GENDER BASED VIOLENCE AMONG DISPLACED COMMUNITIES IN SITTWE TOWNSHIP, RAKHINE STATE

A Knowledge, Attitudes and Practices Study

September 2016

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Executive Summary

Since late 2012, around 100,000 people in Rakhine state's Sittwe Township have been living in temporary camps for internally displaced persons (IDPs), forced out of their homes following a wave of inter-communal violence between the state's Buddhist and Muslim communities. Evidence from existing studies and field teams' experience on the ground all indicate that the psychological, social, economic and environmental impacts of displacement and conflict on affected communities and individuals have resulted in women and girls' increased vulnerability to gender-based violence (GBV), including intimate partner violence, child marriage, sexual assault and exploitation, and human trafficking. In particular, constrained livelihood opportunities, breakdown of community structures, disrupted gender roles, unsafe shelter and camp design have all been reported as key contributing factors. In Muslim camps especially, these issues have been further exacerbated as movement restrictions continue and a return to normal life appears further away than ever. However, the upheaval of displacement may also present entry points for efforts to improve gender equity, as communities are exposed to alternative models of gender relationships through behaviour change, messaging campaigns, or livelihoods activities provided by humanitarian actors.

Since 2014, the International Rescue Committee (IRC) has been implementing GBV programming in both Muslim and Rakhine communities in Sittwe. Supported by the UK Department for International Development (DFID) and the Swiss Agency for Development and Cooperation (SDC), and building on previous support from the United Nations Population Fund (UNFPA), its activities focus on treating the consequences, and reducing the risk of GBV perpetuated against women and girls. After 18 months of programming, and with the crisis entering its entering its fifth year, IRC decided to conduct a knowledge, attitudes and practices (KAP) study to explore key dynamics of GBV in its core programming locations in the township. This was done in order to help its existing programming gain a better understanding of the current context, and to inform the design of new women's protection and empowerment programing aimed at achieving long-term change, and better suited to meet the complex challenges of an increasingly protracted crisis.

Data collection took place between July and August 2016 in five Muslim camps and one Rakhine camp. The study adopted a mixed methods approach consisting of 1) a survey of a representative sample of 634 individuals—one per household—stratified by ethnic group, gender, and camp, to provide quantitative data; and 2) six gender-segregated focus group discussions and eight key informant interviews conducted in two Muslim and one Rakhine camp to provide in-depth qualitative data for more detailed contextual analysis of the trends observed in the survey. *It is important to note that due to the small size of the Rakhine camp under study, a larger sample size was achieved for Muslims than for Rakhine. This means that survey data is reliable for making comparisons between Muslim men and women, but only provides an indicative view of broad trends for Rakhine men and women.* Key findings of the assessment are presented thematically below.

Service provision

The assessment began by discussing issues around service provision for women and girls, and exploring key barriers to access.

- Overall, Muslim survey respondents reported that services meeting basic needs such as health, reproductive health, and non-food items were most important for women and girls. By contrast, Rakhine survey respondents focused on livelihoods support such as skills development and cash as most important. This gap in priorities may stem from different camp contexts, where Muslims are more heavily dependent on humanitarian providers for access to basic needs owing to movement restrictions, while Rakhine are able to access services but still face significant barriers to building secure livelihoods.

- Muslims rated health as the most difficult service to access for women, while Rakhine identified education. Especially in Muslim sites, male respondents were significantly more likely to describe women's access to key services as "difficult" compared to female respondents, with the main access barriers seen to be cost and distance. This may indicate exaggerated perceptions of barriers on the part of men, compared to more realistic assessments by women—who are actually the ones accessing the services. In cases where men have the final say over household spending or can restrict women's freedom of movement, this gap in perceptions between men and women could result in unnecessary restrictions on women's ability to access services.

Human trafficking

The assessment's human trafficking component attempted to understand both the scale of migration in its target communities, and people's possible exposure to unsafe migration or trafficking. It then addressed people's awareness of trafficking, along with their perceptions of the risks involved and who was most vulnerable.

- Migration out of Rakhine state appears to be a common phenomenon among both Muslims and Rakhine: around one-one quarter of all households in both communities reported that at least one close family member had left the state in the past 12 months. In both groups, approximately two thirds of those reported as leaving were men and one third were women.

- Dynamics of migration differ significantly between communities, and appear to pose much greater risks for Muslims. Just under three-quarters of all Muslims who reported a family member migrating away reported that they were now worried about their safety—around 17% of all Muslim respondents, compared to only one-tenth of Rakhine or 2% of all Rakhine respondents. In general, Muslims reported that people were leaving to seek work or asylum in Malaysia and other Southeast Asian countries, and were entirely dependent on illegal people smugglers due to a total lack of licit migration options. Rakhine reported people leaving as domestic labour migrants, or to look for work abroad. Again, illegal migration methods were reportedly preferred for Rakhine travelling abroad, but were chosen over available legal avenues due to perceived lower costs.

- Women were found to have much better knowledge of trafficking than men. For both Muslims and Rakhine, women were more than twice as likely to correctly identify a human trafficking scenario from a list of possible options. Muslim women in particular were also more likely to view trafficking as a threat in their community compared to all other groups. And when asked about the possible risks of trafficking, men of both groups were less likely to mention threats that would specifically be faced by women, such as forced marriage, forced domestic work and forced sex work. In this respect, pluralities of all groups except Muslim men identified girls as the group in their community most vulnerable to human trafficking.

Child marriage

The study focused on perceived "normal" age ranges for marriage in the camps, as well as examining the drivers and decision-making around child marriage, and perceptions of its impacts on the lives of girls.

- Survey and focus group data indicate that child marriage for girls is endemic in Muslim camps, where the average age range for marriage among girls was reported as 15-19, and girls were only thought to be "too young" under age 15, or before menstruation. By contrast, data from the Rakhine camp suggested that marriage under 18 in this community is perceived to be relatively rare and socially frowned upon.

- Experience of displacement was reported through focus group discussions (FGDs) as a major driver of child marriage in Muslim camps. Muslim participants described how living in camp settings had disrupted normal rhythms of life, left people poorer, and led to a more

precarious safety situation. This had led to three trends, largely affecting girls: first, parents would seek to marry girls earlier in order to reduce the financial burden of supporting them, since prevailing marriage practices involve girls moving away from their parents to live with their in-laws. Second, parents would marry girls earlier since doing so was perceived to reduce vulnerability to sexual assault and harassment. Third, children themselves were more interested in marrying younger, since they were left with few activities to fill their days, and able to mix more easily with members of the opposite sex due to a lack of private living conditions.

- While practices around child marriage appear to indicate it is normalised in Muslim areas, survey responses appear to suggest that it is nevertheless negatively perceived. Almost no survey respondents among either community felt that child marriage would have unequivocally positive impacts on the happiness, health, safety or education prospects of a girl. This perception was supported by focus group data in which participants discussed in detail the possible negative consequences of child marriage, especially around early pregnancy. The possible causes for the difference in attitudes and practices were not specifically identified in this study. However, it is possible that early marriage is seen as a preferable alternative in the current situation, as has been indicated in previous assessments,[1] both as a protective measure against sexual assault and a perceived economic benefit due to dowry practices.

Violence Against Women and Girls and Gender Norms

The study began by examining attitudes around gender roles and relationships among the target population in order to assess the context within which intimate partner violence (IPV) takes place. It then moved on to examine understanding of the term "violence against women," discusses its perceived causes, and assesses perceived sources of support for survivors.

- Muslim women were found to have significantly more gender equitable views compared to Muslim men across a range of different issues, encompassing questions around household gender roles, to perceptions of intimate partner violence and control of resources. By contrast, Rakhine men and women were found to have generally similar views on these issues, which fell roughly mid-way between Muslim men and Muslim women in terms of overall levels of gender equity.

- Responses indicating much higher rates of exposure of Muslim women to GBV messaging compared to men raises the possibility that this gap in perceptions may have emerged or widened since displacement. By contrast, in Rakhine areas both genders reported relatively low rates of exposure to such messaging.

- Survey responses appear to suggest that IPV in particular is accepted and normalised among both communities, albeit significantly less so among Muslim women compared to all other groups: 27% of Muslim women and 78% of Muslim men agreed that "if a wife does something wrong, her husband has the right to punish her," as did 88% of Rakhine women and 47% of Rakhine men, while 45% of Rakhine men were "unsure." Meanwhile, 22% of Muslim women and 86% of Muslim men agreed that "a woman cannot refuse to have sex with her husband," compared to 98% of Rakhine women and 41% of Rakhine men (with a further 51% of Rakhine men "unsure"). Similarly, 33% of Muslim women agreed that "a woman should tolerate being beaten in order to keep her family together," along with 86% of Muslim men, 84% of Rakhine women, and 41% of Rakhine men, with a further 41% of Rakhine men "unsure".

- By contrast, gender equitable views related specifically to sexual assault appear to be quite robust among both Muslim men and women: 0% of Muslim women and 7% of Muslim men

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[1] Patricia Chesson, "Community-Based Dispute Resolution Practices for Gender-based Violence in IDP Camps in Sittwe, Rakhine State" (Sittwe: IRC/DRC, 2016), p. 14; Gretchen Emick, "IRC Women's Protection and Empowerment Initial Rapid Assessment: Women and girls' safety in Sittwe IDP camps" (Sittwe: IRC, 2014), p. 3

agreed or were unsure that "when a woman is raped, she is usually to blame for putting herself in that situation." These figures were more ambivalent among Rakhine, where 18% of women agreed, 14% of men agreed, and a further 63% of men were "unsure."

- Survey respondents tended to understand violence against women and girls in narrow terms, mainly defining it as physical violence, sexual violence, or violence between husbands and wives. By contrast, issues not involving physical violence such as psychological abuse, denial of resources and forced marriage were less frequently listed. Muslim women were more likely to list a wider range of issues, while Muslim men were most narrowly focused on physical and sexual violence—and only half as likely as Muslim women to specifically discuss intimate partner violence. There were fewer clearly discernible differences between men's and women's definitions of violence among Rakhine respondents.

- In general, the main immediate cause of IPV in study sites was cited as disputes over control of resources in the household. More specifically, Muslim FGD participants in particular sought to incorporate this into a narrative of how specific experiences of displacement were contributing to or exacerbating IPV in their communities. According to the explanations given by participants in both this and other recent studies,[2] living under movement restrictions in camps can lead men to feel helpless and frustrated by substantially reducing livelihood opportunities, since they are no longer able to fulfil the expected male role of breadwinner. In addition, restrictions on livelihoods are also seen to leave women more dependent on men in the absence of opportunities to generate an independent source of income. These tensions are then perceived to drive more frequent disagreements within relationships, often resulting in more male violence against women. The frequency and intensity of this violence is also reportedly amplified by reported high rates of dependence among men on drugs and alcohol as negative coping mechanisms.

- When survey respondents and FGD participants were asked where female survivors of violence could receive help, camp management committees (CMCs) were seen as the main service provider in terms of justice or grievance resolution. However, secondary data indicate that this is largely the case due to a lack of other options. Around two-thirds of Muslim and Rakhine women also mentioned NGOs as a source of support—framed by FGD participants mainly in terms of their ability to provide psychosocial care—while men of both groups were much less likely to do. Meanwhile, around a quarter of both Muslim men and women mentioned religious leaders as a source of help, compared to minimal numbers of Rakhine. Only Rakhine men reported the police as an important source of support, suggesting a general lack of either trust in or awareness of the role of formal law enforcement actors among women in general.

In addition to these thematic findings, two important cross-cutting trends were also observed. First, relatively few statistically significant differences were observed in survey responses across different Muslim camps. The sole exception to this was in the case of Baw Du Pha, where respondents held less gender-equitable views compared to other camps. This does not mean that differences do not exist—rather, it indicates they were either smaller than the margin of error, or are outside the specific scope of the survey tool. However, the apparent lack of variation does suggest that it is reasonable to assume broad trends observed in this assessment hold more or less true in other Sittwe Muslim camps. Second, survey questions regarding whether different types of GBV were perceived to have increased or decreased since displacement yielded results that were generally inconsistent, either with other trends in the questionnaire, focus group data, or other assessments.

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[2] Maxime Boutry, "Socio-anthropological study of displaced and non-displaced communities of Sittwe Township" (Sittwe: Action Contre la Faim, 2014), p. 23-24; Patricia Chesson, "Community-Based Dispute Resolution Practices for Gender-based Violence," p. 13

Conclusions

Overall, findings from this study present strong evidence for the presence, normalisation and acceptance of GBV in the target communities. In the case of Muslim communities in particular, FGD participants placed strong emphasis on experiences of displacement as driving or exacerbating these dynamics. While key issues such as child marriage of girls and human trafficking appear to be much more widespread and more acute in Muslim camps, residents of the Rakhine camp appear to demonstrate a similar tolerance for IPV, and do not necessarily hold notably more equitable views around gender roles and relationships compared to their Muslim counterparts.

The study also demonstrates key disparities, both in knowledge and beliefs, between women and men, largely but not exclusively within Muslim communities. In particular, differences in expectations around male and female gender roles between Muslim men and women—with women holding more gender equitable views and having comparatively better knowledge of GBV and gender equity concepts—represent both an entry point for positive behaviour change programming, and a possible risk factor that could exacerbate violence if left unaddressed. Along with wide gaps in knowledge around key issues such as human trafficking, these differences also represent an important challenge to humanitarian actors to target men as well as women in awareness-raising, behaviour change, and livelihoods activities. Without male understanding and buy-in, wider efforts to increase gender equity and reduce male violence against women are likely to take longer.

Despite significant concerning trends, this study demonstrates key signs for hope as well. Muslim women generally express agreement with gender equitable statements and across communities, and both men and women expressed understanding and belief in the dangers of child marriage. While Rakhine women generally demonstrate far less gender equitable ideas in their survey responses, they also face fewer barriers in seeking assistance, providing a critical area of opportunity for program expansion. At a point where donors, government and practitioners are looking beyond immediate humanitarian response in Rakhine to more comprehensive, needs-based development strategies for the state, it is vital to ensure that women's protection and empowerment remains firmly on the agenda, so that such entry points for positive change can be properly pursued. Future approaches should involve both deepening and broadening of WPE programming. A continued commitment to high-quality GBV response services should be matched with longer term efforts to reduce some of the broader gender power imbalances highlighted in this study. At the same time, focusing on displacement status is no longer enough. While continuing to support those with acute humanitarian needs as long as necessary, the coverage of future GBV and women's empowerment programming must also move beyond populations immediately affected by the violence of 2012 to address the needs of women in all of Rakhine's varied and unique communities.

List of Acronyms

CCCM	Camp coordination and camp management
CMC	Camp management committee
DFID	Department for International Development
DRC	Danish Refugee Council
FGD	Focus group discussion
GBV	Gender-based violence
GEM	Gender equitable men
IDP	Internally displaced person
IPV	Intimate partner violence
IRC	International Rescue Committee
KAP	Knowledge, attitudes and practices
KII	Key informant interview
NGO	Nongovernmental organisation
SDC	Swiss Agency for Development and Cooperation
UNFPA	United Nations Population Fund
UNHCR	United National High Commissioner for Refugees
WASH	Water, sanitation and hygiene
WGWC	Women's and girls' wellness centre
WPE	Women's protection and empowerment

Glossary

All definitions are taken directly from the Inter-Agency Standing Committee *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC, 2015).

Gender-based violence: an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Violence against women and girls: The United Nations Declaration on the Elimination of Violence Against Women (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (Article 1). Violence against women shall be understood to encompass, but not be limited to, the following: (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking

in women and forced prostitution; and (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. (Article 2)

Intimate partner violence: Applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services.

Forced or child marriage: Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions.

Human trafficking: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Rape/sexual assault: Rape is defined as physically forced or otherwise coerced penetration—even if slight—of the vagina, anus or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. Sexual assault is defined as any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.

1. Introduction

In summer 2016, the protracted displacement of approximately 100,000 people (95% of them Muslims)[3] in Sittwe Township, Rakhine state entered its fifth year. Fleeing their homes during two rounds of inter-communal violence between Rakhine and Muslim communities in 2012, the majority of these internally displaced persons (IDPs) were housed in high-density temporary camps scattered across the township. Amid ongoing and protracted political efforts to find solutions to the crisis, the situation shows little sign of change for Muslim IDPs. Families remain confined to their areas of displacement by tight movement restrictions, cut off from livelihood opportunities, largely dependent on outside humanitarian aid, and living in cramped, multi-family longhouses. Despite continuing and acute humanitarian needs, IDPs are also facing the prospect of reduced assistance as funding for emergency programmes begins to contract.[4] For Rakhine IDPs in the township, the picture is somewhat less bleak – housed in individual family shelters, they are free to move and hence access livelihood opportunities, and their areas of displacement were recently declassified as camps. However, these areas still bear many of the challenges and hallmarks of camp settings, and their residents still face significant challenges as they attempt to rebuild their lives in the wake of displacement.

Within these contexts, women and girls are particularly vulnerable to gender-based violence (GBV). The Rapid Assessment of the Protection Situation for Women and Girls conducted in 2013 by the United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR) and the Danish Refugee Council (DRC), identified increased risk of domestic violence, sexual harassment and physical attack due to displacement and conflict, particularly in Muslim communities.[5] IRC's Rapid Protection Assessment conducted in 2014 further explored protection risks among female IDPs in Rakhine State – in particular, for vulnerable sub-groups including female headed households, widows, the elderly and people living with disabilities. The study found that the most common forms of violence occurring in this area are intimate partner violence, forced or child marriage, sexual abuse, including rape and sexual exploitation, other forms of physical violence and health risks—exacerbated by poor access to care—of physical and psychological injury/trauma, STIs, unwanted pregnancy and unsafe abortion.[6] In attempts to escape a seemingly intractable displacement situation and a stagnant economy, women and girls are also exposed to the gendered risks of human trafficking – as refugees to other countries in the case of Muslims,[7] and as labour migrants within Myanmar or abroad in the case of Rakhine.[8]

Since 2014, IRC has provided women's protection and empowerment (WPE) services to displaced Rakhine and Muslim communities in Sittwe Township in order to mitigate and respond to the impact of GBV issues on the lives of conflict-affected women and girls. Funded by the Swiss Agency for International Development and Cooperation (SDC) and the UK Department for International Development (DFID) and building on previous support from UNFPA, IRC's WPE team currently operates in 16 locations across Sittwe Township. Services provided include case management services for GBV survivors at women and girls' wellness centres (WGWCs) and embedded with

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[3] "Camp Coordination and Camp Management Cluster report," 1 July 2016. Available at http://www.themimu.info/sites/themimu.info/files/documents/Report_Shelter_NFI_CCCM_Cluster_Analysis_Report_Rakhine_Jul2016.xlsx (accessed 16 September 2016).

[4] See for example "UN Agency Cuts Food to Rakhine Camps," Frontier Myanmar, 12 September 2016. Available at http://frontiermyanmar.net/en/news/un-agency-cuts-food-aid-rakhine-idp-camps (accessed 16 September 2016).

[5] "Rapid Assessment Protection Situation of Women and Girls—Rakhine Humanitarian Response," February 2013. Available at http://www.themimu.info/sites/themimu.info/files/documents/Ref_Doc_GBV_AOR_RRT_Report_on_Women_Protection_Rakhine_Feb2013.pdf (accessed 16 September 2016).

[6] Gretchen Emick, "IRC Women's Protection and Empowerment Initial Rapid Assessment" (Sittwe: IRC, 2014).

[7] "Deadly Journeys: The Refugee and Trafficking Crisis in Southeast Asia" (London: Amnesty International, 2015)

[8] "Internal Labour Migration in Myanmar: Building an evidence-base on patterns in migration, human trafficking and forced labour" (Yangon: International Labour Organisation, 2015).

IRC's mobile health teams; psychosocial support and small-scale livelihoods activities at WGWCs; and GBV education and behaviour change activities through outreach sessions and "Coffee and Tea" groups—discussion groups bringing together key male and female stakeholders to analyse power differences in their communities and inequitable gender norms, with a goal of mobilising communities to protect women's rights.[9]

After two years of emergency programming, IRC decided to conduct a Knowledge, Attitudes and Practices (KAP) study on key aspects of gender-based violence, specifically around issues related to: **service provision, child marriage, human trafficking, intimate partner violence, and sexual assault**. The study was conceived with the following objectives in mind:

- To inform the design of current and future activities as IRC's WPE programme consolidates and broadens its scope

- To assess the state of key GBV issues after two years of IRC programming

- To establish a baseline for contribution to change made by upcoming IRC programming, especially as greater emphasis is placed on behaviour change activities

- To inform the wider humanitarian community in Rakhine by addressing an identified gap in the literature on GBV in displacement settings in Rakhine, which contains an increasingly strong body of qualitative evidence but very little quantitative data.

The remainder of this document is outlined as follows. First, the study's methodology and limitations are outlined. Second, the findings of the study's field data collection are outlined by theme, and finally, a set of programme-focused recommendations is presented. Research tools used in data collection are provided in the report's Annex.

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[9] This model is based on the SASA! approach developed by Raising Voices. See http://raisingvoices.org/sasa/ (accessed 4 October, 2016).

2. Methodology

The study's target population was defined as all individuals aged 18 and over, living in five Muslim camps and one Rakhine camp in Sittwe Township, Rakhine state. These sites were selected as they are currently the sites where IRC runs or plans to run a full "package" of WPE services (case management, WGWCs, education/behaviour change), and hence represent the most appropriate locations to assess existing project performance and establish a baseline for future activities. The study adopted mixed methods approach consisting of:

- Qualitative data collection through focus group discussions (FGDs) and key informant interviews (KIIs)
- Quantitative data collection via a KAP survey

Combining these approaches allowed the study to triangulate observed trends across different sources, collect basic data statistically representative of the study population as a whole, and examine issues of complexity and contribution. While a full literature review was not possible given the resources and time available for this assessment, efforts have also been made to situate this study's findings wherever possible within the context of existing evidence and staff experience on both displacement settings in Rakhine, and on gender and GBV in Myanmar more broadly.

The overall study approach was developed by the IRC M&E Coordinator and WPE Coordinator, and was reviewed and approved by IRC's Institutional Review Board.

Qualitative Data Collection

Qualitative data for the study was collected via two methods: formative FGDs during the study's inception period, and KIIs subsequent to survey data collection. FGDs were used for four purposes: first, to inform the design of the survey instrument; second, to collect in-depth data on the complexities of issues explored more broadly by the survey—"why" and "how" things happen; third, to contextually ground the analysis of survey; and fourth, to question and triangulate data from the survey. FGDs were conducted in two Muslim camps and one Rakhine camp, selected to mirror the coverage of the survey. At each site, two FGDs of 8-12 participants were conducted. In order to allow for free discussion of different gendered perspectives, FGDs were disaggregated by sex, with one women's and one men's group conducted per site.[10] Participants were identified by IRC WGWC staff, with specific instructions made to include people of different ages and socio-economic backgrounds. FGDs were conducted by gender-matched facilitators consisting of IRC's female WGWC prevention and response officers and male M&E Officer. All facilitators had previously received training on key GBV concepts and FGD facilitation, were familiar with study communities, and were fluent in both Myanmar and relevant local languages. Informed consent was sought and received before starting discussions, and participants were asked to discuss issues of GBV only in general terms without providing specific examples, in order to minimise the confidentiality risk of identifying specific survivors. Discussions were recorded, translated into English, and analysed using thematic coding.

Subsequent to analysis of survey data, a second round of data collection took place in order to follow up on important themes observed in the data. This involved short key informant interviews

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[10] The study originally intended to conduct six follow-up FGDs to cross-check findings and pursue data saturation. However, when preliminary FGD results were reviewed, it was found that they overlapped heavily with qualitative data from two existing recent studies (Maxime Boutry, "Socio-anthropological study of displaced and non-displaced communities of Sittwe Township" (Sittwe: Action Contre Ia Faim, 2014); Patricia Chesson, "Community-Based Dispute Resolution Practices for Gender-based Violence in IDP Camps in Sittwe, Rakhine State" (Sittwe: IRC/DRC, 2016). As a consequence, the research team felt that data saturation had already been reached on the majority of the study's research areas (with the exception of trafficking), and that additional primary data collection would not add enough value to justify the use of participants' time.

with four male and four female participants of IRC's Coffee and Tea sessions. These informants were selected as community members with high levels of participation in WPE education and behaviour change activities, and thus well-placed to comment on the trends observed in the data. Data collection and analysis for these KIIs followed the same protocols as the FGDs.

Quantitative Data Collection

Data collection for the survey instrument used a stratified random sample to collect quantitative data representative of the study population as a whole, stratified by gender, ethnicity and camp, and weighted by population size (see Table 1 below). The sample size for the survey was designed as follows:

- To provide data representative of each camp population at 95% confidence with +/- 10% margin of error[11]
- To provide data representative of the entire study population at 95% confidence with +/- 5% margin of error
- To provide data representative of Muslims as a group, and for Muslim men and women separately at 95% confidence with +/-8% margin of error
- To provide data representative of Rakhine as a group at 95% confidence with +/-10% margin of error

In summary, this allows for relatively accurate conclusions to be drawn for the entire study population, and when examining differences between Muslim men and women. It also allows for the identification of broad trends when examining differences between camps, or between Rakhine and Muslim populations. For examining gender differences between Rakhine men and women, the data are not statistically representative and can only be used to highlight possible trends that would require further research to validate.

Table 1: Sample size per stratum

Site	Group	Population (individuals)	Sample size (men)	Sample size (women)	Sample size (total)
Set Yoe Kya 2	Rakhine	2,200	49	49	98
Maw Ti Ngar	Muslim	3,352	49	49	98
Say Tha Mar Gyi	Muslim	10,078	51	51	102
Ohn Daw Gyi North	Muslim	13,655	70	70	140
Baw Du Pha 2	Muslim	6,917	49	49	98
Phwe Yar Gone	Muslim	2,100	49	49	98
Total		38,302	317	317	634

Prior to data collection, survey tools were translated into Myanmar by a member of IRC's WPE team, cross-checked for consistency against the original English by other team members, and field-tested in one non-study Muslim camp. Data were collected by five female and five male Muslim enumerators in Muslim camps, and by a team of the same size and composition in the Rakhine camp. Enumerators were drawn from IRC's camp-based WGWC centre attendants and outreach workers, all of whom have previously received training on key GBV concepts, were familiar with study communities, and were fluent in both Myanmar and relevant local languages. Both teams received three days of training, covering the questionnaire (including both interpretation of questions and how to appropriately convey them in local languages), research protocols, interview techniques and research ethics. Teams could not be trained together owing to

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[11] This means that if we were to repeat the survey again, 19 times out of 20 the results would fall within +/- 5% of those actually observed.

conflict sensitivity issues. During field data collection, teams were supported in the field by dedicated supervisors, who coordinated the overall process and conducted quality control of interviews using structured monitoring tools. Supervisors were in turn provided with additional technical support during the assessment process by senior WPE and M&E staff.

