, there was 19% who could do nothing to help their children as there were no healthcare facilities available. The best thing they could do was finding some herbs to treat their children with. From the interview, it was learnt that the situation had impact on children's health up till present⁵⁹.

Table 15 Sources of treatment for children in origin areas in Kayin state

Treatment	%
Sent to hospital	14.3
Private clinic	7.9
Uncertified doctor	7.9
Traditional healer / spiritual doctor	12.7
Midwife	1.6
Community health centre	1.6
Buy medicine	27
No access to any facility	27

⁵⁹ Interviews with medic staffs and children in Karen shelter in January and April, 2003

3.1.4 Education facilities in Kayin state and access to education

The Myanmar basic education system consists of 3 levels, 5 years primary level, 4 years middle level (lower secondary) and 2 years higher level (upper secondary)⁶⁰. Several education reform programs were launched in 1998-2000 to improve the quality of education⁶¹. However, the country's budget has not been provided accordingly to the plan. In year 1999, 40% of national budget had been spent for the military force but less than 10% has been used on education⁶². Further still, the budget expenditure has dropped from 1% of GDP in year 1994/1995 to 0.3% in 1999/2000.

In the year 2000 the government reported a high percentage of children enrolment at primary level in urban area (90.3%) with the percentage reaching grade 4 being 74.4%. The enrolment in rural area, normally lower, was 77.3% with 75% who reached grade 4⁶³. Different figures of the UNDP report in 2001 indicated the net primary enrolment rate was 83 % but net secondary enrolment was only 37%⁶⁴. The figure from the Ministry for Education indicated that the enrolment at primary level for boys and girls in 2002-2003 was 84.3% and 83.6% but the enrolment at middle school and high school had dropped to 39.6% / 39.4% and 29.4% / 31.7%⁶⁵.

⁶⁰ Ministry for Education, Union of Myanmar, 2003 "*Education for All: National Action Plan*" p.3

⁶¹ Ibid. p.5

⁶² U.S. State Department's 2002 human rights report section on children, cited in Coakley. Ibid. p.8

⁶³ Minister of Health, MICS, *ibid.* p.31-32

⁶⁴ UNDP, Human Development Reports, 2001

⁶⁵ Ministry for Education *Ibid.* p.20

According to the above report, the adult literacy rate in the Kayin state was 73.5%⁶⁶. The percentage of children enrolled in primary level in the Kayin state is 67.7% lower than the national average, but the percentage who reached grade 4 was as high as 71.6% (Table 16)⁶⁷.

Table 16 Percentage of school age children (5-9 year) from primary school to grade 4

		Total		Percentage reaching grade 4
		Percentage of attending	(Number)	
Region	Kachin	86.7	1025	68.1
	Kayin	67.7	1140	71.6
	Mon	81.4	1014	69.4
	Tanintharyi	89.9	1045	92.7
	Yangon	87.1	722	73.3
Area	Urban	90.3	2883	74.4
	Rural	77.3	12412	75.0
	Total	80.0	15295	75.0

Source: Minister of Health, Union of Myanmar, 2000.

In terms of education facilities, the distance from dwelling to school was one difficulty with UNESCO estimating that in 2000 villages the school to which the villagers could send their children was further than 3 kilometers⁶⁸.

⁶⁶ Ministry of Health, MICS, *ibid.* p.33

⁶⁷ *ibid.* p.31-32

⁶⁸ UNESCO, 1999 "*Primary Education for All*" Cited in UNICEF, *ibid.* p.107

*“...most teachers do not speak Karen and
teachers are not allowed to teach our language”*

12 year-old Karen girl

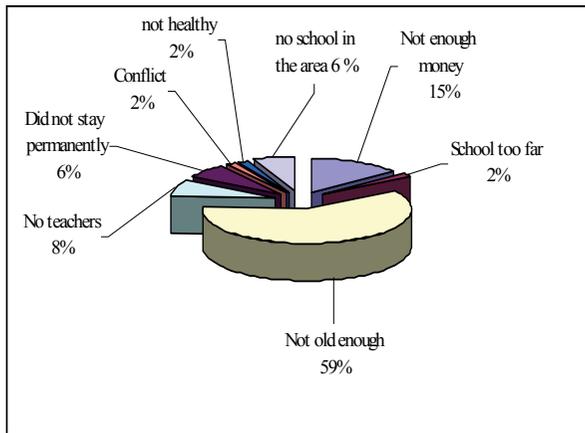
*“...Burmese students were given place to higher level
though we had better result in the exam”*

18 year-old Karen boy

Karen shelter, Thailand, April 2003

As for this study, one third of the respondents (33.9%) did not attend school, 23.7% finished primary level, 3.4% continued to higher level and another 3.4% completed high school, and the rest did not specify what education background they had. Findings stated that there was the problem of insufficient education personnel in areas where the children came from. There were public schools, private secular, private non-secular and non-formal education in Kayin state where the children came from. Many parents did not send their children who were already at school age to school, and gave reasons (Chart 7) such as no facility, long distance, poverty, unaffordable school fee, absence of teacher, need of child labor in domestic work and conflict in the area.

Chart 7 Reasons for respondents' children not attending school in Kayin State



Information from many children interviewed in focus groups supported the fact that they had no access to school because their families were unable to pay for school fees, few children had attended school but schools were closed very often. In some of the areas schools were open but they did not go, as they were frightened of soldiers coming to arrest them. The situation in their areas stopped school age children from attending school from time to time. Another reason for children not attending school was the communication barrier as the government's policy was not to allow any ethnic dialect to be used as means of instruction in school. In the interviews, many children reported that they were discriminated against because of their ethnic origin while they were in school. Lower grades were given to them and their places were given to children of Burmese origin where there was competition and limited vacancy⁶⁹.

⁶⁹ Interviewed children during field trip in April, 2003 and workshop in June, 2004

3.1.5 Vulnerable situation of children in Kayin state

*“...we were in the jungle, hiding from military,
I didn’t know what happened, but it was exposed (landmine),
and I was injured, left a scar on my leg”*

17 year-old Karen boy, Karen shelter, Thailand

Children are easily targeted as victims of violence during armed conflict. The answers from 45.8% of the respondents interviewed in this study reflected that when they were in Kayin state, there were attempts to recruit their children by both government military armed groups and insurgents. Though some of the recruitments were reported to be voluntary, the majority were forced recruitments. There were 11 children in the respondents’ families who had to serve the armed forces. The recruited children had to perform duties as combatant, porter and medic in the armed group⁷⁰. Apart from their own children, the other children in the community were also targets of violence. The youngest recruited child was 8 years and the highest number of recruitment they acknowledged were approximately 70 children.

The other risk was landmines in the area that most of the respondents (84.7%) have heard of. Many respondents (64.4%) also knew of some who were victims of landmines⁷¹. Almost half of the respondents (42.4%) informed us that a member of their family had been kidnapped

⁷⁰ Interviewed respondent during field trip and shelter committee in field trip in April, 2003

⁷¹ Interviewed respondents during field trip in April, 2003

(3.4%), put in detention (1.7%), beaten (6.8%), burnt (3.4%), shot (3.4%), force to be porter (15.3%) and forced to be combatant (1.7%).

Information gathered from the children had supported the above situation. A 15 year-old boy and a 14 year-old girl were forced to work as porters for the government military, one boy was arrested and put in detention while they were in Kayin state⁷². The other violence they encountered was being caught in the fighting between Myanmar military and opposition groups. There were two children who were injured by gunshot, another one lost his father, one lost his uncle, two children had their sibling and relatives injured⁷³. One 18 year-old boy was injured from a landmine and another child had close relatives injured by the explosion.

Table 17 Forms of attack experienced by the respondents/community (Kayin state)

Incidents	Number %
Kidnapping	9.0
Detention	4.5
Beating	18.0
Shot/killed	9.0
Burnt	9.0
Forced to be porter	40.9
Forced to be combatant	4.5
Livestock were taken	4.5

⁷² Focus groups interview with children during December 2002 and April, 2003

⁷³ Interviewed children in December, 2002

3.1.6 Displacement

All of the respondents have been displaced in various forms before coming to the current place. As for type of displacement, almost half of them (42.86%) were forced relocations followed by 33.93% who were displaced persons in other places, 14.29% were internal displaced persons, and 7.14% were displaced in various forms, forced relocation and internal displaced. Duration of displacement lasted from 1 week to longer than 11 years and 31.25% had been displaced for less than 1 year, 35.42% had been displaced between 1-3 years and the rest (33.33%) had been displaced longer than 3 years. Displacement started from as early as year 1976, but about half of them (49%) happened between years 2001 till 2003.

Threatening was the most important cause of last displacement, followed by fighting or violence in the area and forcibly moving, some of the respondents have relatives or friends who crossed the border and wanted to unite with them. Almost half of the perpetrators were government soldiers, also unspecified insurgents and militia of unknown group.

Table 18 Causes of displacement

	Perpetrator (by whom) %			
	Government soldier	Insurgents	Militia	Total
Driven away/threatened	37.27	1.82	4.55	43.64
Fighting/violence in area	23.64	0.91	4.55	29.10
Forcibly moved/relocated	24.45	0.91	0.91	26.27

3.2 Children in Kayah state⁷⁴

Kayah state is the smallest state of 2 districts and 7 townships⁷⁵, the area is 4,530 square miles with lowest population, compared to the other states and division.

Table 19 Areas and Estimated Population (2000-2001)

	State / Division	Area (Square mile)	Total	Population	
				Male	Female
	Union	261227.8	47254716	23464828	23789828
1	Chin State	13,906.97	65,361	226,356	239,005
2	Kachin State	34,379.22	1,224,866	605,693	619,173
⇒ 3	Kayah State	4,529.56	522,795	128,354	124,441
4	Yangon Division	3,927.14	5,382,051	2,675,010	2,707,041

Source: Ministry of Information, 2002.

The 52 respondents were originally from 21 villages of 6 townships in Kayah state. The biggest group of 16 people was from 15 villages in 5 sub-districts of 2 townships including Loikaw, the capital town of Kayah state. The rest were from another 4 townships: Bawlakhe, Demoso, Hpruso and Shadow. The farthest area the respondents were from was the northern part near the border with the Shan state.

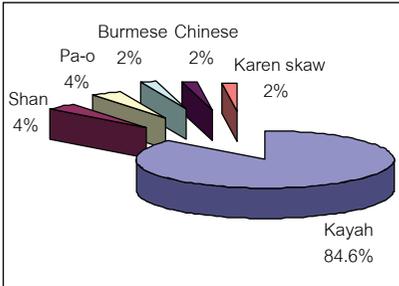
⁷⁴ Kayah state was renamed in 1951 following its major ethnic group, the original area was known as the Karenni state as the people still call themselves Karenni (Bramfort.V. 2000 p.11)

⁷⁵ Ministry of Information Ibid. p.32

Ethnicity

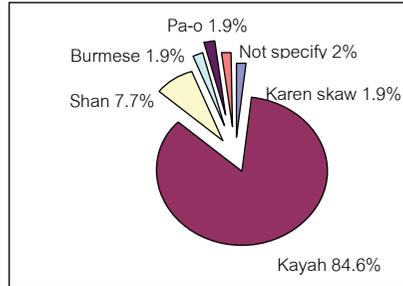
The respondents are from various sub-groups of Karenni ethnic but the majority is Kayah, the same as major ethnic group in Kayah state.

Chart 8 Ethnicity of respondents



Majority of the respondents (84.6%) are Kayah ethnic, the rest comprises of Pa-O (3.8%), Shan (3.8%), Karen Skaw (1.9%), Burmese (1.9%) and Chinese (1.9%).

Chart 9 Major ethnic in original area



Kayah is the major ethnic group in most of the original area (84.6%) of the respondents the rest were comprised of Shan (7.7%), Pa-O (1.9%), Karen Skaw (1.9%) and Burmese (1.9%).

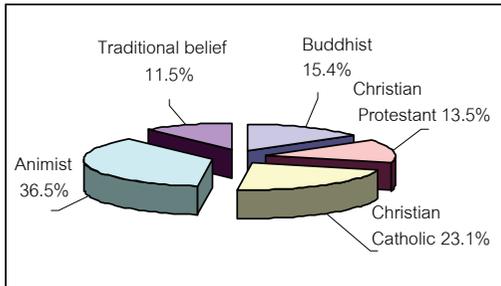
Among 119 children of 52 families, there are slightly more boys than girls (54.62% and 45.38%), half of them are under 5 years old.

The Karenni population follows various religious beliefs, and there are large numbers who are animist while some had converted to Christianity⁷⁶.

The biggest group of children’s families is animist, the same number of Christians, followed by Buddhists and traditional believers.

⁷⁶ Lintner, Bertil, 1999. *Burma in Revolt: Opium and Insurgency since 1948* p.51

Chart 10 Religion of the respondents



One third of the respondents (36.5%) are animist, 15.4% are Buddhist and 11.5% follow traditional belief. There have been no reports of religious conflict among the group.

3.2.1 Land, property and income

Though over half of the respondents were from two townships which were considered urban areas in Kayah state but the majority of them (92.3%) were from farming background. Almost one third of them were from Loikaw, capital of the state with second largest cultivated lowland areas in the state⁷⁷. The rest were farmers in other parts and upland areas. Apart from farmers, the rest were fishermen (1.9%), merchants (1.9%), gardeners (1.9%) and 1.9% had no job. Considering their occupation background, most of them had to feed themselves from agricultural products from their farm. Only 86.5% out of 92% of the farmers own some land. The rest 13.5% did not have any land to plant anything. Land spaces they occupied were small between a few square yards to 2 acres which was smaller than the subsistence area of 3 acres. Their situation was the same as the majority of rural population in Myanmar. According to UNICEF⁷⁸, only half of the farming families had enough land or animals to support their living and 66% of total rural

⁷⁷ Bamfort Ibid. p.20

⁷⁸ UNICEF Ibid. p.36

population own a small piece of land, less than 3 acres, the minimum subsistence farming area.

The respondents said they used only animal and man-power to work in their limited land. One third of them owned 1-4 cow and buffalo to help in the farm but most of them used man-power from family members including child labour. Many children, as young as 10 years old, assured us that they had to help their families in farm work⁷⁹.

Some of them kept a small number of livestock, chicken, pig, duck, cow and buffalo for their food and income. The limit land owned and basic labour did not allow them to produce any commercial product. The findings reflected that over half of the respondents (50%) had no paid work while they were in Myanmar. There were 44.2% of families who could earn a small income less than 1000 Kyats (USD 20) monthly from extra labour work. Also, 12-18 year old children interviewed in this study worked to earn small income for their families as daily workers and in odd jobs⁸⁰. Only 5.8%, most of who were from large village or urban area had monthly income above USD 20 per month. Information from many children interviewed in this study also supported the fact that most of their family never had any income.

Compared to state average household expenditure, half of the respondents who could earn some income were among the lowest earners in Kayah state, much lower than the average monthly income of 4,072 Kyats (Table 20), as indicated in National Summary Report⁸¹. The national figure of

⁷⁹ Focus group interviewed with children in June, 2003

⁸⁰ Interviewed children during field trip in June, 2003

⁸¹ Central Statistical Organization, *ibid.* p.163

expenditure reflected that the income they earn was hardly enough to feed even one family member as the average expenditure for each individual in rural Kayah state was 1,924 Kyats (10582 Kyats for 5.5 persons)⁸². Their income was enough to buy some items of basic food for children (Table 21).

Table 20 Average monthly household income in Kayah state

(Kyats)

Description	Overall	Urban	Rural
Union	10122.98	13005.76	8905.65
Kayah State	4622.15	5877.70	4072.44
Tanintharyi Division	12712.76	16038.41	11387.18

Source: Central Statistic Organization, Union of Myanmar, 1997.

Table 21 Monthly Household Income by state/division

Description	Percentage of people with monthly household Income (Kyats)			
	Less than 2000	2001 to 10000	10001 to 20000	Above 20001
Union	6.75	69.17	17.04	7.07
➔ Kayah State	25.73	69.40	4.40	0.48

Source: Central Statistic Organization, Union of Myanmar, 1997.

⁸² Ibid p.167

Table 22 Expenditure of some food items (taken from Monthly Household expenditure by Group - Kayah state)

(Value - Kyat)

Expenditure Group	Urban		Rural	
	Value	Percent	Value	Percent
Household Size (Person)	5.52		5.53	
Rice and other cereals	2649.7	22.1	3251.0	30.7
Meat	976.0	8.1	609.9	5.8
Eggs	288.7	2.4	106.8	1.0
Ngapi and nganpyaye	215.7	1.8	198.4	1.9
Cooking oil and fats	876.6	7.3	488.8	4.6
Sugar and other food	198.4	1.6	361.0	3.4
Milk and milk products	32.1	0.3	21.0	0.2

Source: Central Statistic Organization, Union of Myanmar, 1997

3.2.2 Access to Basic need

Food: access to food and food security

Implementation of various infrastructure projects carried out on the land where there used to be rice fields had affected rice productivity and led to food insecurity in certain areas. Even with less population than the present day, the Kayah state had not been able to produce enough rice to feed the population, with a limited highland and lowland cultivated area⁸³.

⁸³ Bamforth, Ibid. p.70

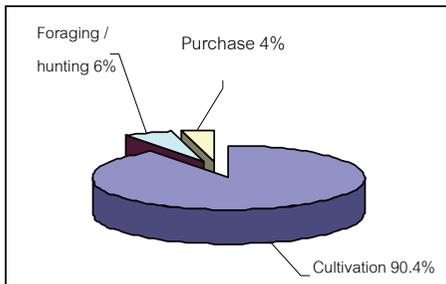
*“When we were in the jungle we had little to eat,
or even nothing
sometimes, our food were destroyed or taken.”*

16 year-old Karenni girl

Karenni shelter, Thailand, July, 2003

Before leaving Kayah state, most of the children were from farming families and lived in rural areas, the crops and livestock from their farms were their main food source. Findings (Chart 11) indicated that most of the children's families had no access to other food sources but only from their farm, from the crops they cultivated or livestock they kept. Considering the land space they occupied, which were only a few square yards to 2 acres suggested that the rice and crops they produced were hardly enough to feed their families. It is calculated that each person needs at least 1 acre to produce enough rice to feed him for a year⁸⁴. The second source for their food was from the forest.

Chart 11 Most important food sources of children families



90.4% used product from their farm as main food sources, 6% hunted for their food and 4% purchased

⁸⁴ Burmese Border Consortium 2003. Ibid p.14.

For another food intake, considering the time used for raising livestock, chicken was the most probable protein food source for the respondents. Among the majority of 78.6% who kept chicken, over half of them kept less than 10. For other livestock, 59.6% kept a few pigs, only 9.6% had more than 5 pigs, 11.6% were able to keep 1-2 cows, 24.9% kept 3-5 cows, 22.1% had 1-2 buffalo.

Table 23 Number of livestock they raised

Livestock	Number
Chicken	(15.4%) 0-60 (3.8%)
Duck	(98.1%) 0-30 (1.9%)
Goat	(100%) 0
Pig	(26.9%) 0-25 (1.9%)
Cow	(63.5%) 0-5 (1.9%)
Buffalo	(76.9%) 0-5 (1.9%)

Though there were some families (14.29%) who had to move from one place to another as internally displaced persons, most stayed in the jungle. They were unable to plant anything. For these families, they had to rely on wild plants and what they hunted from the forest as their food sources. Even for those who were able to plant a few crops and kept livestock as food source, they could not have full use of their products as they had to move away from the area.

Many children interviewed had supported the above information. They informed us that sometimes they were forced to move from their villages.

In some cases, they tried to go back to their cultivated area but it was not possible all the time⁸⁵. There were times when they went back they found the food were already taken, thus they had to start cultivation again. Not only the crops but also their livestock were taken too, as when their families were forced to move or had to escape from the militia's attack, they had to leave their livestock behind. Sometimes they were able to go back to get some of their livestock but mostly could not and finally lost them⁸⁶ altogether.

The above situation reflected the difficulties of the children in accessing food sources. Limitation of land and obstruction in crops cultivation and raising livestock pointed that there were difficulties in access to food. Though they had access to food sources there were still difficulties for the children to have sufficient and adequate food, or supplementary intake. The situation led to food insecurity of the children and their families, directly or indirectly affecting the children's physical development and health.

Access to safe drinking water

Information gathered from the respondents indicated that they did not have problems in accessing water even in the dry season. They were able to get water from various sources: river, stream and shallow well in some areas.

⁸⁵ Interviewed respondents during field trip in June, 2003

⁸⁶ Interviewed children during field trip in June, 2003

Table 24 Sources of drinking water in original areas in Kayah state

Source \ Season	Summer %	Monsoon %	Winter %
Shallow well	32.7	36.5	36.5
Deep well	3.8	3.8	3.8
Pond	3.8	1.9	1.9
River / stream	55.8	53.8	53.8
Lake	1.9	1.9	1.9
Tank	1.9	1.9	1.9

Sources: Interviewed target group during field trip on June, 2003

The findings showed that more than half of the respondents (61.5%) used drinking water from unprotected sources, from river, stream or pond, 32.7% used water from shallow well, 3.8% from deep well, only 1.9% used water from covered tank. The findings were different from the national survey, which indicated that 62.6% of Kayah population could access to safe drinking water from protected water sources⁸⁷.

Table 25 Percentage of the population with safe drinking water, Myanmar, 2000

	Kayah	Urban	Rural
Piped into dwelling	5.7	21.2	2.0
Public tap	13.4	9.4	5.7

⁸⁷ Ministry of Health, Union of Myanmar, MICS *ibid.* p.36

Tube well/ borehole with pump	3.4	36.3	19.9
Protected well / spring	28.7	19	28.6
Protected pond	10.9	3.1	8.9
Protected Rain water	0.5	0.3	0.7
Un-protected dug well / Spring	12.7	3.2	13.4
Un-protected pond	2.1	3.1	9.9
Un-protected rain water	0.2	0.1	0.2
River / Stream	22.5	1.8	10.0
Other	0.0	2.6	0.7
Total With Safe drinking water	62.6	89.2	65.8

Source: Ministry of Health, Union of Myanmar

Half of the respondents were able to get water within 500 meters, but the other half had to go further to get water. Only a few families had water source close to their shelter. It was the parent or sometimes the children, normally the elder ones of both sexes who had to go and fetch water. In this study the youngest child who helped in fetching water was 10 years. The respondents (19.2%) also expressed their concern about sexual harassment, rape, accidents and military attacks, as there had been reports of such cases in various ethnic areas.

3.2.3 Health condition and access to healthcare facilities

Health condition

The main causes of premature death in Myanmar are malaria, tuberculosis, HIV/AIDS, acute respiratory infection and diarrhea diseases⁸⁸. Kayah state is one of the risk areas of malaria transmission⁸⁹. The decline of malaria cases from 665,000 in 1996 to 490,000 cases in 1997 and 476,000 in 1998 is estimated to be ten times lower than the actual cases. There were unreported cases which were treated by herbal medicine and private doctors and these went unrecorded. The national statistics (Table 26) indicated that in 2000 only 55.6% of children in Kayah state were fully immunized compared with 79.3% of children in rural area at the national level⁹⁰.

Table 26 Percentage of children under 2 years with access to immunization in 2000

	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None
⇒ Kayah	89.1	90.2	79.3	62.8	95.9	88.6	77.3	67.5	55.6	-
Urban	96.7	95.6	92.3	85.8	97.9	95.2	91.1	86.6	81.8	2.0
Rural	92.5	91.5	88.2	82.1	96	94.5	89.2	79.3	79.3	3.3

Source: Ministry of Health, Myanmar. 2000

⁸⁸ Burma UN Service Office, 2003 Humanitarian Assistance to Burma p.6

⁸⁹ UNICEF *ibid.* p.63

⁹⁰ Bamforth, *ibid.* p.78

Table 27 Percentage of children under 5 severely/moderately undernourished, 2000.

	Weight for age		Height for age		Weight for height	
	%below-2SD	%below-3SD	%below-2SD	%below-3SD	%below-2SD	%below-3SD
Kayah	35.9	6.7	43.1	14.0	8.1	1.1
Urban	29.6	5.5	25.5	7.6	8.3	0.8
Rural	37.0	8.6	36.3	13.8	9.7	1.3

Source: Ministry of Health, MICS, 2000

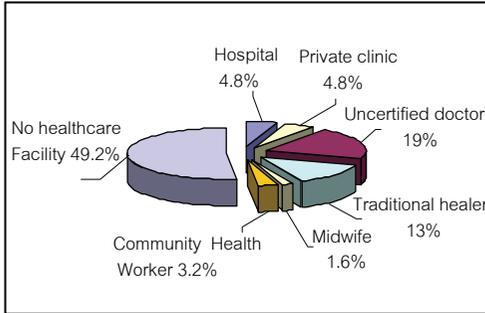
Access to Healthcare facility

*“...I lost my brother and sister when we were in the jungle,
they were sick, we had no medicine
and we could do nothing”*

17 year-old Karenni girl, Karenni shelter, Thailand

The problem of insufficient healthcare facilities is also great in the respondent's area in Kayah state. In the areas where the children's families came from, there were hospitals and private clinics in 9.6% of the areas. In some places, there were doctors but not certified ones (19%). There were traditional healers and spirit doctors in 12.7% of the area, midwives in 1.6%, community health centers in 4.8% and volunteer health workers were available in 3.2%. Almost half of the respondents were in the forest area where there was no healthcare service available.

Chart 12 Health care facilities in respondent's areas in Kayah State



There was no healthcare facilities in 49.2% of the original areas of children families, the available facilities were community health workers in 3.2%, midwife in 1.6%, community health center in 4.8%, traditional healer in 13%, private clinic in 4.8% and hospital in only 4.8%

In the case of the target group, most of the respondents (90.9%) delivered babies at home with assistance of neighbors (21%) or traditional birth attendants (50%) followed by assistance from midwife (19.7%). There were not many cases (7.6%) who delivered babies in hospitals; few had delivered babies in private clinics (3.6%) with assistance from nurses and doctors.

The respondents chose various ways when their children were ill. They treated them with medicine they bought (27%), sent the children to hospitals (14.3%), to traditional healers or spiritual doctor (12.7%), to private clinics (7.9%), to uncertified doctors (7.9%), to midwife (1.6%), community health centre (1.6%). The places they could get medicine were pharmacy (29.3%), doctors or health workers (17.2%), grocery store (10.3%), traditional healer (15.5%), mobile clinic or backpack doctor (3.4%) and from the forest (3.4%). Among them, there was 27% who could do nothing to help their children as they were displaced or hiding the jungle where no healthcare facility was available. This tragedy was confirmed by children who lost their siblings during their displacement. The long period they spent in the jungle

and limited food made children weak and unable to bear illness for long. Some children lost their parents from the same reason, possibly from malaria. Information from the health worker interviewed during the field trip in this study informed us that many families including children had suffered from malaria when leaving Kayah State⁹¹.

Table 28 Sources of treatment for children in the place of origin

Treatment	%
Sent to hospital	14.3
Private clinic	7.9
Uncertified doctor	7.9
Traditional healer / spiritual doctor	12.7
Midwife	1.6
Community health centre	1.6
Buy medicine	27.0
No access to any facility	27.0

3.2.4 Education in respondent's areas in Kayah state and access to education

According to government figures reported in 2000, the adult literacy rate in Kayah state was 78.4%⁹². The percentage of school age children

⁹¹ Interviewed health worker in Karenni shelter during field trip in June, 2003 The evidence of malaria infection had been confirmed when they crossed to the displaced person shelter in Mae Hong Son.

⁹² Ministry of Health, MICS ibid p.34

enrolment in primary school was quite high at 78.9% with slightly dropped out rate as 77.8% of children reached grade 4⁹³. The figure showed higher result than the average of children in rural area which was only 75% reaching grade 4. Only a few years earlier, apart from fewer schools in Kayah state than other states, it was also clear that education services were more available in urban Kayah area, such as Loikaw, Daemoso and Psuso⁹⁴.

The differential distribution on education facility is still great between states and divisions of Myanmar. Total number of schools and almost every level in Kayah state was the lowest of all areas (Table 3.2.11)⁹⁵. Moreover, not only was there an insufficient number of schools but the number of education personnel was also limited in Kayah state (Table 3.2.12)⁹⁶.

Table 29 Number of State-run schools in selected region

Region	High School	Middle school	Primary school	Total	%
Kachin	39	86	1165	1290	3.30
⇒ Kayah	10	35	333	378	0.97
Chin	24	83	1054	1161	2.98
Sagaing	86	196	3927	4209	10.80
Shan (S)	47	104	2157	2308	5.92
Shan (E)	14	21	510	545	1.40
Shan (N)	32	84	1508	1624	4.17

⁹³ Ibid. p.32

⁹⁴ Bamforth. Ibid. p.90-92

⁹⁵ Ibid. p.92

⁹⁶ Ibid. p.92

Yangon division	157	238	2213	2608	6.69
Training schools	-	5	12	17	0.04
National total	937	2108	35906	38951	100.00

Source: Basic Education Department, Ministry of Education, Yangon, 1998 cited in Bamforth p.92.

Table 30 Number of Teachers in Selected Regions

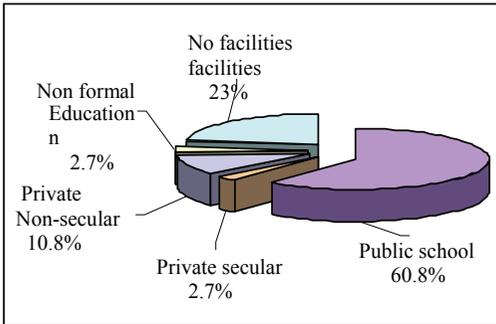
Region	High School	Middle school	Primary school, teacher and principles	Total	%
Kachin	488	1469	3556	5513	2071
→ Kayah	133	290	820	1243	0.61
Chin	262	864	2608	3734	1.83
Sagaing	1552	6823	16091	24466	12.03
National total	14506	53021	145879	203406	100.00

Source: Basic Education Department, Ministry of Education, Yangon, 1998 cited in Bamforth, p.92.

Despite the government's high literacy statistics, findings from this study indicated education background of children's parent/caregiver differently. Their education background varies from no education to higher level. Two thirds of them did not attend school, there was only 1.9% who completed primary level and who attended but did not complete this level. Anyhow there are a number of children's parents who had higher education background with 5.8% who completed high school.

Not all areas where the children came from had education facilities. In the areas where education facilities were available, there were public schools, private secular and non-secular including non-formal education.

Chart 13 Education facilities in respondents' original areas in Kayah State

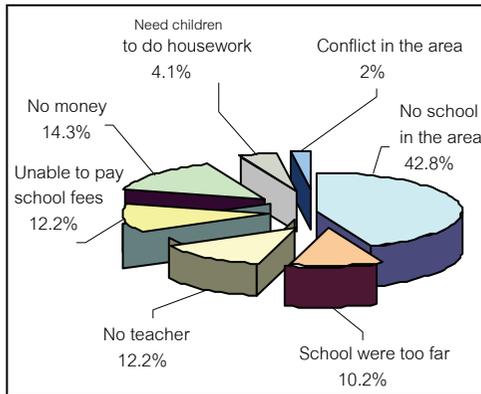


There were public schools in 60.8% of children's original areas, 2.7% had private secular, 10.8% had private non-secular, 2.7% had non-formal education and 23% had no education facilities.

The following indicated the proportion of school teachers in rural Kayah state which was lower compared to other parts of the state. Thus, the problems of unavailability of teachers in some Kayah rural areas could possibly emerge.

Findings from the study also stated that there was the problem of insufficient education personnel in areas where the children came from. Though there were facilities in the areas where they came from, many parents did not send their children who were already at school age to school. There were various reasons for children not attending school in their areas, including no education facility in the area, the long distance to school, poverty, unaffordable school fee, absence of teachers, needing the children in domestic work and also conflict in the area.

Chart 14 Reasons for respondent not sending children to school in Kayah State



Schools were not available in the area 42.8% too far 10.2%, no teacher 12.2%, poverty where 14.3%, could not afford to pay school fees 12.2%, needed children to help in house work 4.1%, conflict in the area 2%

Information from many children also supported the above reasons as some of them had no access to school because their families were too poor to support them or pay for school fees. Some children did not attend school as they had to follow their families when they were forced to move. A few children had attended but schools were closed very often. Though schools were open they were frightened of soldiers coming to arrest them. The situation in their areas stopped school age children from attending school from time to time. Many children informed us that their siblings who are still in Burma also faced the same difficulties in access to education. The above reasons were main causes of children's low literacy. Many had spent a few years in school but still were unable to read or write when they arrived in shelter. Some children just started their education only when they crossed the border to Thailand⁹⁷.

⁹⁷ Interviewed children during field study in June, 2003

3.2.5 Vulnerable situation of children in Kayah state

*"I was forced to carry weapons for the army,
the load was too heavy,
I was kicked and beaten when I dropped it."*

14 year -old Karenni boy, Karenni shelter, Thailand

Before fleeing from Kayah state, 21.2% of the respondents reported that their children were vulnerable to recruitment to work for military. Children of both sexes were targets of recruitment, the majority of the children were between 15-18 years but the younger age was also included, the youngest one was 10 years old. Nearly all recruitments were forced by government military with one voluntary case, encouraged by insurgents. There were 4 children from the respondents' families aged 10-16 years who used to participate in the armed forces.

The duties they had to perform were combatant and porter for military⁹⁸. The estimated number of children from their community who participated in the armed forces was above 10.

The other violent acts of the military were physical abuse, beating, being shot, killed and detention (Table 31). Landmines were another risk that 63.5% of the respondents had heard of, and 32.7% knew of someone who was wounded by the explosion. Almost half of the respondents (48.1%) had family members who were attacked by military in various forms: detention

⁹⁸ Interviewed respondent during field trip and shelter committee in field trip in June, 2003

(11.5%), beaten (3.8%), burned (3.8%), shot or killed (3.8%), forced to work as porter (3.8%) and forced to be soldiers (3.8%).

The children interviewed also indicated the same situation they encountered, one 13 year-old boy was forced to be porter several times, he was beaten during his service and witnessed other children being tortured when unable to perform their duties. Other children were caught in conflict and violent situations⁹⁹. The children also expressed their fear of being kidnapped or forced to serve the military and the danger of landmine explosions.

Table 31 Forms of attack experienced by the respondents (Kayah State)

Incidents	Number %
Detention	37.5
Beating	23.7
Shot/killed	23.7
Burned	23.7
Forced to be porter	23.7
Forced to be combatant	11.8
Asked for money	11.8

3.2.6 Displacement

All of the respondents have been displaced before coming to the current place in various forms. As for type of displacement, almost half of

⁹⁹ Interview children in June, 2003

them (42.86%) were forced relocations followed by 33.93% who were displaced persons in other places, 14.29% were internal displaced persons, and 7.14% were multiple displaced in various forms. Duration of displacement lasted from 1 week to longer than 11 years, 31.25% had been displaced for less than 1 year, 35.42% had been displaced between 1-3 years and the rest (33.33%) had been displaced longer than 3 years. Displacement started from as early as year 1976, but half of them (49%) happened between year 2001 till 2003.

Threatening is the most important cause of displacement, followed by fighting or violence in the area and forcibly moving. Almost half of the perpetrators were government soldiers, there were also militia of unknown sector, non-stated insurgent and some of them did not know who attacked them.

Table 32 Causes of displacement

	Perpetrator (by whom) in %			
	Government soldier	Insurgents	Militia	Total
Driven away/threatened	37.27	1.82	4.55	43.64
Fighting/violence in area	23.64	0.91	4.55	29.10
Forcibly moved/relocated	24.45	0.91	0.91	26.27

3.3 Life of Children in Shan State

The Shan state has a long history with its own government and territory before it was annexed to Myanmar. The Shan state is one of the ethnic areas where conflict between the ethnic armed forces and the

Myanmar military government has caused the Shan population much suffering for many decades. The same as in many other ethnic areas, thousands of villagers in the Shan State have been forced out of their original areas in order to weaken any possible support to the opposition groups. Several studies which were carried out at different periods have reflected the difficult situation of the people and various forms of violation they have faced from the past till present¹⁰⁰

Geographically, the Shan State has the biggest land area and largest population of all seven ethnic states in Myanmar (Table 3.3.1). Shan State administration is divided into 11 districts, 54 townships, 193 wards and village tracts. It is rich with natural resources, such as tungsten, silver, lead, zinc including various gemstones. There is over 1.5 million acres of cultivated area from the total 60,155 square miles land area¹⁰¹. Taunggyi is the capital of Shan State. The population of Shan State in 1999, according to government statistics, was over four million.