Data collection protocols were designed to ensure that information was collected with as high degree of randomness, and as safely, as possible. Each enumerator was provided with a list of randomly-selected shelters in which to conduct interviews. In Muslim camps where there are eight families per shelter, enumerators were given a grid layout of a typical shelter with family cells numbered, and moved systematically from cell 1-8 with each interview conducted. Within each family where more than one eligible respondent was present, interviewers selected respondents based on whose day of birth fell earliest in the week. Due to the sensitivity of some questions and the possible risks associated with respondents answering questions in public, the following measures were taken to ensure privacy and safety: enumerators first sought and gained the informed consent of respondents, then specifically asked to conduct the interview privately without other onlookers sitting in on the interview, and requested respondents to direct onlookers away during the course of the interview. In instances where privacy could not be guaranteed, enumerators were instructed to abort the interview and move on to the next shelter. Enumerators were also instructed to offer referrals to case management services in any instances where female interviewees discussed personal experiences of GBV. All data were collected electronically using the Open Data Kit application loaded onto smartphones, and analysed using Microsoft Excel.

Limitations

- **Survey under-sampling of youth:** For reasons of safety and practicality, the survey was conducted during daylight hours. However, this is often a period when younger people—and especially younger men—are outside of the household. As a consequence, the views of younger people are under-represented in the survey sample.

- **Higher margin of error for male and female strata in Rakhine areas:** The Rakhine target population for this survey was concentrated in one relatively small camp. While the volume of data collected across multiple Muslim sites allowed for presentation of data representative of Muslim men and women as a whole at +/- 6% margin of error, achieving a similar level of accuracy in the Rakhine site would have required heavy over-sampling, visiting almost every household in the camp. This was deemed socially inappropriate by the WPE team, thus limiting the reliability of findings for Rakhine men and women.

- **Standardisation of interviews:** Written translation of the research tools into local languages other than Myanmar was not possible due to practical and legal barriers. This meant that enumerators had to translate questions into local dialects on the spot during interviews. This raises the risk that questions may have been asked in different ways by different enumerators to different respondents, leaving scope for misinterpretations and potentially affecting the validity of results in some areas. A related limitation in this respect is the fact that different teams of enumerators were used for Muslim and Rakhine camps. Having higher numbers of enumerators involved is again likely to increase sampling error by increasing the variation of enumerators' possible interview styles and respondents' responses to them. The team attempted to mitigate these limitations by intensive review of the questionnaire and multiple rounds of interview simulation at the training stage, as well as repeated debriefing and close supervision while in the field.

- **Social desirability bias:** The study's results likely suffer from two forms of social desirability bias—the tendency for respondents to give what are felt to be the most socially appropriate answers rather than report what they actually think or believe. First, respondents may have been reluctant to answer some questions openly due to cultural taboos around discussing such issues. Second, respondents may have given what they perceived to be the "correct" answers to interviewers known to be working for an

international organisation that promotes women's empowerment and gender equity. Overall, these biases are likely to contribute to the under-reporting of less gender-equitable views or opinions.

3. Results

This section presents the synthesised findings from the KAP survey, FGDs and KIIs. It first presents an overview of the demographic information of the sample. It then presents information on issues surrounding women and girls' access to services, before moving on to discuss findings related to human trafficking, child marriage, and intimate partner violence and sexual assault.

Demographics

The survey collected data on respondents' age, household size, household head status and education status.

The average age for all respondents was 37 years old. In both Muslim and Rakhine sites, the average age for male respondents was around five years older than for female respondents. According to enumerator reports, this was likely due to the fact that younger men were often outside the household working or looking for work during the daytime when the assessment took place.

The average household size for all respondents was 6.3 in Muslim areas and 5.0 in Rakhine areas.[12] Notably, reported household size in Muslim areas was larger than the 5.2 member average for the sites covered by the survey according to camp coordination and camp management (CCCM) dashboard data (Rakhine household sizes were by contrast broadly comparable).[13] Without further data this disparity cannot be accounted for.

A total of 20% of Muslim respondents reported living in female-headed households, compared to 10% of Rakhine respondents. While responses among Rakhine respondents were broadly similar, significantly more women (30%) among Muslim respondents reported living in female-headed households compared to men (9%). While enumerators were briefed to define a female-headed household clearly for respondents when asking the relevant question,[14] deciding who should be called head of household is ultimately subjective, and this figure may therefore represent a greater tendency among women to define women as heads of household relative to men. The main reasons given by respondents to explain the status of female household members among both groups were widowed (46% of Muslim and 78% of Rakhine female headed households respectively), followed in the case of Muslims by separation (31% - possibly linked to migration of male household heads), and in the case of Rakhine by divorce (11%).

Respondent education levels showed significant disparities across both genders and groups. In general, women reported lower levels of educational attainment than men, and Muslims reported lower levels than Rakhine. Only 21% of Muslim women reported attending primary school or above, compared to 32% of Muslim men, 92% of Rakhine women and all Rakhine men. Among Rakhine, the main disparity was across the primary/middle school divide, with 69% of men attending at least middle school compared to 49% of women (see Figure 1 below).

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[12] Enumerators were briefed to explain the definition of a household as a group of people living and eating together.
[13] "Camp Coordination and Camp Management Cluster report."
[14] Enumerators were briefed to explain the definition of a female-headed household as one where either no adult males are present, owing to death, divorce, separation, migration, non-marriage or widowhood, or there are no male household members contributing to household income.

Figure 1: Proportion (%) of respondents reporting different education levels, by group and gender
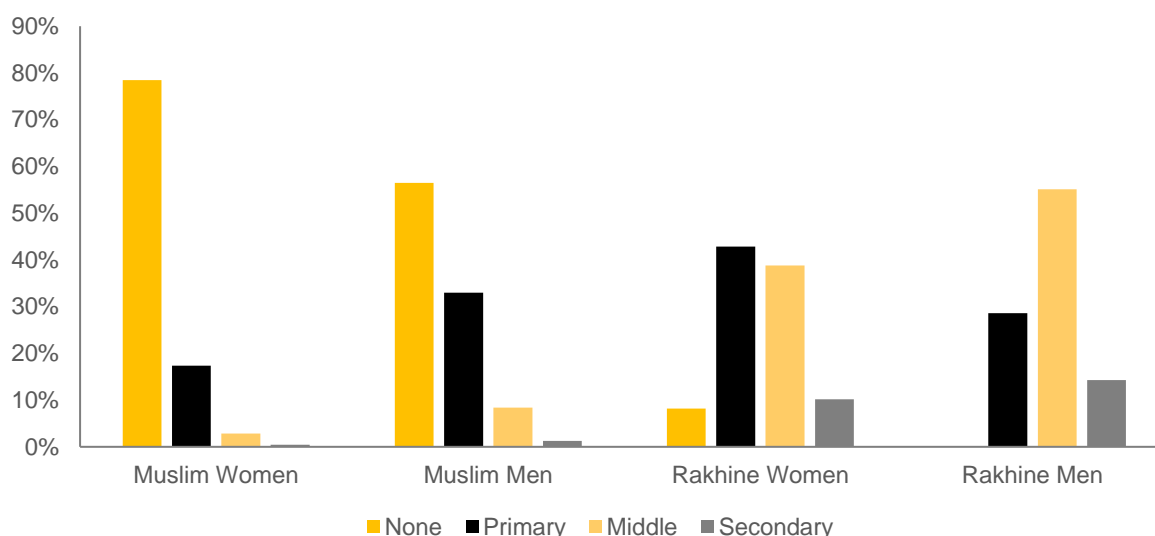
Service provision needs for women and girls

At the start of survey interviews and FGDs, study participants were asked to explain what they thought were the most important services for women and girls were in their camps, and to describe what they perceived as the main barriers to access. This discussion served two purposes: first, it helped ground subsequent discussion of GBV issues against a wider background of more generally perceived priorities for women and girls. Second, it provided a soft entry point for interviews and discussions, setting study participants at their ease before moving on to address more sensitive issues.

Survey participants were first asked to list and rank what they felt were the three most important services for women in the camps. For Muslims, the most common first priority overall was health (40%), followed by reproductive health (22%), followed by non-food items. Notably, Muslim men were far more likely to list reproductive health as a priority for women compared to Muslim women (56% of men listed it as a priority compared to only 21% of women). Among Rakhine, the most commonly listed first priority was skills development and training (30%) followed by cash assistance as both most commonly listed second and third priority (16% and 17% respectively). Other, less common priorities included food assistance, water, sanitation and hygiene (WASH), education, awareness-raising (cited only among Rakhine respondents) and psychosocial support (cited only among female respondents). Overall, these findings suggest a greater emphasis on basic services among Muslim survey respondents, compared to a greater emphasis on livelihoods support among Rakhine respondents. This likely reflects the different living conditions across the different camp contexts involved, where Muslims are more heavily dependent on humanitarian providers for access to basic needs owing to movement restrictions.

Data from FGDs presents a different picture compared to the survey despite near-identical wording of questions in the research tools. It is unclear why this is the case, but analysis of the data suggests this may be related to how questions were presented in practice, or because FGD participants had more time to reflect on how different needs contributed in different ways to problems currently faced by women, and were able to discuss questions in a more open-ended format. Across both Rakhine and Muslim groups and across both genders, the services most commonly raised and discussed at length were training/education and income generation, which were linked to women's ability to live stable, independent lives and contribute to household wellbeing:

"We don't know how to work, so we are dependent on our husbands. If they are unable to get food we have to starve. If we gain experience of handicraft, we can run our household and afford to bear the expenditure of our children's education."

— *Female Muslim FGD participants*

"For uneducated [women], there is no steady job to work in this place. So, they have to do casual work. It means that for example, today they work…but maybe they have no job for tomorrow. Therefore, what is necessary for them is to make sure they can get a regular income from working steadily or permanently and securely."

— *Male Rakhine FGD participants*

The other main need discussed at length in the FGDs was safety and security, mentioned in the context of electric lighting at night and locks for latrines. Other issues mentioned more briefly included health, shelter and non-food items.

Survey respondents were then asked about access to key services for women, specifically health, reproductive health, education, women's spaces,[15] and psychosocial support (see Figure 2 below). For each service, they were asked to rate whether access was easy or difficult, and explain the main barriers to access.

Figure 2: Proportion (%) of respondents describing access to different services as "difficult," by group and gender
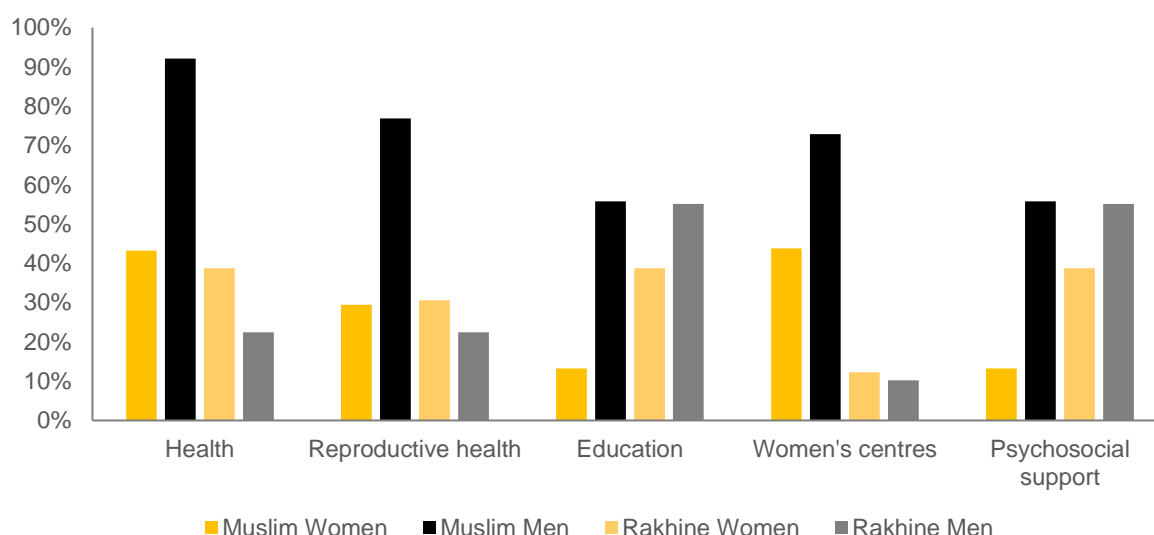
Among Muslims, health was perceived as the most difficult service to access for women, followed by women's spaces, reproductive health, education, and psychosocial support. Among Rakhine, education and psychosocial support were perceived as the most difficult to access, followed by health, reproductive health and women's spaces. In general, services were perceived as more difficult to access by Muslims than by Rakhine—the average proportion of people reporting all services as "difficult" to access in Muslim areas was 50%, compared to 32% in Rakhine areas.

Within Muslim areas, some variations were observed by location. In general, respondents in Phwe Yar Gone were less likely to report difficulty accessing all services. Meanwhile, respondents in Maw Ti Ngar were much more likely to report access to women's centres as "difficult" compared to other sites—reflecting the fact that IRC WGWC programming had not yet started at this location at the time of assessment.

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[15] Defined to respondents as "places for women to relax and learn new skills."

Significant gender differences were also observed. Especially in Muslim sites, male respondents were much more likely to describe women's access to all identified services as "difficult" compared to female respondents. To a lesser extent, men were also more likely to perceive higher barriers around women's access to service in the Rakhine site, specifically concerning education and psychosocial support. These trends are significant since they indicate that men—especially Muslim men—appear to have a much stronger perception of the challenges inherent in women's access to services compared to women—who actually have to navigate accessing them. The data do not provide a clear explanation for this gap, although it could potentially be linked to exaggerated male perceptions of female vulnerability, or social norms constraining how far women are likely to complain about problems compared to men.

Respondents were then asked to explain why they felt services were hard to access. For education, women's centres and psychosocial support, men's and women's views of access barriers were largely aligned, focusing mainly on the lack of available services and the lack of female service providers (although for psychosocial support and women's centres, women were more concerned about distance compared to men).[16] However, for health and reproductive health services in Muslim areas especially, men were more likely to cite services being too far away than women, and much more likely to cite cost as an issue compared to women. In household decision-making, this could result in unnecessary constraints on women's ability to access health services in households where men are able to restrict women's freedom of movement (if services are perceived to be too far away and hence potentially risky to access), or have the final say over decisions related to health spending[17] (if services are perceived to be too expensive).

As above, these trends were not observed in the FGDs, where discussion of access barriers revolved mainly around the cost of access to services. On this topic, a minority of participants in both Muslim and Rakhine groups also complained specifically about having to make informal payments to providers in order to access services—especially livelihoods training or education—that were theoretically free.

As a final question in this section, survey participants were asked to identify, unprompted, the kind of services IRC provided in their camp. In general, Muslim women were much better informed about IRC's WPE services compared to Muslim men (around half of women knew about most of IRC's services compared to around 10% of men), while Rakhine men and women appeared equally well-informed, except on information sessions, where only Rakhine men appear to have been exposed. In general, Rakhine respondents were generally better-informed than Muslim respondents. This likely reflects the easier dissemination of information in the relatively small Rakhine camp compared to some of the much larger Muslim camps in which IRC operates. Across locations, respondents were generally better informed about IRC services in Phwe Yar Gone, Say Tha Mar Gyi and Set Yoe Kya compared to other locations. Participants in Maw Ti Ngar camp knew almost nothing about IRC services since IRC had not commenced operations at the time of assessment (see Figure 3 below with Maw Ti Ngar excluded to avoid skewing data).

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[16] The study did not specifically address cultural constraints around education access. However, a recent study on education in Rakhine indicates that girls in Muslim communities—especially those in rural areas—are less likely to attend primary and especially secondary education compared to boys, a trend linked by study participants to cultural norms negating the value of educating women after puberty. By contrast, the study found that access to education across primary and secondary levels was much more equal for boys and girls among Rakhine communities. See "Joint Education Needs Assessment, North Rakhine State, Myanmar" (Sittwe/Geneva: REACH Initiative, 2015), p. 24, 43.

[17] For more general discussion of male dominance of household decision-making on healthcare spending in Myanmar as a whole, see "Collective Voices: Exploring Barriers to Healthcare Access in Myanmar" (Yangon: 3MDG, 2016), p. 56.

Figure 3: Proportion (%) of respondents aware of different IRC WPE services, by group and gender (excluding Maw Ti Ngar)

Muslim Women ◼ Muslim Men ◼ Rakhine Women ◼ Rakhine Men
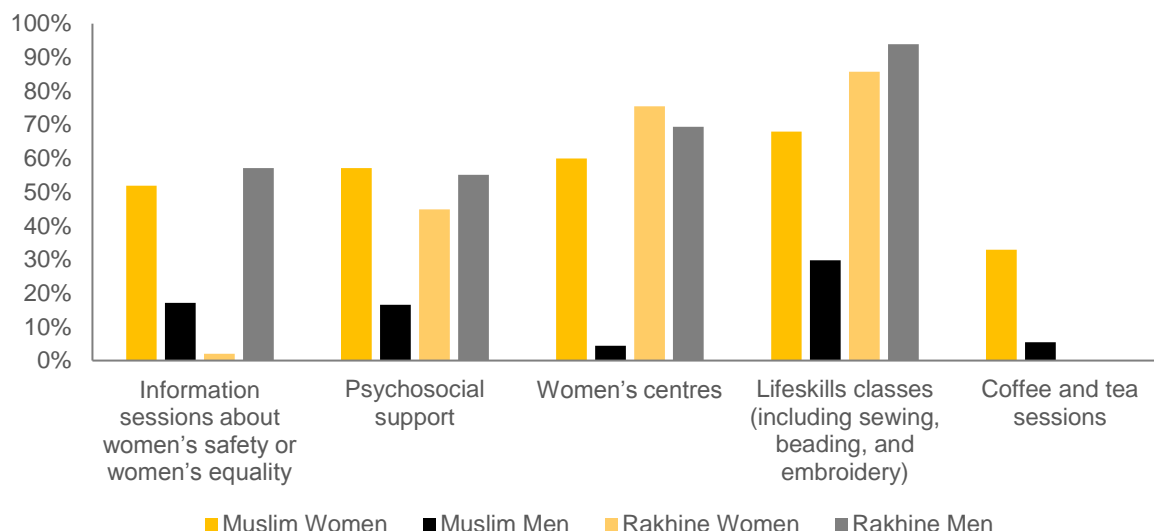
Human Trafficking

In the eyes of many Muslim IDPs, leaving Myanmar for countries such as Malaysia or Indonesia represents a possible escape from the conditions they currently face. With illegal people smuggling networks presenting the only viable route abroad, the vulnerability of the Muslim community to traffickers is significant and has been extensively documented.[18] Anecdotally, the frequency of trafficking from Rakhine appears to have decreased in 2016. This appears to be the combined result of a crackdown by the Myanmar, Malay and Thai navies on smuggling networks in the summer of 2015; extensive awareness campaigns on the dangers of human trafficking; and the spread through the camps of stories and rumours about abuses experienced at the hands of traffickers by people's family members, relatives, or acquaintances. However, the push factors driving Muslims to leave and the absence of any options for safe migration both remain.

The wider impact of the conflict on Rakhine's economy coupled with historically high rates of poverty is also reportedly driving increasing rates of out-migration among Rakhine communities.[19] While Rakhine travelling elsewhere in Myanmar or abroad face fewer restrictions safe movement, they also face risks of trafficking and exploitation. Myanmar citizens are reportedly especially vulnerable to trafficking and forced labour when seeking work abroad,[20] while within Myanmar a recent nationwide labour study reported that approximately 14% of its respondents had been trafficked into exploitative working conditions.[21]

This component of the study began by attempting to gain a broad understanding of rates of migration and perceived levels of safety for those who had migrated. It then focused on people's understanding of trafficking as distinct from other forms of migration; the level of threat perceived from trafficking and whether this had changed over time; who was thought to be most vulnerable

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[18] See, for example, "Deadly Journeys"; "Trafficking in Persons Report June 2016" (Washington, DC: US Department of State, 2016), p. 112-113.

[19] "Rakhine State Needs Assessment" (Yangon: Centre for Diversity and National Harmony, 2015), p. 39; "Livelihoods and Social Change in Rural Myanmar: QESM Series Round 5 report" (Yangon: World Bank Group/EMR/LIFT, 2016), p. 30-33.

[20] See, for example, "Employment Practices and Working Conditions in Thailand's Fishing Sector" (Bangkok: ILO, 2013), p. 29, 71.

[21] "Internal Labour migration in Myanmar," p. 6. This survey was conducted cross-country with 7,295 workers drawn from 111 townships across all 14 states/regions. However, it used non-probability sampling and is thus not statistically representative of the entire labour force.

to trafficking; the specific dangers trafficking victims were exposed to; and how people would advise friends or family thought to be at risk of being trafficked.[22] [23]

In order to establish a rough idea of migration rates in the target population, survey participants were asked whether a close family member[24] had left Rakhine state in the past 12 months. Overall, similar numbers of Muslims (23%) and Rakhine (26%) reported a close family member leaving the state. In both groups, approximately two thirds of those reported as leaving were men and one third were women.[25] Muslim FGD participants felt that most people were leaving illegally to seek asylum and work in Malaysia, with some also going to Thailand or Singapore. By contrast, Rakhine FGD participants described people leaving as labour migrants, either to other parts of Myanmar, or abroad—in which case they were perceived to prefer migrating illegally in order to avoid visa fees and restrictions. Notably, only around 1% of all households reported that family members who had left the state within the past 12 months had returned, indicating that migration outside the state tends to be longer-term rather than seasonal.

Survey participants were then asked about the status of the family member who had left the state, and specifically whether: they had returned; they were still away and in contact the family were not concerned about their safety; they were still away, not in contact, but the family was not concerned about their safety; they were still away, in contact, and the family was concerned about their safety; or they were still away, not in contact, and the family was concerned about their safety. Among Muslims, 17% of all respondents had family members outside of the state who fell into these categories (or 74% of Muslim families with migrants), compared with only 2% of Rakhine (or 8% of Rakhine families with migrants; see Figure 4).[26] For Muslims, 11% of households—or around half of all households with migrants—reported migrants who were both unsafe, and out of contact. For Rakhine, this figure was again only 2% of all households—or 8% of Rakhine families with migrants.

Figure 4: Proportion (%) of respondents reporting close family members leaving Rakhine in the past 12 months, and concern for their safety, by group

■ Close family member left Rakhine in the past 12 months   ■ Concerned for their safety

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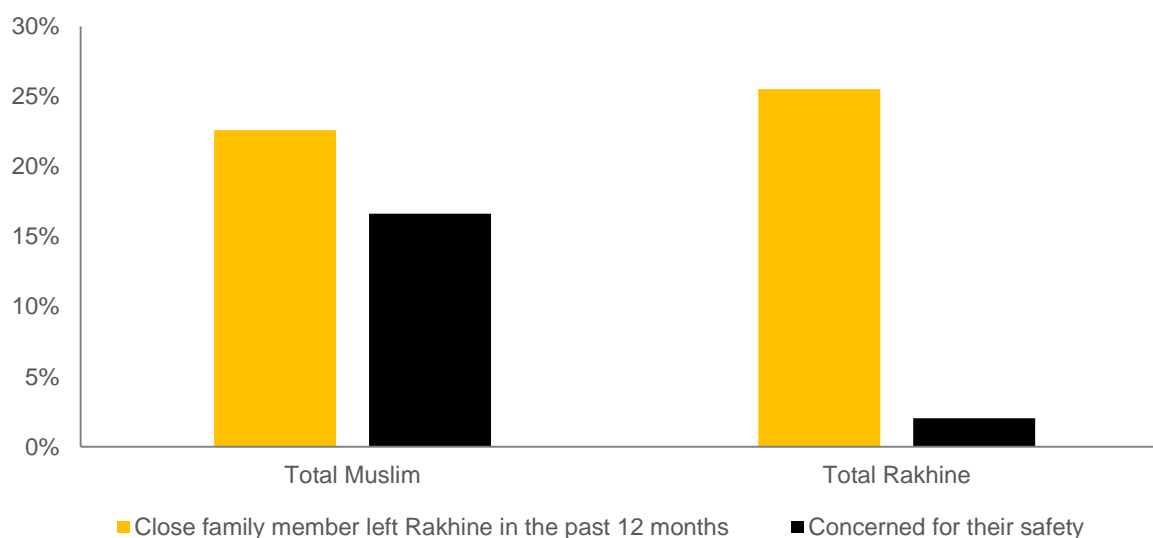
[22] Survey questions for this module were adapted from "Research Report on Sex and Labour Trafficking Network and Pattern in Cambodia" (Phnom Penh: Winrock International, 2012).

[23] Note that in general, FGD participants provided relatively little information about trafficking, likely since this topic was introduced at the end of already long discussions.

[24] Defined to participants as a parent, child, or sibling.

[25] These male/female proportions broadly reflect trends in other studies. For example, "Livelihoods and Social Change in Rural Myanmar" p. 31 reported that 22% of migrants from its Rakhine target communities were women.

[26] It is important to note could also signify that Muslim respondents were more likely to report worry than their Rakhine counterparts.

In order to assess people's knowledge of human trafficking concepts, survey participants were then asked if they had ever heard of "human trafficking." Overall, Muslim women were most likely to say they were "familiar" with and understood the term (40%) followed by Rakhine women (35%), Rakhine men (27%), and only 3% of Muslim men. Around 50-60% of all groups said they were familiar with the term but did not clearly understand the meaning, while Muslim men stood out as much more likely than other groups to report no familiarity with the term (23%). Participants were then presented with a series of four scenarios, and asked to identify which one best described human trafficking.[27] Across both groups, women were more than twice as likely to correctly identify the human trafficking scenario—69% of Muslim women compared to 26% of Muslim men, and 82% of Rakhine women compared to 29% Rakhine men (see Figure 5).

Figure 5: Proportion (%) of respondents able to correctly identify human trafficking scenario
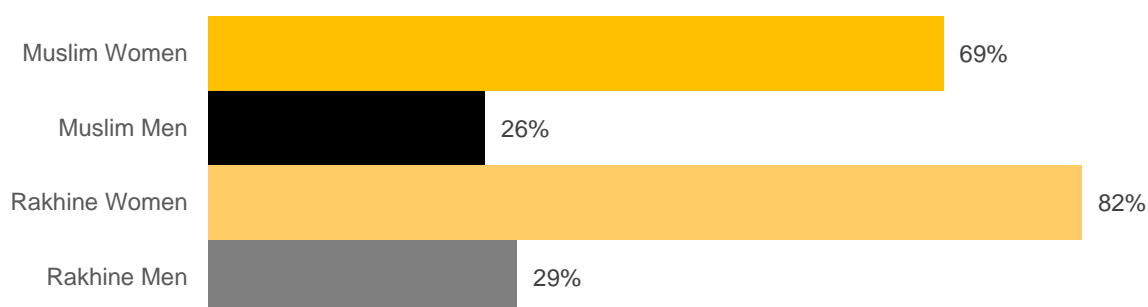

Respondents were then asked—after the correct definition had been explained to them by enumerators—how big a threat they thought trafficking was in their community. Muslim women were most likely to rate it as a "major" threat (54%), compared to 6% of Muslim men. By contrast, only 22% of Rakhine women viewed it as a "major" threat compared to 49% of Rakhine men. In general, pluralities of all genders and groups felt that the threat of trafficking had decreased since they had arrived in their camps. Muslim FGD participants suggested that the threat of trafficking had decreased compared to last year owing to the closure of people smuggling routes by Thai, Malaysian, and Myanmar authorities. With fewer people able to leave in the first place—so participants argued—the threat of trafficking was thus reduced.

Survey participants were then asked to identify which group out of women, men, girls, and boys they felt was most at risk of human trafficking. Pluralities of all groups except Muslim men identified girls as the most vulnerable group (84% of Rakhine women, 49% of Rakhine women, and 46% of Muslim women). By contrast, Muslim men's responses were inconclusive, and were distributed relatively evenly across all four groups. Where this issue was discussed in FGDs, (mainly among Rakhine groups), participants expressed a perception that girls were more exposed to threats during migration compared to other groups, and were less well-equipped to handle them.[28]

Survey respondents were then asked to list, unprompted, possible dangers that people would be exposed to if they were trafficked (see Figure 6).

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[27] These are laid out in the survey questionnaire attached in Annex I – other scenarios described people smuggling, illegal migration, and seeking asylum.

[28] This study did not specifically address trafficking risks for children. Data from a 2014 Child Protection KAP survey suggest that child migration appears to be higher in Muslim communities, who also report a higher awareness of the risks this migration poses. See "Child Protection Knowledge, Attitudes and Practices Survey, Rakhine State, Myanmar" (Sittwe: Save the Children International/UNICEF, 2014), p. 47-50.

Figure 6: Proportion (%) of respondents identifying different kinds of "bad situations" associated with human trafficking, by group and gender
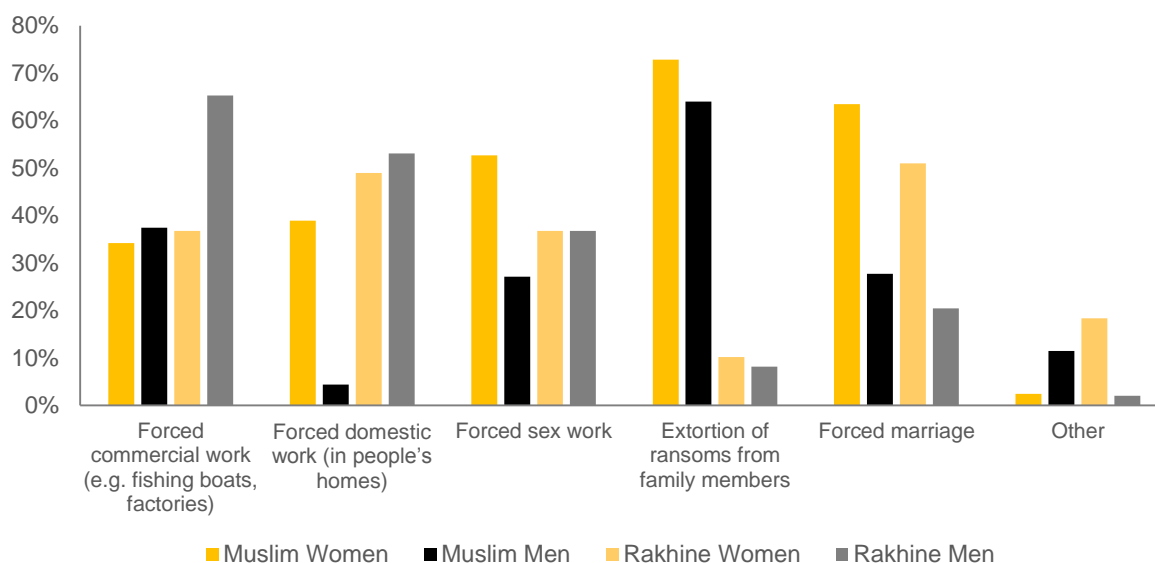
Respondents were generally aware of a wide range of dangers, but focused on different ones according to group. This likely reflects the dynamics of the different trafficking contexts the two communities are most exposed to. For Rakhine, forced commercial and domestic work were most frequently referenced (both raised by 51% of all Rakhine respondents).[29] Among Muslims, extortion of ransoms was the most commonly discussed threat (raised by 68% of all Muslim respondents). Across genders, Muslim men and to a lesser extent Rakhine men were less likely to mention threats that would specifically be faced by women—specifically forced marriage, forced domestic work and forced sex work. One issue raised during FGDs that was not identified by the survey was the possible impact of trafficking (and more general migration) of family members on those left behind. In particular, both Muslim and Rakhine participants discussed the economic difficulties that married women with children could be exposed to if their husbands left Rakhine but then failed to send any remittances home. This in turn could leave women more exposed to exploitation and abuse. In this respect, migration may be seen as a form of gamble: capable of substantially improving living conditions for households left behind if it paid off, but of leaving them poorer and more vulnerable if it did not.

Finally, survey participants were asked to explain, unprompted, what they would do if they were concerned for the safety of a friend or relative about to migrate away from the community. Very few respondents said "nothing" and large majorities of all groups said they would talk to the person directly. However, beyond this action it was primarily Rakhine men who said they would explore other avenues, including talking to the person's family (63%), community leaders (43%) and the police (43%). By contrast, Muslim women reported that they would talk to people's families (44%) but do little else, while Muslim men by and large said they would directly to the person involved and not pursue other options. Significantly, only 2% of all respondents reported that they would consider talking to a nongovernmental organisation (NGO) or UN agency. This could be linked either to a lack of anti-trafficking service providers, a lack of knowledge of their services, or a lack of trust in their services (especially in Muslim areas where any kind of out-migration is illegal).

Overall, data from the study present a complex picture on the issue of trafficking, especially when viewed from a gender perspective. On the one hand, women and especially girls are perceived as most vulnerable to trafficking, and many of the perceived threats from trafficking—such as forced

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[29] The specific focus of traffickers on extracting ransoms is also reflected in the results of qualitative assessments of Muslim trafficking survivors in other parts of Southeast Asia. See "Deadly Journeys," p. 15, 20-21.

marriage—are more likely to impact them. On the other, it appears that almost twice as many men migrate away compared to women in either community—often leaving women behind to manage the household—and that men generally appear to be much less well-informed compared to women about issues surrounding trafficking. There is arguably thus a need for greater research. First, the gendered impacts of trafficking require more specific exploration. Are women and men trafficked for different reasons, and how does this affect their level of exposure to violence? And given the known tendency of traffickers to imprison people specifically in order to extort ransoms from their families,[30] how far does the trafficking of male household members affect the vulnerability to exploitation of the female family members they leave behind? Second, how far do awareness levels actually affect people's risk of exposure to trafficking?

Child Marriage

In this section of the study, participants were asked about perceived average ages of marriage in their communities—including what ages were considered inappropriate for marriage—and about who was responsible for decision-making around marriage practices. Discussion then turned more specifically to the perceived drivers and consequences of child marriage.[31]

In the survey, respondents were first asked to identify within what age range it was currently "normal" for people to get married in their communities. In Muslim communities, the average age range for girls was reported as 15-19, while the average age range for boys was reported to be 18-22. These data were broadly supported by details from FGDs and KIIs, in which participants cited similar age ranges, explaining that in many instances girls would be considered for marriage once they started menstruating, or when they "looked" mature enough. There was some disagreement between Muslim FGD participants as to what age was generally considered to be "too young" for a girl or boy to marry—in one women's FGD participants insisted that any age under 18 would be too young. However, they were contradicted by members of all other groups and by KIIs, who generally reported that ages under 14 were generally considered too early for girls to be married, and ages under 17 for boys. FGD participants justified this disparity by saying that boys mentally mature later and have more responsibilities to manage as head of the household, and so should marry later to avoid domestic hardship. Taken together, these relatively consistent data strongly indicate that child marriage is generally endemic in Muslim camps.

Data from the Rakhine site were much less consistent: survey data on the "normal" age range of marriage placed the average age range of marriage at 15-16 for girls and 15-18 for boys. However, this may have been the result of poor question phrasing or comprehension, since these figures were contradicted by both FGD participants and by observations of WPE team members in subsequent analysis. In general, Rakhine FGD participants of both genders reported that marriage under the age of 18 was unusual in their community. They also explained that marriage under this age was generally considered too young, contrasting practices in their community with more rural areas where marriages at age 15-16 still took place.

Subsequent discussion of the issue of who was involved in decision-making around marriage for girls demonstrated significant differences across both groups and genders. In general, almost three-quarters (69%) of Muslim and half (50%) of Rakhine survey respondents across all genders felt that primary decision-making responsibility for when and how girls would get married rested equally with both parents. However, there were also variations across genders: a significant minority of Muslim men (31%) felt the decision rested with the father alone while very few Muslim women (4%) felt the same way. Among Rakhine, a significant minority (41%) of male respondents also felt the girl herself would take primary responsibility for such decisions, a decision shared by none of their female counterparts. By contrast, an identical minority of female Rakhine respondents

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[30] "Deadly Journeys," p. 21.
[31] Defined neutrally to study participants as "marriage under the age of 18"

(41%) of whom felt mothers would be the most important-makers, compared to only 4% of men (see figure 6 below).

Figure 6: Proportion (%) of respondents reporting different figures as mainly responsible for deciding when and how a girl would get married, by group and gender
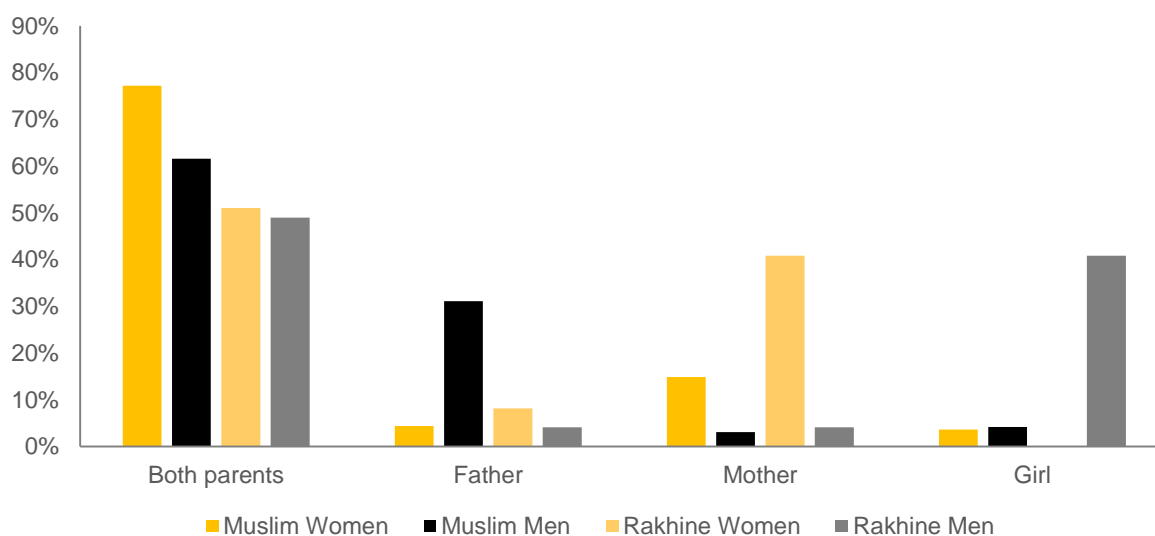
Data in Muslim FGDs were again relatively consistent with this picture. Participants described a general set of practices in which parents of boys would discuss marriage proposals with parents of girls, following which a meeting would be arranged, in which the girl and boy would decide if they were suitable for each other. FGD participants noted that in some instances, money was the main motivating factor for both sets of parents—either the wealth of the bridegroom, or the amount of money that could be secured as dowry from the bride's family. In one Muslim location, a minority of participants of both genders also thought that love marriages initiated by couples themselves were becoming more common. Among Rakhine FGDs, participants generally emphasised the agency of young couples in making marriage decisions themselves, pointing out that in many cases parents weren't consulted at all.

In specific discussions on child marriage, survey respondents and FGD participants were asked whether they felt the average age of marriage had increased, stayed the same, or decreased since displacement. Across both Muslim and Rakhine sites, over 80% of survey participants reported that the average age of marriage for both boys and girls had either stayed the same or increased since displacement. This trend was consistent with information from Rakhine FGDs, but significantly at odds with Muslim FGDs, where the majority of participants felt that the number child marriages had increased since displacement.[32]

Communities' experience of displacement was cited as a major driver of child marriage across Muslim FGDs. Both male and female participants described a situation in which displacement into a camp had disrupted normal rhythms of life, left people poorer, and led to a more precarious safety situation. This context had resulted in parents wanting to marry off their daughters earlier—either to reduce the financial burden of supporting a daughter marrying them into their husbands' families, or in order to protect them from perceived higher risks of being sexual assaulted or harassed.[33] In addition, FGD participants and KIIs also reported that displacement had meant that

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[32] Trends in the FGDs appear to be supported by data from a 2014 KAP survey on child protection in Sittwe, which states that 45% of Sittwe Muslim respondents and 28% of Sittwe Rakhine respondents reported that child marriage "sometimes" happens in their communities. See "Child Protection Knowledge, Attitudes and Practices Survey, Rakhine State, Myanmar," p. 38.

[33] These were also reported as the main drivers of child marriage in a recent IRC/DRC study on dispute resolution in Rakhine IDP camps. See Patricia Chesson, "Community-Based Dispute Resolution Practices for Gender-based Violence in IDP Camps in Sittwe, Rakhine State" (Sittwe: IRC/DRC, 2016), p. 14-15.

adolescents themselves were more interested in marrying earlier, having left them with few activities to fill their days, and able to mix more freely with members of the opposite sex due to a lack of private living conditions. [34] In general, FGD participants appeared to place greatest emphasis on the agency of adolescents in wanting to marry early, but also emphasised ways in which different aspects of the displacement could reinforce each other in driving younger marriages:

"Poverty is the only reason, their parents cannot afford to feed their children and give them basic necessities. Some children drop out of school without completing education. So the children go here and there and make friends with bad guys. They have nothing to do."

— *Female Muslim FGD participants*

"Many parents arrange for the marriage of their child daughters because they think it is good for her life and to ensure her safety in areas where girls are at high risk of harassment and physical or sexual assault…Among girls and boys, they usually get married after falling in love with each other when they are teenagers. Before we used to live separated by boundaries [between our compounds], but now we are living at the same place with 8 or 10 families. So it's easy for girls and boys to fall in love with each other."

— *Female Muslim FGD participants*

"[Child marriage] happens in the camp because of living in the camp, different kinds of people are mixing so [parents are] worried for their daughters, and some marry their daughters because they worried about some bad things happening and also can't afford to look after them. Some younger children, now they are interested in sexual relations more than before because now they share one room with family members so sometimes they have accidentally seen family members having sex…So this leads to early marriage in camp."

— *Female KII*

By contrast, Rakhine FGD members were less likely to link child marriage with displacement, discussing it in the more general context of poverty. Specifically, they explained that children who dropped out of school early to work were more likely to marry earlier since they were effectively becoming adults at a younger age. Other participants ascribed cases of child marriage to specific family or individual circumstances rather than framing them as the result of any wider issues.

In discussing the possible consequences of child marriage, survey participants were asked whether they thought that a girl marrying under 18 would have positive, negative, or mixed impacts on her happiness, health, safety, education prospects, and on her parents. Almost no respondents felt that such a marriage would have "positive" impacts on any of these aspects. At least three-quarters of all Muslim respondents felt that all of these aspects would have "negative" impacts, while Muslim women were more likely to see impacts as "mixed" (around 20% for most questions, compared to around 5% for men), and health impacts were most universally viewed as negative. Among Rakhine respondents, the impacts on girls' education prospects and on her parents were most universally viewed as negative, while other impacts were seen as more mixed. Around half of Rakhine men felt health impacts would be "mixed" and a majority felt safety impacts would be "mixed", compared to overwhelming majorities of Rakhine women who felt such impacts would be "negative" (see Figure 7 below for further details on "mixed" responses).

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[34] These dynamics related to adolescent agency in child marriage are strikingly similar to those reported in other refugee contexts. See, for example, "A Knowledge, Attitudes and Practices Study of Child Protection Issues among Parents in Darashakran and Qushtapa Camps, Kurdistan Region of Iraq" (Erbil: ACTED, 2014).

Figure 7: Proportion (%) of respondents reporting "mixed" impacts of marriage under 18 for girls on different aspects of a girl's life, by group and gender
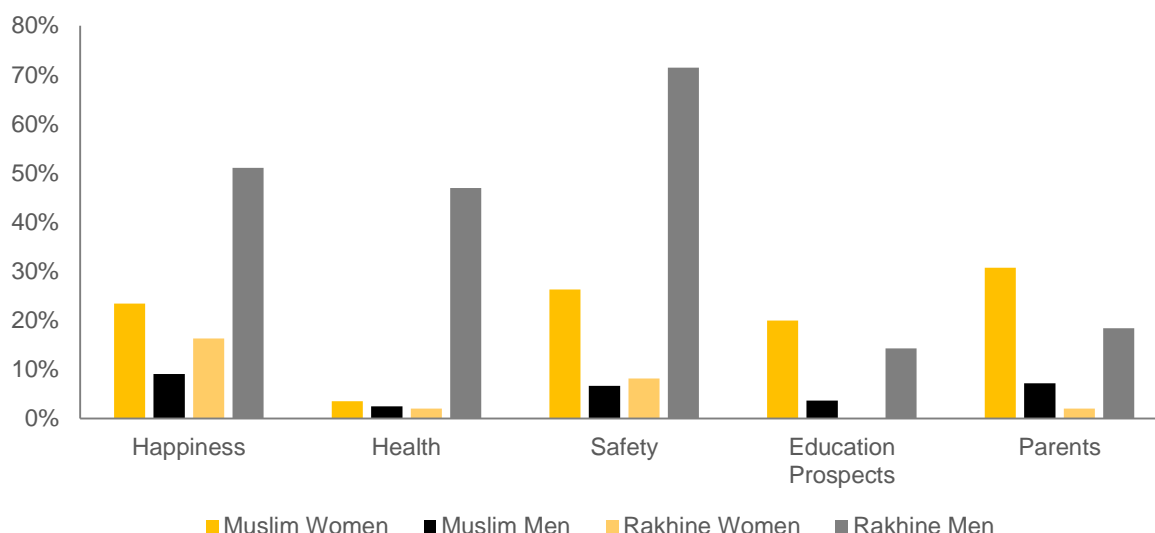
FGD participants also spoke in almost universally negative terms about the consequences of marriage under 18. The health dangers of teenage pregnancy were brought up in all Muslim FGDs, but not in any Rakhine groups. More universally discussed across all groups was the idea that couples under 18—especially the men—were too young to effectively manage their households. In one male Muslim FGD, participants explicitly linked this to the perceived greater likelihood of IPV in such marriages. Similarly, Rakhine FGD participants felt that these dynamics meant that child marriages were more likely to end in divorce.

Overall, data on child marriage in Muslim camps in particular suggest a disconnect between perception and practice: while child marriage for girls is widely seen as "normal," it is by no means generally viewed as a best-case situation. Instead, it appears to be explicitly identified as a problem, and one that has been made worse by displacement. Often, in similar contexts, parents believe that early marriage is a preferable option over perceived alternative scenarios, and in previous assessments in the Rakhine parents have more explicitly explained the perceived protective function of early marriage.[35] This may represent an important entry point for future livelihoods and behaviour change programming. However, further research is also needed among individuals who have actually married young, in order to understand how far popularly perceived drivers align with the experiences of those involved.

Violence against Women and Girls, and Gender Norms

In investigating issues around IPV and sexual assault and to assess the context in which these occur, the study began by examining attitudes around gender roles and relationships. It then moved on to explore popular understanding of the term "violence against women" and to discuss its perceived causes, and whether levels of violence were perceived to have changed since displacement. Finally, it assessed perceived sources of support for survivors.

Attitudes regarding gender roles and relationships

When looking at attitudes on gender roles, the survey began by using an adapted version of the Gender Equitable Men (GEM) scale, a tool validated across many different contexts and designed to "measure attitudes toward gender norms in intimate relationships, or differing social

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[35] Community-Based Dispute Resolution Practices for Gender-based Violence in IDP Camps in Sittwe, Rakhine State," p. 14.

expectations for men and women."[36] The scale tests how equitable or inequitable people's views are about a range of different issues related to gender norms. In other studies, inequitable responses among men have often been correlated with higher incidences of IPV, although this trend cannot be assumed to hold true in this context without specific validation using prevalence data.[37] In addition to questions specifically derived from the GEM scale, the survey included other questions on wider attitudes toward gender norms, as well as to specifically investigate issues related to IPV and sexual assault. For each question, respondents were read a statement and asked how far they agreed.[38] Responses were ranked on a Likert scale of 1-5, with 1 representing the least and 5 the most gender equitable answers.

Overall, GEM scores for each group were calculated by averaging Likert scores across all component questions to produce a single score for each group and location (see Figure 8 below). Average GEM scores for Muslims were higher than Rakhine, at 2.8 and 2.3 respectively. However, within each group there were significant differences according to gender. Muslim women were found to be more gender equitable than all other groups, with an average score of 3.2. By comparison, Muslim men scored much lower at 2.4, marginally higher than Rakhine men and women, both of whom averaged 2.3. Muslim respondents tended to hold more extreme positive or negative views: around one-tenth of Muslim women received highly equitable scores of 4 or more, and around one-quarter of men recorded highly inequitable scores of 2 or less. By contrast, Rakhine respondents of both genders were more tightly clustered around the average, with few extremes observed in either direction. Across different Muslim camps, average GEM scores were generally similar at around 2.9. The one exception was in Baw Du Pha 2, were respondents held generally less gender equitable views with an average score of 2.4.

Figure 8: Average score on GEM scale, by group and gender

Minimum = 1, maximum = 5, where 1 is least gender equitable and 5 is most gender equitable

Muslim Women	3.2
Muslim Men	2.4
Rakhine Women	2.3
Rakhine Men	2.3

Examination of individual questions asked around different aspects of gender norms also yields several important trends (a summary of responses to these questions is provided in Table 2 below). In general, Muslim men and women were on opposite sides of a divide when discussing issues related to household decision-making over resources, decision-making over sexual activity, whether a man should be allowed to beat his wife, and whether his wife should have to endure such punishment. For all of these issues, Muslim women's scores averaged at least 1 point more equitable than men. By contrast, Muslim women and men held broadly similar views (difference in average scores of less than 1 point) around whether people should receive equal treatment regardless of gender, whether men should share responsibility for housework, and whether women were perceived as mainly culpable if sexually assaulted. Notably, Muslim men held significantly more equitable views than women (3.8 compared to 2.4) about whether it should be a woman's

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[36] See Geeta Nanda, "Compendium of Gender Scales" (Washington, DC: FHI 360/C-Change, 2011). The GEM scale has not been used previously in publicly available research in Myanmar and has not therefore been adapted or validated in this context. The WPE team initially selected questions from the GEM scale based on a review documentation on GEM scales adapted for similar contexts, most notably Ruchira Tabassum Naved et al., "Men's Attitude and Practices Regarding Gender and Violence against Women in Bangladesh: Preliminary Findings" (Dhaka: icddr,b, 2011). Further adaptation of the tool then took place following field-testing and feedback from enumerators.