¹⁰⁰ Shan Human Rights Foundation, 1996, *Uprooting the Shan: SLORC's Rocation Program in Central Shan State.*, Shan Human Rights Foundation, 1996, *Forced Relocation and Extrajudicial Killings in Shan State.*, Risser, G., Kher, O. and Htun, S., 2003, *Running The Gauntlet: The Impact of Internal Displacement in Southern Shan State.*

¹⁰¹ Ministry of Information, Myanmar, *Ibid.* p.56

Table 33 Population in Shan State

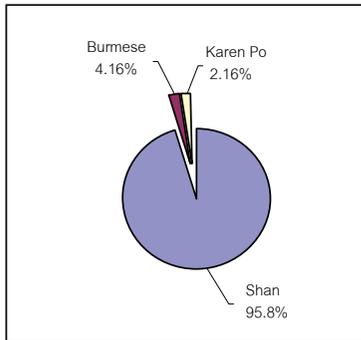
	State / Division	Area (Square mile)	Total	Population	
				Male	Female
	Union	261227.8	47254716	23464828	23789828
1	Mon State	4,747.76	2,390,681	1,198,694	1,191,987
2	Rakine State	14,200.08	2,653,529	1,321,303	1,332,226
⇒ 3	Shan State	60,155.23	4,701,669	2,356,373	2,345,269

Ethnicity

There are several ethnics in Shan State, Shan, Pa-laung, Pa-O, Kachin, Lisu, Kokang, Wa, etc¹⁰². The majority ethnic is Shan.

From the respondents in this study, all 49 families from Shan state are Shan (Tai) ethnic. They came from villages where major ethnic is Shan (95.8%), Burmese (4.16%), and Karen (Po) (2.16 %).

Chart 15 Major ethnic groups in respondents' origin area in Shan State



Major ethnic in 95.8 of all areas is Shan, Burmese is the major ethnic group in 4.16% of the area and Karen(Po) in

¹⁰² Ministry of Information Ibid.p.56

Religion

Buddhism is the main religion in Shan State with some Muslim and Christian. Also in this study, the majority of the respondents are Buddhist (98%) with a few Christians (Protestant 2%).

The 49 respondents came from 21 villages of 6 townships. Half of them (55.1%) came from small villages with less than 100 households, 26.5% were from medium villages of over 100 households, 6.1% came from big villages or urban area of over 1000 households and 12.2% came from remote areas where there were only a few households within the area.

3.3.1 Land and property

Among all ethnic areas, the Shan State is the most fertile and best cultivated areas in Myanmar, apart from holding various valuable natural resources. Majority of Shan population are farmers, gardeners and traders.

According to their displacement history, half of the respondents were in relocation sites before fleeing to Thailand. While they were in Myanmar, all of the respondents worked in farms for their survival. The majority of them (87.8%) occupied small pieces of land, between 0.2-8 acres for their cultivation with only 4% whose land was more than subsistence space of 3 acres. There was 8.2% who had to work on rented land and 4.1% had no land to plant any crop. Their situation of insufficient cultivation land was the same as other villagers in relocation sites where very limited land had been provided¹⁰³. Almost half of them (46.9%) did not raise any chicken, those who

¹⁰³ Risser. Ibid p.71

were not in relocation sites were able to keep livestock, 20.4% raised less than 10 chickens, 22.4% kept 20-50 chickens, the rest had more than 50 chickens, and the highest number they kept was 100. There were 10% who kept more than 20 cows and among them, only 1 person (2%) had about 85 cows, but over half of them (55.1%) had none. Half of them did not have buffalo but 6% had more than 30 buffalo. Two thirds of them (71.4%) did not keep any pig, but 2% had more than 10 pigs.

Table 34 Number of livestock they kept in origin area in Shan State

Livestock	Number
Chicken	(46.9%) 0-100 (2%)
Duck	(91.8%) 0-10 (2%)
Pig	(71.4%) 0-15 (2%)
Cow	(55.1%) 0-85 (2%)
Buffalo	(46.9%) 0-30 (2%)

Though many of them owned cows or buffaloes which could be used in their cultivated area, many children were reported to participate in farming. Among the target group, according to the children interviewed, only older boys had to help to work in their farm. Girls normally stayed at home and helped with housework. The children also informed us that in their original villages in Shan State, they kept livestock for their food and for sale. They also informed us that very often, the livestock were taken away by military.

With the limited land area they could cultivate, almost half of the respondents (47%) had to work to for extra income. The income they earned

was small, 42.9% could earn less than 1000 Kyats (USD 20) monthly, 2% earned between 1000-2500 Kyats (USD20-50) a month, only 4.1% could earn more than 2500 Kyats (USD 50) monthly, and 30.6 % had no income. The figure indicated that most of the respondents were among the lowest earners in Shan State in comparison to national statistics (Table 3.3.3) and still lower than the average income of villagers in rural areas which was 6429.72 Kyats¹⁰⁴. Their income allowed them to buy only limited food items for family members. A few children 13-15 years old helped in earning income for their families as daily workers.

Table 35 Monthly Household Income by state/division

Description	Percentage of people with monthly household Income (Kyats)			
	Less than 2000	2001 to 10000	10001 to 20000	Above 20001
Union	6.75	69.17	17.04	7.07
Mon State	4.07	64.06	23.07	8.79
Yangon Division	5.45	56.62	26.41	11.52
Shan State	13.65	72.78	11.09	2.50

Source: Central Statistical Organization, Union of Myanmar, 1997

Table 36 Expenditure of some food items in Shan State

(Value - Kyat)

Expenditure Group	Urban		Rural	
	Value	Percent	Value	Percent
Household Size (Person)	5.8		6.1	

¹⁰⁴ Central Statistical Organization, *ibid* p.197

Rice and other cereals	2659.5	22.1	2571.0	30.7
Meat	972.0	8.1	609.9	5.8
Eggs	288.7	2.4	106.8	1.0
Ngapi and nganpyaye	215.7	1.8	198.4	1.9
Cooking oil and fats	876.6	7.3	488.8	4.6
Sugar and other food	198.4	1.6	361.0	3.4
Milk and milk products	32.1	0.3	21.0	0.2

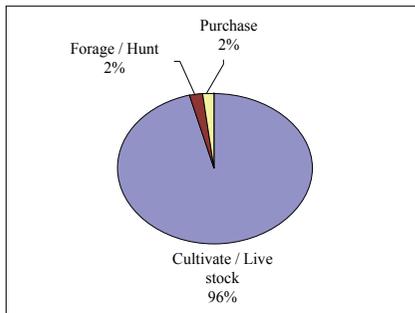
Source Central Statistical Organization, Union of Myanmar, 1997

3.3.2 Access to Basic need

△ Food: access to food and food security

While the respondents were in Shan State, their cultivation and livestock were the main food source for most of them (96%). A few of them had to hunt or forage from the forest (2%) and a few (2%) had to rely entirely on the food they purchased. But with the limited land space they occupied, which allowed them to have rather limited crops, almost half of them (36.7%) reported that they had to purchase food if they needed more.

Chart 16 The most important food source of children’s families



96 % used products from their farm as main food source, 2% hunted for their food and 2 % purchased food.

Access to safe drinking water

According to the national survey (Table 3.3.5), it is indicated that 58.4% of population in Southern and 56.3% Eastern Shan State could access safe drinking water and the figure in Northern Shan state was much higher (75.9%)¹⁰⁵.

Table 37 Percentage of the population in Shan State with access to safe drinking water

	Shan N	Shan E	Shan S		Urban	Rural
Piped into dwelling	10.6	3.1	5.7		21.2	2.0
Public tap	7.2	4.7	10.9		9.4	5.7
Tube well/ borehole with pump	1.5	7.9	6.5		36.3	19.9
Protected well / spring	53.6	40.5	27.0		19.0	28.6
Protected pond	2.5	0.2	5.3		3.1	8.9
Protected Rain water	0.4	0.0	2.8		0.3	0.7
Un-protected dug well / Spring	15.6	38.3	23.1		3.2	13.4
Un-protected pond	0.6	2.1	0.7		3.1	9.9
Un-protected rain water	0.0	0.1	0.0		0.1	0.2
River / Stream	5.6	0.8	10.4		1.8	10.0
Other	0.2	3.9	3.5		2.6	0.7
Total With Safe drinking water	75.9	56.3	58.4		89.2	65.8

Source: Ministry of Health, Union of Myanmar

¹⁰⁵ Ministry of Health, Union of Myanmar, MICS Ibid. p.36

Information gathered from the respondents reflected that they had no problem in accessing water sources in every season. They used drinking water from river, stream, canal, shallow well and deep well (Table 3.3.6). Source of drinking water for half of the respondents were shallow and deep wells. The rest used drinking water from other unprotected sources: river, stream and canal.

Table 38 Sources of drinking water in original areas in Shan state

Season Source	Summer %	Monsoon %	Winter %
Shallow well	16.3	16.3	18.4
Deep well	28.6	30.6	30.6
River / stream	46.9	44.9	42.9
Canal	6.1	4.1	4.1
Not specify	4.1	4.1	4.1

Sources: Interview with target group during field trip on January, 2003

In the dry season half of the respondents (49%) were able to get water within 500 meters, the other 22.4% could get water at home but 28.6% had to go further than 500 meters to get water. It was the mother (53.2%) who mostly fetched water home, followed by father (22.8%), son (13.9%) and daughter (10.1%). The youngest child who helped in fetching water was a 10 year old boy. Some of the respondents (14.3%) informed us that while collecting water they were frightened of being killed, sexually abused and harassed in other ways which had happened before in their areas.

3.3.3 Health condition and access to healthcare facilities

Health condition: country picture

Statistics from a national survey in 2000 indicated that children in eastern Shan State received immunization the lowest while the highest number was in the southern part. Only 47.8% of children in eastern Shan State were fully immunized, 68.8 % northern Shan and 71% in southern part. The number of children without any immunization in the eastern part was 14.2%, 5.5% in northern part and 12% in southern part¹⁰⁶. Malaria was the leading cause of morbidity in Shan State in 1998. These figures reflected that at the national level, the proportion of children without immunization of preventive diseases was high in some parts of Shan State.

Table 39 Percentage of children under 2 years with access to immunization in 2000

	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None
Shan North	86.3	86.2	78.6	72.6	94	91.8	85.2	75.9	68.8	5.5
Shan East	76.2	71	60.7	50.4	84.5	84.5	74.9	62.6	47.8	14.2
Shan South	87.4	87.4	78	74.8	88	86.2	77.3	78.6	71.1	12
Urban	96.7	95.6	92.3	85.8	97.9	95.2	91.1	86.6	81.8	2.0
Rural	92.5	91.5	88.2	82.1	96	94.5	89.2	79.3	79.3	3.3

Source: Ministry of Health, Myanmar. 2000

¹⁰⁶ Ministry of Health, MICS Ibid. p.44-45

The number of children with malnutrition in terms of being underweight in eastern Shan State was the highest (35.6%) compared to other parts, second was the southern part (35%) and northern part (22.1%) was the lowest (Table 39).

Table 40 Percentage of children under 5 severely or moderately undernourished, 2000

	Weight for age		Height for age		Weight for height	
	%below-2SD	%below-3SD	%below-2SD	%below-3SD	%below-2SD	%below-3SD
Shan (North)	22.1	3.7	35.0	12.0	2.4	0.2
Shan (East)	38.7	8.7	40.8	23.2	10.1	1.4
Shan (South)	35.6	9.7	39.9	14.8	9.9	1.6
Urban	29.6	5.5	25.5	7.6	8.3	0.8
Rural	37.0	8.6	36.3	13.8	9.7	1.3

Malaria-related morbidity is the cause of severe maternal anemia and risk factor of maternal death. The Shan State is among the areas where acute malaria is predominant¹⁰⁷.

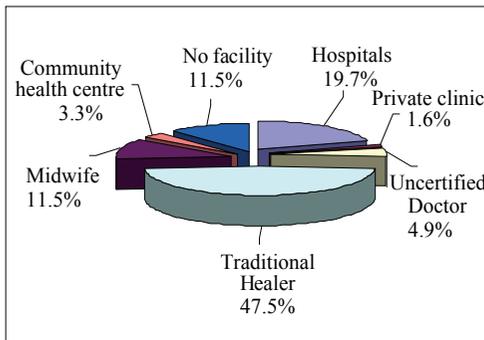
¹⁰⁷ UNICEF, 2001, *ibid*.p.63

△ *Access to Healthcare facility*

The most popular health care services for villagers in Shan State may be traditional healers. There are traditional medicine facilities at different levels operated in the Shan State, one hospital in Taunggyi, two district clinics and nineteen township clinics¹⁰⁸.

Findings from this study supported the above information as there are traditional healers in almost half of the original areas of respondents. There were hospitals in some areas, midwife, uncertified doctors, and community health workers. There were areas where there were no health care facilities available.

Chart 17 Health care facilities in respondents' areas in Shan State



There were no healthcare facilities in 11.5% of the original areas of children's families, community health workers in 3.3%, midwives in 11.5%, community health centers in 3.3%, traditional healers in 47.5%, private clinics in 1.6% and hospitals in only 19.7%, uncertified doctor 4.9%.

In the case of child delivery, most of the respondents (92%) delivered babies at home with assistance of midwife (40.8%), relatives (34.7%) traditional birth attendants (22.4%) and neighbor (2%). There were only a few cases (2%) of mothers who delivered babies in hospitals.

¹⁰⁸ Risser et al., *ibid.* p.44-45

Chart 18 Places to deliver babies

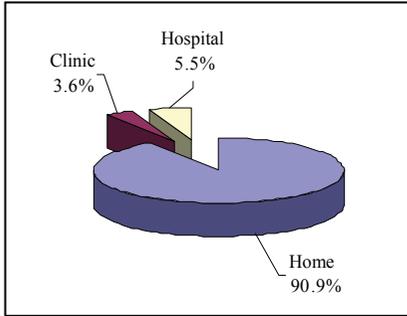
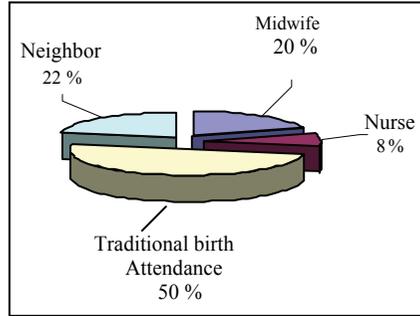


Chart 19 Type of assistance



Few of the respondents (8.2%) chose to send their children to hospital when their children were ill. They treated them themselves with medicine they bought (34.4%), sent the children to traditional healers or spiritual doctor (36.1%), to private clinics (3.3%), to uncertified doctors (3.3%), to midwife (1.6%), and community health centers (3.3%). The places they could get medicine were traditional healers (39.6%), grocery store (24.5%), pharmacy (17%), doctors or health workers (1.9%), mobile clinic or backpack doctor (3.8%) and found from the forest (5.7%). Among them, there was 9.8% who could do nothing to help their children.

The long period they spent in the jungle and limited food made children weak and unable to bear illness for long. Some children lost their parents from the same reason.

Table 41 Sources of treatment for children in the place of origin

Treatment	%
Sent to hospital	8.2
Private clinic	3.3
Uncertified doctor	3.3
Traditional healer / spiritual doctor	36.1
Midwife	1.6
Community health centre	3.3
Buy medicine	34.4
No access to any facility	9.8

3.3.4 Education facility and access to education in Shan State

The national figure indicated that in 2000, enrolment rate at primary level in the northern part was 52.4% and 77.4% in the southern (Table 3.3.10). The percentage of drop out rate also varied as the enrolment in different parts of the state at primary level were different but the number of children who reached grade 4 were almost the same.

Table 42 Percentage of school age children (5-9 years) attending primary school, and reaching grade 4¹⁰⁹

		Total		Percentage reaching grade 4
		Percentage of attending	Number	
→	Shan (North)	52.4	904	70.6
	Shan (East)	46.8	964	71.0
	Shan (South)	77.4	944	74.3
	Yangon	87.1	722	73.3
Area	Urban	90.3	2883	74.4
	Rural	77.3	12412	75.0
Total		80.0	15295	75.0

Source: Minister of Health, Union of Myanmar, 2000

The number of schools in eastern Shan State was the lowest compared to other parts in the same state, and was second lowest of all areas in Myanmar (Table 43).

Table 43 Number of State-run schools in selected region

Region	High School	Middle school	Primary school	Total	%
Kachin	39	86	1165	1290	3.30
Kayah	10	35	333	378	0.97
Chin	24	83	1054	1161	2.98
Sagaing	86	196	3927	4209	10.80

¹⁰⁹ MIC Survey, Ministry of Health, 2000 p.31-32

Shan (S)	47	104	2157	2308	5.92
Shan (E)	14	21	510	545	1.40
Shan (N)	32	84	1508	1624	4.17
Yangon division	157	238	2213	2608	6.69
National total	937	2108	35906	38951	100.00

Source: Basic Education Department, Ministry of Education, Yangon, 1998

Moreover, there were not only an insufficient number of schools but the number of education personnel was also limited in Shan State (Table 44).

Table 44 Number of Teachers in Selected Regions

Region	High School	Middle school	Primary school, teacher and principles	Total	%
Chin	262	864	2608	3734	1.83
Kachin	488	1469	3556	5513	20.71
Kayah	133	290	820	1243	0.61
Mandalay	1859	7795	20853	30507	15.00
Mergui	1171	3793	14082	19046	9.36
Shan (S)	498	1593	6578	8669	0.43
Shan (E)	102	305	1429	1836	0.90
Shan (N)	388	1327	4554	6269	3.08
Sagaing	1552	6823	16091	24466	12.03
Rangoon division	3215	10054	16524	29793	14.64

Source: Basic Education Department, Ministry of Education, Yangon, 1998

*“...When I was in Myanmar,
I had no chance to go to school.
There was no school close by and we had no money.”*

13 year old Shan boy, Chieng Mai, Thailand

January, 2003

Informal education facilities, especially through the religious system, have given children an opportunity to education in many parts of the Shan State where public facilities are not available¹¹⁰. Shan literacy lessons and religious lessons are being taught and Buddhist monks play a significant role in this kind of education system.