[37] See Naved et al., "Men's Attitudes and Practices"; Pulerwitz et al., "Changing Gender Norms and Reducing Intimate Partner Violence: Results from a Quasi-Experimental Intervention Study With Young Men in Ethiopia" American Journal of Public Health (2015), 105(1): 132-137; AM Gomez et al., ""Linkages Between Gender Equity and Intimate Partner Violence Among Urban Brazilian Youth" Journal of Adolescent Health 2015 49(4): 393-99.
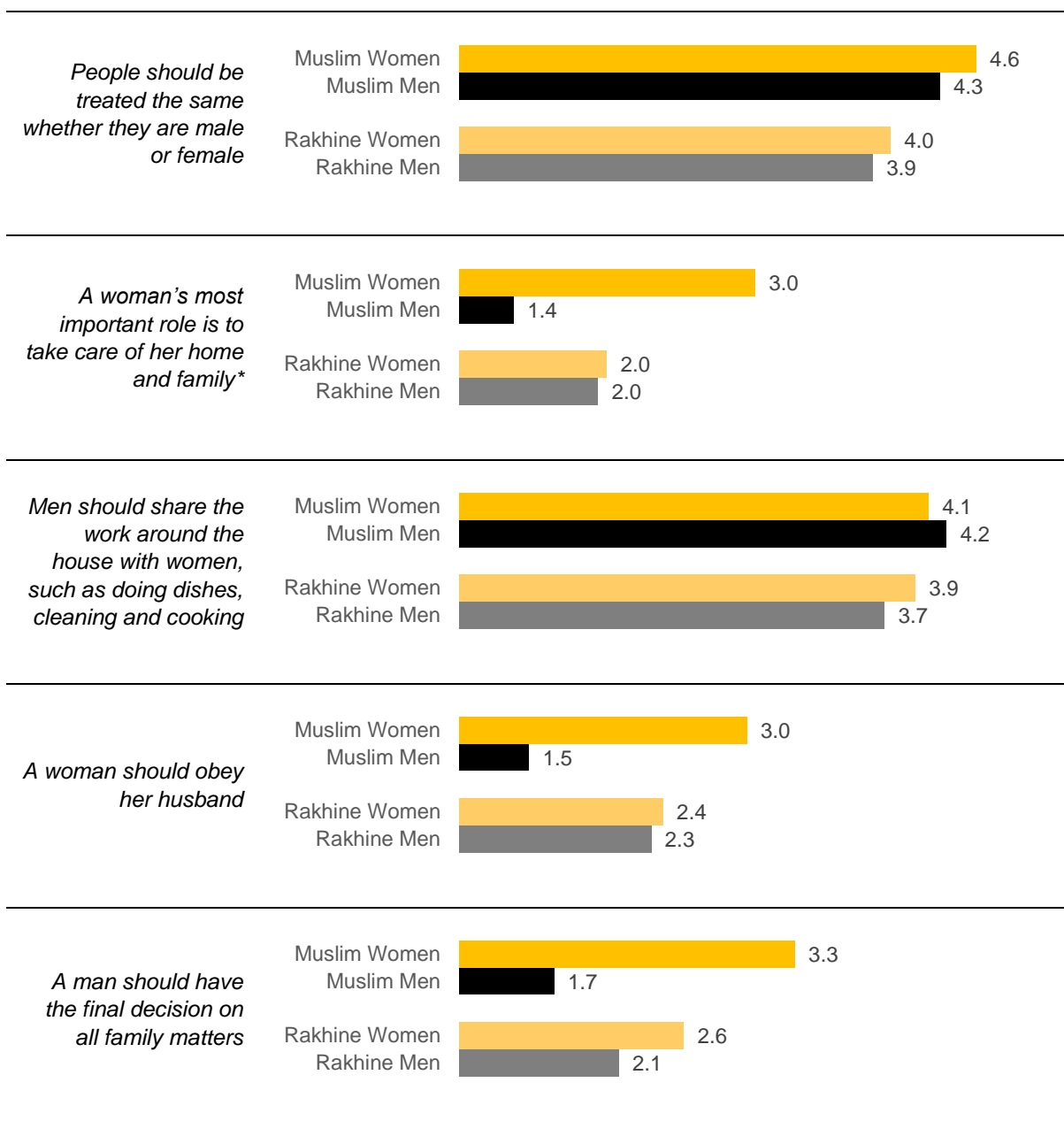
[38] Responses offered were strongly agree, somewhat agree, unsure, somewhat disagree, strongly disagree.
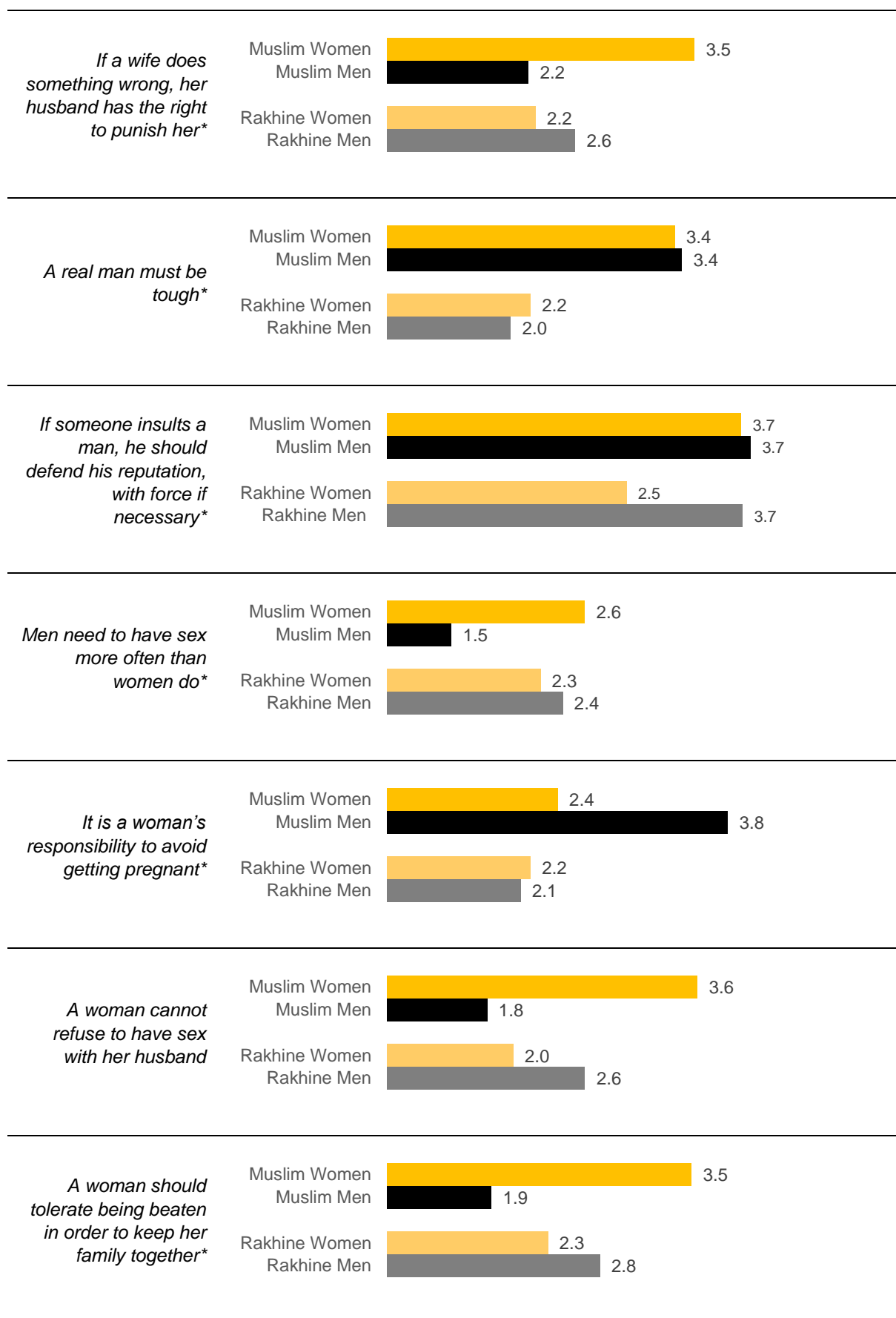
responsibility to avoid getting pregnant. Across all questions, Rakhine women and men were generally closer in average scores, with a gap of more than 1 opening up only over whether men should use violence to uphold their reputations, where men held more gender equitable views than women. Broadly speaking, the study population as a whole held particularly gender equitable views (average score above 4) around whether people should be treated equally regardless of gender, whether men should share in housework, and whether women were perceived as culpable if they were sexually assaulted.
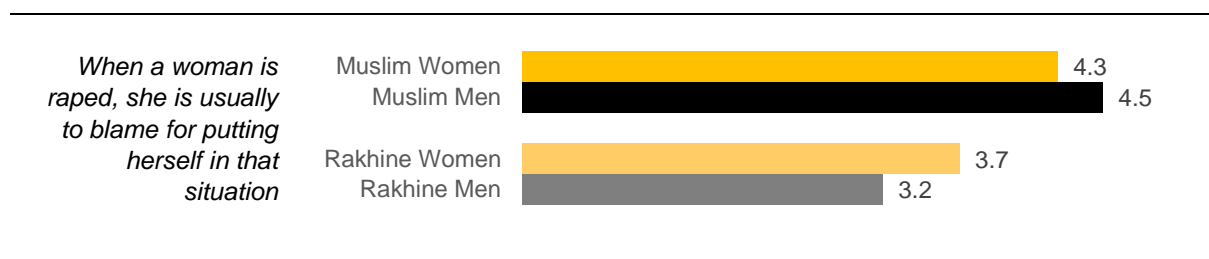
Table 2: Average Likert score on responses to questions on gender roles and relationships, by group and gender

Minimum = 1, maximum = 5, where 1 is least gender equitable and 5 is most gender equitable

* = component of the GEM scale

People should be treated the same whether they are male or female	Muslim Women	4.6
	Muslim Men	4.3
	Rakhine Women	4.0
	Rakhine Men	3.9

A woman's most important role is to take care of her home and family*	Muslim Women	3.0
	Muslim Men	1.4
	Rakhine Women	2.0
	Rakhine Men	2.0

Men should share the work around the house with women, such as doing dishes, cleaning and cooking	Muslim Women	4.1
	Muslim Men	4.2
	Rakhine Women	3.9
	Rakhine Men	3.7

A woman should obey her husband	Muslim Women	3.0
	Muslim Men	1.5
	Rakhine Women	2.4
	Rakhine Men	2.3

A man should have the final decision on all family matters	Muslim Women	3.3
	Muslim Men	1.7
	Rakhine Women	2.6
	Rakhine Men	2.1

If a wife does something wrong, her husband has the right to punish her*

Muslim Women	3.5
Muslim Men	2.2
Rakhine Women	2.2
Rakhine Men	2.6

A real man must be tough*

Muslim Women	3.4
Muslim Men	3.4
Rakhine Women	2.2
Rakhine Men	2.0

If someone insults a man, he should defend his reputation, with force if necessary*

Muslim Women	3.7
Muslim Men	3.7
Rakhine Women	2.5
Rakhine Men	3.7

Men need to have sex more often than women do*

Muslim Women	2.6
Muslim Men	1.5
Rakhine Women	2.3
Rakhine Men	2.4

It is a woman's responsibility to avoid getting pregnant*

Muslim Women	2.4
Muslim Men	3.8
Rakhine Women	2.2
Rakhine Men	2.1

A woman cannot refuse to have sex with her husband

Muslim Women	3.6
Muslim Men	1.8
Rakhine Women	2.0
Rakhine Men	2.6

A woman should tolerate being beaten in order to keep her family together*

Muslim Women	3.5
Muslim Men	1.9
Rakhine Women	2.3
Rakhine Men	2.8

When a woman is raped, she is usually to blame for putting herself in that situation		
Muslim Women		4.3
Muslim Men		4.5
Rakhine Women		3.7
Rakhine Men		3.2

Promisingly, responses suggest that victim-blaming attitudes to sexual assault may be relatively rare among Muslims: no Muslim women and only 7% of Muslim men agreed or were unsure that "when a woman is raped, she is usually to blame for putting herself in that situation." Rakhine were more ambivalent, where 18% of women agreed, 14% of men agreed, and a further 63% of men were "unsure."

By contrast, responses regarding IPV were much more problematic, suggesting a high degree of normalisation and acceptance among all groups except Muslim women. Specifically, 27% of Muslim women and 78% of Muslim men agreed that "if a wife does something wrong, her husband has the right to punish her," as did 88% of Rakhine women and 47% of Rakhine men (with a further 45% of Rakhine men "unsure"). Similarly, while only 33% of Muslim women agreed that "a woman should tolerate being beaten in order to keep her family together," 86% of Muslim men agreed, together with 84% of Rakhine women and 41% of Rakhine men (with a further 41% of Rakhine men "unsure").

Similar trends were observed in responses to questions probing issues around sexual agency: 22% of Muslim women and 86% of Muslim men agreed that "a woman cannot refuse to have sex with her husband" (a proxy for popular tolerance of marital rape), compared to 98% of Rakhine women and 41% of Rakhine men (with a further 51% of Rakhine men "unsure")—indicating a worrying normalisation of marital rape. Views were even more extreme on the issue of men's perceived sexual appetites: 66% of Muslim women and 95% of Muslim men agreed that "men need to have sex more often than women do," as did 86% of Rakhine women and 59% of Rakhine men (with a further 33% of Rakhine men "unsure").

Defining violence against women and girls

Following questions around attitudes on gender roles and relationships, survey respondents were asked, unprompted, what they understood by the phrase "violence against women and girls" (see Figure 9). Overall, responses tended to focus relatively narrowly on physical violence (64% of all respondents), sexual violence (67%), and IPV (79%). By contrast, issues not involving physical violence such as psychological abuse, denial of resources and forced marriage were less frequently listed. Overall, Muslim women were more likely to list a wide range of issues, while Muslim men were most narrowly focused on physical and sexual violence—and only half as likely as Muslim women (44% compared to 91%) to specifically discuss IPV.

Figure 9: Proportion (%) of respondents able to name different aspects of "violence of women and girls," by group and gender
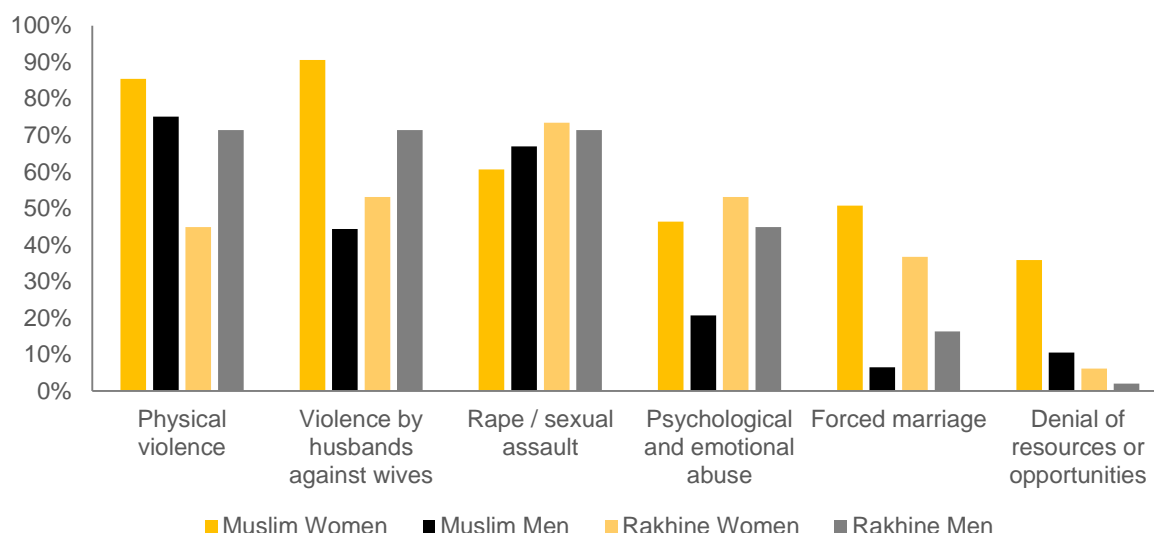
Drivers of violence

Overall, the observed trends in survey participants' attitudes toward gender roles and social norms have significant possible implications for incidence of GBV in the target communities. First, perceptions around questions related to IPV suggest that physical and sexual violence within marriages is tolerated and normalised among both communities (this appears to be validated by the relatively small number of Muslim men who list violence within marriage as a type of violence against women). Second and more broadly, gaps and similarities between the views of men and women regarding perceived gender roles appear to operate differently across different groups, with consequent implications for exacerbating or mitigating violence. Among Muslims, overall GEM scores appear to suggest a major gap in social expectations between women and men—in other words, women and men appear to have different understandings about what each other should "do" and "be." Coupled with the additional pressures of life after displacement (see further discussion below) this factor has the potential to drive higher rates of IPV in particular, as husbands and wives clash over different perceptions of their roles and obligations within the household[39] (this again appears to be validated by the much higher proportion of Muslim women reporting violence within marriages, psychological abuse and denial of resources as types of violence compared to their male counterparts). Among Rakhine by contrast, men and women seem to have more similar perceptions and expectations around gender roles, possibly removing this particular factor as a driver of GBV. However, it should be noted that GEM scores among this group are at best neutral and still indicate the prevalence of widespread gender-inequitable perceptions held by Rakhine of both genders.

In FGDs, participants were not asked specifically about gender norms, but instead presented with scenarios describing fictional incidents of IPV and sexual assault, and asked to reflect on the causes of this kind of situation. In general, participants in both groups were unable or reluctant to describe causes for the sexual assault story, and focused instead on the IPV example. Muslim participants in particular responded at length, with most participants describing the issue as affecting the majority of households in their communities. In general, the main immediate cause of IPV—always described as perpetrated by men against women—was cited as disputes over control

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[39] The role of destabilised gender norms in fueling intimate partner violence is often discussed in the context of post-conflict livelihoods interventions targeting women. See for example "A Double-Edged Sword: Livelihoods in Emergencies" (New York, NY: Women's Refugee Commission, 2014); S. Vyas and C. Watts, "How does economic empowerment affect women's risk of intimate partner violence in low and middle income countries? A systematic review of published evidence" Journal of International Development (2015), 21: 577-602.

of resources in the household. In this respect, participants highlighted instances where women would press men for more money to spend on household needs, or where men would ask women for money to spend on drugs or alcohol, as key flashpoints. The below quotes present a selection of explanations of these dynamics in participants' own words:

"It happens when [women's] needs are not fulfilled, the main reason is that husbands aren't eager to work, they work one day but don't go for the next three days. If they ask for anything they need from their husband, they will shout abuse and strike them."

— Female Muslim FGD participants

"There is no work. That's why we face this type of problem. We cannot afford to fulfil the basic needs of our family."

— Male Muslim FGD participants

"Sometimes he may ask his wife for money for drugs. If she is not able to give it to him, then he is more likely to begin to abuse her."

— Male Muslim FGD participants

These findings generally echo those of previous qualitative studies on violence and GBV in Sittwe camps, which have emphasised how communities believe the impacts of displacement can exacerbate violence in interconnected ways. Specifically, by substantially reducing livelihood opportunities, life in the camps is reported to result in feelings of helplessness and frustration among men, since they are no longer able to fulfil the expected male role of breadwinner. This frustration is linked in participants' narratives with more frequent and severe instances of IPV within relationships, and are further compounded by men's dependence on drugs or alcohol.[40] In the latter case, it is important to note that the issue of substance abuse is not necessarily limited to IDP sites and is widely cited as a challenge facing communities in Rakhine and Myanmar as a whole.[41] More specific research is therefore needed to identify both the role substance abuse plays in relation to GBV in Rakhine, as well as how it intersects with specific experiences of displacement and conflict.

In addition to describing their perceptions of the immediate drivers of violence, Muslim participants also described key factors that they believed could affect whether violence was more likely to take place or become more severe within a household. Most commonly, participants felt that risks were higher when women were more dependent on men for resources, either due to social norms around restricted movement outside of the home, or because women were no longer able to access their own independent source of income in camp settings:

"The difference is a lack of work, in the town when we used to live, we could do any kind of work such as selling vegetables, fish, flowers, and so on, that could fulfil our needs, but in the camp, it's difficult to get work and maintain our family."

— Female FGD participants

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[40] See Maxime Boutry, "Socio-anthropological study of displaced and non-displaced communities of Sittwe Township" (Sittwe: Action Contre la Faim, 2014), p. 31; "Protection Sector Concerns and Risk Analysis in 2015 – Rakhine State" (Sittwe: Protection Sector, 2015), p. 10; "Community-Based Dispute Resolution Practices for Gender-based Violence in IDP Camps in Sittwe, Rakhine State", p. 12-13. These dynamics are common in displacement contexts worldwide, as discussed in "A Double-Edged Sword."

[41] For previous anectodal evidence substance abuse and its perceived link to GBV in Rakhine, see "Socio-anthropological study," p. 31; "Community-Based Dispute Resolution Practices," p. 13; In Myanmar, see Silva Faretti, "Knowledge, Attitudes and Practices Study on Violence Against Women in Myanmar" (Yangon: ActionAid, 2014), p. 85; Nilar Kyu and Atsuko Kanai, "Prevalence, antecedent causes and consequences of domestic violence in Myanmar," Asian Journal of Social Psychology 8, no. 3 (2005): 244-271.

"If the woman is uneducated, unskilled and economically dependent on husband, her husband is the only positive person in her life. So, she considers her husband as a god."

— *Male Muslim FGD participant*

In general, Rakhine FGD participants spent relatively little time discussing the drivers of IPV, largely because they asserted that such situations were not seen particularly frequently in their communities. While the Rakhine men's FGD did, like their Muslim counterparts, link some instances of IPV with a lack of livelihoods, participants in both men's and women's groups generally reported that serious incidents of IPV were rare. According to female Rakhine FGD participants, IPV was limited to "some minor problems or spousal abuses [that] usually come to an end and go back to normal conditions sooner or later," while the men's group added that a few people "abuse their wives for no reason…because of their instincts." It is important to note that while rates of IPV anecdotally appear lower in Rakhine camps compared to Muslim camps, other assessments in areas of Rakhine displacement and the observations of IRC staff on the ground contradict these assertions that IPV is largely absent or unproblematic. In part, such statements may represent a tendency observed in other research conducted both in Rakhine state and elsewhere in Myanmar (as well as globally) for public narratives to minimise IPV as either non-existent or "not a problem."[42]

Changes since displacement

Neither survey nor FGD data provided significant information on whether attitudes around gender norms are perceived to have changed since displacement. This means that it is not possible to say whether the divergence in attitudes observed between Muslim women and men took place after displacement, or is a longer-term and more deep-rooted phenomenon. Especially in Muslim camp settings in Rakhine, women tend to be more heavily exposed than men to gender equitability messages disseminated by humanitarian actors, either via specifically targeted education and behaviour change interventions, or because they are often by default (in their role as care-givers) the main targets for other interventions such as WASH or health promotion activities that may contain gender equity components. When respondents were asked if they had been involved in any activities where they had received information about violence against women and girls, 72% of Muslim women reported yes, compared to only 29% of Muslim men (by contrast, only 4% of Rakhine women and 31% of Rakhine men reported yes, possibly reflecting the lower intensity of humanitarian activity in these settings). However, data from this assessment is not enough to draw a causal link between women's increased exposure to gender equity messaging and the prevalence of more gender equitable views, which would require further research to confirm.

However, data from the study do provide some information on perceived changes in the prevalence of violence against women and girls since displacement. In Muslim FGDs, participants generally reported that violence had increased since displacement, as seen in the above narratives highlighting the consequences of displacement as drivers of IPV. By contrast in Rakhine FGDs participants felt that there had been little change in the incidence of GBV since displacement.[43] Survey results partially corroborated these narratives: 82% of Rakhine respondents reported that violence against women and girls had decreased or stayed the same since displacement, while 62% of Muslim respondents reported that it had got worse. However, these figures mask a significant gender disparity among Muslim respondents. While 93% of Muslim men reported that violence had increased, only 30% of Muslim women did so. Reasons for this difference are unclear and require further investigation. In general, it is important to note that all discussions around rates and trends of GBV represents only people's perception of these issues, and should be viewed with caution in the absence of any actual prevalence or incidence data.

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[42] See "Raising the Curtain: Cultural Norms, Social Practices and Gender Equality in Myanmar" (Yangon: Gender Equality Network, 2015), p. 17-21; "Community-Based Dispute Resolution Practices for Gender-based Violence in IDP Camps in Sittwe, Rakhine State," p. 16.

[43] By contrast, a recent qualitative assessment of dispute-resolution practices in the same camps as this study reported that displaced Rakhine also felt that IPV had increased since displacement. See "Community-Based Dispute Resolution Practices for Gender-Based Violence in IDP Camps in Sittwe," p. 14.

Options for survivors

As a final component to this section of the assessment, FGD and survey participants were asked who women could go to for help in the event that they experience violence. Reflecting the results of assessments both within Rakhine state, Myanmar, and globally, FGD participants identified substantial social barriers to seeking any forms of support or grievance address. Especially in Muslim FGDs, participants reported that survivors of IPV might be reluctant to seek help outside the household because of both a general culture of victim-blaming around violence against women, and social expectations for women to prioritise the need to "run the household and maintain the family's status." In Rakhine FGDs, participants again emphasised that there was no need to seek help outside the household as long as the problem was "not so bad." For cases of sexual assault, both groups felt that women would be reluctant to seek any help for fear that they would "lose their character" as knowledge of their experience became public.[44]

Even in cases where women do choose to seek support, its availability is reportedly limited. For cases of IPV, FGD participants generally reported that friends and neighbours would be the main source of support for female survivors—both in terms of providing emotional support, and of intervening in cases where IPV was felt to exceed (undefined) acceptable bounds. Women's FGD participants also mentioned IRC as a provider of psychosocial support. In cases where survivors of IPV and sexual assault wished to pursue grievance redress, both groups mentioned camp management committees (CMCs) as the main actor involved, while again highlighting IRC as a provider of (non-specific) support.

Discussion of CMCs was generally critical, focusing on high costs of access—CMCs in Muslim camps reportedly charge informal fees of 5,000 Myanmar Kyat (equivalent to 4 USD) or more to deliver arbitration services for a GBV case; and their perceived ineffectiveness—female FGD participants reported that in cases of IPV, the warnings or fines imposed by CMCs do little to discourage IPV and may actually exacerbate it by humiliating male perpetrators and inciting them to yet more violence. As one female Muslim FGD participant explained: "their spouses are punished by the community, but it is only a loss for the women…there is no change in their relationship. Most of the men are alcoholics and drug addicts, so don't feel anything whatever they do." These findings generally echo those of a parallel IRC/DRC study on community-based dispute resolution in camp contexts in Sittwe, which reports that CMCs are generally sought as a "last resort," and goes on to highlighted their susceptibility to bribery by perpetrators; failure to uphold principles of confidentiality when engaging with GBV cases; tendency to rely on mediation in cases of IPV[45] and in some instances on forcing the marriage of survivor and perpetrator in cases of sexual assault; and tendency to minimise the seriousness of IPV cases or blame women for the violence they experience.[46]

The FGD findings also largely overlap with the study's survey component, where respondents were asked where women could go to for "help" if they experienced any kind of violence. Across all groups and genders, CMCs were mentioned as the main point of support by 68% of Muslims and 58% of Rakhine. Friends and family were mentioned relatively infrequently given their perceived importance among FGD participants (this may be related to interpretation of the question as

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[44] Social stigma around reporting and seeking redress for GBV across Myanmar is extensively documented in "Behind the Silence: Violence Against Women and their Resilience in Myanmar," (Yangon: Gender Equality Network, 2015), p. 44, 49-51 – although the report also emphasises that such stigma is not uniform and that stigmatising and supportive elements the wider community (such as support networks of friends) often exist simultaneously. "Community-Based Dispute Resolution Practices for Gender-Based Violence in IDP Camps in Sittwe," p. 16-17 discusses similar dynamics observed in the Rakhine displacement context.

[45] "Voices from the Intersection," p. 10, 41. documents how community-based dispute resolution in Myanmar tends to prioritise domestic and especially community "harmony" over the needs of individual survivors.

[46] "Community-Based Dispute Resolution Practices for Gender-Based Violence in IDP Camps in Sittwe." These findings in turn echo recent research on women's use of informal justice mechanisms in Myanmar more broadly, which are simultaneously accessed in the absence of any other trusted recourse mechanisms, and also viewed as widely unsatisfactory in meeting women's needs. See "Voices From the Intersection: Women's Access to Justice in the Plural Legal System of Myanmar" (Yangon: UN Women/Justice Base, 2016), p. 9.

relating to service providers rather than more general support networks). Both Muslim and Rakhine women commonly mentioned NGOs as a source of support (63% and 65% respectively), in contrast to men of both groups, who were much less likely to do. Meanwhile, around a quarter of both Muslim men and women mentioned religious leaders, compared to minimal numbers of Rakhine. Finally, likely reflecting widespread suspicion of the police among Muslim camp communities[47] and a reported wider reluctance among women in Myanmar to approach the police as a first point of referral, only Rakhine men reported the police as an important source of support.[48]

Overall, this evaluation's findings highlight an important gender disparity between women and men in Muslim camps in gender roles, help seeking behaviour, knowledge of available services and access points, as well as perception of those same services effectiveness. These findings have implications for the design of social and behaviour change as well as livelihood programming and cash transfers that specifically target women. Social and behaviour change interventions need to effectively target social norms that condone violence against women, gender roles that limit women's autonomy and agency, and engage men and boys in that process. Given their potential to disrupt existing intra-household power dynamics, livelihoods programming that targets women needs to be accompanied by interventions that also address financial decision-making at the household level to minimise risk of IPV. Meanwhile, the findings highlight only weakly gender-equitable attitudes among Rakhine men and women, indicating a similar need for carefully-designed behaviour change and livelihoods interventions. More broadly, the findings also reinforce existing evidence on the potential for displacement dynamics to serve as contributing factors to GBV.

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[47] "Protection Sector Concerns and Risk Analysis in 2015," p. 12; "Community-Based Dispute Resolution Practices for Gender-Based Violence in IDP Camps in Sittwe," p. 17.
[48] "Voices from the Intersection," p. 74-75.

4. Recommendations

Based on these results, the following recommendations are presented, with the aim of informing the design of new or existing programming around issues related to GBV and gender equity more broadly.

Service provision

- *Increase outreach and capacity building efforts for justice and safety and security actors:* Among both communities, camp committees are widely seen as ineffective in dealing with GBV, and demonstrate approaches to dispute resolution that may put women at further risk of harm. Meanwhile, formal legal actors are widely mistrusted. In the short-term, this indicates an urgent need for gender sensitivity training for all justice and security actors working in the camps. Longer-term, efforts to either reform existing camp committee structures or integrate formal and informal justice provision should be informed by and actively involve women's perspectives, and be accompanied by outreach activities that both inform GBV survivors of the recourse options available to them, and provide support in navigating these systems.

- *Expand programming focused on survivor centred care and increasing psychosocial interventions in order to build resilience:* The protracted conflict situation in Rakhine means that women and men in both communities face the prospect of long-term structural challenges that are unlikely to be fully alleviated in the short to medium-term through humanitarian or even development assistance alone. For Muslims in particular, these include a lack of access to meaningful livelihoods rooted in continued restrictions on movement and other basic activities; the fallout from negative individual, household and community coping mechanisms that develop as a result; and a lack of avenues for safe and meaningful grievance redress, to name only a few. These experiences are likely to exacerbate existing psychological stresses and leave little recourse for community members to address their own mental health and psychosocial needs. Increased focus on psychosocial interventions that provide opportunities to safely address on-going needs, process feelings, and learn coping mechanisms through a variety of modalities would increase both women's and men's abilities to cope. Psychosocial interventions like emotional support groups, Forum Theater, yoga, and experiential processing groups should be explored as a way to increase resiliency in this protracted environment.

- *Expand services in non-displaced communities, either through local partnerships, capacity building for services providers, or direct implementation:* Rakhine women consistently reported low beliefs in equitable gender norms, particularly around IPV. Given that displaced Rakhine communities have been proportionally less impacted by violence and displacement compared to their Muslim counterparts, these results are a particularly striking example of potentially long-standing incident rates of IPV in the state as a whole. Meanwhile, many of the potentially GBV-exacerbating dynamics faced by Muslims in camp settings—such as curtailed livelihoods, limited freedom of movement, and minimal access to services—are also experienced by non-displaced Muslim communities. Both of these dynamics demonstrate a need for the conflict-sensitive and context-specific expansion of programming beyond displacement settings and into the wider community.

- *Ensure that outreach and awareness around services catering to women's needs also targets men:* In the case of healthcare services in particular, women are often the main users, either to meet their own needs or when accompanying their children. However, men may also play a key role in household-level decision-making over access to health and other services—especially when there are perceived costs or risks involved. Evidence from this study highlights that men appear to have an exaggerated perception of the severity of access barriers to key services for women and girls. Consequently, activities aimed at

increasing service uptake—whether through awareness raising about existing services and how to access them, removing barriers to access, or encouraging care-seeking behaviour—should take relevant gender dynamics into account in their design, and ensure that men are also included in these activities where appropriate.

Trafficking

- *Ensure that men are actively targeted in awareness campaigns related to trafficking:* Evidence from this assessment indicates that across both communities, women are generally better informed about the dynamics and risks of human trafficking than men, while men are conversely more likely to attempt to leave Rakhine. This demonstrates a clear need to proactively target men in anti-trafficking campaigns to ensure they can better make informed decisions, migrate safely where possible, and avoid being deceived into trafficking situations.

Child marriage

- *Mobilise and engage youth in awareness campaigns targeting child marriage:* Given the reported role of youth agency in driving early marriage, child protection and GBV actors in Muslim areas should work to involve young people in tailoring the design and delivery of mass information messaging, as well as working to develop youth-led events and initiatives such as community theatre workshops.

- *Consider vulnerability of young girls to early marriage as a factor in targeting of social protection and livelihoods assistance:* Given the reported economic drivers of early marriage for girls, the presence of younger adolescent girls in a family should be considered as a factor when assessing household vulnerability to determine eligibility for cash grants, cash-for-work or longer-term livelihoods support in Muslim communities.

- *Develop specific programming that targets adolescent girls and their parents:* Given that early marriage persists (especially in Muslim areas) despite widespread understanding of its risks, participatory programming approaches could work to support girls and their parents in identifying and mitigating the perceived pressures that drive early marriage, while continuing to emphasise its negative impact.

Reducing IPV and empowering women

- *Expand activities to improve women's control and use of resources:* Given both the reported centrality of disputes around and imbalanced control of household sources as a trigger of IPV, and men's negative attitudes regarding women's equal involvement in household decision-making, future programming should work on improving women's ability to access and control resources. Ideally, this would involve an integrated programming approach that i) supports women's literacy, numeracy and negotiation skills, ii) works to provide them with independent ability to generate income and assets; and iii) works to encourage the support for an expanded role for women in the control of household resources among men, higher-status women such as mother in laws, and among wider social norms.

- *Ensure livelihood activities targeted at women adequately account for GBV risks:* As other studies have discussed, the relationship between women's greater ability to generate and control assets, women's empowerment, and GBV is complex. On the one hand, securing an independent source of livelihood can reduce women's dependence on male household members and foster greater agency and self-confidence. On the other, it has also been shown to lead to spikes in IPV due to the threat posed to existing household gender power dynamics. This is especially the case in displacement settings such as Rakhine, where constraints on livelihoods options are already disrupting dominant male identities as breadwinners and protectors. As a consequence, livelihoods and cash transfer programming specifically targeted at women should take care to factor in these dynamics,

which can be addressed by including complementary activities such as husband/wife discussion groups around gender norms or peaceful dispute resolution.[49]

- *Ensure the design of behaviour change programming is informed by an adequate understanding of its target population:* This study appears to demonstrate a significant gap in expectations around gender norms between women and men in Muslim areas, greater alignment in Rakhine areas, and the widespread normalisation and acceptance of IPV and more broadly inequitable gender roles and relationships. This highlights a need both for wider behaviour change programming, and for this programming to be properly targeted. In Muslim areas, where women already appear to hold more equitable gender norms, increased male engagement in activities promoting gender equality should be a priority area. In Rakhine areas by contrast, work may need to focus on working to question and challenge inequitable norms that may be more entrenched and internalised as "common sense" among men and women alike.

Further research

- *Work to better understand the experiences and needs of GBV survivors:* The views collected in this assessment are those of its general target population, and not specifically of GBV survivors. While they provide valuable information on the environment in which GBV takes place, they therefore only provide a partial picture on the drivers and risk factors behind different types of GBV. Conducting large-scale quantitative work on GBV prevalence is not recommended in the current contexts as the challenges of implementing such research safely and ethically are likely to be prohibitive. However, carefully-implemented qualitative research with GBV survivors could help shed further valuable light on how and why GBV happens, and how survivors' specific needs as a result of their experiences can be better served.

- *Work to better understand how and why change happens:* While GBV programming in the Rakhine context to date has largely focused on response and immediate risk prevention, study data suggest that exposure to widespread mass information campaigns could be contributing to diverging gender expectations in Muslim areas. As programming aimed at empowering women and contributing to more equitable gender norms increases, it will be vital to monitor and evaluate if and how change is taking place, and which pathways are the most effective.

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[49] For examples of implementation models, see "Program Implementation Manual: Economic and Social Empowerment Program (EA$E)" (New York, NY: IRC, 2012); "Preventing Gender-Based Violence, Building Livelihoods: Guidance and Tools for Improved Programming" (New York, NY: Women's Refugee Commission, 2011).

Annex 1: Survey Questionnaire

Informed consent statement ကျိုးကြောင်းအသိပေး၍ သဘောတူညီမှုဆိုင်ရာ ပြောကြားချက်

Hello. My name is ____. I am working on behalf of an international NGO called the International Rescue Committee. We are interested in learning more about some of the concerns and needs of women, girls, and their families in this community. We would like to ask you some questions about your feelings and experiences, so that we can understand how to work with the community to help improve their situation. At the end of this interview we will make a report and share it with our IRC team, but we will not mention your name, or anything else that could identify you personally. Everything will be confidential.

ဟဲလို...ကျွန်တော်/ကျွန်မနာမည်-------ပါ။ ကျွန်တော်/ကျွန်မကတော့ နိုင်ငံတကာအဖွဲ့အစည်းတစ်ခုဖြစ်တဲ့ အပြည်ပြည်ဆိုင်ရာလူမှုကယ်ဆယ်ရေးကော်မတီ (IRC)မှာ တာဝန် ထမ်းဆောင်နေပါတယ်။ ကျွန်တော်/ကျွန်မတို့က ရပ်ရွာမှာရှိတဲ့ မိန်းကလေးတွေ၊ အမျိုးသမီးတွေနဲ့ သူတို့မိသားစုတွေရဲ့ လိုအပ်မှုတွေနဲ့ တချို့သော စိုးရိမ်မှုတွေနဲ့ ပတ်သက်တဲ့ အကြောင်းအရာတွေကို စိတ်ဝင်တစား သင်ယူလေ့လာလိုပါတယ်။ သင်တို့ရဲ့ စိတ်ခံစားမှုတွေ၊ အတွေ့အကြုံတွေနဲ့ပတ်သက်ပြီး မေးခွန်းတချို့ မေးမြန်းလိုပါတယ်။ ထိုမှသာ ရပ်ရွာထဲမှာရှိတဲ့သူတွေနဲ့အတူ သူတို့ရဲ့ အခြေအနေတွေ တိုးတက်ကောင်းမွန်လာအောင် ဘယ်လို လုပ်ဆောင်ရမလဲ ဆိုတာကို နားလည်နိုင်မှာ ဖြစ်ပါတယ်။ အင်တာဗျူးပြီးမေးမြန်းပြီးရင်တော့ အစီရင်ခံစာရေးပြီး ကွန်ပ်တို့ရဲ့ IRC အဖွဲ့ကို ဝေမျှပါမယ်။ ဒါပေမယ့် သင့်နာမည် (သို့) သင်နဲ့ပတ်သက်တဲ့ ကိုယ်ရေးကိုယ်တာအကြောင်းအရာတွေကို ဝေမျှမှာ မဟုတ်ပါဘူး။ အားလုံးကို လျှို့ဝှက်စွာ သိမ်းထားရှိပါမယ်။

We are interested to hear all your opinions, both positive and negative. Nothing you say, or do not say, will affect your relationship with IRC, or any other actor. Because we are in the process of designing a new programme, we cannot offer you any direct aid or incentives as a result of this interview. However, your opinions and experiences will make a very important contribution to our understanding of your situation.

ကျွန်တော်/ကျွန်မတို့က သင်တို့ရဲ့စိတ်ကူးအယူအဆတွေ အကောင်းအဆိုး နှစ်မျိုးလုံးကို စိတ်ဝင်တစား နားထောင်လိုပါတယ်။ သင် ပြောသည်ဖြစ်စေ ဘာမျှမပြောဆိုသည်ဖြစ်စေ သင်နဲ့ IRC ကြားမှာ ရှိတဲ့ ဆက်သွယ်မှု (သို့) တခြားအဖွဲ့အစည်းတွေကြားမှာ ရှိနေဆဲ ဆက်သွယ်မှုတွေကို ထိခိုက်မှု ရှိမှာမဟုတ်ပါဘူး။ ဘာကြောင့်လဲဆိုတော့ ကျွန်ပ်တို့က စီမံကိန်းအသစ်တစ်ခု ရေးဆွဲနေဆဲ ကာလဖြစ်တဲ့အတွက်ကြောင့် အင်တာဗျူးလုပ်ခြင်းရဲ့ ရလဒ်အတွက် ဘယ်ပစ္စည်းကိုမှ တိုက်ရိုက်ထောက်ပံ့ပေးမည် မဟုတ်ပါဘူး။ ဒါပေမယ့် သင်တို့ရဲ့ အတွေ့အကြုံတွေနဲ့

စိတ်ကူးအယူအဆတွေက သင်တို့ရဲ့ လက်ရှိအခြေအနေကို ကျွန်တော်/ကျွန်မတို့ နားလည်နိုင်ဖို့အတွက် အလွန်အရေးကြီးပါတယ်။

It is your choice about whether to take part in this interview or not. At some points in the interview we may ask you some questions that you may think are personal or sensitive. If you choose to participate, you may choose not to answer any of our questions, and you may end the interview whenever you want.

အင်တာဗျူးမှာ ပါဝင်လိုသည်ဖြစ်စေ မပါဝင်လိုသည်ဖြစ်စေ သင်ရွေးချယ်လို့ရပါတယ်။ အင်တာဗျူးမှာ မေးထားသောမေးခွန်းတချို့က သင်ထင်မြင်ယူဆထားတဲ့ စိတ်ကူး (သို့) ထိခိုက်လွယ်တဲ့ စကားများ ပါဝင်လာနိုင်ပါတယ်။ ဒီအင်တာဗျူးမှာ ပါဝင်ဖို့ရွေးချယ်တယ်ဆိုရင်လည်း တစ်ချို့မေးခွန်းတွေကို မဖြေလိုချင်ရင်လည်း ရပါတယ်။ ဘယ်အချိန်မဆို အင်တာဗျူးကို အဆုံးသတ်နိုင်ပါတယ်။

The interview will take around 40 minutes. Do you consent to participate?

အင်တာဗျူးချိန်က မိနစ် ၄၀ဝန်းလောက် ကြာမြင့်ပါလိမ့်မယ်။ အင်တာဗျူးမှာ ပါဝင်ရန် သဘောတူပါသလား။

[if yes] Thank you. As I have said, some of the issues we will talk about are better to discuss in private. Is there anywhere we can go where we can sit alone and have our conversation? **[if no, thank the respondent for their time and end the interview]**

(အကယ်၍သဘောတူပါက) ကျေးဇူးတင်ပါတယ်။ ကျွန်တော်/ကျွန်မ ပြောခဲ့သလိုဘဲ ပြောမယ့်အကြောင်းရာတစ်ချို့ကို ဆွေးနွေးဖို့ သီးသန့်နေရာဖြစ်လျှင် ပိုကောင်းပါလိမ့်မယ်။ ကျွန်တော်/ကျွန်မတို့ ထိုင်ပြီး သီးသန့်စကားပြောလို့ရတဲ့ နေရာတနေရာလောက် ရှိပါသလား။ (အကယ်၍သဘောမတူပါက အင်တာဗျူးကို အဆုံးသတ်ပြီး အချိန်ပေးတဲ့အတွက် ဖြေဆိုသူကို ကျေးဇူးတင်ပါ။)

Questionnaire

1. Demographic information ၁. အချက်အလက်များ	
1.1 Date ၁.၁ နေ့စွဲ	
1.2 Location ၁.၂ တည်နေရာ	• Set Yoe Kya 1 • ဆတ်ရိုးကျ ၁ • Set Yoe Kya 2 • ဆတ်ရိုးကျ ၂ • Say Tha Mar Gyi • ဆေးသမားကြီး • Ohn Daw Gyi North • အုန်းတောကြီးမြောက်

	• Baw Du Pha 2
	• ဘောဒွဖ ၂
	• Phwe Yar Gone
	• ဖွဲရာကုန်း
	• Thet Kae Pyin
	• သက်ကေပြင်
1.3 Respondent gender ၁.၂ ဖြေဆိုသူ လိင်	• Male • ကျား • Female • မ
1.4 How old are you? ၁.၄ အသက်ဘယ်လောက်ရှိပြီလဲ။	
1.5 What is the highest grade of education you have achieved? ၁.၅ အတန်းပညာ အမြင့်ဆုံး ဘယ်အဆင့်ထိ အောင်မြင်ခဲ့ပါသလဲ။	• None • ကျောင်းမနေရပါ။ • Primary school (grades 1-5) • မူလတန်းကျောင်း (သူငယ်တန်း မှ ၄ တန်း) • Middle school (grades 6-9) • အလယ်တန်းကျောင်း (၅ တန်းမှ ၈ တန်း) • Secondary school (grades 10-11) • အထက်တန်းကျောင်း (၉ တန်း မှ ၁၀ တန်း) • Other • အခြား • None • တစ်ခုမှမဟုတ်
1.6 How many people currently live in your household? ၁.၆ သင့်အိမ်မှာ လက်ရှိ နေထိုင်သူ လူဦးရေ ဘယ်နှစ်ယောက် ရှိပါသလဲ။ *Guidance: Does not include close family members who live somewhere else* *လမ်းညွှန်ချက်- အခြားနေရာတွင် နေထိုင်လျက်ရှိသော နီးစပ်သော မိသားစုဝင်များ မထည့်ပါနှင့်။*	
1.7 Is your household headed by a male or a female household member?	• Male • ကျား • Female

၁.၇ သင့်အိမ်မှာ အိမ်ထောင်ဦးစီးက အမျိုးသမီးဖြစ်ပါသလား။ အမျိုးသား ဖြစ်ပါသလား။	• မ
1.8 What best describes the situation of the female household head? ၁.၈ များသောအားဖြင့် ဘယ်လို အခြေအနေမျိုးမှာ အမျိုးသမီးဦးဆောင်သော အိမ်ထောင်စု ဖြစ်ကြသလဲ။ *Guidance: read out options; select only one* *လမ်းညွှန်ချက် -* *ရွေးချယ်စရာအချက်များကို ဖတ်ပြပါ။* *တစ်ခုတည်းကိုသာ ရွေးချယ်ပါ။*	• Widowed • မုဆိုးမ • Divorced • ကွာရှင်းထားသည်။ • Separeted (husband is living away from the family) • ဝေးကွာနေသည်။ (ခင်ပွန်းသည်မိသားစုနှင့် အဝေးတနေရာတွင် နေသည်။)
2. Access to services (ဝန်ဆောင်မှုများကို ရယူခြင်း)	
2.1 I'm going to ask you to what you think are the top three most important services for women and girls in this camp? ၂.၁ ဒီစခန်းထဲမှာရှိတဲ့ မိန်းကလေးနဲ့ အမျိုးသမီးတွေအတွက် အဓိကအရေးကြီးဆုံး ဝန်ဆောင်မှု ၃ ခုနဲ့ ပတ်သက်ပြီး ကျွန်တော်/ကျွန်မ မေးခွန်းလေးမေးချင်ပါတယ်။	
2.1.1 Most important service ၂.၁.၁ အရေးကြီးဆုံးဝန်ဆောင်မှု *Do not read out options; select only one* *အချက်အလက်များကို မဖတ်ပြပါနှင့်။* *တစ်ခုတည်းကိုသာ ရွေးချယ်ပါ။*	• General healthcare • ယေဘုယျ ကျန်းမာရေးစောင့်ရှောက်မှု • Healthcare services for pregnant women • ကိုယ်ဝန်ဆောင်အမျိုးသမီးများအတွက် ကျန်းမာရေးစောင့်ရှောက်မှု • Family planning • မိသားစုစီမံကိန်း (သားဆက်ခြားကျန်းမာရေး) • Nutrition support for new mothers • ကလေးမီးဖွားပြီးစ မိခင်များအတွက် အာဟာရထောက်ပံ့ပေးခြင်း • School education • ကျောင်းတွင် ပညာပေးခြင်း • Awareness raising • အသိပညာများမြှင့်တင်ပေးခြင်း • Skills training / business support • စွမ်းရည် သင်တန်းများ/ စီးပွားရေးထောက်ပံ့မှု

	• Recreational services • ပျော်ရွှင်စရာ/ အပန်းဖြေစရာနှင့်ဆိုင်သော ဝန်ဆောင်မှုများ
	• Psychosocial support • စိတ်ခံစားချက်ဝေဒနာများကို နားထောင်ပေးပြီး သက်သာပြေပျောက်စေရန်အတွက် ဆွေးနွေးနှစ်သိမ့်ပေးမှုများ၊
	• Food • အစားအစာ
	• Non-food items (clothing, shelter etc.) • အစားအစာမဟုတ်သော ပစ္စည်းများ (အဝတ်အစား၊ နေစရာအဆောင် စသည်ဖြင့်)
	• Cash • ငွေကြေး
	• Other (specify: _____) • အခြား (အသေးစိတ် _____)
	• None • တစ်ခုမှမဟုတ်
2.1.2 Second most important service ၂.၁.၂ ဒုတိယအရေးအကြီး ဆုံးဝန်ဆောင်မှု *Do not read out options; select only one* အချက်အလက်များကို မဖတ်ပြပါနှင့်။ တစ်ခုတည်းကိုသာရွေးချယ်ပါ။	• General healthcare • ယေဘုယျ ကျန်းမာရေးစောင့်ရှောက်မှု
	• Healthcare services for pregnant women • ကိုယ်ဝန်ဆောင်အမျိုးသမီးများအတွက် ကျန်းမာရေးစောင့်ရှောက်မှု
	• Family planning • မိသားစုစီမံကိန်း (သားဆက်ခြားကျန်းမာရေး)
	• Nutrition support for new mothers • ကလေးမီးဖွားပြီးစ မိခင်များအတွက် အဟာရထောက်ပံ့ပေးခြင်း
	• School education • ကျောင်းတွင် ပညာပေးခြင်း
	• Awareness raising • အသိပညာများမြှင့် တင်ပေးခြင်း
	• Skills training / business support • သင်တန်းစွမ်းရည်များ/ လုပ်ငန်းများထောက်ပံ့ခြင်း
	• Recreational services • ပျော်ရွှင်စရာ/ အပန်းဖြေစရာနှင့်ဆိုင်သော ဝန်ဆောင်မှုများ
	• Psychosocial support

	• စိတ်ခံစားချက်ဝေဒနာများကို နားထောင်ပေးပြီး သက်သာပြေပျောက်စေရန်အတွက် ဆွေးနွေးနှစ်သိမ့်ပေးမှုများ၊
	• Food
	• အစားအစာ
	• Non-food items (clothing, shelter etc.)
	• အစားအစာမဟုတ်သော ပစ္စည်းများ (အဝတ်အစား၊ နေစရာအဆောင် စသည်ဖြင့်)
	• Cash
	• ငွေကြေး
	• Other (specify: _____)
	• အခြား (အသေးစိတ်)
	• None
	• တစ်ခုမျှမဟုတ်
2.1.3 Third most important service ၂.၁.၃ တတိယအရေးအကြီးဆုံး ဝန်ဆောင်မှု *Do not read out options; select only one* အချက်အလက်များကို မဖတ်ပြပါနှင့်။ တစ်ခုတည်းကိုသာရွေးချယ်ပါ။	• General healthcare
	• ယေဘုယျ ကျန်းမာရေးစောင့်ရှောက်မှု
	• Healthcare services for pregnant women
	• ကိုယ်ဝန်ဆောင်အမျိုးသမီးများအတွက် ကျန်းမာရေးစောင့်ရှောက်မှု
	• Family planning
	• မိသားစုစီမံကိန်း (သားဆက်ခြားကျန်းမာရေး)
	• Nutrition support for new mothers
	• ကလေးမီးဖွားပြီးစ မိခင်များအတွက် အဟာရထောက်ပံ့ပေးခြင်း
	• School education
	• ကျောင်းတွင် ပညာပေးခြင်း
	• Awareness raising
	• အသိပညာများမြှင့် တင်ပေးခြင်း
	• Skills training / business support
	• သင်တန်းစွမ်းရည်များ/ လုပ်ငန်းများထောက်ပံ့ခြင်း
	• Recreational services
	• ပျော်ရွှင်စရာ/ အပန်းဖြေစရာနှင့် ဆိုင်သောဝန်ဆောင်မှုများ
	• Psychosocial support
	• စိတ်ခံစားချက်ဝေဒနာများကို နားထောင်ပေးပြီး သက်သာပြေပျောက်စေရန်အတွက် ဆွေးနွေးနှစ်သိမ့်ပေးမှုများ၊
	• Food

	• အစားအစာ
	• Non-food items (clothing, shelter etc.)
	• အစားအစာမဟုတ်သော ပစ္စည်းများ (အဝတ်အစား၊ နေစရာအဆောင် စသည်ဖြင့်)
	• Cash
	• ငွေကြေး
	• Other (specify: _____)
	• အခြား (အသေးစိတ်)
	• None
	• တစ်ခုမှမဟုတ်
2.2 Now I am going to read you a list of important services. For each, I would like you to tell me if it is easy or difficult for women and girls in your household to access them. ၂.၂ အခု အရေးကြီးတဲ့ ဝန်ဆောင်မှုစာရင်း တစ်ခုကို ကျွန်မဖတ်ပြပါမယ်။ တစ်ခုချင်းစီနဲ့ ပတ်သက်ပြီး သင့်အိမ်မှာရှိတဲ့ မိန်းကလေးနဲ့အမျိုးသမီးတွေဟာ အဲ့ဒီဝန်ဆောင်မှုတွေကို ရရှိနိုင်ဖို့ ခက်ခဲပါသလား၊ လွယ်ကူပါသလား ဆိုတာကို ပြောပြပေးစေလိုပါတယ်။	
2.2.1 General health services ၂.၂.၁ ယေဘုယျ ကျန်းမာရေး ဝန်ဆောင်မှုများ	• Easy • လွယ်ကူပါတယ်။ • Difficult • ခက်ခဲပါတယ်။ • Don't know/no answer • မသိပါ/မဖြေကြားလိုပါ။
2.2.2.1 If difficult, why? ၂.၂.၂.၁ အကယ်၍ ခက်ခဲတယ် ဆိုရင် ဘာကြောင့်လဲ။ *Guidance: do not read out the answers; multiple answers are possible* လမ်းညွှန်ချက် - အဖြေများကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။	• Mixing of men and women at the facilities • အဆောက်အဦးတွင် အမျိုးသမီးများနှင့် အမျိုးသားများ ရောနှောနေသောကြောင့်
	• Lack of female service providers • အမျိုးသမီးဝန်ဆောင်မှုပေးသူ မရှိခြင်းကြောင့်
	• Not permitted by family members • မိသားစုဝင်များထံမှ ခွင့်ပြုချက်မရသောကြောင့်
	• Services too far away • ဝန်ဆောင်မှုနှင့် အလှမ်းဝေးလွန်းသောကြောင့်
	• Service providers behave badly • ဝန်ဆောင်မှုပေးသောသူများက ဆိုးရွားစွာပြုမူသောကြောင့်
	• Services are inadequate or don't exist • ဝန်ဆောင်များမှုလုံလောက်မှုမရှိခြင်း (သို့) ဝန်ဆောင်မှုမရှိခြင်း

	• Services are too expensive • ဝန်ဆောင်မှုများ စျေးကြီးလွန်းသောကြောင့်
	• Services have long waiting times • ဝန်ဆောင်မှုများကို အချိန်အကြာကြီး စောင့်ဆိုင်းရသောကြောင့်
	• Services opening hours are too short • ဝန်ဆောင်မှုများပေးသော အချိန်နာရီ တိုတောင်းလွန်းသောကြောင့်
	• Language barrier with service providers • ဝန်ဆောင်မှုပေးသောသူနှင့် ဘာသာစကားအတားအဆီး/ အခက်အခဲရှိသောကြောင့်
	• Other (specify: _____) • အခြား (အသေးစိတ်----------------------)
	• Don't know / no answer • မသိပါ/ မဖြေဆိုလိုပါ
2.2.2 Health services for pregnant women ၂.၂.၂ ကိုယ်ဝန်ဆောင် အမျိုးသမီးတွေအတွက် ကျန်းမာရေးဝန်ဆောင်မှု	• Easy • လွယ်ကူပါတယ်။
	• Difficult • ခက်ခဲပါတယ်။
	• Don't know / no answer • မသိပါ/ မဖြေဆိုလိုပါ။
2.2.2.1 If difficult, why? ၂.၂.၂.၁ အကယ်၍ ခက်ခဲတယ် ဆိုရင် ဘာကြောင့်လဲ။ *Guidance: do not read out the answers; multiple answers are possible* လမ်းညွှန်ချက် - အဖြေများကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။	• Mixing of men and women at the facilities • အဆောက်အဦးတွင်အမျိုးသမီးများနှင့် အမျိုးသားများ ရောနှောနေသောကြောင့်
	• Lack of female service providers • အမျိုးသမီးဝန်ဆောင်မှုပေးသူ မရှိခြင်းကြောင့်
	• Not permitted by family members • မိသားစုဝင်များထံမှ ခွင့်ပြုချက်မရသောကြောင့်
	• Services too far away • ဝန်ဆောင်မှုနှင့် အလှမ်းဝေးလွန်းသောကြောင့်
	• Service providers behave badly • ဝန်ဆောင်မှုပေးသောသူများက ဆိုးရွားစွာပြုမူသောကြောင့်
	• Services are inadequate or don't exist • ဝန်ဆောင်မှုများ လုံလောက်မှုမရှိခြင်း (သို့) ဝန်ဆောင်မှုမရှိခြင်း
	• Services are too expensive