Findings from this study indicated the different education backgrounds of the respondents. Their education background varies from no education to higher level. Two thirds of them did not attend school, there was only 1.9% who completed primary level and who attended but did not complete this level. Anyhow there are a number of children's parents who had higher education background with 5.8% who completed high school.

There were public schools, private secular, nursery and non education in places of origin. There were no schools in 21.2% of all areas, public schools in 57.6% of all areas, 10.6% had private secular, 7.6% had non-formal education and 3% had pre school facility. Many children were above school age but they did not attend school for many reasons. The

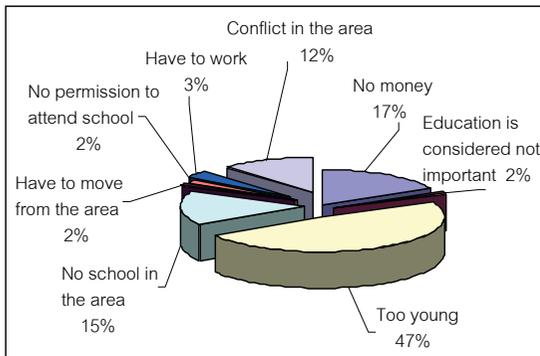
¹¹⁰ Risser. et al., ibid. p.50

reasons from respondents for not sending their children to school were the children were too young (47%), no money (17%), no school (15%), conflict in the area (12%), children had to work (3%), no permission to attend local school (2%), did not consider education important for children (1.5%), and did not stay in the area permanently (2%).

Many children interviewed had not yet attended school in their original areas in the Shan State though they were above school age. Of those who went to school, only a few had access to public school, the majority attended temple school, or private non-secular school.

From among 90 children, there were only two children who attended school at elementary level. Three children attended non formal education facility and the rest had no access to any education.

Chart 20 Reasons for not sending children to school in Shan State



Schools were not available in 15% of the area, could not afford the school fees 17%, need children's labour 3%, not allowed to attend school 2%, have to move 2%, did not consider education important 2% and conflict in the area 12%.

Information from many children also indicated that they did not attend school because their families were too poor to support them. Some children attended temple schools, while some had to move with their families.

3.3.5 Vulnerability of children in Shan State

The respondents informed us that their children were at risk of various forms of violence, kidnapping, recruitment, physical abuse and forced labour. The recruitment was mostly forced (30.6%), encouraged (8.2%) and voluntary (2%). The recruitment was forced by government military. The estimated number of children in their community being recruited was 150 between. There were 9 children, as young as 14 years old that participated and served in the armed forces.

Table 45 Forms of attack experienced by the respondents and community (Shan State)

Incidents	Number %
Detention	6.9
Beating	17.2
Shoot/kill	13.8
Burn	24.1
Forced to be porter	6.9
Forced to be combatant	3.4
Asked for money	3.4
Asked for food	10.3
Rape	3.4
Forced out of the village	10.3

The only duty of recruited children known to their family was to combat or fight, they did not know what other duty the children had to perform.

The other risk was danger from landmines which were known to half of the respondents and 37% of them knew someone who had been injured from the landmines. Two thirds of the respondents (71.4%) had their family members directly attacked by military in various forms: detention, beaten, burnt, shot or killed, raped, forced to work as porters, forced to be soldiers, forced out of their area.

Information from children interviewed has supported the above situation. One 17 year old girl witnessed a rape incident by soldiers. Two children were forced out of their villages. Three boys were caught in fighting and one saw another boy killed by a soldier.

3.3.6 Displacement

Nearly all of the respondents (89.8%) have been displaced before coming to the current place, 69.38 % were subject to forced relocation, 4.8% were internal displaced persons and 6.12% were displaced persons in another place. Displacement started from as early as year 1989, and over half of them (56.55%) happened between year 1999 till 2003. Duration of displacement lasted from 1 week to 7years, 44.17% had been displaced for less than 1 year, 37.53% had been displaced between 1-3 years and the rest (11.63%) had been displaced between 3-5 years and 4.65% displaced longer than 5 years.

Chart 21 Displacement experience and type of displacement

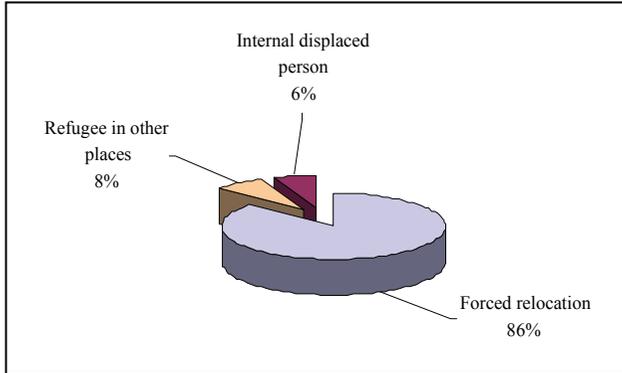


Table 46 Causes and perpetrator of displacement

	Perpetrator (by whom) %			
	Government soldier	Insurgents	Militia	Total
Driven away/threatened	16.84	-	0.51	17.35
Fighting/violence in area	2.04	-	-	2.04
Forcibly moved/relocated	2.55	-	-	2.55

The reason that brought half of them (55.2%) to the current place is safety, 31.35% have been transferred from other shelters and some (13.4%) moved here to unite with relative or friend.

3.4 Protection for children in Myanmar

*“States parties recognize that every child has the inherent right to life...
...ensure to the maximum extent possible the survival
and development of the child...”*

Article 6, CRC

Myanmar is signatory to a number of international laws, ILO Convention on the Forced Labor Convention, Convention for the Rights of the Child(CRC), and Convention on the Elimination of all forms of Discrimination Against Women. Myanmar had ratified the CRC in 1991 and the initial report on CRC was submitted to the Committee on the Rights of the Child in 1995. Myanmar received a number of comments. A National Committee has been set in order to implement the law successfully and effectively but comments based on the initial report were made by the Committee concerning the implementation of the law¹¹¹.

The following principles are considered in examining the situation of children in this study:

- (a) Protection for their identification
- (b) Protection for their basic rights to survival: access to food and healthcare services
- (c) Protection to education, principle to children’s development
- (d) Protection from violation.

¹¹¹ Concluding observations of the Committee on the Rights of the Child: Myanmar
24/01/97 Doc.CRC/C/15/Add.69

*“The child shall be registered immediately after birth.....
State parties shall ensure the implementation of these rights
in accordance with their national law and their obligation.....”*

Article 7 of CRC

3.4.1 Protection for identification

Children as persons have the rights to be recognized and identified. They have full rights to obtain the registration at their birth. The condition does not apply to most of the children in this study as very few of them obtained any paper to identify their status as a person.

In term of their identification, at the national level, a survey in 1997¹¹². indicated that children in Kayin State with birth registered was the lowest in all states as 31%, children in Southern Shan State was the second lowest as 32.3%, Eastern Shan State came the third lowest as 39% with much higher figure in Northern Shan State of 61%. The children in Kayah State with birth registration were 58.8% higher than the national figure of children in rural area of 53.3%.

The findings show a much lower figure that almost all the children from 3 ethnic areas in this study have no identification documents. Nearly all of them had no registration for their birth. Out of 369 children, only 2 of them (0.54%) from Shan State are holding birth certificates. Being without proper identification document can lead to difficulties in future in order to prove their

¹¹² Ministry of Health, MIC Ibid. p.57

nationality status. Their basic rights to the status as a person had not been granted.

The condition of the majority of children illustrated that most of these children in this study have no protection regarding to their identification as written in Article 7 of the CRC.

3.4.2 Protection for basic rights

Regarding the protection to their basic rights to survival (as stated in the Article 6 of the CRC), every child needs to be protected in accessing food and healthcare.

Basically, from a very early stage, children need to have adequate nutrition to support their physical development. They need to be fed while they are still unable to find food for themselves.

The situation of the children in 3 ethnic areas found in this study had pointed that they had limited protection, or in some areas, no protection for their basic rights to survival. The problem of basic rights was disrupted from food insecurity that happened to most of their areas. Even if they had access to food and water, many times their food had been taken or destroyed. This situation undoubtedly had affected their survival. The access to healthcare was inadequate.

*“States Parties shall recognize the right of the child to the enjoyment
Of the highest attainable standard of health
and to facilities for the treatment of illness and rehabilitation of health.”*

Article 24 CRC

In some of the areas, there were healthcare facilities. There were no healthcare services or no access to the services in some areas. Information gathered from parents/care givers reflected that nearly all the children were unlikely to get vaccines for particular health prevention. The displacement condition did not allow them to access to the service either, the situation affected their health condition and sometimes at risk of their lives.

In terms of education, many of the children in three ethnic areas had access to school but there were problems of cultural and ethnic discrimination. Many children at school age did not attend school because of poverty or no facilities because of conflict in the area.

The protection of their rights to survival while they were in Myanmar had not been granted.

3.4.3 Protection from violation

The Convention of the International Labor Organization in which forced labor is prohibited for women, children and elderly:

*...only able-bodied males between the ages of 18 and 45
should be conscripted for duty as forced laborers.*

Article 11, ILO Convention

Information gathered from children and their families pointed out that the children were not excluded from being forced labor. For those who were forced to move to relocation areas, the children were among the victims who were forced to work for the military several times. They had to porter the food, weapons and belongings for the military. Their condition reflected the fact that the military, both government and resistance groups, do not follow the ILO convention. Being forced to work for the military is against the CRC that:

*...States Parties shall take all feasible measures
to ensure that persons who have not attained the age of fifteen years
do not take a direct part of hostilities.*

Article 38(b), CRC

Children were easily attacked by military or armed forces. While they were in Myanmar, the children were kidnapped on the way home from school or from the villages. Their families and community were able to provide very little protection or unable at times to protect the children from the recruitment as families and community were also targets of rights violation.

*States Parties shall refrain from recruiting any persons
who have not attained the age of fifteen years
into their armed forces.*

Article 38(c), CRC

Moreover, the children had to face with torture during their service, and be victims of physical abuse. Victims were easily attacked by military or armed forces. While they were in Myanmar, the children were kidnapped on

the way home from school or from the villages. There was no protection from the community because families were not capable to play that role or they were targeted for violation. For those who were forced to move to relocation areas, the children were among the victims who were forced to work for military several times. The duties of recruited children known to their family were porter, medic and combatant or fighter.

Again, with the absolute power of military, there was little protection of children being taken and tortured.

Many children who were forced to work were younger than 15 years and tortured during service. The children who refused to serve the military were to put in detention which was also against the CRC in Article 37 that states

*....no child shall be subjected to torture
or other cruel inhuman or degrading treatment.....*

Article 37(a), CRC

..no child shall be deprived of his or her liberty unlawfully or arbitrarily.

*The arrest, detention or imprisonment of a child
shall be in conformity with the law and shall be used only
as a measure of last resort for the shortest appropriate period of time*

Article 37(b), CRC

Another factor that may well be related is women's condition, as in most families children are taken care of by women: mother, elder sibling or female relative. Unfortunately, the situation of women in Myanmar in general was vulnerable in various aspects, according to the special rapporteur's

report to the Commission on Human Rights in 1999¹¹³; the lack of legal framework toward domestic violence and the matter was one measure that was not available. This remark was denied by the government delegation which stated that women's status was among the highest in the world. The government statement was seen differently by Non-government Organizations as there were many studies that have reported the widespread violence against women by the military¹¹⁴. The ethnic women and children were among the victims of violation and abuse in the ethnic areas.

The other risk was danger from landmines which were known to them through the incidents that had occurred and those who were injured. Two thirds of the respondents said their family members were directly attacked by military in various forms: detention, beaten, burned, shot or killed, raped, forced to work as porters, forced to be soldiers, and forced out of their area.

¹¹³ Cited in Southalan, J. *Burma and the 1999 Commission on Human Rights: Legal Issues on Burma Journal* No.41999 p.28-45

¹¹⁴ Ibid. see also SWAN & SHRF.

CHAPTER 4

LIFE AS ASYLUM SEEKER

The hardship situation arising from the armed conflict and related conditions has driven many people from their own areas in Myanmar. People in the ethnic areas have been displaced in various forms: being forced to relocation sites under control of Myanmar armed forces, moving from one place to another or hiding in the jungle as internally displacement persons inside Myanmar or fleeing across the border to neighboring countries¹¹⁵

The condition of the respondents also fell into the above situations. Prior to the last displacement to the current areas, almost all of the respondents have experienced the various forms of displacement as internally displaced persons or residing in relocation sites. Finally the situation was too hard for them to bear and drove them to seek asylum out of their homeland. Since the first displaced person shelter in Thailand was set up in 1984 and more shelters followed from 1990 onward, the acknowledgement of the possibility of seeking asylum in these displaced person shelters is not surprising.

It is important to state that the term “displaced person” do not apply to the asylum seeker from Myanmar. They are defined as “displaced persons” with the definition:

¹¹⁵ The Shan Human Rights Foundation, 1996 p.4., Burma Ethnic Research Group and Friedrich Naumann Foundation, 1998 p.4., Risser, G. et al. 2003 p.51, 59-61

“Displaced persons are people who in their flight from internal riot, violence or war, illegally cross the border into the Kingdom of Thailand violating the immigration law”¹¹⁶.

According to the definition above, they are considered as illegal status though they are allowed to stay in the shelters and eligible for basic needs.

Though the status is illegal but the permission granted for them will protect them from being deported. The screening process and granted permission is responsible of Provincial Admission Board (PAB) is designated by the Provincial governor. Basically the PAB comprises of the Provincial governor, military or police authority, provincial officer, district officer, UNHCR officer and others persons which the governor considers suitable. The time and procedure for screening varies by area.

Since the second half of year 2000, the PAB rejected almost new arrivals coming to the shelter, considering they were not meet the criteria of people fleeing from fighting.

From 2002 the PAB have not hold any meeting to consider the case. For those who were rejected, most of them continue staying in the shelter. Those who are not granted permission do not officially entitled to any service and food and there have not report of forcibly repatriation so far¹¹⁷.

Those who do not take refuge in the shelter, though having the same history of hardship and political disaster, have to face quite different conditions. They have to live outside as illegal migrants who are subjected to

¹¹⁶ Ministry of Interior

¹¹⁷ BBC, *ibid.* p.2

arrest by Thai authorities and could be deported back to Myanmar any time. Though they had to live fearful of being arrested yet they choose to stay outside the shelter to be able to work by their own and to have more freedom, even a little, compared to those who are in the shelter.

Another factor that needs to be considered is the relationship between Thailand and the Myanmar government which improved from the strained relationship during 2001-2002. There have been exchange visits between high ranking officers since the second half of 2002. As the international relationship is improving, the movement of resistance groups against the Myanmar government, organized and based in Thailand, is becoming more restricted and some members of the groups were even arrested¹¹⁸. The latest change of Thai leadership has been criticized as favoring the Myanmar government (SPDC). It is quite obvious that the suppression of insurgent

¹¹⁸ Human Rights Watch, 2004 *Out of Sight, Out of Mind, Thai Policy toward Burmese Displaced persons* p.8

CHILDREN IN TEMPORARY SHELTER

According to the humanitarian report at the end of December 2002¹¹⁹, about 16% of the total displaced person population along the Thai-Myanmar border is composed of children aged below 5 years, and 27.48% are between 5 and 14 years (Table 47). The high rate of child population in these shelters is from a high crude birth rate, low mortality rate of infants and children under 5 years (Table 48).

¹¹⁹ CCSDPT, 2003. *ibid.* p.20

Table 47 Displaced person population by age group by December 2002

All shelters	Under 1 year		1-4 years		5-14 years		15-44 years		45 years and over		Total
	No	%	No	%	No	%	No	%	No	%	
	5720	4.74	136	11.3	331	27.4	551	45.6	13049	10.81	120739*

*Different figure from Burmese Border Consortium = 133156 which includes new arrivals, birth & deaths since MOI/UNHCR registration

Table 48 Vital Statistics in temporary shelters along Thai-Myanmar border, 2000/02

	Crude Birth Rate*			Crude Mortality Rate*			Infant Mortality Rate			Under 5 Mortality		
	2000	2001	2002	2000	2001	2002	2000	2001	2002	2000	2001	2002
Kanchanaburi shelters	Na	26.6	35.3	8.2	4.9	4.8	na	na	44.5	19.6	17.6	13.2
Mae Hong Son shelters	34.4	32.8	34.1	4.1	3.6	3.8	33.6	28.6	21.8	10.2	9.6	2.9
Tak shelters	35.4	33.3	26.4	5.3	5.3	0.8	na	28.4	33.5	8.4	9.1	3.6
Rachburi shelters	37.8	35.6	34.6	4.8	4.2	3.7	32.7	13.4	32.8	7.2	5.4	7.2

Sources: UNICEF, 2003

* Crude birth rate: Number of births per 1000 population

Crude Mortality Rate: Number of deaths per 1000 population

Infant Mortality Rate: Number of deaths of children under 1 year per 1000 live births

Under 5 Mortality Rate: Number of deaths of children under 5 years per 1000 live births

The infant and child mortality rate in the shelters was much lower than in Myanmar. As of 2001, the infant mortality rate was 26.5 compared to 77 in Myanmar, the mortality rate of children under age 5 in the shelters was 9.2, compared with 23.9 in Myanmar.

Table 49 Mortality rate of infant and children in Myanmar and in shelter

	Infant mortality rate		Mortality rate of children under 5	
	Year 2001	Year 2002	Year 2001	Year 2002
Myanmar *	77	77	109	109
Shelters along Thai-Myanmar border **	26.5	25	9.2	6.8

Sources: * UNDP 2003

** UNICEF 2003¹²⁰

4.1 Children in Mae La shelter

*“...I feel safe being here, I can go to school
but I miss my home and grandma.”*

13 year-old girl, Karen shelter, Thailand

January, 2003

Among all 9 shelters, Mae La is the biggest and most accessible one as the shelter is located along the highway road in Ta Song Yang district, Tak

¹²⁰ Cited in CCSDPT *Annual Health Statistic Report Thai-Myanmar Border 2002* p.26

province. The shelter is on the area of approximately 460 acres of teak forest and small mountainous terrain far from the local community. The population of 42 Mae La shelter in 2002 was 34068 or 28% of the total population in all shelters¹²¹. Children under 18 years were approximately 35% of the total population. The administration in the shelter is run by the shelter committee under supervision of district authority from Ministry of Interior and voluntary security guard.

In Mae La shelter, the shelter population comprised of Buddhist, Christian and Muslim. About 15% of the population is Muslim. Muslim children have to attend their Muslim schools which focus on religious curriculum. Because of different religious practices, the educational services and social supports they receive are different from other children. Some of them do not speak Karen like Christians and Buddhists, so they will associate with only their group. The language difference results in the shelter being divided into two groups. Though Muslims account for only 15% in the shelter, they are influential for the remaining 75%, particularly in trade within the shelter. From information from shelter representatives, most shops and other services such as video movie business, belong to Muslims.

The majority of respondents (63%) from Kayin State traveled with families, the second group traveled with neighbor or friend, a few traveled with other villagers they did not know before. Traveling time lasted from 1 day to 30 days. Walking was the main mode of travel for over 80%. The rest traveled by car and boat. Some of them were received in another shelter at first for a short

¹²¹ CCSDPT, 2003 Ibid. p.20

period and then transferred to the current shelter. Almost half of the respondents have been in the shelter between 1-3 years.

4.1.1 Shelter and food in Mae La shelter

In the shelter, the shelter population has been provided materials to build their own shelters. The material used for their shelters are mostly bamboo and thatch with only a few made of more permanent material like wood. As for the respondents, when they arrived they had been provided material to build their shelters. Their shelters are mostly (84.7%) made of thatch roof, bamboo floor and wall. Only a small number (3.4%) of the respondents are living in the shelters made of wooden floor and zinc roof which belonged to other displaced persons who have already left.

With limited spaces in the shelter, nearly all shelters in the shelter are simply built with hardly enough privacy for each family member. In this study we also found that most of the respondents (74.6%) in Mae La had only 1 common room, and almost half of the respondents indicated that they had to share rooms with another 4-6 people. Some of the shelters (23.7%) had been divided into 2-3 rooms, or more in bigger shelters. Young children of different sexes stay together and sometimes stay with an adult. Grown up girls normally sleep in an area separated from boys, either in the rooms while boys sleep outside. In Mae La shelter, each shelter was built next to each other with a small space between.

In Mae La shelter, most of the respondents receive food from relief agencies, the same amount as other shelter people (Table 50). There are a small number of them who had to purchase their food. The distribution of food

is administered by the Karen Shelter Committee and support by the Burmese Border Consortium.

Table 50 Distribution rate of food in the shelter (per person per month)

Items	Adults	Children
Rice (kg.)	16	8
Yellow bean (kg.)	1	0.5
Fish paste (kg.)	1	0.5
Chili (grs.)	1.5	1.5
Vegetable oil (liter)	1	0.5
Salt (kg.)	1	0.5
Coal (kg.)	15	-
Blanket (per year)	1 for 2 persons	
Mosquito net (per year)	1 for 3 persons	

Notes: Amount of food for adults is given to persons over 5 years old and amount for children is for persons under 5 years.

Source: Mae La Temporary Shelter Office, January 2004

The location of the Mae La shelter, which is on the roadside, does not allow for any land space extension in spite of the increasing population. In 2003 ZOA and Burmese Border Consortium started the short training course on agriculture under nutrition program within the limited land space in the shelter¹²². There is a demonstration garden, and distribution of agriculture

¹²² ZOA Annual Report, 2003 p.9

tools and seeds are provided. Due to the limited land, some of the shelter population plants only a few vegetables for household use and some of them manage to raise a small number of livestock.

For the respondents, almost all of them do not cultivate any plants while they are in Mae La shelter and depend on the food provided from outside. There are 64.5% who do not keep any livestock at present. No respondent keeps any cows, goat, buffalo or fish, only 16.1% keep chicken, 1.6% keep duck and 17.7% raise pigs. The number of chicken they keep is between 1-8, and 1-2 pigs.

As the food stuff remains the same for years with no alternative varieties and leads to food being boring, slightly over half of the respondents (55.9%) think their children have not had enough food though the rest think they have enough. A nutrition survey carried out in 2001/2002 reported of chronic malnutrition amongst children under 5 which was high and also micronutrient deficiencies in food diet was significant¹²³. The respondents feed infants mainly with breast milk, no other supplement food, and a few feed with rice gruel. Half of the children have 2 meals a day, there are a few children who have only one meal daily and the rest have 3 meals a day. Due to the food stuff they received, most of the children (78%) have rice and vegetables in most meals, only 16.9% have meat in supplement to rice and vegetables in their meal. There has been no problem of water shortage and water supply in the shelter. The main water source is Pa Ru stream which runs through the area only and also 60 shallow wells. The water pipelines have been connected

¹²³ Thailand Burma Border Consortium: *"Nutrition and Food Security Update"*, 2004
Annex p.1

to the stream and the pipes draw water to the assigned pumps in each section. Nearly all of them could get water close to their shelters and within 500 meters. The respondents use the above sources close to their shelters for drinking water. Most of them boil the water before drinking.

In the displaced person shelter, some of the respondents can work and get some income from work as general labor. Half of the respondents are unemployed, (55%), two of them have family members working outside the shelter and receive income more than USD 50 monthly. One third of them have irregular income from daily wage, trading of small items, selling livestock, crops and forest products which they collect from the surrounding forest; their incomes are between USD 10-20 per month.

4.1.2 Health condition and healthcare facility

Lower mortality rate and health report statistics reflect that the conditions in the shelter are considered better than when the respondents were in Myanmar. However, this condition does not mean that children are without any health problems. The increasing of shelter population within a limited space has changed the village-like atmosphere to that of a crowded community. There are 2 hospitals in Mae La shelter, operate by Medicins Sans Frontieres (France). Treatment of general symptoms, reproductive health services and minor surgery are provided in the shelter. In case of severe or serious cases, they will be referred to the district hospital.

The health report of 2002¹²⁴ indicated that lower respiratory tract infection, diarrhea, malaria, measles are major leading causes of health

¹²⁴ CCSDPT 2003, *ibid.* p.20-21

problems in the shelter including Mae La. In 2003, lower respiratory tract infection and diarrhea were leading causes of children's health problems in Mae La¹²⁵. The conditions are related to poor hygiene and crowded living conditions in the shelter.

In the case of the respondents, the main health problems of respondents' children in the past three months prior to the interview, were fever (13.6%), cough (13.6%), diarrhea (11.1%), simple cold (6.2%), malaria (6.2%), vomiting (6.2%), headache (4.9%), measles (3.7%), skin problem (3.7%), 1.2% reported loss of appetite and the rest (29.6%) were healthy.

The respondents acknowledge the adequacy of healthcare facilities in Mae La shelter and most of the respondents (94.1%) chose to send their children to shelter hospitals when they were ill.

Besides the above health problems, there are children with acute malnutrition in 2004(3.6%) and chronically malnourished (being shorter than the normal height) (35.7%) in all shelters¹²⁶. In the latter case, it reflects the long period of difficulties they encountered before coming to the shelter.

The respondents are aware of other serious health problems like HIV. Two thirds of them have heard of HIV from friends, family members, NGOs worker and religious leader.

There is a concern of unwanted pregnancy as abortion is illegal in Thailand. The abortion can be performed only in the case of maternal risk and rape victims. Those who are pregnant and do not want to prolong the pregnancy have to seek abortion from persons in the shelter which sometimes

¹²⁵ Medecins Sans Frontieres, 2004. April-June, 2004 *Medical activities report* (Mae La)

¹²⁶ Thailand Burma Border Consortium p.7

lead to unsafe abortions. In 2003, there are a small number of abortion complication cases seeking treatment from the shelter clinic and there are a few serious cases that had to refer to district hospital.

4.1.3 Education facilities in Mae La shelter

The education in the displaced person shelter along the Thai Myanmar border is the responsibility of the Karen Education Department (KED) and shelter committee with the support from humanitarian organizations. The shelter committee has set up the Education Committee to administer daily management, expense and income. The committee is made up of parents and teachers. Jesuit Displaced person Service (JRS), Consortium, Displaced person Care Netherlands (ZOA), Taipei Overseas Peace Service (TOPS), Burma Distant Education Program (BDEPT) and Women's Education for Advancement and Empowerment (WEAVE) have contributed their support for education and training in the shelter. These organizations have provided textbooks, education material and development of curricula from primary to secondary level. After secondary level, there is a two-year program or Further Studies Program (FSP) as it is called, in Mae La shelter. Main subjects taught in school are mathematics, English, science, health and social study. In an education survey in 2001¹²⁷, there were 55 primary schools, 18 secondary schools and 13 schools at higher level which provided education for approximately 27500 children in 7 Karen shelters (not including Karenni shelters in Mae Hong Son).

¹²⁷ Lamberink, ZOA, Mae Sot, 2002 p.15

In Mae La shelter, there are 18 nurseries, 14 primary schools, 4 secondary schools, 5 schools for higher education, 1 bible school and 1 vocational school¹²⁸. General education is provided in all schools. The vocational school provides short course training on agriculture, blacksmith, auto-mechanic, radio mechanic, cooking and bakery, knitting, sewing and weaving. There are special training courses: medic training and teacher training are provided but not on a regular basis. Some training such as medic and teacher training do not take in students every year due to limited resources and need. From time to time, schools for higher education have received children from other shelters where such facilities are unavailable.

Parents are asked to contribute for their children's education in the Karen shelter. The contribution is made in a small amount of cash on a voluntary basis to promote the parental participation. The collected money is used for school activities. As the income of the population is limited, the contribution is relatively small and hardly fully paid by all parents¹²⁹. Parents who cannot afford to pay the amount still can send children to school. Karen language is used as means of instruction in primary level, Karen and English are used in higher level. Teachers in Karen shelters have different education background from secondary level to university and less than half receive some training before starting their teaching career¹³⁰. Anyhow the improvement of teaching quality has been made and there are pre-service and on-the- job training carried on by relief agencies. The insufficiency of

¹²⁸ Mae La Temporary Shelters, 2004 p.2

¹²⁹ Interviewed Education committee in January, 2003

¹³⁰ Lamberink. Ibid. p.32

textbooks, teaching equipment, teachers' low remuneration, and less opportunity for higher education are still some of the crucial problems in the Karen shelter¹³¹.

In spite of the above limitation, information gathered from the children in this study indicated their high interest in education¹³². There are children interviewed¹³³ who have expressed their realization of the importance of education and see it as an alternative way of conflict resolution¹³⁴. The main concerns of education in the shelter are the lack of reading material, the standardization, the differential of different shelters and way to accredit the educational qualifications¹³⁵. Every child in the shelter is eligible to formal and any education, though the vacancy in training courses and higher levels are limited. There are some children of respondents' families who do not attend school. Apart from not yet reaching school age, the reasons for not sending the children to school are having no money, children are unhealthy, parents have no intention to stay permanently in the shelter.

¹³¹ Interview a school principal in January, 2003.

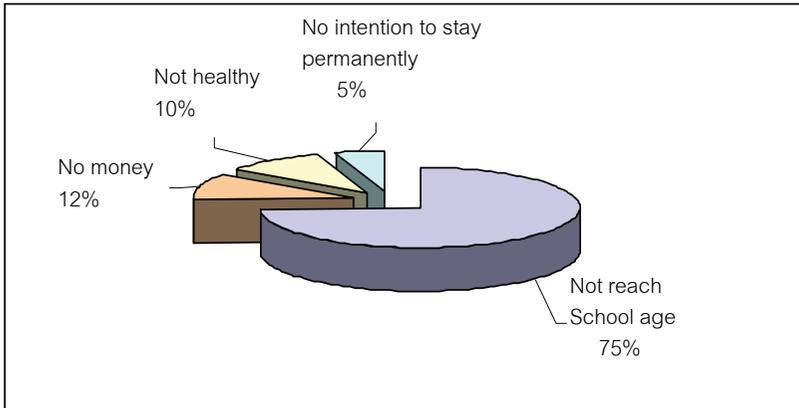
¹³² Focus groups interview with children in December, 2002 and January 2004

¹³³ Interviewed case study in February and April, 2003

¹³⁴ Interviewed two youths in December and April, 2004

¹³⁵ Interviewed Karen Education Committee in December, 2002, Consortium, JRS, ZOA: Unpublished paper presented at Displaced person Education workshop in June, 2004

Chart 22 Reasons for children not attending school in Mae La shelter



4.1.4 Daily life and activity in the shelter

Life in the displaced person shelter has become routine as there are not many activities and events in daily life.

For the children interviewed, it is significant that education plays the most important part for children in the shelter. Many children spent most of their time studying apart from daily duty in domestic work. Most children in the shelter have a duty in helping their family at least in household chores. There are various chores such as pumping water, taking care of the younger, cooking, farming and growing vegetables and raising cows. Normally, grown up children spend time in the morning and evening doing their household duties together with taking care of their education. This schedule of activities is typical for many children. In comparison, the younger groups of children are likely to like doing household activities more than the older groups even though each has his/her own preference of what kind of job he/she likes. For instance, one child likes cooking and pumping water while dislikes farming.

Many in the older groups indicates their likes based on their personal interests such as playing music, sports, reading, visiting friends and staying at home.

There are regularly sport events, football, volleyball, chinlone¹³⁶ in the shelters in which nearly all of the children participate. There is no gender discrimination in playing sports but many girls prefer indoor activities. Children also join in regular religious activities in the shelter, daily or weekly worship. Religious services and festival including traditional cultural events are held regularly in the shelter.

In spite of the conflict between Buddhist and Christian insurgent groups in Myanmar, there have never been any serious conflicts between the two religious groups in Mae La shelter. They do not separate the living quarters entirely by religion but there are different dominant religious inhabitants in a different section. The Muslim population amounts to 10% of shelter population and plays a significant role in shelter economics especially trading and marketing in the shelter.

Nearly all of the children also participated in various sports, social and religious activities in the shelter.

Since the policy of the Thai government is more restricted than before, the movement of shelter population outside the shelter is prohibited. Going out of the shelter requires permission from shelter commander on health and emergency matter.

¹³⁶ Local popular game, cane ball played with feet of both sides players over a net.

4.2 Children in Mae Hong Son shelter

The population in Pang Kwai, Pang Tractor as of April 2003 was 18,559. Children under 15 were 24% of the total population.

Slightly over half of the respondents have been in the shelter between 1-3 years-- 21.2% arrived here less than a year ago and 17.3% only recently arrived and a few of them have stayed over 5 years. 77% spent 4-10 days traveling to the shelter, and some of them (7.7%) had to travel between 1-2 months.

The shelters in Pang Kwai, Pang Tractor shelter are built of simple materials as in other shelters, i.e. bamboo and thatch are used for most of the shelters with only a few shelters having wooden floors. Most of the shelters (88.5%) have more than 1 room, 7.7% had 1 room and 1.9% stay in big shelters with 4-5 rooms. Less than half of the respondents share their room with a few people, while over half have to share rooms with 4-6 people. The majority of them was provided with materials to build their shelters and did not have to pay anything but a few have moved to the shelters that already exist and paid a little money to the persons who occupied them before.

4.2.1 Shelter and food in Ban Pang Kwai - Pang Tractor shelter

*I have food to eat every day,
in Burma I often had nothing to eat.*

7 year-old girl, Karenni shelter, Thailand

June, 2003

In Mae Hong Son, the current place, all of them receive food from relief agencies, while a few of them keep a small number of livestock for their food. Drinking water is taken from the pipe line which is close to their shelter. They receive the same amount of food provided as other shelters.

Information from the respondents and children¹³⁷ indicated that they were unaware that any supplementary food or vitamin program was available in their shelter. There were reports of cases of malnutrition in some of the shelters but there were no reported cases in Pang Kwai-Pang Tractor where the study was undertaken. As the shelters are located in the forest reserve with land available for cultivation, the shelter's asylum seekers are encouraged to grow vegetables for their food but very few of the respondents interviewed grow any vegetables but some of them collected some plants from the forest for their supplementary food. They did not express their concern about the children's food variety or low protein intake. There are very few (7.6%) from families who are able to raise chicken and pigs for supplementary food and income. Only a few respondents have meat for their children in typical meals. Two thirds of them think their children have food as they can feed their children three meals daily. The rest do not think their children have enough food and this group only feed their children two meals a day.

The water sources are streams and shallow wells. There are water pipelines connected to the points close to their shelters. Some of them (15.4%) do not boil water before drinking though most of them (84.6%) do.

¹³⁷ Interviewed children and families during January and April, 2003

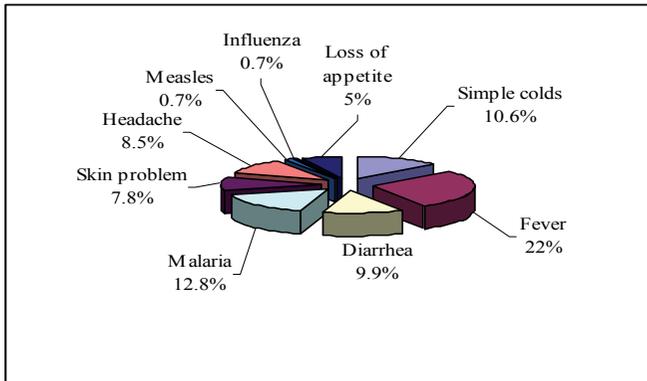
4.2.2 Health conditions and health care facilities

The birth rate in the Ban Pang Kwai - Pang Tractor shelter is 33.6 and mortality rate is 3.6 per 1000 live births. Healthcare facilities and services in the shelters are responsibility of the International Displaced person Committee. IRC has set up hospital and clinics in the shelter which offer treatment for basic illness, support health worker training, laboratory, pharmacy and emergency medical case referrals to district hospital. The top five illnesses in 2003 were upper and lower respiratory infections, diarrhea and skin disease.