	• ဝန်ဆောင်မှုများဈေးကြီးလွန်းသောကြောင့်
	• Services have long waiting times
	• ဝန်ဆောင်မှုများကို အချိန်အကြာကြီး စောင့်ဆိုင်းရသောကြောင့်
	• Services opening hours are too short
	• ဝန်ဆောင်မှုများပေးသော အချိန်နာရီတိုတောင်းလွန်းသောကြောင့်
	• Language barrier with service providers
	• ဝန်ဆောင်မှုပေးသောသူနှင့် ဘာသာစကားအတားအဆီး/ အခက်အခဲရှိသောကြောင့်
	• Other (specify: _____)
	• အခြား (အသေးစိတ်------------------------)
	• Don't know / no answer
	• မသိပါ/ မဖြေဆိုလိုပါ။
2.2.3 Education ၂.၂.၃ ပညာရေး	• Easy
	• လွယ်ကူပါတယ်။
	• Difficult
	• ခက်ခဲပါတယ်။
	• Don't know / no answer
	• မသိပါ/ မဖြေဆိုလိုပါ။
2.2.3.1 If difficult, why? ၂.၂.၃.၁ အကယ်၍ ခက်ခဲတယ် ဆိုရင် ဘာကြောင့်လဲ။	• Mixing of men and women at the facilities
	• အဆောက်အဦးတွင် အမျိုးသမီးများနှင့်အမျိုးသားများ ရောနှောနေသောကြောင့်
	• Lack of female service providers
	• အမျိုးသမီးဝန်ဆောင်မှုပေးသူ မရှိခြင်းကြောင့်
	• Not permitted by family members
	• မိသားစုဝင်များထံမှ ခွင့်ပြုချက်မရသောကြောင့်
Guidance: do not read out the answers; multiple answers are possible လမ်းညွှန်ချက် - အဖြေများကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။	• Services too far away
	• ဝန်ဆောင်မှုနှင့် အလှမ်းဝေးလွန်းသောကြောင့်
	• Service providers behave badly
	• ဝန်ဆောင်မှုပေးသောသူများက ဆိုးရွားစွာပြုမူသောကြောင့်
	• Services are inadequate or don't exist
	• ဝန်ဆောင်များမှုလုံလောက်မှုမရှိခြင်း (သို့) ဝန်ဆောင်မှုမရှိခြင်း
	• Services are too expensive
	• ဝန်ဆောင်မှုများဈေးကြီးလွန်းသောကြောင့်

	- Services have long waiting times - ဝန်ဆောင်မှုများကို အချိန်အကြာကြီး စောင့်ဆိုင်းရသောကြောင့်
	- Services opening hours are too short - ဝန်ဆောင်မှုများပေးသော အချိန်နာရီတိုတောင်းလွန်းသောကြောင့်
	- Language barrier with service providers - ဝန်ဆောင်မှုပေးသောသူနှင့် ဘာသာစကားအတားအဆီး/ အခက်အခဲရှိသောကြောင့်
	- Other (specify: _____) - အခြား (အသေးစိတ်----------------------)
	- Don't know / no answer - မသိပါ/ မဖြေဆိုလိုပါ
2.2.4 Recreational services ၂.၂.၄ ပျော်ရွှင်စရာ/ အပန်းဖြေစရာနဲ့ ဆိုင်တဲ့ ဝန်ဆောင်မှုများ	- Easy - လွယ်ကူပါသည်။ - Difficult - ခက်ခဲပါသည်။ - Don't know / no answer - မသိပါ/ မဖြေဆိုလိုပါ
2.2.4.1 If difficult, why? ၂.၂.၄.၁ အကယ်၍ ခက်ခဲတယ် ဆိုရင် ဘာကြောင့်လဲ။ *Guidance: do not read out the answers; multiple answers are possible* *လမ်းညွှန်ချက် - အဖြေများကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။*	- Mixing of men and women at the facilities - အဆောက်အဦးတွင် အမျိုးသမီးများနှင့်အမျိုးသားများ ရောနှောနေသောကြောင့် - Lack of female service providers - အမျိုးသမီးဝန်ဆောင်မှုပေးသူ မရှိခြင်းကြောင့် - Not permitted by family members - မိသားစုဝင်များထံမှ ခွင့်ပြုချက်မရသောကြောင့် - Services too far away - ဝန်ဆောင်မှုနှင့် အလှမ်းဝေးလွန်းသောကြောင့် - Service providers behave badly - ဝန်ဆောင်မှုပေးသောသူများက ဆိုးရွားစွာပြုမူသောကြောင်း - Services are inadequate or don't exist - ဝန်ဆောင်များမှုလုံလောက်မှုမရှိခြင်း (သို့) ဝန်ဆောင်မှုမရှိခြင်း - Services are too expensive - ဝန်ဆောင်မှုများ စျေးကြီးလွန်းသောကြောင့် - Services have long waiting times

	• ဝန်ဆောင်မှုများကို အချိန်အကြာကြီး စောင့်ဆိုင်းရသောကြောင့်
	• Services opening hours are too short
	• ဝန်ဆောင်မှုများပေးသော အချိန်နာရီတိုတောင်းလွန်းသောကြောင့်
	• Language barrier with service providers
	• ဝန်ဆောင်မှုပေးသောသူနှင့် ဘာသာစကားအတားအဆီး/ အခက်အခဲရှိသောကြောင့်
	• Other (specify: _____)
	• အခြား (အသေးစိတ်------------------------)
	• Don't know / no answer
	• မသိပါ/ မဖြေဆိုလိုပါ
2.2.5 Psychosocial support ၂.၂.၅ စိတ်ပိုင်းဆိုင်ရာ ဆွေးနွေး နှစ်သိမ့်မှု(စိတ်ခံစားချက်ဝေဒနာများကို နားထောင်ပေးပြီး သက်သာ ပြေပျောက်စေရန်အတွက် ဆွေးနွေးနှစ်သိမ့်ပေးမှုများ)	• Easy • လွယ်ကူပါတယ်။ • Difficult • ခက်ခဲပါတယ်။ • Don't know / no answer • မသိပါ/ မဖြေဆိုလိုပါ။
2.2.5.1 If difficult, why? ၂.၂.၅.၁ အကယ်၍ ခက်ခဲတယ် ဆိုရင် ဘာကြောင့်လဲ။ *Guidance: do not read out the answers; multiple answers are possible* လမ်းညွှန်ချက် - အဖြေများကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။	• Mixing of men and women at the facilities • အဆောက်အဦးတွင် အမျိုးသမီးများနှင့်အမျိုးသားများ ရောနှောနေသောကြောင့် • Lack of female service providers • အမျိုးသမီးဝန်ဆောင်မှုပေးသူ မရှိခြင်းကြောင့် • Not permitted by family members • မိသားစုဝင်များထံမှ ခွင့်ပြုချက်မရသောကြောင့် • Services too far away • ဝန်ဆောင်မှုနှင့် အလှမ်းဝေးလွန်းသောကြောင့် • Service providers behave badly • ဝန်ဆောင်မှုပေးသောသူများက ဆိုးရွားစွာပြုမူသောကြောင်း • Services are inadequate or don't exist • ဝန်ဆောင်များမှုလုံလောက်မှုမရှိခြင်း (သို့) ဝန်ဆောင်မှုမရှိခြင်း • Services are too expensive • ဝန်ဆောင်မှုများ စျေးကြီးလွန်းသောကြောင့် • Services have long waiting times

	• ဝန်ဆောင်မှုများကို အချိန်အကြာကြီး စောင့်ဆိုင်းရသောကြောင့်
	• Services opening hours are too short
	• ဝန်ဆောင်မှုများပေးသော အချိန်နာရီတိုတောင်းလွန်းသောကြောင့်
	• Language barrier with service providers
	• ဝန်ဆောင်မှုပေးသောသူနှင့် ဘာသာစကားအတားအဆီး/ အခက်အခဲရှိသောကြောင့်
	• Other (specify: _____)
	• အခြား (အသေးစိတ်------------------------)
	• Don't know / no answer
	• မသိပါ/ မဖြေဆိုလိုပါ။
2.3 Now I'd like you to name all the groups you can think of who provide services in this camp ၂.၃ ဒီစခန်းထဲမှာ ဘယ်အဖွဲ့အစည်း တွေက ဝန်ဆောင်မှုတွေ၊ အကူအညီတွေ ပေးနေသလဲဆိုတာ သူတို့ရဲ့ အဖွဲ့နာမည်တွေကို ပြောပြပေးလို့ ရမလား။ *Guidance: do not read out the answers; multiple answers are possible* လမ်းညွှန်ချက် - အဖြေများကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။	• Government agencies • အစိုးရအဖွဲ့.အစည်းများ • Danish Refugee Council (DRC) • Lutheran World Federation (LWF) • Mercy Malaysia • Save the Children (SCI) • Myittar Resource Foundation (MRF) • International Rescue Committee (IRC) • Mercy Malaysia • UNHCR • UNICEF • WFP • Plan International • Other (specify: _____) • အခြား (အသေးစိတ်------------------------) • None • တခုမှမရှိပါ။
2.4 What services does IRC provide? ၂.၄ အိုင်အာစီ က ဘာဝန်ဆောင်မှု အကူအညီတွေ ပေးနေပါသလဲ။ *Guidance: do not read out the answers; multiple answers are possible*	• General health services • ယေဘုယျ ကျန်းမာရေးစောင့်ရှောက်မှု • Health services for pregnant women • ကိုယ်ဝန်ဆောင်အမျိုးသမီးများအတွက်ကျန်းမာရေးစောင့်ရှောက်မှု • Family planning • မိသားစုစီမံကိန်း (သားဆက်ခြားကျန်းမာရေး) • Training / awareness about health

လမ်းညွှန်ချက်- အဖြေများကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။	• ကျန်းမာရေးအသိပညာပေးခြင်း၊ သင်တန်းပေးခြင်း
	• Training/awareness about women's safety or women's equality
	• အမျိုးသမီးတွေရဲ့ ဘဝလုံခြုံမှု (သို့) အမျိုးသမီးတွေအတွက် အခွင့်အရေးတန်းတူညီမျှမှုအကြောင်းကို အသိပညာပေးခြင်း၊ သင်တန်းပေးခြင်း
	• Support for women who have experienced violence
	• အကြမ်းဖက်ခံရသော အမျိုးသမီးများအတွက် အကူအညီပေးခြင်း
	• Women's centres
	• အမျိုးသမီးများ၏စင်တာ
	• Other (specify: _____)
	• အခြား (အသေးစိတ်း-----------------------------)
	• Don't know / no answer
	• မသိပါ/ မဖြေဆိုလိုပါ။

3. Human Trafficking
၃. လူကုန်ကူးခြင်း

Now, I'm going to ask you some questions about times when people migrate from this camp to places outside Rakhine state

အခု ဒီစခန်းကနေ ရခိုင်ပြည်နယ်ပြင်ပနေရာတွေကို ပြောင်းရွှေ့သွားတဲ့ သူတွေအကြောင်းနဲ့ ပတ်သက်ပြီး ကျွန်တော်/ကျွန်မက မေးခွန်းတစ်ချို့ မေးမြန်းချင်ပါတယ်။

3.1.1 Have any male members of your close family left Rakhine state in the previous 12 months?	• Yes
	• ရှိပါတယ်။
၃.၁.၁ လွန်ခဲ့တဲ့ ၁၂ လအတွင်းက သင်နဲ့ နီးစပ်သော မိသားစုဝင် အမျိုးသားတွေ ရခိုင်ပြည်နယ်ကနေ အခြားတစ်နေရာကို ထွက်သွားတာမျိုး ရှိပါသလား။	• No
	• မရှိပါ။
Guidance: close family means parents, siblings, or children	
လမ်းညွှန်ချက် - နီးစပ်သော မိသားစုဝင်များဆိုသည်မှာ မိဘများ၊ မွေးချင်းမောင်နှမများ (သို့) ကလေးများကိုဆိုလိုပါသည်။	

3.1.2 I am going to read out some statements. Please tell me which one best describes their current situation ၃.၁.၂ ကျွန်တော်/ကျွန်မ စာကြောင်းတချို့ကို ဖတ်ပြပါ့မယ်။ ကျေးဇူးပြု၍ သူတို့၏လက်ရှိ အကောင်းဆုံးအခြေအနေ တစ်ခုကို ဖော်ပြပေးပါ။ *Guidance: if multiple members are abroad, ask about the one who has been away the longest* လမ်းညွှန်ချက် - မိသားစုဝင်အများအပြားသည် နိုင်ငံခြားသို့ရောက်ရှိနေပါက အချိန်အကြာဆုံးရောက်ရှိနေသော သူအကြောင်းကို မေးမြန်းပါ။ *Read out answers, select one* အဖြေများကို ဖတ်ပြပါ။ တစ်ခုကိုရွေးချယ်ပါ။	• They have come back home • သူတို့သည်အိမ်ကိုပြန်ရောက်နေပါပြီ။
	• They are still away, in contact with us, and we are not worried about them • သူတို့ဟာ အဝေးတနေရာမှာ ရှိနေဆဲဖြစ်တယ်။ ကျွန်ပ်တို့နဲ့ အဆက်အသွယ်ရှိပါတယ်။ ကျွန်ပ်တို့အနေနဲ့ သူတို့အကြောင်းကို မစိုးရိမ်ပါ။
	• They are still away, and although they are not in regular contact, we are not worried about them • သူတို့ဟာ အဝေးတနေရာမှာ ရှိနေဆဲဖြစ်တယ်။ ဒါပေမယ့် ပုံမှန်အဆက်အသွယ်တော့ မရှိပါ။ ကျွန်ပ်တို့က သူတို့အကြောင်းကို မစိုးရိမ်ပါ။
	• They are still away, and are in contact with us, but we are worried something bad has happened to them • သူတို့ဟာ အဝေးတနေရာမှာ ရှိနေဆဲဖြစ်ပါတယ်။ ကျွန်ပ်တို့နဲ့ အဆက်အသွယ်ရှိပါတယ်။ ဒါပေမယ့် သူတို့ဆီက မကောင်းသောအရာ တစ်စုံတစ်ခု ဖြစ်ပျက်မှာ ကျွန်ပ်တို့ စိုးရိမ်နေရပါတယ်။
	• They are still away, but they are not in contact, and we are worried something bad has happened to them • သူတို့ဟာ အဝေးတနေရာမှာ ရှိနေဆဲဖြစ်ပါတယ်။ အဆက်အသွယ်တော့ မရှိပါ။ ဒါပေမယ့် သူတို့ဆီမှာ မကောင်းသောအရာ တစ်စုံတစ်ခ ဖြစ်ပျက်မှာ ကျွန်ပ်တို့ စိုးရိမ်နေရပါတယ်။
	• None of the above • အထက်ကဖော်ပြထားသောအရာများတစ်ခုမှမဟုတ်ပါ ။
3.2.1 Have any female members of your close family left Rakhine state in the previous 12 months? ၃.၂.၁ လွန်ခဲ့တဲ့ ၁၂ လအတွင်းမှာ သင်နဲ့ နီးစပ်သော မိသားစုဝင် အမျိုးသမီးတွေက ရခိုင်ပြည်နယ်ကနေ အခြားတစ်နေရာကို ထွက်သွားတာမျိုး ရှိပါသလား။	• Yes • ရှိပါတယ်။
	• No • မရှိပါ။

Guidance: close family means parents, siblings, or children လမ်းညွှန်ချက် - နီးစပ်သော မိသားစုဝင်များဆိုသည်မှာ မိဘများ၊ မွေးချင်းမောင်နှမများ (သို့) ကလေးများကိုဆိုလိုပါသည်။	
3.2.2 I am going to read out some statements. Please tell me which one best describes their current situation ၃.၂.၂ ကျွန်တော်/ကျွန်မ စာကြောင်းတချို့ကို ဖတ်ပြပါမယ်။ ကျေးဇူးပြု၍ သူတို့ရဲ့ အကောင်းဆုံးလက်ရှိအခြေအနေ တစ်ခုကိုဖော်ပြပေးပါ။	• They have come back home • သူတို့သည်အိမ်ကိုပြန်ရောက်နေပါပြီ။
	• They are still away, in contact with us, and we are not worried about them • သူတို့ဟာ အဝေးတနေရာမှာ ရှိနေဆဲဖြစ်တယ်။ ကျွန်ပ်တို့နဲ့ အဆက်အသွယ်ရှိပါတယ်။ ကျွန်ပ်တို့အနေနဲ့ သူတို့အကြောင်းကို မစိုးရိမ်ရပါ။
Guidance: if multiple members are abroad, ask about the one who has been away the longest လမ်းညွှန်ချက် - မိသားစုဝင်အများအပြားသည် နိုင်ငံခြားသို့ရောက်ရှိနေပါက အချိန်အကြာဆုံးရောက်ရှိနေတဲ့သူကို မေးမြန်းပါ။	• They are still away, and although they are not in regular contact, we are not worried about them • သူတို့ဟာ အဝေးတနေရာမှာ ရှိနေဆဲဖြစ်တယ်။ ဒါပေမယ့် ပုံမှန်အဆက်အသွယ်တော့ မရှိပါ။ ကျွန်ပ်တို့က သူတို့အကြောင်းကို မစိုးရိမ်ရပါ။
	• They are still away, and are in contact with us, but we are worried something bad has happened to them • သူတို့ဟာ အဝေးတနေရာမှာ ရှိနေဆဲဖြစ်ပါတယ်။ ကျွန်ပ်တို့နဲ့. အဆက်အသွယ်ရှိပါတယ်။ ဒါပေမယ့် သူတို့ဆီက မကောင်းသောအရာ တစ်စုံတစ်ခု ဖြစ်ပျက်မှာ ကျွန်ပ်တို့ စိုးရိမ်နေရပါတယ်။
Read out answers, select one အဖြေများကို ဖတ်ပြပါ။ တစ်ခုကိုရွေးချယ်ပါ။	• They are still away, but they are not in contact, and we are worried something bad has happened to them • သူတို့ဟာ အဝေးတနေရာမှာ ရှိနေဆဲဖြစ်ပါတယ်။ အဆက်အသွယ်တော့ မရှိပါ။ ဒါပေမယ့် သူတို့ဆီမှာ မကောင်းသောအရာ တစ်စုံတစ်ခု ဖြစ်ပျက်မှာ ကျွန်ပ်တို့ စိုးရိမ်နေရပါတယ်။
	• None of the above • အထက်ကဖော်ပြထားသောအရာများတစ်ခုမှမဟုတ်ပါ ။
	• Never

3.3 Before today, have you ever heard about something called "human trafficking"? ၃.၃ အရင်တုန်းက လူကုန်ကူးမှု အကြောင်းအရာတစ်ချို့ကို ကြားခဲ့ဖူးပါသလား။ *Read out answers, select one* *အဖြေများကိုဖတ်ပြပါ။* *တစ်ခုကိုရွေးချယ်ပါ။*	• တစ်ခါမှ မကြားခဲ့ဖူးပါ။
	• Have not heard much • သိပ်တော့ မကြားခဲ့ဖူးဘူး။
	• Have heard a bit, but am not very familiar • နည်းနည်းတော့ ကြားခဲ့ဖူးပါတယ်။ ဒါပေမယ့် ရင်းနှီးမှုမရှိပါဘူး။
	• I have heard of it and I understand the meaning. • ကျွန်ုပ် အဲ့ဒီ အကြောင်းကို ကြားဖူးတယ်။ ပြီးတော့ အဲ့ဒီ အဓိပ္ပါယ်ကို နားလည်ပါတယ်။
3.4 I'm going to read you a series of statements. Which one do you think best describes a person who has experienced "human trafficking"? ကျွန်တော်/ကျွန်မ စာကြောင်းတချို့ကို ဖတ်ပြပါ့မယ်။ လူကုန်ကူးခံရတဲ့ သူတစ်ယောက်လို့ ဖော်ပြဖို့ အကောင်းဆုံး၊အနီးစပ်ဆုံး အချက်လို့ သင်ထင်တဲ့ အချက်ကို ဖော်ပြပေးပါ။ *Read out answers, select one* *အဖြေများကို ဖတ်ပြပါ။* *တစ်ခုကိုရွေးချယ်ပါ။*	• Someone who has left their area and gone to their destination illegally • တရားမဝင်တဲ့ နည်းလမ်းတွေနဲ့ သူတို့နေရာဒေသကနေ ရည်မှန်းထားတဲ့ အခြားတစ်နေရာကို ထွက်ခွာသွားကြတဲ့သူ
	• Someone who has left their area because their life was in danger • ဘဝအန္တရာယ်ရှိနေခဲ့တဲ့ အတွက်ကြောင့် သူတို့၏နေရာကနေ အခြားတစ်နေရာကို ထွက်ခွာသွားကြတဲ့သူ
	• Someone who has left their area but has been tricked or forced into a bad situation when they arrive at their destination • သူတို့ရဲ့. နေရာဒေသကနေ အခြားတစ်နေရာကို ထွက်ခွာသွားပြီး သူတို့ရဲ့. ရည်မှန်းထားတဲ့ နေရာကိုရောက်တဲ့အခါ လိမ်လည်ခံရခြင်း (သို့) အတင်းအကြပ်ခိုင်းစေမှုတွေကို ခံရသူ
	• Someone who has paid other people money to help them get to their destination illegally • သူတို့၏ ရည်မှန်းထားတဲ့နေရာကို ရောက်ဖို့အတွက် တခြားသူကို ငွေကြေးပေးပြီး တရားမဝင် နည်းလမ်းတွေနဲ့. သွားကြတဲ့သူ
	• Don't know / no answer • မသိပါ/မဖြေလိုပါ
Thank you. When we talk about human trafficking, we mean situations where someone has been tricked or forced into leaving their area, and/or forced into a bad situation when they arrive at their destination.	

ကျေးဇူးတင်ပါတယ်။ ကျွန်ုပ်တို့ ပြောနေတဲ့ လူကုန်ကူးမှု ဆိုတာ တစ်စုံတစ်ဦးက သူတို့ရောက်သွားတဲ့နေရာမှာ လိမ်လည်ခံထားရခြင်း (သို့) သူတို့နေရာကနေ တစ်ခြား တစ်နေရာကို အတင်းအကြပ် ထွက်ခွါစေခြင်း နှင့်/(သို့) ဆိုးဝါးသောအခြေအနေတွေမှာ အတင်းအကြပ် နေစေခြင်း စတဲ့ အခြေအနေတွေကို ဆိုလိုပါတယ်။

3.5 How big a threat do you think human trafficking is to people in this camp now? ၃.၅ အခု စခန်းမှာ ရှိတဲ့သူတွေကို လူကုန်ကူးမှုနဲ့ပတ်သတ်ပြီး ဘယ်လောက်ထိ ကြီးမားတဲ့ခြိမ်းခြောက်မှုတွေ ရှိနေတယ်လို့ သင်ထင်ပါသလဲ။ *Read out answers, select one* အဖြေများကို ဖတ်ပြပါ။ တစ်ခုကိုရွေးချယ်ပါ။	• Major threat • ကြီးမားတဲ့ ခြိမ်းခြောက်မှု
	• Medium threat • အလယ်အလတ် ခြိမ်းခြောက်မှု
	• Minor threat • သေးငယ်တဲ့ ခြိမ်းခြောက်မှု
3.6 Do you think this threat has increased, decreased, or stayed the same since you moved to the camp? ၃.၆ စခန်းကိုပြောင်းရွှေ့လာတဲ့အချိန်မှစပြီး အဲ့ဒီ ခြိမ်းခြောက်မှုက ကြီးမားလာတယ်၊ လျော့ကျသွားတယ်၊ တူတူပဲလို့ သင်ထင်ပါသလား။ *Read out answers, select one* အဖြေများကို ဖတ်ပြပါ။ တစ်ခုကိုရွေးချယ်ပါ။	• Increased • ကြီးမားလာပါတယ်။
	• Stayed the same • အတူတူပဲ ဖြစ်ပါတယ်။
	• Decreased • လျော့ကျသွားပါတယ်။
3.6 Which group of people is MOST likely to experience human trafficking in the camp ၃.၆ ဒီစခန်းထဲမှာ ဘယ်လို လူအုပ်စုက လူကုန်ကူးခံရနိုင်ခြေ ပိုများသလဲ။ *Read out answers, select one*	• Women • အမျိုးသမီးများ
	• Girls • မိန်းကလေးများ
	• Men • အမျိုးသားများ
	• Boys • ယောက်ျားလေးများ

အဖြေများကို ဖတ်ပြပါ။ တစ်ခုကိုရွေးချယ်ပါ။	
3.7 What kinds of bad situation do people who experience human trafficking deal with at their destination? ၃.၇ လူကုန်ကူးခံရသူတွေက သူတို့မျှော်မှန်းထားတဲ့နေရာရောက်တဲ့ အခါ ဘယ်လိုဆိုးရွားတဲ့ အခြေအနေတွေကို တွေ့ကြုံနေရပါသလဲ။ *Do not read out answers; multiple answers are possible* အဖြေများကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။	• Forced commercial work (e.g. fishing boats, factories) • အရောင်းအဝယ်လုပ်ငန်းတွေမှာ အတင်းအကြပ် စေခိုင်းခံရခြင်း (ဥပမာ-ငါးဖမ်းလှေများ၊ စက်ရုံများ) • Forced domestic work (in people's homes) • အိမ်တွင်းမှုအလုပ်တွေမှာ အတင်းအကြပ် စေခိုင်းခံရခြင်း (သူတပါး၏အိမ်များတွင်) • Forced sex work • လိင်လုပ်သားအဖြစ်ခိုင်းစေခြင်း • Extortion of ransoms from family members • မိသားစုထံမှ ငွေကြေးတောင်းပြီး အလွဲအလှယ်လုပ် ခံရခြင်း (ပြန်ပေးဆွဲခြင်း) • Force marriage • အတင်းအဓမ္မ ထိမ်းမြားလက်ထပ်ပေးခြင်း • Other (specify: _____) • အခြား (အသေးစိတ်------------------------) • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။
3.8 If someone you knew was planning to make a journey, and you were worried about them experiencing human trafficking, what would you do? ၃.၈ အကယ်၍ သင်သိနေတဲ့သူတစ်ယောက်က ခရီးသွားဖို့ အစီအစဉ်ရှိခဲ့ရင် ပြီးတော့ သူ လူကုန်ကူးခံရမှာကို သင်စိုးရိမ်နေခဲ့ရင် သင့်အနေနဲ့ ဘယ်လို လုပ်မလဲ။ *Do not read out answers; select as many as apply* အဖြေများကို ဖတ်မပြပါနှင့်။ အများအပြားရွေးချယ်နိုင်သည်။	• Talk to them directly about it • အဲ့ဒီအကြောင်းကို သူ့ကို တိုက်ရိုက်ပြောမယ်။ • Talk to their family about it • အဲ့ဒီအကြောင်းကို သူ့မိသားစုဝင်တွေကို ပြောပြမယ်။ • Talk to community leaders about it • အဲ့ဒီအကြောင်းကို ရပ်ရွာလူထုခေါင်းဆောင်တွေကို ပြောမယ်။ • Talk to the police about it • အဲ့ဒီအကြောင်းကို ရဲ့ကို ပြောမယ်။ • Talk to an NGO about it • အဲ့ဒီအကြောင်းကို NGO အဖွဲ့တစ်ခုခုကို ပြောမယ်။ • Nothing • �’ာမှ မပြောဘူး။ • Other (specify: _____) • အခြား (အသေးစိတ်----------------------------) • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။
4. Child marriage	