Most of the respondents sent their sick children to those available healthcare facilities. There are also traditional healers and spiritual doctors available in the shelters and a few of the respondents (2.5%) send their children to traditional healers. The shelter population does not have to purchase medicines but, instead, are provided medicines by shelter clinics and relief agencies. There are also a number of displaced persons who continue to use herbal medicine which they find in the jungle surrounding the shelter.

Apart from a small minority of children who are healthy, the findings indicate that many of children have health problems, mostly a reflection of their living conditions. The major health problems of children in the target group over the three months prior to the survey being undertaken were fever (22%), malaria (12.8%) respiratory infection (11.3%), followed by skin problems, measles and loss of appetite.

Chart 23 Health problems of respondents' children in the last 3 months



4.2.3 Education facilities in current area

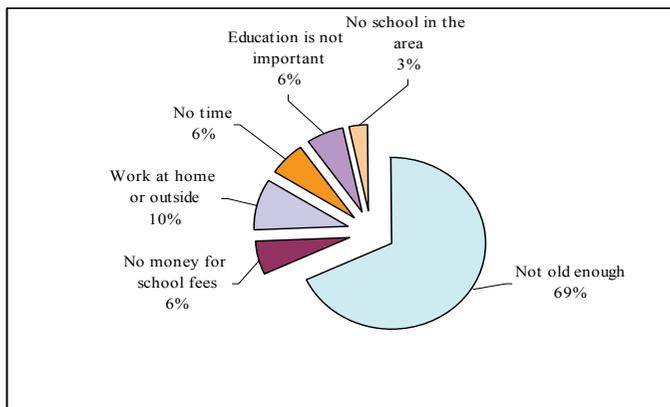
The Karenni Education Department is responsible for education in the Ban Pang Kwai - Pang Tractor shelter, with support from Jesuit Refugee Services (JRS), Consortium, COERR, BBC, and other agencies. Teacher training receives full support from JRS, and teachers are trained to teach in 18 schools, 10 primary level 5 secondary level, 2 higher level and 1 accelerated school for children and adults who have no education background or cannot catch up with the normal class. There are vocational training programs carried on, such as weaving, agriculture and nutrition. The problems of teacher turnover, lack of education materials, funding and skilled teachers are still concern of responsible persons¹³⁸.

Most of the children from the respondents' families attend school although there are some families who do not send their school-aged children to school. The reasons for not sending them are varied: children have to work

¹³⁸ Interviewed school teachers, education committee and principal in February, 2003

at home or outside, the parents believe that education is unimportant, children have no time, and some children do not want to attend school because they are older than their classmates. Information from children interviewed supported their interest in education and skill learning but they consider there is not enough training provided. Educational materials and books are limited, with most of the children not owning a book but there are libraries where they can borrow them to read at home. Education is provided free of charge, with support from various agencies. As a means of assisting in the school's maintenance, parents are requested to contribute on a voluntary basis a small amount of money to the school. Though the contributed amount is considered small, there are still a number of respondents who do not send their children because they could not pay this amount¹³⁹.

Chart 24 Reasons for children not attending school in current place



¹³⁹ Interviewed respondents in June, 2003

4.2.4 Risks for children in the temporary shelter

There is a concern about drug and alcohol problems in the shelter as there are cases of children abused by drunken parents¹⁴⁰, though the number is not great. Another concern is about sexual harassment and domestic violence. A few years ago, there was a rape case of 3 Karenni girls by local volunteer authorities when the displaced persons went outside the shelter. The ethnic women's group working in the shelter under study ensured the abuse incidents although the number was not great. The Karenni Youth Organization also indicated their concern over violence and sexual abuse in the shelter. The perpetrators were shelter residents but the cases were not brought to Thai court as they shelter population preferred to have the judgment within their own system, so the punishment could varied from a short period of detention or prosecution¹⁴¹ some cases also ended up with marriage¹⁴². The incident of gender violence occurs more often with adolescent couple and alcohol consumption is another main factor that leads to violence and sexual harassment.

The children also report about the domestic violence occurring in their families, usually the violence comes after the husband's alcohol drinking. Child abuse is not found but scolding is not uncommon.

There are not many occasions for children to express their views and needs. There are attempts to promote the awareness of child rights but the issue may not be the priority.

¹⁴⁰ Interviewed Shelter Committee in Mae La, Pang Kwai Bang Tractor shelters, focus group interviewed with children in April, June, 2003.

¹⁴¹ Khin. Ibid.p.57, Interviewed staff of Karenni youth group in February, 2003

¹⁴² Interviewed teacher in Karenni shelter and staff of Karenni youth group in June, 2003

In late 2002, UNHCR initiated the Sexual and Gender Based Violence Program (SGBV) in all 9 shelters to prevent and address the problem of sexual violence and abuse. The SGBV committees which have been established by the displaced person themselves have introduced several activities to address the issue. Relief agencies working in the shelters also play an important part as the first contact point receiving the victim.

Statistics from UNHCR indicated that there have been 93 crime cases against women and children since late 2002 up to mid 2004.

Table 51 Abuse and Violent incidents in displaced person shelters along Thailand-Myanmar

Type	Number
Sexual assault battery - (adult 1, minor 1)	2
Sexual Harassment	3
Sexual Exploitation	4
Domestic violence	18
Attempted rape - (adult 4, minor 4)	8
Rape - (adult 28, minor 11)	39
Domestic violence	18
Trafficking	5
Others	14
Total	93

Source: UNHCR, 2003.

Basically each of the cases that occurred in the shelter had been dealt with by the shelter committee who administer the shelter. Each crime will be reported to the shelter committee who decide the level of punishment for each perpetrator. There are legal codes set up for each crime but there is no data available of the actual incidents and punishment. Child abuse and domestic violence have not been taken seriously and perpetrators normally received very light punishment. According to local ethnic organizations' staffs, punishment of a husband repeatedly beating his wife, a drunken father hurting his child severely received only verbal warnings from the shelter committee¹⁴³. The children who committed crimes, such as stealing, could be detained or their movement restricted¹⁴⁴. Recently, Thai authorities have been involved more with the crime in displaced person shelters and more cases have been brought to the Thai justice system. Information from UNHCR also indicated that fewer victims, especially of sexual abuse, did not want to bring charges against the perpetrators as they did not want to be addressed and felt ashamed. There has not been any counseling available for the violence cases.

¹⁴³ Interviewed staff of Kn WO during field trip in June, 2003

¹⁴⁴ Interviewed staff of Karenni Student Union

4.3 Life of children outside the temporary shelter

*“...I do not go to school every day,
I had to help my family to earn some money.”*

11 year-old Shan boy, Chiangmai, Thailand

January, 2003

Not all of those who flee from the homeland reside in displaced person shelters, especially those who escape from Shan State. According to the report by Shan Human Rights Organization, there were between approximately 8,000 and 15,000 arrivals from Shan State each year from 1997 to 2002 of which one third are less than 18 years¹⁴⁵. As there is no shelter set up for most of the Shan displaced persons, they have to struggle as migrant workers in Thailand, mostly illegal. Only a small number of Shan displaced persons receive support from relief agencies, such as Burmese Border Consortium, Jesuit Displaced person Services, UNICEF, and so on.

One third of the respondents arrived in the current place between 1-3 years ago, 18.4% recently arrived less than 3 months ago and the rest less than a year, 22.5% spent 1-3 days traveling, and 77.5% spent 3-15 days.

4.3.1 Accommodation and food for children in the non-shelter area

Types of accommodations at the current place varied according to where they are living. Some of them are staying in farms or agricultural plants. Some accommodations are simple, made of thatch roof, with bamboo floor

¹⁴⁵ The Shan Human Rights Foundation, *Charting the Exodus for Shan State*, 2002 p.10

and walls (77.6%). Some are staying in permanent buildings which are made of concrete, brick with tile roof (2%). Most of the accommodations have a latrine but a few have not and go to the common toilet. Only 22% live by themselves, the rest are living with other persons. Half of the accommodations (51%) have 2-3 rooms, 30.6% had only 1 room, 4.1% had 4-5 rooms, 2% live in big houses with 6-10 rooms and the rest did not specify. Most of shelters (85.7%) have 1-10 people living together and the rest have more than 10 people living together. Small children usually stay together with adults. Girls and boys sleep in separated rooms though each one has no private rooms. They do not build their own shelters and most of them do not have to pay anything for the shelter, only 4.1% had to pay little money for the shelters.

Almost all of the respondents have some income, though 6.1% rely on other family member's income. Slightly over half of them (55.1%) have monthly income less than USD 20, 14.3% could earn between USD 20-50 monthly, 10.2% have income of USD 50-100 monthly and 14.3% have uncertain income. In the current place, only 14.2% of the respondents are able to keep some chicken, among these 8.1% have less than 10 chickens, and there is no other livestock they can keep. Among those who work to earn income are children according to half of the respondents' families (48.75%). This situation is confirmed by children, as young as 10 years old, saying that they have helped their families to earn some money.

Over half of the respondents (57.1%) feed children with rice, vegetable and meat, 33.8% feed them with only rice and vegetable. Most of them (71.4%) thought their children have enough food but some of them

(22.4%) thought their children still have not enough food, 16.3% breast feed infants up to six months.

As stated before, they have to seek employment in cities as illegal migrants. Without proper documents, their daily lives in Thailand are at risk of exploitation, by the fear of police inquiry and being abused by employers, who sell them as forced labor and sex workers. They are always subject to being detained, deprived of their

Basic rights, and deported to their home countries, where they would face critical living conditions.

Before coming to the current place, some of the respondents managed to bring their small property with them, such as small savings, clothes, cookware and food.

The reasons that brought them to the current place were because they have relative and friend (37.1%), safety 25.8%, and 27.4% were asked to move here. Almost half of them (47%) traveled with their family, 19.7% came with another villager, 25.8% came with friends or neighbors, the rest did not specify their answer. Half of them (56.7%) came on foot, 28.3% came by car and 7.5% came by boat. They did not know the distance from their last shelters to current place. The traveling time from their last place, crossing the border to Thailand and arriving at the current area lasted from 24 hours to 15 days.

Most of them (85.7%) have to buy food but 12.2% raise livestock, grow vegetables and seek food from the forest near their shelters. Most of the children (83.7%) have 3 meals a day, 8.2% have 2 meals, 2% have 1 meal and 2 % have more than 3 meals daily. Over half of the children (57.1%) have

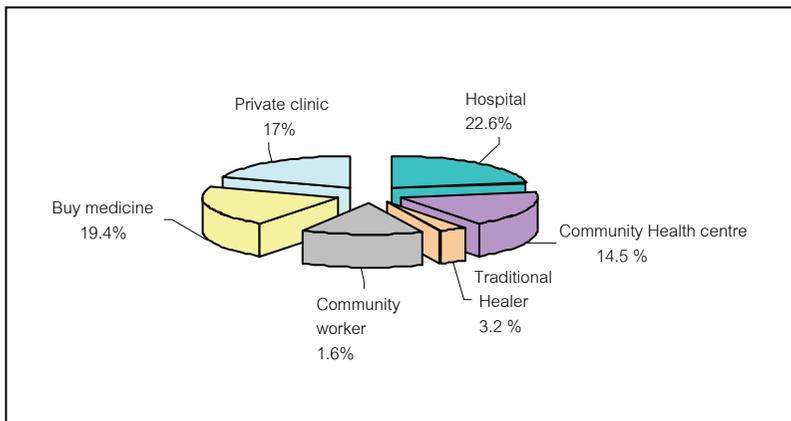
rice with vegetable and meat in typical meal. 38.8% have only rice and vegetable. Over two third of the respondents (71.4%) think the children have enough. Those who have infants feed them with breast milk and rice gruel, and no supplement food. Most of them use drinking water from deep well and shallow well close to their shelters, while few other use water from pipes connected to water sources. Most of them (87.8%) do not boil water for drinking, only 6.1% boil and 6.1% use filter before drinking.

4.3.2 Health condition and health care facility

At the current place, there are various healthcare facilities and personnel according to their perceptions, hospitals (35.1%), private clinics (26.3%), community health centre (19.3%), and a small number of traditional healers or spiritual doctors (3.5%) are also available. They send their children to hospitals for treatment (22.6%), to private clinic (17%), to community health centre (14.5%), to community health worker 1.6%), to traditional healer (3.2%), and there are a number of respondents (19.4%) who buy medicine to treat children illness. They bought medicine from doctor or health worker (26.5%), pharmacy (26.5%), grocery or market (10.2%) traditional healer (2%) and forest (2%).

The main health problems of children in the last three months were simple cold (25.2%), cough (17.6%), diarrhea (13.4%), fever (13.4%), headache (8.4%), skin problems (5.9%), vomiting (1.7%), malaria (0.8%), toothache (0.8%) and deafness (0.8%) with 10.1% of the children who are healthy.

Chart 25 Sources of treatment for children at the current place



The majority of them (73.1%) have no knowledge of HIV/AIDS, only 26.9% have heard about it from friends (10.7%), family members (17.9%) and television (3.6%). They know it is transmitted by sexual intercourse.

4.3.3 Education facilities for children in non-shelter area

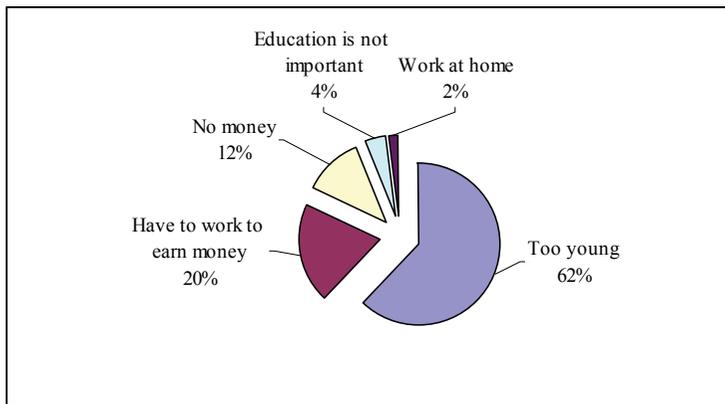
There are local public schools where non Thai children can get access to education. The number of children going to Thai schools is rather limited as most of their families are staying as illegal migrants. Only 11.11% have registered with Thai authority, but their status is as migrants who have illegally entered Thailand. The other education facilities that give education opportunity for non shelter displaced person children are private schools and non formal education centers in the current area. Private and non formal education centers are set up with support from Non Government Organizations, such as Shan Women's Action Network, Jesuit Displaced person Services for instance. In the area where this study took place, there

were two schools for non shelter displaced person children. There is a non-formal night school for children and adults who newly arrived; this school teaches mainly Thai language in order to assist these migrants to communicate and find jobs more easily¹⁴⁶. Another school is a day school which opens from Monday to Friday, located at a temple in the village with support from a Shan Human Rights group and local villagers. The school was first established with 2 teachers and 32 students in 2001. There are 5 teachers for approximately 200 students aged 6-14 years. Not all students attend school every day, on average there are 150-170 students a day. Only 1 teacher is from the local community and 4 teachers are from Myanmar (Burma). They teach Tai (Shan) language, English, mathematics and science. The school is quite a distance for many students as their families stay in farm houses or agricultural plants which normally are situated away from the village. There is a pick-up provided to bring children to school and back. There are plans to set up education centers for higher level after students complete the present level. Some children also attend night schools and there is one in the village

In this study, 74% of 87 children had not yet enrolled in any school. The reasons for not attending school were, apart from 62% who are too young, 20% have to work to earn money, 2% have to do housework, 12% have not enough money and 4% do not consider education important for the children.

¹⁴⁶ Night school has not existed since end of 2003 because of safety reason.

Chart 26 Reasons for children not attending school in current place



4.3.4 Risk of children in the non-shelter area

As they are not considered displaced persons and their status is illegal, Shan children in the study area are at risk of being arrested, the same as their parents. Only 11.11% have registered with Thai authority and obtained work permits which however do not guarantee their safety. The situation of the respondents varied according to the work place, for those who work in orange orchards, they are protected by their employers from being arrested but receive no protection for their labor rights. As many of them have to struggle for their living and support their families they have little chance but to take jobs that are undesirable for local workers. The jobs are sometimes risky and dangerous, for the respondents working in the orchards have to risk their health by working in conditions using hazardous chemicals in farming¹⁴⁷. Those who work as daily workers have no job security and more risk of being

¹⁴⁷ Interviewed staff of SWAN, during field study in January, 2003

arrested and deported. Children are exploited as child labor, received very low pays of Baht 20-30 daily¹⁴⁸. Findings from this study did not come across any sexual harassment and abuse occurring in the current situation but a few respondents and girls interviewed expressed their concern over this matter. The other concern is being arrested and deported back to Myanmar.

*“...I don't want to go back,
but if the police arrest me, I don't know what to do.”*

14 year-old Shan girl, Chieng Mai, Thailand

January, 2003

Asylum seekers from Myanmar who reside in the non shelter area have to face problems different from those who are in displaced person shelters. They have to struggle for their living which also affects children who have to work at early age. Though Thai policy allows migrant children to attend local schools, with their illegal status and financial problems, their chances in accessing education are rather limited. Their illegal status also puts them at risk of being exploited and there is no protection by labour law and they risk being deported back to Myanmar.

¹⁴⁸ Interviewed children during field study in January, 2003

4.4 Protection of children in Thailand

Thailand is a member to various international legal acts such as the Universal Declaration of Human Rights in 1948, the Rights to Development in 1986, Vienna Declaration and Programme of Action of the World Conference on Human Rights. The Convention for the Rights of the Child (CRC) came into effect in 1992 in Thailand with some reservations with respect to Article 7 and 22 of CRC. It has to be noted that Thailand is not a party to the 1951 Convention related to the Status of Displaced persons nor its Protocol of 1967. Thailand's policy toward displaced persons is based on a humanitarian approach rather than an application of the 1951 Convention. The following will consider the available protection mechanism in the CRC framework and other Acts.

4.4.1 Protection for children identity

As the children residing in the shelter and outside are of "illegal status" as displaced persons and Thailand has reservations on Article 7, the registration of children at their birth, and Article 22 regarding to the status of displaced person children and their protection, those children who were born of illegal migrants on Thai soil are not entitled to Thai nationality nor are any of the shelter population. Anyhow, the attempts from relief agencies, UNICEF, UNHCR and shelter committee have merged towards setting up the birth registration system for children born in the shelter. Currently, Thailand has agreed to provide any children born in the shelter to obtain a birth certificate,

but will not grant them Thai nationality¹⁴⁹. The attempt aims to provide documents to also acknowledge children who were born in Myanmar but who are residing in the shelter now. The procedure is in process and at the beginning of 2002, birth certificates had been provided to children who were born in the shelter since 1999, but not to children who are not granted permission from PAB. This problem and the registration of children who were born in Myanmar but now are living in the shelters needs to be taken into account as these children receive no protection for their identification. The same problem exists for the Shan children who are not eligible under any registration system.

Most of the children from Shan State do not have any formal registration with either the Thai authorities or UNHCR. For Shan children born in public healthcare centers in Thailand, the public hospital do not reject them for seeking the service though they are illegal, they are eligible to obtain birth certificates according to the latest policy of the Thai government but in some hospitals, they still have the problem of getting this document. Many Shan migrants are not aware of this policy and are afraid of seeking any rights due to their illegal status. This is also the problem for children who are born outside public hospitals.

Thus, the situation of the Shan children's identity is more complex than the Karen and Karenni children in the shelters. It will also be difficult to prove their nationality in the future, as birth registration is important to confirm

¹⁴⁹ Ministry of Interior, 2003

the existence of children as persons. Their basic right to be registered at birth is yet far from being attained.

4.4.2 for basic rights and development

For the children's rights to survival, Thailand allows humanitarian assistance for basic necessities: food and health care in the shelter for those who register and have permission to have "displaced person" status. The admission into the shelter is the one problem for children who follow their families. The non-functioning of the Provincial Admission Board since 2002 has left as many as 20,000 persons unregistered in the shelter¹⁵⁰. These groups are not eligible to receive any official assistance and have to rely on partly sharing with their shelter's neighbors and committee.

The problem of children outside the shelter is that they have no protection on this aspect either.

Another concern is about the living conditions that need to be considered as the policy of the Thai government to consolidate smaller shelters with a bigger one have led to overcrowded conditions. These conditions expose the shelter population to diseases and illnesses caused by the poor and unhygienic environment. Article 24 (b) of CRC reaffirms "the right of the child to the enjoyment of the highest attainable standard of health" and it needs to be applied to the condition of the children. The appropriate reproductive health service and family planning service for unmarried

¹⁵⁰ BBC *ibid.* p.2

adolescents need to be promoted for safe sex and to protect against unwanted pregnancy.

The protection for basic education for the children's development is granted for every child in the shelter where basic education is given. Article 29 of CRC, "Make higher education accessible to all on the capacity by every appropriate means" has to be applied for their development to full potential. However, the limitation of movement and limitation of the space do restrict broader activities for the children. The restriction of movement also disrupts parents' work and prevents them from performing their role properly in support of their children. The limitation of space and activities does not allow the children to learn enough lessons in preparation to face the reality of the outside world when they are repatriated.

Receiving basic education is more of a problem for children outside the shelter who still struggle for their rights; though some of them have been accepted in local schools regarding the implementation of the Ministry of Education regulation, issued since 1992, there are no birth certificates provided. It is considered a privilege to receive basic education not the rights of the child as many schools still do not follow the Ministry of Education regulation. Furthermore, the disruption to education for non-shelter children occurs from their need to struggle for a living. The children have to rely on what the parents can earn or have to help their families by working and earning income themselves. Their rights to education are not protected so far.

4.4.3 Protection from violation

Most shelters are located close to the border and as there have been attacks on the shelters by the military in past years, the safety of the shelter locations needs to be reconsidered. The consolidation of small shelters together may not solve this problem.

More people in the limited space together with the limitation of movement can lead to more stress and violence in the shelters. The possible protection mechanism at present is the sub-committee on gender-based program which needs to have more participation of family members and community. Domestic violence happens in many families in the shelters. The lack of appropriate channels for children to consult trained professionals regarding their problems and the lack of counseling for victims of violence may lead to severe problems. The situation also reflects the lack of awareness or any support for the children who may seek assistance. The structure of shelter authority or administration body, though reflecting the responsibility and acknowledging the importance of children, does not necessarily represent the need and voice of the children. The shelter environment and the monotonous daily activities have driven the psychological need of children to a lower priority, below the physical need for survival. The entire dependence of the displaced person population on external assistance does not leave them any motivation to initiate any system to address or respond to children needs. There is no counseling or any mechanism to assist misbehavior in children either. There is no protection for children who commit crimes and their cases which never brought to the court reflect the unawareness of their rights.

There is no protection for children outside the shelter who are more vulnerable to exploitation. The labor protection does not apply for the registration of their parents and they receive no protection against child labor either.

The protection mechanism for children outside the shelter involves the Thai authority acknowledging their status. The latest registration policy allowing the migrants from Myanmar, which included the group of Shan displaced persons, to apply for registration is a good opportunity to make their existence known. Anyhow, the registration is only a temporary relief and there is still no long term policy to solve the problem of Shan displaced persons.

CHAPTER 5

ARMED CONFLICT SITUATION: MPACT ON CHILDREN

The armed conflict situation and war time violence have an unavoidable effect on the civilian population including the children. Children experience the incidents in terms of separation from or loss of their family members, especially their loved ones, physical violence, and injuries from the fighting or related incidents. The impact of such experience on children may cause behavior changes, dysfunction in social activities and psychological difficulties.

EXPERIENCE OF ARMED CONFLICT SITUATION AND RELATED VIOLENCE

This chapter will reflect the impact on children from the armed conflict situation and related violence using data collected from focus groups interviews with 119 children, selected case studies, information from their families and key informants. The earlier chapter indicated that children from three ethnic areas had experienced the conflict and violent incidents in various forms; their experiences are similar in context but different in form or degree of severity.

The following table illustrates the children's experiences or the violence they witnessed while they were in their original areas:

Table 52 Direct experience of armed conflict and related violence in 3 ethnic areas in Myanmar

Type of violence	Children in Kayin State	Kayah State	Shan State
Direct experience			
Starvation from food destroyed / inadequate	✓	✓	✓
Physical abuse (Beatings, etc.)	✓	✓	
Sexual abuse			✓
Injury from fighting / violence situation	✓		
Detention		✓	
Forced labour (porter, soldier)	✓	✓	✓
Landmine	✓		
Loss of parent	✓	✓	✓
Loss of relative	✓	✓	✓
Indirect experience			
Disruption to education	✓	✓	✓
Disruption in performing function in household chore	✓	✓	
Social isolation		✓	✓

The impact from the bad experiences has affected children more or less according to their coping mechanism. The children's physical and mental

health and personality, social and cultural background, family and social support mechanisms are some factors related to their ability to cope. There have not been any psychological tests in this study nor was any mental health history of the children available.

The impact of the armed conflict and related incidents are observed from the following aspects: function in daily and social activities, changes in behavior and self esteem, and psychological difficulties.

5.1 Children from Kayin State

The majority of the children interviewed in Mae La Shelter reside with at least one of their parents. There are 8 children who stay in the orphanage and boarding school. The composition in the family to some extent shows a pattern of family migration because quite a number of the children also have other relatives apart from their brothers and sisters staying with them. All of them are Karen.

All of the children were displaced in Myanmar, mainly because of being threatened and the fighting. There is only a few percent of those forcibly moved and only a small number of those who have been asked to move to evacuation centers. Almost half of them feel they are directly targeted by armed groups.

Conditions of violence the children faced in Myanmar are various. Many children experienced an invasion of Burmese soldiers into their village, taking their crops, food, demanding labor fees, forcing them to relocate and sometimes raping the girls. A number of the children reported that they or their fathers were forced to work for the troops. Some experienced a loss of

relatives and family from being killed and injured by landmines. A few small children only heard gunshots and do not understand what had happened. Their experiences are as follows:

*“Even though I had a baby,
I still had to work as a porter for the SPDC,
carrying one baby on my front and the load on my back.”*

18 year-old Karen girl, Karen shelter, Thailand

*“We saw the soldier come to our village
and we hid ourselves in the jungle,
my uncle did not come and was shot then.”*

16 year -old Karen boy, Karen shelter, Thailand

5.1.1 Function in daily and social activities

Before they fled to the shelter, many children did not perform any duty in the house as they have to move very often but some children, mostly girls, helped their mothers in domestic work. At the current place, most of them have a duty in helping their family at least in household chores. They are various chores ranging from pumping water, taking care of the younger children and cooking, to farming and growing vegetables and raising cows. In comparison, the younger groups of children are likely to like doing household activities more than the older groups even though each has his/her own preference about what kind of job he/she likes. For instance, one child likes cooking and pumping water but dislikes farming. Many in the older groups indicated their likes based on their personal interests such as playing

music, sports, reading, visiting friends and staying at home. There are a few young children who stay in the orphanage and boarding schools and do not have any duties. Those who started doing household chores in the current place do not reject these tasks, but instead they feel that these duties give them valuable lessons.

Although only a few children mentioned education in their daily life, an interview suggests that education can take up much of their time. For example, every day one 17-year-old child wakes up at 4 am to cook for breakfast, then at 8 am goes to school until 3 pm when he returns home to help with cooking, washing, then eating dinner and reading books before going to bed. This schedule of activities is typical for many children.

Apart from their daily activities, many children play sports, join in music lessons; most of them practice according to their religious belief regularly, and participate in festival and traditional activities held in the shelter.

There are a few children who prefer to read books and learn music rather than participate in social activities as they lack confidence in their capacity to show their talent in public.

From the children interviewed, most of them function in daily and social activities quite well but there are a few of them who do not like to participate out of their laziness, preference and lack of confidence.

5.1.2 Behavioral change and self-esteem

The changes in the children's behavior are not obviously seen but there are some changes in comparison to their previous behavior. A distinct case is a boy who expressed his anger as follows:

*"I feel angry every time I think of Burmese soldiers
and wish I could battle with the soldier."*

18 year-old Karen boy, Karen shelter, Thailand

The picture he draws in the focus group shows him holding a gun and aiming at a Burmese soldier. He informed us that he feels angry rather easily, this change occurred in his personality and differs from his normal personality; it occurred after he lost his father and uncle in the military attack on his village.

A girl expresses that she has lost her confidence and has less self-esteem, feeling helpless in being in displaced person status:

*"I feel unconfident and helpless,
unable to stay in my own home
and have to rely on other persons."*

17 year-old Karen girl, Karen shelter, Thailand

Most of the children in group discussion do not have a problem of social isolation but they informed us that there are children who dislike being in public with many people involved. Among the group, a few children were also reluctant to express their ideas and showed lack of confidence.

Information from key informants and teachers reported that most children in school are able to follow their lessons though there are differences in their performance and there are children who show lack of interest in learning. There are children who drop out from school as they are not doing well in the exams. Data from key informants also showed that the affected children can be socially isolated and lack self-esteem which needs to be carefully addressed. This is evident in some children who find it hard to go to school because of their lack of educational background, or being older or younger than their counterparts in the same class. Moreover, although living inside the shelter provides the children with safety, a few expressed a concern relating to their status outside the shelter.

Overall, the children's feelings about themselves are both negative and positive. Some feel they are helpful, diligent and fun. The others feel they are lazy, shy and not good-looking. It is noticeable that girls and younger children have expressed more bad feeling than a group of older boys.

5.1.3 Psychological difficulties

The children's previous experiences in Myanmar have resulted in some children having feelings of unfairness, hatred, fear, depression and discomfort. Such negative feelings are aimed at Burmese soldiers. Some children express their fear of loud noises, which recalls the sound of gunshots. Some of them have sleeping and eating difficulties. The impact of the conflict towards the children is particularly intense in the immediate period after the incident.

There is some impact from being in a violent incident found among children though not on a large scale. For younger children, some of them have difficulties in eating and they are fearful and lonely. Similarly, the older ones feel sad, angry and have difficulty in sleeping.

"I often had uncomfortable sleep when I first came to the shelter and sometimes had bad dreams of fearful things though I couldn't remember them now."

15 year-old Karen girl, Karen shelter, Thailand

"Feel sad when thinking of my home and village, we used to have a peaceful time before the military came, I still miss my hometown, unable to sleep sometimes."

14 year-old Karen girl, Karen shelter, Thailand

"I don't feel like eating, but I can sleep. I'm frightened of loud noises, it is like the gunshots when the army came to my village."

9 year-old Karen boy, Karen shelter, Thailand

"I miss my grandma and feel lonely, she didn't want to leave our village."

8 year-old Karen girl, Karen shelter, Thailand

In spite of the above negative feelings, most of the children still have hope toward their family and country. Regarding their wishes, a group of 15- to 18-year-old boys seem to wish specifically relating to their country more

than other groups, that everyone will have education and family; and wish their country to have peace and freedom. The other group in the same age range has their wish more individual-oriented. They want to have houses, enough food and high education. When asked what they wish for their family, community and country, peace and national freedom are their desire. Similarly, some younger children want to have an education, a job and money. Others wish to stay with their parents, have their grandparents here in the shelter or go back to Myanmar.

There is a concern that needs to take into account the domestic violence that occurs in some families. Alcohol consumption of the father is most often quoted. Not many children mention a problem due to arguments between their parents. Some have a minor fight with siblings. Economic problems are raised as their parents have no jobs, not enough food, no household furniture and no money. Gambling is not a serious problem and no one mentioned about drug intake. A few said they have health problems such as headache and fainting. Moreover, having too many children can be a problem for parents as they can not take care of all their children. This also results in some of the children being unable to attend school because of their duty to help their parents in taking care of their younger siblings. Child abuse is rarely found; however, there are a few cases where children are detained by the security committee of the shelter.

5.2 Children in Karenni shelter

The data shows that most of the interviewed children stay with at least one of their parents in the shelter. There are quite number of children

staying with relatives and friends, and teachers at school. In the latter case, the death of parents is the main cause of family breakdown. The parents were shot dead, became sick or died from violence. A few indicated that their parents are still in Myanmar.

All of the children had had an experience of displacement before arriving at the shelter, and almost half of them gave the reason of being threatened. Other reasons of displacement include fighting. Many children have direct experience of soldiers breaking into their village, taking their crops and some experiences of forced labor. A number of children indicated that their parents were forced to work for the military also. The loss of relatives and family members was experienced by a few children. There are a great number of them who experienced internal displacement.

“My mother was to work for soldiers.

When she came back, I was forced to work instead.”

14 year-old Kaya boy, Karenni shelter, Thailand

“The soldiers came to our village

and took our rice, sometimes burned the houses.”

12 year-old Karenni girl, Karenni shelter, Thailand

5.2.1 Function in daily and social activities

Many children had helped in domestic work before, or at least helped to look after their younger sibling. In the shelter, most of them have a duty in helping their family and only the young children in the orphanage and

boarding school do not perform any duties. The duties of the children are various ranging from getting water, cooking, looking after young sibling, farming, to collecting plants from the nearby forest.

Most of the older children expressed their interest in participating in shelter activities and education. Only a few children mentioned they dislike going to school because they are unable to follow the lesson.

The children like to participate in sports games, festivals and traditional activities. There are some children who do not visit church or temple because their parents are animists, but they help to prepare things to use in worship anyhow.

There are children who prefer to play sports and read books but complain about limited material. Many children obviously lack confidence to express their views in focus groups though they answered that they are having no difficulties in performing their household duties. Information from the children assured us that they participate in daily and social activities smoothly but there are a few of them who do not like to participate at a broader level like shelter festival traditional activities.

It is worthwhile to report the case of a girl staying with her relative who later moved to the orphanage; she explained as follows:

*"I had no time to study,
I had to do everything in the house for my aunt
though she has two daughters.
She often scolded me when I tried to study."*

17 year-old Karen, Karenni shelter, Thailand

5.2.2 Behavioral change and self-esteem

A few children reported they have behavior change and low self-esteem, though not great, as the result of the violence. A girl expressed about how her behaviour has changed from what she used to be like:

*“I used to laugh a lot, but now I feel sad and frightened
as my father was shot dead and my mother sent me here.
I don't feel like laughing as often as I used to, I miss my parent.”*

13 year-old Kayah girl, Karenni shelter, Thailand

*“I feel unconfident to study,
I never attended school till I came here.”*

14 year-old Kayah boy, Karenni shelter, Thailand

Most of the children in group discussion do not successfully participate in social activities and prefer to stay with their friends; this happened more among younger children especially children in the orphanage. Information from older children who look after them expresses their concern about their care giving and they themselves do not how to console them when they feel sad. A boy, being a porter many times, staying with his mother, seldom participates in any social group and shows his low self esteem.

From the discussion, it can be seen that most of the children have positive feelings toward themselves. They feel that they are capable and good. The rest, though not many, feel they are shy, not capable and unlucky. It is noticeable that children who had direct experience of physical abuse and

are living isolated from others, have negative feelings and low self esteem about themselves.

5.2.3 Psychological difficulties

The children's psychological difficulties are reflected in having feelings of hatred, discomfort, fear and depression. A few boys expressed their aggressiveness, wanting to take revenge for the unfairness. Small children indicated their fear of violent attacks which lasted up to the present time as they fear some little incidents. A number of them have difficulties in sleeping and eating.

*"I often had bad dreams, sometimes dreamt of explosion,
I'm frightened of the soldier coming to catch me."*

10 year-old Kayah girl, Karenni shelter, Thailand

*"I don't like to eat when I think of my family in my village,
I don't know when they'll come."*

9 year-old Kayah boy, Karenni shelter, Thailand

*"I feel sad and miss my brother, sister,
sometimes I wake up at night and cry."*

11 year-old Karen girl, Karenni shelter, Thailand

*"My father was arrested,
I don't know whether he is alive or not,
I'm unable to sleep and often cry."*

15 year-old Kayah girl, Karenni shelter, Thailand

The majority of the children feel safe at the shelter though a few expressed their concerns of an uncertain future. Problems in the shelter for younger children are physical ones rather than psychological ones, such as fighting, stealing and involuntarily having to carry heavy water containers. For older groups of children, one expressed her fear of sexual abuse which she had heard of, another one addresses her concern of food shortage and quarrelling of parents.