၄. ကလေးသူငယ် အိမ်ထောင်ပြုခြင်း/လက်ထပ်ထိမ်းမြားခြင်း	
I'm now going to ask you some questions about when people get married in the camp အခု စခန်းထဲမှာ ရှိတဲ့သူတွေ အိမ်ထောင်ပြုခြင်းနဲ့ ပတ်သတ်ပြီး ကျွန်တော်/ကျွန်မ မေးခွန်းတချို့ မေးချင်ပါတယ်။	
4.1.1 In general, between what age range do girls get married in the camp? ယေဘုယျအားဖြင့် စခန်းထဲမှာရှိတဲ့ မိန်းကလေးတွေ ပျမ်းမျှ ဘယ်အသက်အရွယ်တွေကြားမှာ အိမ်ထောင်ပြုကြသလဲ။	Younger age: ငယ်ရွယ်သောအသက်အရွယ် -
e.g. "Age15-21." If respondent says only one age, record the same age for both younger and older? ဉပမာ အသက် ၁၅ နှစ် နှင့် ၂၁နှစ်ကြား။ အကယ်၍ ဖြေဆိုသူက ၄င်းအသက်ကြားရှိ အသက်အရွယ်တစ်ခုသာ ပြောခဲ့လျှင် ကြီးသောအသက်အရွယ်နှင့် ငယ်သောအသက်အရွယ် နှစ်ခုလုံးတွင် မှတ်သားထားပါ။	Older age: ကြီးသောအသက်အရွယ် - • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။
4.1.2 Has this increased, stayed the same, or decreased since people moved to the camp? ၄.၁.၂ စခန်းသို့ပြောင်းရွှေ့လာတဲ့ အချိန်မှစပြီး အဲ့ဒီအသက်အရွယ်နဲ့ အိမ်ထောင်ကျတာ များလာပါသလား။ တူတူပဲလား။ လျော့ကျသွားပါသလား။	• Increased • များလာပါတယ်။ • Stayed the same • အတူတူပဲ ဖြစ်ပါတယ်။ • Decreased • လျော့ကျသွားပါတယ်။
4.2.1 In general, between what age range do boys get married in the camp? ယေဘုယျအားဖြင့် စခန်းထဲမှာ ရှိတဲ့ ယောက်ျားလေးတွေ ပျမ်းမျှ	Younger age: ငယ်ရွယ်သောအသက်အရွယ် Older age: ကြီးသောအသက်အရွယ်

ဘယ်အသက်အရွယ်တွေ့ကြားမှာ အိမ်ထောင်ပြုကြသလဲ။ e.g. "Age15-21." If respondent says only one age, record the same age for both younger and older? ဥပမာ အသက် ၁၅ နှစ် နှင့် ၂၁နှစ်ကြား။ အကယ်၍ ဖြေဆိုသူက ၄င်းအသက်ကြားရှိ အသက်အရွယ်တစ်ခုသာ ပြောခဲ့လျှင် ကြီးသောအသက်အရွယ်နှင့် ငယ်သောအသက်အရွယ် နှစ်ခုလုံးတွင် မှတ်သားထားပါ။	• Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ
4.3.2 Has this increased, stayed the same, or decreased since people moved to the camp? ၄.၁.၂ စခန်းသို့ပြောင်းရွှေ့လာတဲ့ အချိန်မှစပြီး အဲ့ဒီအသက်အရွယ်နဲ့ အိမ်ထောင်ကျတာ များလာပါသလား။ တူတူပဲလား။ လျှော့ကျသွားပါသလား။	• Increased • များလာပါတယ်။
	• Stayed the same • အတူတူပဲ ဖြစ်ပါတယ်။
	• Decreased • လျှော့ကျသွားပါတယ်။
4.4 Who in your household would be MOST responsible for deciding when and how a girl gets married? ၄.၄ မိန်းကလေးတစ်ယောက် �’ယ်အချိန်မှာ အိမ်ထောက်ပြုရမယ်၊ ဘယ်လို အိမ်ထောင်ပြုရမယ် အစရှိတာတွေဆုံးဖြတ်ဖို့ သင့်အိမ်မှာရှိတဲ့ ဘယ်သူက အများဆုံး တာဝန်ရှိသလဲ။ Do not read out answers; select one option အဖြေများကို မဖတ်ပြပါနှင့်။ တစ်ခုတည်းကိုသာရွေးချယ်ပါ။	• The girl herself • မိန်းကလေးကိုယ်တိုင်
	• Her father • သူမ၏ဖခင်
	• Her mother • သူမ၏မိခင်
	• Her brother • သူမ၏အကို
	• Other (specify: _____) • အခြား (အသေးစိတ်----------------------------)
	• Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။

In some cases, girls may get married when they are under 18 years of age. I'm going to ask you some questions about the effects of this on girls. For each question, I'd like you to tell me if you think the effects will be mostly positive, mixed, or mostly negative

တစ်ချို့အခြေအနေတွေမှာ မိန်းကလေးတွေက အသက် ၁၈နှစ်အောက် အရွယ်မှာ အိမ်ထောင်ပြုကြောင်း ပြုကြလိမ့်မယ်။ အဲ့ဒီမိန်းကလေးတွေအပေါ် ကျရောက်လာမယ့် အကျိုးဆက်တွေနဲ့ ပတ်သတ်ပြီး မေးခွန်းတချို့မေးမြန်းချင်ပါတယ်။ သူတို့အပေါ် ကျရောက်လာမယ့် အကျိုးသက်ရောက်မှုတွေက အများအားဖြင့် ကောင်းကျိုးများဖြစ်စေနိုင်သလား၊ ကောင်းကျိုးရော ဆိုးကျိုးပါ နှစ်ခုလုံးဖြစ်စေနိုင်သလား၊ (သို့) အများအားဖြင့် ဆိုးကျိုးများဖြစ်စေနိုင်သလား စတဲ့ သင့်ထင်မြင်ချက်တွေကို မေးခွန်းတစ်ခုစီအတွက် ဖြေကြားစေလိုပါတယ်။

4.5.1 What effects will marrying under 18 have on the happiness of a girl? ၄.၅.၁ အသက်၁၈နှစ်အောက်မှာ အိမ်ထောင်ပြုလိုက်တဲ့ မိန်းကလေးတစ်ယောက်ရဲ့ ပျော်ရွှင်မှုဟာ ဘာ အကျိုးသက်ရောက်မှုတွေ ဖြစ်နိုင်သလဲ။	• Mostly positive • အများအားဖြင့် ကောင်းကျိုးတွေ ဖြစ်နိုင်တယ်။ • Mixed ကောင်းကျိုးရော ဆိုးကျိုးပါ နှစ်ခုလုံး ဖြစ်နိုင်တယ်။ • Mostly negative • အများအားဖြင့် ဆိုးကျိုးများဖြစ်နိုင်တယ်။ • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။
4.5.2 What effects will marrying under 18 have on the physical health of a girl? ၄.၅.၂ အသက်၁၈နှစ်အောက်မှာ အိမ်ထောင်ပြုလိုက်တဲ့ မိန်းကလေးတစ်ယောက်ရဲ့ ရုပ်ပိုင်းဆိုင်ရာ ကျန်းမာရေးအပေါ်မှာ ဘာအကျိုးသက်ရောက်မှုတွေ ဖြစ်နိုင်သလဲ။	• Mostly positive • အများအားဖြင့် ကောင်းကျိုးတွေ ဖြစ်နိုင်တယ်။ • Mixed ကောင်းကျိုးရော ဆိုးကျိုးပါ နှစ်ခုလုံး ဖြစ်နိုင်တယ်။ • Mostly negative • အများအားဖြင့် ဆိုးကျိုးများဖြစ်နိုင်တယ်။ • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။
4.5.3 What effects will marrying under 18 have on the safety of a girl? ၄.၅.၃ အသက် ၁၈နှစ်အောက်မှာ အိမ်ထောင်ပြုလိုက်တဲ့ မိန်းကလေးတစ်ယောက်ရဲ့ ဘဝလုံခြုံမှုအပေါ်မှာ ဘာအကျိုးသက်ရောက်မှုတွေ ဖြစ်နိုင်သလဲ။	• Mostly positive • အများအားဖြင့် ကောင်းကျိုးတွေ ဖြစ်နိုင်တယ်။ • Mixed ကောင်းကျိုးရော ဆိုးကျိုးပါ နှစ်ခုလုံး ဖြစ်နိုင်တယ်။ • Mostly negative • အများအားဖြင့် ဆိုးကျိုးများဖြစ်နိုင်တယ်။ • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။
4.5.4 What effects will marrying under 18 have on the education prospects of a girl?	• Mostly positive • အများအားဖြင့် ကောင်းကျိုးတွေ ဖြစ်နိုင်တယ်။ • Mixed

၄.၅.၄ အသက် ၁၈နှစ်အောက်မှာ အိမ်ထောင်ပြုလိုက်တဲ့ မိန်းကလေးတစ်ယောက်ရဲ့ ပညာရေးမျှော်လင့်ချက်အပေါ်မှာ ဘာအကျိုးသက်ရောက်မှုတွေ ဖြစ်နိုင်သလဲ။	• ကောင်းကျိုးဆိုး ဆိုးကျိုးပါ နှစ်ခုလုံး ဖြစ်နိုင်တယ်။ • Mostly negative • အများအားဖြင့် ဆိုးကျိုးများဖြစ်နိုင်တယ်။ • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။
4.5.5 What effects will marrying under 18 have on the parents of the girl? ၄.၅.၁ အသက် ၁၈နှစ်အောက်မှာ အိမ်ထောင်ပြုလိုက်တဲ့ မိန်းကလေးတစ်ယောက်ရဲ့ မိဘများအပေါ်မှာ ဘာအကျိုးသက်ရောက်မှုတွေ ဖြစ်နိုင်သလဲ။	• Mostly positive • အများအားဖြင့် ကောင်းကျိုးတွေ ဖြစ်နိုင်တယ်။ • Mixed • ကောင်းကျိုးဆိုး ဆိုးကျိုးပါ နှစ်ခုလုံး ဖြစ်နိုင်တယ်။ • Mostly negative • အများအားဖြင့် ဆိုးကျိုးများဖြစ်နိုင်တယ်။ • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။

5. Intimate Partner Violence and Sexual Assault
၅. ရင်းနှီးကျွမ်းဝင်သော လက်တွဲဖော် (လင်မယားကြား၊ အတူနေ သမီးရည်းစားကြား) အကြမ်းဖက်ခြင်းနှင့် လိင်ပိုင်းဆိုင်ရာစော်ကားခြင်း

For our last set of questions, I'd like to talk to you about relationships between women and men, and some of the problems they face. You may find some of my questions personal or sensitive, so please remember you do not have to give answers if you are not comfortable.
သင့်အတွက် နောက်ဆုံးမေးခွန်းတွေပါ။ အမျိုးသမီးတွေနဲ့ အမျိုးသားတွေကြားမှာရှိတဲ့ ပေါင်းသင်ဆက်ဆံရေးနဲ့ သူတို့ ရင်ဆိုင်ကြုံတွေ့နေရတဲ့ တချို့ပြဿနာတွေအကြောင်းကို ပြောလိုပါတယ်။ တချို့မေးခွန်းတွေက ကိုယ်ရေးကိုယ်တာနဲ့ သက်ဆိုင်တာတွေ၊ ထိလွယ်ရှလွယ်မေးခွန်းတွေ ဖြစ်နေပါလိမ့်မယ်။ အကယ်၍ သင့်အတွက် သက်တောင့်သက်သာမဖြစ်ဘူးဆိုရင် မဖြေချင်လည်း ရပါတယ်။

I am now going to read you a series of statements. For each, I would like to tell me whether you strongly agree, agree, disagree, or strongly disagree. There are no correct or incorrect answers.
ကျွန်တော်/ကျွန်မက စာကြောင်းတစ်တန်းချင်းစီကို ဖတ်ပြပါမယ်။ စာကြောင်းတစ်ခုချင်းစီကို သင့်အနေနဲ့ အလွန်သဘောတူပါတယ်၊ သဘောတူပါတယ်၊ သဘောမတူပါ၊ လုံးဝသဘောမတူပါ စသည်ဖြင့် ဖြေကြားစေလိုတယ်။ အဖြေတွေက မှားတယ်၊မှန်တယ် ဆိုပြီး မရှိပါဘူး။

5.1 People should be treated the same whether they are male or female ၅.၂ အမျိုးသမီးဖြစ်ဖြစ် အမျိုးသားဖြစ်ဖြစ် လူတွေအားလုံးကို	• Strongly agree • အလွန် သဘောတူပါတယ်။ • Agree • သဘောတူပါတယ်။ • Unsure • မသေချာပါ။

(ခွဲခြားဆက်ဆံမှု မရှိဘဲ) တန်းတူ ပြုမူဆက်ဆံသင့်ပါတယ်။	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.2 A woman's most important role is to take care of her home and family. ၅.၂ အမျိုးသမီးတစ်ဦးရဲ့ အဓိက အရေးကြီးတဲ့ အခန်းကဏ္ဍဟာ သူမရဲ့ အိမ်နဲ့မိသားစုကို ဂရုစိုက် ပြုစုဖို့ ဖြစ်တယ်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.3 Men should share the work around the house with women, such as doing dishes, cleaning and cooking ၅.၃ အမျိုးသားတွေက အမျိုးသမီးတွေနဲ့အတူ အိမ်အလုပ်တွေဖြစ်တဲ့ အိုးခွက်ပန်းကန်ဆေးခြင်း၊ သန့်ရှင်းရေးလုပ်ခြင်း၊ ချက်ပြုတ်ခြင်း စတာတွေကို မျှဝေလုပ်ကိုင်သင့်ပါတယ်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.4 A woman should obey her husband ၅.၄ အမျိုးသမီးတစ်ဦးက သူမရဲ့ လင် ယောကျာ်း ပြောတဲ့စကားတွေကို လိုက်နာရမယ်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။

Do not ask unless completely private သီးသန့်နေရာမဟုတ်လျှင်မမေးပါနင့်။	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.5 A man should have the final decision in all family matters ၅.၅ မိသားစုနဲ့ဆိုင်တဲ့ အရေးကိစ္စအားလုံးရဲ့ နောက်ဆုံး ဆုံးဖြတ်ချက်ကို အမျိုးသားကသာ ချမှတ်သင့်ပါတယ်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.6 If a wife does something wrong, her husband has the right to punish her ၅.၆ အမျိုးသမီးတစ်ယောက်က အမှားတစ်ခုပြုလုပ်မိရင် သူမရဲ့အမျိုးသားက သူမကို အပြစ်ပေးနိုင်တဲ့ အခွင့်အရေးရှိပါတယ်။ *Do not ask unless completely private* သီးသန့်နေရာမဟုတ်လျှင်မမေးပါနင့်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.7 A real man must be tough ၅.၇ အမျိုးသားမှန်ရင် ကြမ်းတမ်းခက်ထန်ရမယ်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree

	• လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.8 If someone insults a man, he should defend his reputation, with force if necessary ၅.၈ အမျိုးသားတစ်ဦးကို တစ်စုံတစ်ယောက်က စော်ကားပါက သူ့ရဲ့ ဂုဏ်သိက္ခာအတွက် လိုအပ်လျှင် လိုအပ်သလို အင်အားသုံးပြီး ပြန်လည် ခုခံသင့်တယ်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.9 Men need to have sex more often than women do ၅.၉ အမျိုးသားတွေက အမျိုးသမီးတွေထက် လိင်ဆက်ဆံဖို့ လိုအပ်ပါတယ်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.10 It is a woman's responsibility to avoid getting pregnant ၅.၁၀ ကိုယ်ဝန်မရှိအောင် ရှောင်ရှားဖို့က အမျိုးသမီးရဲ့ တာဝန်ဖြစ်ပါတယ်။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer

	• မဖြေကြားလိုပါ။
5.11 A woman cannot refuse to have sex with her husband ၅.၁၂ အမျိုးသမီးတစ်ဦးက သူမရဲ့ အမျိုးသားနဲ့ လိင်ဆက်ဆံဖို့ ငြင်းဆန်လို့ မရပါဘူး။	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.12 A woman should tolerate violence in order to keep her family together ၅.၁၅ အမျိုးသမီးတစ်ဦးက သူမရဲ့ မိသားစုတွေ အတူတကွ ဆက်လက်နေထိုင်နိုင်ဖို့ အကြမ်းဖက်မှုအပေါ် သီးခံပြီး နေသင့်ပါတယ်။ *Do not ask unless completely private* *သီးသန့်နေရာမဟုတ်လျှင်မမေးပါနှင့်။*	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer • မဖြေကြားလိုပါ။
5.13 When a woman is raped, she is usually to blame for putting herself in that situation ၅.၁၃ အမျိုးသမီးတစ်ဦး အဓမ္မပြုကျင့်ခြင်းခံရတဲ့အခါ အဲ့ဒီအခြေအနေမှာ သူမကသာ အပြစ်ရှိကြောင်း သူမကိုဘဲ လူတွေက အမြဲတမ်း အပြစ်တင်ကြတယ်။ *Do not ask unless completely private*	• Strongly agree • အလွန် သဘောတူပါတယ်။
	• Agree • သဘောတူပါတယ်။
	• Unsure • မသေချာပါ။
	• Disagree • သဘောမတူပါ။
	• Strongly disagree • လုံးဝ သဘောမတူပါ။
	• No answer

သီးသန့်နေရာမဟုတ်လျှင်မမေးပါနှင့်။	• မဖြေကြားလိုပါ။
5.14 What do you think the term "violence against women and girls" means? ၅.၁၄ အမျိုးသမီးတွေနဲ့ မိန်းကလေးတွေအပေါ် အကြမ်းဖက်ခြင်း ဆိုတဲ့ အဓိပ္ပါယ်ကို သင် ဘယ်လိုထင်ပါသလဲ။ *Do not read out options; multiple answers are possible* အချက်အလက်များကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။	• Rape / sexual assault • အဓမ္မပြုကျင့်ခြင်း/ လိင်ပိုင်းဆိုင်ရာစော်ကားခြင်း • Physical violence • ရုပ်ပိုင်းဆိုင်ရာ အကြမ်းဖက်ခြင်း • Violence by husbands against wives • ဇနီးမယားများအပေါ် ခင်ပွန်းများက အကြမ်းဖက်ခြင်း • Forced marriage • အတင်းအဓမ္မ လက်ထပ်ထိမ်းမြားပေးခြင်း • Denial of resources or opportunities • အရင်းအမြစ် (သို့) အခွင့်အလမ်းများအား ရယူရန် ငြင်းဆန်ခြင်း၊ ပိတ်ပင်ခြင်း • Psychological and emotional abuse • စိတ်ခံစားချက်ပိုင်းဆိုင်ရာ အကြမ်းဖက်ခြင်း • Other (specify: _____) • အခြား (အသေးစိတ်----------------------) • Don't know / no answer • မဖြေကြားလိုပါ။
5.15 Compared to the situation before you moved to the camp, would you say these kinds of violence are the same, more frequent, or less frequent? ၅.၁၅ သင်စခန်းထဲကို မရောက်မီအချိန်နဲ့ နှိုင်းယှဉ်ကြည့်ပါ။ အဲဒီ အကြမ်းဖက်မှုအမျိုးအစားတွေက မကြာခဏအဖြစ်များလာတယ်၊ ယခင်နဲ့တူတူဘဲ၊ အဖြစ်နည်းသွားတယ် လို့ ပြောဆိုလိုပါသလား။	• More frequent • မကြာခဏ အဖြစ်များလာတယ်။ • The same • အတူတူပဲ ဖြစ်တယ်။ • Less frequent • တစ်ခါတစ်ရံသာဖြစ်ပါတယ်/အဖြစ်နည်းသွားတယ်။
5.16 In the past 3 months, have you discussed issues related to preventing violence against women and girls with anyone who came to your house to make people aware of the problem? ၅.၁၆ လွန်ခဲ့သော ၃ လအတွင်းက အမျိုးသမီးတွေနဲ့.	• Yes • ရှိပါတယ်။ • No • မရှိပါ။ • Don't know / no answer • မသိပါ/မဖြေကြားလိုပါ။

မိန်းကလေးတွေအပေါ် အကြမ်းဖက်မှုနဲ့ ပတ်သက်တဲ့ ပြဿနာကို လူတွေသိအောင် ကာကွယ်တားဆီးခြင်း အကြောင်းအရာတွေနဲ့ ပတ်သက်ပြီး သင်၏အိမ်ကိုလာပြီး အိမ်ကို လာပြီး ပြောဆိုသူတစ်ယောက်ယောက်နှင့် ဆွေးနွေးတာမျိုး ရှိခဲ့ဖူးပါသလား။	
5.17 If a woman experiences violence of any kind, who would she turn to for support outside of her own household? ၅.၁၇ အကယ်၍ အမျိုးသမီးတစ်ဦးက �’ယ် အကြမ်းဖက်ခံရခြင်းမျိုးကိုမဆို တွေ့ကြုံခံစားရရင် သူမရဲ့ အိမ်ပြင်ပမှာ ရှိတဲ့ ဘယ်သူတွေဆီကို သွားပြီး အကူအညီတောင်းမလဲ။ *Do not read out options; multiple answers are possible* အချက်အလက်များကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။ *Do not ask unless completely private* သီးသန့်နေရာမဟုတ်လျှင်မမေးပါနှင့်။	• Other family members • အခြားမိသားစုဝင်များ • Camp management committee • စခန်းစီမံခန့်ခွဲရေး ကော်မတီ • Religious leaders • ဘာသာရေး ခေါင်းဆောင်များ • Police • ရဲ • NGOs • အစိုးရမဟုတ်သော နိုင်ငံတကာအဖွဲ့အစည်းများ • Health clinic • ကျန်းမာရေးဆေးပေးခန်း • Friends • သူငယ်ချင်းများ • Other (specify: _____) • အခြား (အသေးစိတ်--------------------) • Nobody • ဘယ်သူ့ကိုမှ မပြောပါ။ • Don't know / no answer • မသိပါ/ မဖြေဆိုလိုပါ။
5.18 Do you know of any services in this camp that provide help for women who have experienced violence? ၅.၁၈ စခန်းထဲတွင် အကြမ်းဖက်ခံရတဲ့ အမျိုးသမီးတွေကို အကူအညီတွေပေးပြီး ထောက်ပံ့နေတဲ့ ဝန်ဆောင်မှုတွေကို သင်သိပါသလား။	• Health services • ကျန်းမာရေး ဝန်ဆောင်မှုများ • Cash assistance • ငွေကြေးထောက်ပံ့မှုများ • Women's centres • အမျိုးသမီးများ၏စင်တာ • Social workers • လူမှုရေးလုပ်သားများ • Other (specify: _____) • အခြား (အသေးစိတ်----------------------) • None

Do not read out options; multiple answers are possible အချက်အလက်များကို ဖတ်မပြပါနှင့်။ အဖြေအမျိုးမျိုးဖြစ်နိုင်သည်။ *Do not ask unless completely private* သီးသန့်နေရာမဟုတ်လျှင်မမေးပါနှင့်။	• တစ်ခုမှမရှိပါ။ • Don't know / no answer • မသိပါ/မဖြေဆိုလိုပါ။
Record any additional notes or observations from the interview here: ကျွန်အင်တာဗျူးမှ လေ့လာတွေ့ရှိခြင်းများ (သို့) မည်သည့်ပေါင်းထည့်လိုသော မှတ်စုများကိုမဆို မှတ်ချက်ရေးပါ။	

Annex 2: Focus Group Discussion Guide

English Version

Facilitator Name		Date		
Assistant Name		Time		
Location		Start Time		
		End Time		
Number of Participants		Age group		Gender	
Additional information regarding participants				

Note: Questions in grey are "probing questions" – they indicate information we need, but which participants may discuss without prompting. Only ask if participants have not already provided the information

We are working for an international NGO called the International Rescue Committee. We are interested in learning more about some of the concerns and needs of women and girls in this community. We would like to ask you some questions about your lives here. We hope that your answers to our questions will help us work together in the future.

Your participation is optional and you do not have to answer our questions if you do not want to. You may also leave the process at any time. There are no right or wrong answers to the questions, so please be honest in sharing your ideas. We are not asking for any personal experiences or names of people. We want to hear from everyone in the group. So please be respectful of others and allow everyone in the group to talk. We may have to interrupt you at some point along the way. Please do not be offended. We will do this because we do not want to waste your time, and would like the process to be as efficient as possible, and we don't want to keep you over the one-and-a-half to 2-hour limit. Is this clear to everyone? Do you have any questions? Do you agree to participate in our discussion?

AGREE ON CONFIDENTIALITY:

We ask that you agree to keep this discussion confidential. Please do not share with others the details of what is said here. We want you to feel as open and comfortable with us as possible. People will be curious about what we were discussing today, and you may have to say something – I suggest you tell them that I was asking questions about women and health issues, just gathering information. The topic is sensitive to many people and we prioritise the privacy, confidentiality, and safety of the group participants as much as possible.

With your permission, we will be taking notes and writing down your answers, but again we are not recording anyone's names so please be open. We prefer making notes of the issues discussed to ensure adequacy when we review the information collected here.

Section 1: Services

- What do you think the most important services are for women in this community?
    - **Do any women have difficulty accessing these services?**
    - **If so, what difficulties do they have and why?**

- As far as you understand, what kind of services do you think IRC provides to women in this community?
    - **What are their strong and weak points?**

Section 2: Child Marriage

- On average, what age do girls get married in the camp at the moment? What age do boys get married?

- Has this age changed since people were displaced to the camp?
    - **If so, how has it changed and why do you think this is?**

- How are marriage partners usually selected?
    - **Who is involved in choosing?**
    - **How do they decide which person to choose?**

- For girls, what do you think the benefits and disadvantages are for getting married younger (under the age of 18)? What about for boys?

- According to you, what age is too young for a girl to get married? What age is too young for a boy to get married?
  - *Why do you think this is too young?*

- Out of the children growing up in the camp, how many do you think will get married "too young"? *Use proportional piling – give them 10 marbles, explain that these represent the people we are asking about, and ask them to arrange them into piles for who will and won't get married too young.*

- What are some of the reasons children might get married too young?
  - *Have these changed since people were displaced to the camp?*

- Are there some girls/boys who are more likely to get married too young than others? Why?

Section 3: Intimate Partner Violence

I'm now going to tell you a story – the events aren't real, but I'd like you to think about if and how these things might happen in the community here.

< Ma Lay Win's husband has not been able to find a job since moving to the camp in 2012. He is often sad and angry about being unable to find a job and provide for his family. He becomes angry with her when she tells him that they need money for more food. They often fight about money. He has become so angry that he has hit her a few times. Recently he has been angrier more often and often threatens to hit her when she brings up his joblessness. She does not want to tell anyone that this is happening, but is becoming more scared about his behaviour and that he will eventually hurt her very badly.>

- In this camp, how many women do you think experience this kind of situation at least once a month? *Use proportional piling – give them 10 marbles, explain that these represent the people we are asking about, and ask them to arrange them into piles for who does and doesn't experience this situation.*

- Is this type of situation more likely to happen to some women than others?
  - *Why do you think this is?*

- Do you think this kind of situation has become more or less common since displacement?
  - *Why do you think this is?*

- After experiencing this kind of situation, what would a woman usually do?
  - *Would she seek any kind of help from outside? If so, why/why not? Where would she go to get help?*
  - *Can you think of any reasons the woman would not seek help?*

- In this kind of situation, if other community members, such as relatives, neighbors, or friends, found out about the situation, what would they do?
  - *What kinds of reactions might they have? Why?*
  - *Would they take any kind of action to help?*
  - *What would their opinion of the women and her husband be?*

- In this kind of situation, would the husband experience any kind of consequences?
  - *If so, what would they be? From whom?*

- What kind of effects do you think this situation has on people's families?

- What kind of effects do you think this situation has on your community?

BREAK – 15 minutes for tea, coffee, cigarettes etc. After returning from the break, facilitator should briefly recap the discussion before starting again

Section 4: Sexual assault

I'm going to tell you another story – the events aren't real, but I'd like you to think about if and how these things might happen in the community here.

<A 15- year old girl was going to the latrine at night when a man came from behind and grabbed her as she was trying to enter the latrine. It was dark and she could not see who the man was. He tried to take off her clothes and assault her, but she escaped and ran away. She is afraid to tell her parents what happened.>

- In this camp, how many women/girls do you think have experienced this kind of situation? *Remind participants not to describe any specific examples they have heard of. Use proportional piling – give them 10 marbles, explain that these represent the people we are asking about, and ask them to arrange them into piles for who does and doesn't experience this situation.*

- Is this type of situation more likely to happen to some women/girls than others?
  - **Why do you think this is?**

- Do you think this kind of situation has become more or less common since displacement?
  - **Why do you think this is?**

- After experiencing this kind of situation, what would a woman usually do?
  - **Would she seek any kind of help from outside? If so, why/why not? Where would she go to get help?**
  - **Can you think of any reasons the woman would not seek help?**

- If she wanted to seek justice against the man, what options are available to her?
  - **What are their strong and weak points?**
  - **Why would she/would she not use them?**

- In this kind of situation, if other community members, such as relatives, neighbors, or friends, found out about the situation, what would they do?
  - **What kinds of reactions might they have? Why?**
  - **Would they take any kind of action to help?**
  - **What would their opinion of the women and her husband be?**

- In this kind of situation, would the man experience any kind of consequences?
  - **If so, what would they be? From whom?**

- What kind of effects do you think this situation has on the victim?

- What kind of effects do you think this situation has on your community?

Section 5: Trafficking

Now I would like to discuss past events and how they affected the community.

During the 2015/16 sailing season, many people left the camps and tried to sail to other countries. We would like to know more about what happened then and what happens now when people want to leave the camps and move to other places.

- During 2015/16 sailing season, what were reasons that people had for trying to leave?
  - **Who/what types of people tried to leave?**
  - **What dangers or risks were people aware of when trying to leave?**
  - **Was anyone forced to leave? If so, by whom – can you tell us what it looked when someone was forced to leave?**

- Do people still want to leave now?
  - **What are the reasons that people want to leave now?**
  - **How many have tried to leave the camps this season? What ways are they trying to travel (boats? Plane? Road? Etc)**

- What costs are associated with travelling/leaving the camps?
  - **Has this changed compared to previous sailing season?**
  - **What kinds of people are these costs paid to?**

- What are the safety concerns with trying to leave the camps in this way?

Burmese version

ဆွေးနွေးသူအမည်		နေ့ စွဲ	
လက်ထောက်အမည်		အချိန်	
နေရာ		စချိန်	
		ပြီးချိန်	
တက်ရောက်သူဦးရေ	အသက် အုပ်စု	ကျား မ	
တက်ရောက်သူများဆိုင်ရာ ဖြည့်စွက် သတင်းအချက်အလက်			

မှတ်ချက်။ မီးခိုးရောင်ချယ် မေးခွန်းများသည် စူးစမ်းထိုးဖောက်မေးရမည့်မေးခွန်းများဖြစ်သည်။ သတင်း အချက် အလက်များရရှိရန် တက်ရောက်သူများ မိမိတို့ ကိုယ်တိုင်ပါဝင်ဆွေးနွေး ကြရန်၊ တွန်းအားပေးခြင်းမ ပြုရန်လိုပါသည်။ သို့ သော် အချို့ တက်ရောက်သူ များမသိပါက ရှင်းလင်းပြပေးရန်သာဖြစ်သည်။

လေ့လာမှု ခေါင်းစဉ်စတင် မိတ်ဆက်ခြင်း

ကျွန်တော်/မ တို့ အလုပ်လုပ်နေသော အိုင်-အာ-စီ အဖွဲ့သည် နိုင်ငံတကာ အစိုးရမဟုတ်သောအဖွဲ့ ဖြစ်ပြီး၊ အမျိုးသမီးကြီး မိန်ကလေး ငယ် တို့၏ ပြဿနာ၊ လိုအပ်ချက် များလေ့လာဆောင်ရွက်လျက်ရှိပါသည်။ မေးခွန်းများသည်လည်း သင်တို့ ဘဝ နှင့်ဆက်စပ်နေပြီး ၍ဖြေကြားချက်များသည် လည်း ရေးရှုလုပ်ဆောင်ကြမည့် အစီအစဉ်များ အတွက်အထောက်အကူပါမည်။

သင်၏ပူးပေါင်းဆွေးနွေးမှုသည်လွန်စွာကောင်းမွန်ပါသည်။ အကယ်၍ ဆန္ဒအလျှောက် မဖြေကြားလိုပါက ဖြေရန်မလိုပါ၊ အချိန် မရွေး ရပ်ဆိုင်နိုင်ပါသည်။ သင်တို့ ဖြေကြားချက်များ အပေါ် မှန်သည်၊ မှားသည် မဆုံးဖြစ်ပါ။ သင်တို့၏ ရိုးသား မှန်ကန်စွာဖြေကြား ဆွေးနွေးပေးရန်၊ ကိုယ်ရေးကိုယ်တာ ကိစ္စများ အမည်နာမ များဖြေကြားရန် မလိုကြောင်း အသိပေးအပ်ပါသည်။ တက်ရောက်သူ များ အားလုံးပါဝင် ဆွေးနွေးကြပါရန်၊ အပြန်အလှန်လေးစားရန် နှင့် တစ်ဦးတစ်ယောက်ဆွေးနွေးမှု အပေါ် လေးစားပါရန်၊ အချို့ ဆွေးနွေး ချက်များ ရှေ့လျားကြမြင့်လာလျှင်အချိန်ကို့ ညှာ၍ ကြားဖြတ် ကာ လိုရင်းကို ဆွေးနွေးရန် ပြောကြားနိုင်သည်။ ဆွေးနွေး မှုကို ၁ နာရီခွဲ - ၂နာရီ အတွင်း ပြီးစီးရန်ဖြစ်ပါသည်။ မေးရန်ရှိပါသလား၊ ဆွေးနွေးမှု တွင်ပါဝင်မှာလား။

လျှို့ဝှက်မှုထိန်းသိမ်းခြင်းဆိုင်ရာသဘောတူညီမှု

သင်သည်ဤဆွေးနွေးမှု များကို လျှို့ဝှက်ထိန်းသိမ်း ထားရန်၊ အခြားသူများသို့ ပေါက်ကြား ခြင်းမပြုရန်၊ တာဝန်ယူရပါမည်။ သင် သည် လွတ်လပ်ပေါ်ပါ၊ သက်တောင့်သက်သာ၊ ပွင့်ပွင့်လင်းလင်း ဆွေးနွေးနိုင်ပါသည်။ အခြားလူများက ဤဆွေးနွေးပွဲကို မေးမြန်း စုံစမ်း လာလျှင်၊ ကျန်းမာရေးစောင့်ရှောက်မှု ဆိုင်ရာဆွေးနွေးပွဲ ဟုဖြေကြားပေးပါရန်၊ ဤဆွေးနွေးမှု များသည် ကိုယ်ရေးကိုယ်တာ ထိခိုက်လွယ်၊ အန္တရာယ်ရှိသည်ဖြစ်၍ ကျွန်တော်/မ တို့သည် သင်တို့ လုံခြုံရေး အတွက်လျှို့ဝှက်ထိန်းသိမ်း ထားပါမည်။ သင်၏ သဘောတူညီမှု ဖြင့် ဖြေကြား ဆွေးနွေး ပြောကြားချက်များကို ရေသားမှတ်တမ်းတင်ထားပါမည်။

အခန်း၁။ ဝန်ဆောင်မှုများ

- ဤဒေသရှိ အမျိုးသမီးတို့ အတွက် အရေးကြီးဆုံး လိုအပ်သည့် ဝန်ဆောင်မှု သည် သင်မည်သို့ ထင်မြင်ယူဆပါ သနည်း
  - ယင်းဝန်ဆောင်မှုကို အမျိုးသမီးတိုင်း ရယူဖို့ ခက်ခဲပါသလား

○ အကယ်၍ဟုတ်လျှင် ဘာအခက်ခဲတွေ့ပဲ၊ အဘယ်ကြောင့်နည်း၊

- ကျွန်ုပ်ဒေသရှိအမျိုးသမီးတို့ အတွက် အိုင်-အာ-စီ ကမည်သည့်ဝန်ဆောင်မှု များပေးနေပါသလဲ၊ သင်၏နားလည်သလောက် ဆွေးနွေးပါရန်?
  ○ အားနည်းချက်၊ အားသာချက်များ ကိုဆွေးနွေးပါ?

အခန်း၂၊ ငယ်ရွယ်အသက်မပြည့်မီ လက်ထပ် အိမ်ထောင်ကျ ခြင်း

- ကျွန်ုပ်ဒေသစခန်း ရှိ မိန်းကလေးငယ်များ ပျမ်းမျှ အသက် မည်မျှတွင် အိမ်ထောင်ပြု လက်ထပ် ကြသလဲ၊ ယောက်ျားလေးများ ရော အသက် မည်မျှတွင် အိမ်ထောင်ပြု လက်ထပ် ကြသလဲ၊

- ကျွန်ုပ်စခန်း သို့ ရောက်ပြီးနောက်မှ သူတို့ ၏ အိမ်ထောင်ပြုလက်ထပ် အသက် ပြောင်းလဲမှုရှိပါသလား ?
  ○ အကယ်၍ဟုတ်လျှင် ဘယ်လိုပြောင်းပါသလဲ၊ �‌ဘာကြောင့် ဟု သင်ထင်ပါသလဲ?

- ယေဘုယျ အားဖြင့် အိမ်ထောင်ဖက်ကို ဘယ်လိုရွေးချယ်ပါသလဲ?
  ○ အိမ်ထောင်ဖက်ရွေးချယ်ရာတွင် မည်သူပါသနည်း?
  ○ အိမ်ထောင်ဖက်ရွေးချယ်ရာတွင် ဘယ်လိုဆုံးဖြတ်ပါသနည်း?

- မိန်းကလေးငယ်များ (အသက်၁၈နစ်အောက်) ငယ်ငယ်ရွယ်ရွယ်အိမ်ထောင်ကျခြင်း၏ကောင်းကျိုး၊ ဆိုးကျိုး များ သင်ဘယ်လို သုံးသပ်ပါသလဲ၊ ယောက်ျားလေးများ ၏ကောင်းကျိုး၊ ဆိုးကျိုး များ သင်ဘယ်လို သုံးသပ်ပါသလဲ?

- မိန်းကလေးငယ်များ အတွက် အိမ်ထောင်ပြုရာ အသက် မည်မျှသည် ငယ်သည်ဟုသင်သုံးသပ်ပါသလဲ? ယောက်ျားလေးများ အိမ်ထောင်ပြုရာ အသက် မည်မျှသည် ငယ်သည်ဟုသင်သုံးသပ်ပါသလဲ?
  ○ အလွန်ငယ်သည်ဟု အဘယ်ကြောင့် သင်ထင်ပါသနယ်?

- ကျွန်ုပ်စခန်း မှာမွေးပြီးကြီးပြင်းလာသောကလေး မည်မျှ ငယ်ငယ်ရွယ်ရွယ် နှင့် အိမ်ထောင်ကျ သလဲ? အချိုးချ အပုံပိုင်းလေ့ကျင့် ခန်း ပြုလုပ်ခြင်း – အတုံး ၁၀ တုံး ကိုအုပ်စုသို့ ပေးပါ၊ အတုံးတို့ သည် လူဟုယူဆ၍ ငယ်ငယ်ရွယ်ရွယ်အိမ်ထောင်ကျ သူ နှင့် ငယ်ငယ်ရွယ်ရွယ်အိမ်ထောင်မကျသူ အုပ်စုအားဖြင့်ခွဲခြား ရှိပုံပါ၊

- ကလေး အရွယ် ငယ်ငယ်ရွယ်ရွယ်နှင့် အိမ်ထောင်ကျခြင်း အတွက် အဘယ်သို့ သော အကြောင်းတို့ ကြောင့်ဖြစ်ပါသနည်း?
  ○ ကျွန်ုပ်စခန်း ရောက်မှ ထိုထိုသော အခြေအနေ ဖြစ်ရပ် များဖြစ်လာ ပါသလား?

- အချို့ မိန်းကလေးငယ်နှင့်ယောက်ျားလေးများသည်အခြားသူများထက်အိမ်ထောင်ကျပိုမိုလွယ်ပါသလား၊အဘယ်ကြောင့်နည်း ?

အခန်း၃၊ အိမ်ထောင်တွင်း အကြမ်းဖက်မှု

ဇာတ်လမ်း တစ်ပုဒ် ကိုပြောပြပါမယ်၊ ဖြစ်ရပ်မှန်မဟုတ်သော်လည်း ကျွန်ုပ်ဒေသ တွင် ဘယ်သို့ ဘယ်လို ကျွန်ုပ်သို့ ဖြစ်ပျက် သည် ကို သင့် အား တွေးခေါ်ကြည့် နိုင်ရန် တင် ပြအပ်သည်၊

<၂၀၁၂ ခုနှစ် ကျွန်ုပ်စခန်းသို့ ပြောင်းရောက်လာဒီ ကတည်းက မလေးဝင်း၏ အမျိုးသား အလုပ်ရှာ၍ မရသေးပါ၊ ဒါကြောင့် မကြာခဏ စိတ်တို ဒေါသ ထွက်တတ်သည်၊ ဝင်ငွေမရှိ စားစရာ မရှိသည်ကို သူမကပြောလျှင်၊ စကားများရန်ဖြစ် ယောက်ျား ရိုက်နှက် ခြင်းကို

မကြာခဏ ခံရသည်။ မကြာခင်က သူမ အမျိုးသား သည် အလုပ်မရှိသည် အကြောင်းကြောင့် ပို၍ ပို၍ဒေါသကြီး ရိုက်မောင်းပုတ် မောင်း ဖြစ်လာပါသည်။ သူမအနေဖြင့် ဤအကြောင်းတွေကို အခြားသူများ ကိုမပြောလို။ သူ၏ပြုမှုတွေဟာ ပိုမိုကြောက်စရာ ကောင်းလာပီး နောက် သူမ သည် ဆိုးဆိုးဝါးဝါး ရိုက်နက်ခြင်းခံရပါတယ်>

- ဤသို့သော အဖြစ်နှင့်တွေ့ကြုံ ခံစားနေရသော အမျိုးသမီး ဤစခန်းတွင် မည်မျှ ဘယ်နှစ်ယောက်လောက်ရှိမည်ဟု သင်ထင် ပါသလဲ? အချိုးရှ အုပ်ပုံခြင်းလေ့ကျင့် ခန်း ပြုလုပ်ခြင်း – အတုံး ၁၀ တုံး ကိုအုပ်စုသို့ ပေးပါ၊ အတုံးတို့သည် လူဟုယူဆ၍ နိုက်စက် ခံရ သူ နှင့် နိုက်စက် မခံရသူ အုပ်စုအားဖြင့်ခွဲခြား ရှိပုံပါ။

- ဤသို့သော အဖြစ်မျိုး၊ အခြား သူများထက် ပိုမို တွေ့ကြုံ ခံစားနေရသော အချို့ အမျိုးသမီး ရှိပါသလား?
  - အဘယ်ကြောင့်နည်း?

- ဤသို့သော အဖြစ်အပျက် များသည် စခန်းသို့ပြောင်းရွှေ့ပီးမှ များသော အားဖြင့် ပိုပို၍ ဖြစ်လာပါသလား၊ သင်ဘယ်လို ထင်ပါသလဲ?
  - အဘယ်ကြောင့်နည်း?

- ဤသို့သော အဖြစ်အပျက် များတွေ့ရပီးနောက်၊ အကြမ်းဖက် ခံရသော အမျိုးသမီး ယေဘုယျ အားဖြင့် ဘာတွေဆက်လုပ် ပါသလဲ?
  - ပြင်ပမှအကူအညီတောင်းခံပါသလား?အကယ်၍ဟုတ်လျှင်အဘယ်ကြောင့်နည်း? အကယ်၍ မဟုတ်လျှင် အဘယ် ကြောင့် နည်း? အကူအညီကို ဘယ်မှာတောင်း တောင်းခံပါသလဲ?
  - အကူအညီမတောင်းခံသောအမျိုးသမီး သည် ဘာအကြောင်းကြောင့် မတောင်းခံပါသနည်း ?

- ဤသို့သောအဖြစ်အပျက်များကိုအခြားသူများ (ဥပမာ၊ဆွေမျိုး၊အိမ်နီးခြင်း၊မိတ်ဆွေ) တို့တွေ့ပီးနောက်၊ သူတို့ဘာလုပ်ကြ သလဲ?
  - ဘယ်လို ပြုမှု တုံ့ပြန် ဆက်ဆံ သလဲ? အဘယ် ကြောင့် နည်း?
  - ဘယ်လို ကူညီပေးမှု တွေလုပ်ပါသလား?
  - ထို ဇနီးမောင်နှံအတွက် �’ဘယ်လို အကြံပြုချက်တွေပေး သနည်း?

- ဤသို့သောအဖြစ်အပျက်များကြောင့် ခင်ပွန်း သည် ဘယ်လိုနောက်ဆက်တွဲ အကျိုးများတွေ့ကြုံ ရပါသလဲ?
  - အကယ်၍ရှိ လျှင် ဘယ်လိုကိစ္စမျိုးတွေရှိပါသလဲ၊ ဘယ်သူ ဆိုကပါလဲ?

- ဤသို့သောအဖြစ်အပျက်များကြောင့် မိသားစုဝင်များအပေါ် အဘယ်သို့သော အကျိုးများသက်ရောက် မည်ဟု သင်ထင်မြင် ယူဆပါသလဲ?

- ဤသို့သောအဖြစ်အပျက်များကြောင့်ရပ်ရွာအတွင်း အဘယ်သို့ သောအကျိုးများသက်ရောက်မည်ဟုသင်ထင်မြင်ယူဆပါသလဲ ?

၁၅ မိနစ် နား၍ ကော်ဖီ လွှက်ရည်၊ ဆေးလိပ် သောက်ပါစေ၊ အနားယူပီးပြန်လာ လျှင်၊ ဆွေးနွေးသူသည် ရေးကဆွေးနွေးခဲ့သည်များကို အကျဉ်းရှ ရှင်းပြီး ဆွေးနွေးပွဲကို ပြန်စပါ။

အခန်း၄၊ လိင်ပိုင်းဆိုင်ရာ အဓမ္မ ကျူးလွန်မှု

ဇာတ်လမ်း တစ်ပုဒ် ကိုပြောပြပါမယ်။ ဖြစ်ရပ်မှန်မဟုတ်သော်လည်းကျွန်အရပ်ဒေသတွင်ဘယ်သို့ ဘယ်လို ကျွန်သို့ ဖြစ်ပျက်သည်ကိုသင့် အား တွေးခေါ်ကြည့် နိုင်ရန် တင် ပြအပ်သည်။

<၁၅နှစ်ရွယ်မိန်းကလေး ညဉ့်အချိန် အိမ်သာ တက်ရန်အလာ လူတစ်ယောက် နောက်ကရောက်လာကာ ချုပ်ပြီး၊ အကြမ်း ဖက် သူမ၏ အကို ကိုချွတ် ရန်ကြိုးစားသည်။ ညအခါဖြစ်၍ ဘယ်သူဘယ်ဝါမှန်း မသိပါ။ သူမလည်း အတင်းရုန်းကန်ထွက်ပြေးလွတ်မြောက် သွားပါ သည်။ ဖြစ်ပျက်ခြင်းရာကို မိဘများကို တိုင်ရန်ကြောက်ရွံ့ နေပါသည်>

- ကျွန်သို့သော အဖြစ်နှင့်တွေ့ကြုံ ခံစားနေရသော အမျိုးသမီး ကျွန်စခန်းတွင် မည်မျှ ဘယ်နှစ်ယောက်လောက်ရှိမည်ဟု သင်ထင် ပါသလဲ? တက်ရောက်သူများ အနေဖြင့် မိမိတို့ ကြားသည်ကို အထူးပြောရန်မလိုပါ။ အချိုးရ အုပ်ပုံခြင်းလေ့ကျင့် ခန်း ပြုလုပ်ခြင်း – အတုံး ၁၀ တုံး ကိုအုပ်စုသို့ ပေးပါ။ အတုံးတို့ သည် လူဟုယူဆ၍ ခံရ သူ နှင့် မခံရသူ အုပ်စုအားဖြင့်ခွဲခြား ရှုံ့ပုံပါ။

- ကျွန်သို့ သော အဖြစ်မျိုး၊ အခြား သူများထက် ပိုမို တွေ့ကြုံ ခံစားနေရသော အချို့ အမျိုးသမီး (ကြီး/ငယ်) ရှိပါသလား?
  - သင်ဘယ်လိုထင်ပါသလဲ၊ အဘယ်ကြောင့်နည်း?

- ကျွန်သို့ သော အဖြစ်အပျက် များသည် စခန်းသို့ ပြောင်းရွှေ့ ပီးမှ များသော အားဖြင့် ပိုပို၍ ဖြစ်လာပါသလား၊ သင်ဘယ်လို ထင်ပါသလဲ?
  - အဘယ်ကြောင့်နည်း?

- ကျွန်သို့ သော အဖြစ်အပျက် များတွေ့ ရီးနောက်၊ အကြမ်းဖက် ခံရသော အမျိုးသမီး ယေဘုယျ အားဖြင့် ဘာတွေဆက်လုပ် ပါသလဲ?
  - ပြင်ပမှအကူအညီတောင်းခံပါသလား?အကယ်၍ဟုတ်လျှင်အဘယ်ကြောင့်နည်း? အကယ်၍ မဟုတ်လျှင် အဘယ် ကြောင့် နည်း? အကူအညီကို ဘယ်မှာတောင်း တောင်းခံပါသလဲ?
  - အကူအညီမတောင်ခံသောအမျိုးသမီး သည် ဘာအကြောင်းကြောင့် မတောင်းခံပါသနည်း ?

- သူမအနေဖြင့် ထိုသူအား ဥပဒေအရ အရေးယူ လိုပါက သင်အနေဖြင့် မည်သည့် အကြံပေးလိုပါသနည်း?
  - အနည်းချက်၊ အားသာချက်များ ကိုဆွေးနွေးပါ?
  - အဘယ်ကြောင့် သူမ အသုံးပြု/အသုံးမပြု သနည်း?

- ကျွန်သို့ သောအဖြစ်အပျက်များကိုအခြားသူများ (ဥပမာ၊ဆွေမျိုး၊အိမ်နီးခြင်း၊မိတ်ဆွေ) တို့ တွေ့ပြီး သိပြီး နောက်၊ သူတို့ ဘာလုပ်ကြ သလဲ?
  - ဘယ်လို ပြုမူ တို့ပြန် ဆက်ဆံ သလဲ? အဘယ် ကြောင့် နည်း?
  - ဘယ်လို ကူညီပေးမှု တွေလုပ်ပါသလား?
  - ထို ဇနီးမောင်နှံအတွက် ဘယ်လို အကြံပြုချက်တွေပေး သနည်း?

- ကျွန်သို့ သောအဖြစ်အပျက်များကြောင့် အမျိုးသား သည် ဘယ်လိုနောက်ဆက်တွဲ အကျိုးများတွေ့ ကြုံ ရပါသလဲ?
  အကယ်၍ရှိလျှင် ဘယ်လိုကိစ္စမျိုးတွေ့ရှိပါသလဲ? ဘယ်သူ ဆိုကပါလဲ?

- ကျွန်သို့ သောအဖြစ်အပျက်များကြောင့် အကြမ်းဖက်ခံရသူ မိန်းကလေး အပေါ် အဘယ်သို့ သော အကျိုးများသက်ရောက် မည်ဟု သင်ထင်မြင် ယူဆပါသလဲ?

- ဤသို့ သောအဖြစ်အပျက်များကြောင့်ရပ်ရွာအတွင်း အဘယ်သို့ သောအကျိုးများသက်ရောက်မည်ဟုသင်ထင်မြင်ယူဆပါသလဲ ?

အခန်း၅၊ ကုန်ကူးခြင်း

ဤတွင်ရှေးဖြစ်ရပ်များကိုဆွေးနွေးပြီး ယင်းဖြစ်ရပ်များကြောင့် လူထုထိခိုက်ခြင်းတို့ ကို သုံးသပ်ကြရန်။

ပြီးခဲ့သော ၂၀၁၅/၁၆ င်းဖမ်းလေ့ထွက် ရာသီ တွင်းက လူအများ စခန်းမှထွက်ခွာ၍ အခြားနိုင်ငံများသို့ သွားကြသည်။ ယင်းသို့ လူအများ အခြားသို့ သွား ရောက် ကြခြင်း အားဖြင့် �’ာတွေဖြစ်ခဲ့၊ ဘာတွေယခုဖြစ်နေ သလဲ၊ သိသမျှရှင်းပြပါ။

- ၂၀၁၅/၁၆ င်းဖမ်းလေ့ထွက် ရာသီ တွင်၊ ဘာအကြောင်းကြောင့် လူအများ ထွက်ခွာဖို့ ကြိုးစားကြတာလဲ?
    - ဘယ်လိုလှ၊ ဘယ်သူ တွေ က ထွက်ဖို့ ကြိုးစားကြတာလဲ?
    - ထွက်ဖို့ ကြိုးစားကြသူ တွေ မှာ ဘယ်လို ဘေးဆိုး အန္တရာယ် တွေကျရောက် နိုင်ပါသလဲ?
    - ထွက်ဖို့ ကြိုးစားကြသူတွေကို တွန်းအားပေးသူရှိပါသလား၊ ရှိလျှင်.. မည်သူနည်း? ဤသို့ ထွက်သွားရန် တွန်းအားပေး ခြင်းကို သင် ဘယ်လိုမြင်ပါသလဲ?
- လူအများ ထွက်ခွာဖို့ ဆန္ဒရှိပါသလား?
    - လူအများ ထွက်ခွာရသည့် အကြောင်းများရှိပါသလား?
    - ဒီရာသီမှာ လူဘယ်လောက် ထွက်ဖို့ ကြိုးစားကြသလဲ? ဘယ်လမ်းကြောင်းကသွားကြသလဲ (လှေ၊ လေကြောင်း၊ ကားလမ်း၊ အခြား)
- ထွက်ခွာ သွားလာ စားရိတ် မည်မျှနည်း?
    - ယင်း စားရိတ်သည် ယခင်ရာသီ နှင့်စာလျှင် ပြောင်းလဲမှုရှိပါသလား?
    - ယင်း စားရိတ်ကို ဘယ်လိုလူမျိုးတွေပေးပါသလဲ?
- စခန်းမှ ထွက်ခွာ သွားလာသည့်ခရီးလမ်းတွင် ဘယ်သို့ သောလုံခြုံရေးဆိုင်ရာ ပြဿနာတွေရှိပါသလဲ?