Although many children have a negative feeling about the conflict and violence in Myanmar, what is also found is their hope for the better. Many of them wish to take part for a change in their country directly or indirectly. Those in a younger group wish to become a leader while the rest in older groups, particularly the girls, have more diversified ideas of how they can be of help to their country such as being doctors, nurses, office workers, and teachers. Moreover, if the situation allows, they would like to return home.

5.3 Children in non-shelter area

Most of the children stay with their parents or have at least one parent with them. All of them are from the Shan State. Most of the children have an experience of displacement, mainly because they feel threatened and unsafe. Moreover, most of them have been directly targeted by armed groups.

Experiences of violence are found in a number of children. They witnessed shooting, beating, burning and one witnessed a rape incident. Some have had their relatives beaten and killed. Many are threatened for food

and valuable things. Some children's relatives became soldiers of the opposition group.

For older children, there were problems of unpaid wages, forced relocation and forced labor.

5.3.1 Function in daily and social activities

Many girls had helped in domestic work before fleeing to the current place. At present most of them have household duties, such as cooking, fetching water, cleaning houses and helping their family earn income. There are a few young children who do not work and are not doing any household chores at present.

Many children express their sadness, being unable to gain access to education and participate in community activities as they would like to. Only a few children mentioned about having no interest in schooling and preferring to work for income.

The children do not have much opportunity to participate in social activities, because of their illegal status. They participate most in religious ceremonies in the local community but they often pray at home. Information from the children indicated their capability in performing their daily activities and eagerness in helping families.

"I help my family to work.

Though I like to study, working is also fun,

it helps my family to have money."

11 year-old Shan boy, Chiang Mai, Thailand

A few children who have the opportunity to study in Thai schools expressed their fondness of studying. They said studying is fun though their parents have to pay for books and uniforms. They do not have any problems integrating with the local community but they feel uncertain about their future. However, because the children have to assist their parents in work and sometimes the work needs them to move to other areas, many children find their studying is irregular while some have to stop going to school. A few children, without parents, earn money for themselves and siblings.

5.3.2 Behavioral change and self-esteem

All the children interviewed have had a bad experience with the Burmese soldiers. Most of them saw the troops kill and beat people or their relatives, take things and burn villages while others have less direct experience as they heard the stories from other villagers. An immediate reaction to the incidents is fear. Many children feel so scared that they dream of the troops and the dead. However, many children have to struggle for their living which keeps them busy with their present lives though they still express their anger toward Burmese soldiers.

Being able to earn some money for the family enhances the children's self esteem, to see themselves as valuable members of the community, as a number of them said they are pleased with their responsibility; it is the key factor that makes children in the non-shelter area seem to have high self esteem. Anyway, there are cases of a few children who feel helpless, unable to stay peacefully in their hometown.

*"I don't have much confidence,
I don't know when I can go back to my country."*

14 year-old Shan girl, Chiangmai, Thailand

5.3.3 Psychological difficulties

It can be said that the psychological effect among the children in this area is quite limited, although some psychological symptoms do exist among some of the children. Not all of them feel safe in Thailand, especially the older ones. In general, many younger ones seldom feel bad and fearful feelings seem to have faded. Even in a focus group, it is found that the children feel fun and happy to talk about their stories, even the sad experiences. When asked what they think of themselves, almost all the children replied positively. They said they are talkative, cheerful, funny, good, kind, smart and easily laughing.

However, feelings of sadness and lack of confidence still exist, resulting from past experiences in Myanmar and also the present situation in Thailand as some of them expressed as follows:

*"At first, I cannot eat at all...
I want my brother, sister to come here
but they cannot come at the moment."*

14 year-old Shan girl, Chiangmai, Thailand

*"I'm afraid of being arrested,
the authorities will send me back,
that frightens me most."*

16 year-old Shan girl, Chiangmai, Thailand

The children's wishes are both related to their living standard and their country. Many want to have a good education, good job, money, houses, land and freedom. They want their family to stay together. While some said they want to stay in Thailand and get identity cards, others wish to go back when freedom emerges. Their wishes for their country are to have peace, economic development and Burmese defeat.

Anyhow, information from leaders of ethnic group indicated their concern about the status of asylum seekers from Shan State as not all of them register and obtain work permits. A few respondents even expressed their anxiety of being arrested though they are holding work permits as they already heard of such cases. They feel they have no protection from their employers and even less from Thai authorities.

The information presented above reflects negative and positive impacts of armed conflict and related violence on children. Children from the three ethnic areas in Myanmar, in Kayin, Kayah and Shan State, had experienced violence from the military force and they had been physically abused during their forced services for the military. Their direct and indirect experience led to some difficulties in their performance in present daily activities. Anyhow, the children interviewed are able to integrate themselves to the present situation and environment rather smoothly. The children inside and outside the displaced person shelters do not show great differences in their self esteem but children in the non-shelter area seem to express more confidence as they have more responsibility in helping their families to earn income. The factors that help in increasing the children's self-esteem also come from their participation in household chores which the difficulties in

Myanmar disrupted them from doing. Their confidence is also gained from access to education though there are some children who still lack confidence to join the classroom.

There are signs of emotional and psychological difficulties such as difficulty in sleeping and eating, loss of appetite, depression, and becoming easily frightened occurring among the children. There are a few cases of children who become isolated from society, due to their past experience and lack of confidence, and children who are more aggressive out of their anger toward the military who gave them bad experiences. Anyhow, the effects have faded over time and they have gradually integrated into the environment. The negative feelings do not result only from past experiences but also come from uncertainty about their present status, especially for the children in the non shelter area.

However, though their past experiences may not be happy ones, most of the children still have hope for a positive side of their lives. They have wishes not only for themselves and their families but many children want to contribute to their society. Most of the children, in and out of displaced person shelters, expressed their attachment to their community and country of origin and their wish to go back when there is peace in their homeland.

The chief concerns that should be taken into account are the violence which occurs in the present day, the risk of domestic violence and sexual harassment that happen in the displaced person shelters. The needs of the children and their development still lack an appropriate approach, apart from the basic education they receive. This problem is greater with

children in the non shelter area because of the disruption to education and basic rights.

The children's coping mechanism seems to work well but the repeated violence and abuse in the current situation can lead to long term trauma and more serious psychological problems.

EXECUTIVE SUMMARY

LIFE IN MYANMAR

As of 2004, the internal conflicts in Myanmar are still unresolved and have driven hundreds of thousands out of the country to seek asylum in neighbouring countries, particularly Thailand. Currently, there are over 135,000 asylum seekers registered and living in 9 displaced person shelters along the Thai - Myanmar borders, most are Karen and Karenni. Moreover, there are people from Shan State currently residing in Thailand but not in official shelters.

The findings have been collected from 162 respondents who were originally from 45 villages of 20 townships of the three states, Kayah, Kayin and Shan. The respondents are comprised of Karen Skaw and Po, Kayah, Pa-O, Myanmar (Burman) and Chinese. They follow different religious beliefs- Buddhist, Christian as well as animist and traditional beliefs.

The respondents were from different backgrounds, the majority was farmers, and the rest were laborers, merchants, fishermen, gardeners and unemployed idle. Most of the farmers worked on limited land and children had to use their labor to help their families. They are often faced with food insecurity as their crops and the small number of livestock they raised were taken or destroyed several times and more than half of them could not earn any income and the rest had only irregular and small income - only a few who were able to earn more than USD 50 monthly.

There were healthcare facilities in some areas, but there were problems of qualified personnel and some of them had no access to

healthcare services, especially respondents who became displaced and moved from one place to another.

Despite the high literacy rate reported in Myanmar, only one third of them had an educational background and there were only a few who had attained a higher level of education than secondary level. Moreover, children who are already at school age had problems gaining access to schools though there were educational facilities in the areas. There were problems of poverty, long distance from home to school, schools were often closed, and the conflict in the area that stopped children from attending school. For those who could access the education system, there were problems of sufficient and efficient personnel, absence of teachers and ethnic discrimination in school.

Apart from limitation to basic services, there were problems of violence in the areas. Some children were recruited and forced to work and serve the military armed forces where some were abused and tortured during their service. There were incidents of physical and sexual abuse in many areas and the problem of landmines in some areas. Before they fled to Thailand, some of them were already internally displaced inside Myanmar.

Findings indicated that while they were in Myanmar, the protection mechanism for children was inadequate. They had no protection for their basic rights. Very few of them have been protected regarding their identification. Almost all the children from this study have no identification documents, only 0.5% out of 369 children are holding birth certificates. Their rights to development regarding education were disrupted due to violence and ethnic discrimination.

There had been no protection mechanism to prevent children from violation either. Children had been recruited by military and insurgents and became victims of physical and sexual abuse.

LIFE AS ASYLUM SEEKER IN THAILAND

Food and shelter are provided for children who reside in the shelter. Only a small number have supplementary food from vegetables and plants they grow on the limited available land in the shelter or collect more food from the forest around the shelter. Many children do not have protein food source except the yellow beans and fish paste provided. There are a small number of acute malnutrition cases in some shelters, and chronic malnutrition which reflects the long period of inadequate food the children received.

The health prevention program provided in the displaced person shelter has improved children's health condition, compared to when they were in Myanmar. Anyway, the children in the shelter still suffer from some health problems. Lower respiratory tract infection, diarrhea, malaria, typhoid (dengue), dysentery skin disease, and measles are leading causes of children's illness. The crowded living space and poor hygiene are among the factors causing children's health problems.

They have no problem accessing health care facilities in the shelter though a small number of the respondents still prefer to use herbal medicine or seek services from traditional healers.

Access to basic education is not the problem in displaced person shelter but the opportunity to access a higher level of education is still a problem due to limited resources. There are education facilities in the shelters

from primary level to higher level and accelerated schools for children and adults who have no education background or cannot catch up with the normal classes. Educational materials and books are limited, and most of the children do not own any books but can read books from the libraries. Parents are required to contribute a small amount to schools on voluntary basis but although this is a small amount it still stops some parents from sending their children to school as they cannot pay it. Standardization among the shelters and accreditation are still problems of the education system in the shelters.

There are training courses on agriculture, sewing and weaving, medic training, sewing, automobile mechanics available in the shelter. Other activities that children can perform are sport and music.

There are 2297 'separated' children in all 9 shelters. Some of these children have lost their parents, some are separated from their families, but some have been sent here by their families. The social workers and teachers are trained to provide emergencies assistance to the problems of unaccompanied children in the orphanage. A tracing system to reunite these separated children with their families is yet to be fully implemented.

Some children are victims of sexual harassment and domestic violence which occur in the shelter. During 2000-2003, 93 cases of violence and sexual harassment took place in the 9 shelters in Thailand. The actual violence cases, especially sexual abuse, is possibly higher than the recorded number as the sensitiveness of the cases, social norms and stigma are factors that make victims reluctant to bring their cases to court to charge the perpetrators. There has not been any appropriated counseling for the child, as victim of violence cases at the time of this study. There are problems of

arranged marriage and premarital sexual relationships in the shelters which lead to unwanted pregnancies.

Basically, crime cases that occurred in the shelter have been dealt with by the shelter committee who make decisions about which level of punishment to mete to each perpetrator. There are legal codes set up in the shelters for each crime but there is no data available of the actual incidents and punishment. Child abuse and domestic violence have not been taken seriously and domestic perpetrators normally received only light punishment, such as verbal warnings. There are a few cases of children, during the past 1-2 years, being detained for stealing, drug and alcohol taking, the detention period just lasted for a day but the charges have not been recorded. Recently, Thai authorities have been involved with serious crime (e.g. murder and rape) in displaced person shelters and more cases have been brought to the Thai justice system but the decision to bring the case to legal authority is still depending to the shelter population.

For Shan children who reside in the non shelter area, most of them settle in northern Thailand as illegal migrants. Among the respondents of this study, only a few of them hold temporary work permits which they obtained from registration under the amnesty policy of Thai government. Small and limited informal support is provided by relief agencies through the local community who are the same ethnic group. From the findings, over half of them have regular monthly incomes less than USD 20 and only a small number who can earn more than that while the rest have irregular incomes. Their incomes have been used for their food, there are only a few who can grow vegetables and raise livestock. One third of the respondents considered

their children were not having enough to eat. The children's wages are normally lower than, sometimes not even half the wage of adults. Some of the child laborers have no access to school.

Children in the non-shelter area have access to informal schools set up by ethnic group and relief agencies. There is a night school, teaching only Thai language to assist them to easy job seeking. A small number of children have access to local schools but there are many expenses they have to bear. Another problem is the long distance from the living shelter to the school.

The registration for temporary work permits does not allow children under 18 to register. The Shan children in the study area are at risk of being arrested, though there are not many inspections carried out so far. A small number of them are protected by their employers from being arrested but receive no protection for their labor rights and face poor health conditions caused by using hazardous chemicals in agriculture areas. Those who work as daily workers have no job security and more risk of being arrested and deported. Findings from this study did not come across any sexual harassment and abuse.

The findings indicate that most of the children have no difficulties integrating themselves to their present situation and perform well in daily and social activities. There are a few who still have problems in learning and social activities, especially in the displaced person shelter. There are children who are more aggressive, resulting from the violence they experienced and there are signs of psychological difficulties: difficulties in sleeping and eating, bad dreams, loss of appetite, feeling depressed, being easily frightened occurred among the children. There are children who feel they have low self-esteem,

less confidence and changed behavior from what they were before. These children had bad experiences confronting the violence from the military force and had been physically abused during their forced services for the military. For most cases, the changes are not great, and the impacts have faded over time. Education is one key factor that keeps children occupied most of the time and assists them to adjust to the present situation. Anyhow, children in the non-shelter area have less access to education but are involved more in their survival and in income generating for their daily living.

Basic rights protection for children in the shelter has been granted but not for children in the non-shelter area who have to struggle for their survival. The same as basic rights to education, there is no mechanism for children outside the displaced person shelter to protect their rights to education. Only children inside the shelter are eligible to education and some vocational training. The protection mechanism for children from violation has been set up for separated children who are considered the most vulnerable ones in the shelter. There is no protection and prevention mechanism for children in general to report their problems, and any problem of violence and abuse which occur in the shelter may lead to more severe problems.

Children outside the displaced person shelter are more vulnerable because of their illegal status and they have no protection at all from all forms of violation. The little amount of protection received from relief agencies and employers is limited. They receive no protection as child labor, regarding working conditions and wages as many of them are children.

RECOMMENDATIONS

To the Thai government

1. Ensure the safety of the shelter from the outside attacks including the safe location of the shelter.
2. Consider its relationship with Myanmar government; join with ASEAN and other international efforts towards pressuring for democracy in Myanmar.
3. The status and condition of “displaced persons” applied to the shelter population need to be considered as they flee from the impact of conflict situations, out of “well-founded fear of persecution” which regard to the definition of displaced person status. The condition of illegal status should be lifted as these people did not commit any crime in fleeing to Thailand out of their fear and the unbearable difficulties which were obviously caused by the ethnic conflict.
4. Reactivate the responsible authority to consider granting permission into the shelter to assure the status of the group of people who comply with the above conditions and are waiting for permission.
5. Allow the relief agencies to improve the living conditions in the shelter and reduce all the factors which result in poor and unhygienic living conditions, including the location of the shelters.
6. Allow more education opportunity for children from the shelters to achieve broader potential, and access to new education technology and equipment should be permitted.

7. To monitor the implementation of the laws and regulations regarding to the well- being of children in the shelter and outside: access to education and health care services.
8. Enforce the severest punishment for the perpetrators of the crimes against the children.
9. Lift up the restriction of movement of the shelter population and permit those who do not want to receive external aid to seek certain kinds of work while staying the shelter.
10. Consider the condition of other ethnic groups who have been under the same attack and prosecution as the Karen and Karenni and permit them to receive the same protection and assistance.
11. Permit the UNHCR to enforce the screening process for the group to assume the temporary asylum status.
12. Enforce the laws and regulations to provide protection for the group from being deported while waiting for the procedures to take place.
13. Consider the screening of Shan children and displaced persons who want to stay in the shelter and allow the setting up of Shan shelters once the screening process is done.

To United Nations High Commissioner for Displaced person

1. Cooperate between countries to monitor the problems and protection mechanism to prevent ethnic children in Myanmar from all forms of violation.

2. Strengthen the cooperation with the Thai government to consider granting permission into the shelters for those awaiting such permission and new arrivals.
3. Cooperate with the Thai government to issue the status of asylum seeker to other groups outside the shelters.
4. Cooperate with the Thai government and UNICEF to support the existing protection mechanism for children and shelter population from violation.
5. Strengthen the capacities for relief agencies to set up protection mechanism for children from Myanmar who stay outside the shelter.

To United Nations Children Funds

1. Strengthen the cooperation between countries to monitor and advocate better protection for children in ethnic areas.
2. Cooperate with the Thai government and relief agencies to support the existing protection mechanism for children in and outside the shelters.
3. Cooperate with relief agencies to promote the community awareness in addressing the violence and child abuse in the shelters.
4. Advocate and support the participation of children to voice their needs.
5. Advocate and support the relief agencies to monitor and cooperate with the local authority to protect ethnic children from Myanmar.
6. Support children who are competent and express strong commitment to study at the higher education level because education is the best mechanism to assist children in conflict situations.

To Humanitarian Relief Agencies

1. Cooperate in and advocate the improvement of shelter conditions to reduce the risk factors regarding poor health condition of children.
2. Advocate and promote the strength of parents and community to support children with psychological difficulties.
3. Strengthen the cooperation between children, parents and teachers to prevent the risk factors leading to violence in the shelter.
4. Advocate and promote the awareness of child rights to the family and community in and outside the shelter.
5. Promote full participation and support the children to express their needs and problems.
6. Cooperate with the Ministry of Interior and Ministry of Education to broaden education for children in the shelter and outside.
7. Advocate reproductive health program and education and provide family planning and counseling for adolescence in the shelter
8. Advocate and cooperate with local community and authorities to protect the ethnic children from violation.
9. Cooperate with the Ministry of Labour to provide protection for children 15 years and above to be registered to work part time to support their families.

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