

Child Protection

Knowledge, Attitudes, and Practices Study

Rakhine State, Myanmar



Save the Children International (SCI) and the United Nation's Children Fund (UNICEF)
August 2014

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Becca Balis conducted the study and wrote the final report on behalf of Save the Children.

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Abbreviations

CFS: Child Friendly Space
CPG: Child Protection Group
CRC: Convention on the Rights of Child (1989)
DSW: Department of Social Welfare, Republic of Myanmar
FGD: Focus Group Discussion
HoH: Head of Household
IDP: Internally-displaced person
ILO: International Labor Organization
KAP: Knowledge, Attitudes, and Practices Study
MEAL: Monitoring, Evaluation, Accountability and Learning
OHCHR: Office of the High Commissioner for Human Rights
SCI: Save the Children International
UNICEF: United Nations Children’s Fund

Definitions

Child: Throughout the report and the KAP Study, a child is defined as someone under the age of 18, as per the Convention on the Rights of the Child (CRC).

Child Protection: Save the Children International and UNICEF define “child protection” as preventing and responding to violence, exploitation, neglect and abuse affecting children.

Muslim/Rakhine: In this report, the term “Muslim” refers to the Muslim populations surveyed in Rakhine State and the term “Rakhine” refers to the ethnic Rakhine population in Rakhine State that is mostly Buddhist. Though these terms threaten to over-emphasize the differences between the two ethnic groups and the religious dimensions of the conflict, they help to clarify the two populations (within which there are additional subdivisions) surveyed through the KAP study.¹

¹¹ International Crisis Group report, “Myanmar: Storm Clouds On the Horizon,” Asia Report Number 238, 12 November 2012.

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Executive Summary

Save the Children International (SCI) conducted a Knowledge, Attitudes, Practices (KAP) study in three districts in Rakhine state, Myanmar January-February 2014. The goal of the study was to assess key child protection concerns across Sittwe, Pauktaw and Rathedaung Districts and to provide more information for the international community on the situation of children affected by the Rakhine State conflict that broke out in 2012 and continues.

The key objectives of the study were as follows:

- 1) **To establish a baseline on current levels of community (children and duty bearers) knowledge, attitudes, and practices**

The KAP study findings reveal immediate concerns that need to be address to improve the child protection situation across all communities. Key areas of concern and follow up are:

Risk to children of trafficking and migration: 40% of adults in Muslim communities stated that trafficking was taking place. In addition to trafficking, children being sent away from their families and migration were reported by all communities as occurring. Further, adults and children in most locations did not report that there were risks associated with migration. In Rakhine communities 55% of those surveyed disagreed there were risks to migration, indicating need for awareness on the dangers that children who migrate are facing. Trafficking and migration may be related to the reports of **sexual exploitation**: 25% of Muslim adults and 15% of Rakhine adults stated they were aware of children having sex for money. This risk was reported for boys and girls in Sittwe Muslim communities.

Physical violence towards children as a form of discipline: 90% of those surveyed reported that children were beaten as a means of discipline. Key Informants reported that children displayed more signs of aggression and difficult behavior since the outbreak of conflict. In addition, a discord between adults' and children's perceptions indicates a need for further understanding of positive parenting practicing, including safe discipline.

Psychological impact as a result of increased stressors and lack of services: In all focus group discussions, children expressed a lack of hope for the future, feelings of sadness, or low levels of well-being. Many expressed frustrations at the lack of freedom of movement and a wish to go back to their home village. Through the survey, children reported emotional abuse occurring and that they have less time talk to their parents about their problems. Children reported these occurrences more frequently than their parents or caregivers expressed.

Parents and caregivers expressed stress at being unable to afford to send their children to school as a result of the lack of opportunity for livelihoods. In some focus group discussions, parents discussed early child marriage and sending children to find work as a means of coping with limited access to services.

Substance misuse in camps and communities: Substance misuse was mentioned in focus group discussions as a coping mechanism used by boys, girls and adults. Further investigation should be undertaken as to what types of substances and the effects this is having on domestic life, particularly with a view to reports of physical violence and the links this may have to sexual exploitation and abuse.

2) To assess current mechanisms in place used in the prevention and protection of children within the communities and how accessible these are to children.

Understanding of the role of a CPG: Communities are aware of the existence of CPG's but it is clear they are not being used to their full potential. Work should be done to standardize the role of the CPG have clear community awareness on their function as child protection actors.

Trusted system for referral: Respondents reported that they feared reporting abuse due to: a lack of response to reports; not knowing where to report; unable to find transport to report/access service; fear of repercussions; and because perpetrators were powerful community members. Also, adults and children reported that abuse 'is for the family to deal with.' Child Friendly systems of reporting abuse, trafficking, and sexual violence and exploitation should be developed, with special measures taken for women and adolescent girls, and draw upon the CFS staff and CPGs that are often trusted in communities.

Key recommendations for the international community:

Migration & Trafficking

- Build capacity to monitor children's migration patterns and reasons for leaving while in parallel conducting awareness on safe migration
- Targeted investigation into the reasons for sexual exploitation, trafficking and its potential links to lack of food, livelihoods, gender roles and basic needs.
- Scale up of clearly defined services and structured activities for children to prevent trafficking, migration, sexual exploitation, further psychosocial distress

Family Support Services

- Scale up of structured services and activities for families to tackle the lack of aspirations or hope for the future expressed by children, and foster positive coping mechanisms for dealing with stress. Services targeting families should also encourage positive parenting practices and safe discipline.
- Develop a clearly defined vulnerability matrix to ensure the most vulnerable are accessed and for clarity on how programmes select beneficiaries
- Development more family support services, particularly for extremely vulnerable cases to ensure access to services and livelihoods support, through counseling advice and referral, through capacity building of DSW and improved coordination between actors.

- Provision of support to families to ensure vulnerable children can access educational facilities to provide a sense of structure to their lives.
- Clearly defined procedures for effective family tracing and reunification approved by government officials.

Child Protection Groups

- Standardizing the role of CPGs between agencies and promote their role as a protective mechanism to support children and families within their communities while ensuring linkages to wider systems such as the DSW and TCRC, where appropriate and feasible.
- Develop a coherent interagency approach to building the capacity of CPGs and linking them to other committees such as women's groups to ensure a balance of gender to support children in camps and communities.

Further Research

- Further research on child labor, migration, parenting practices, the situation of child protection in Rakhine Pauktaw locations, and others detailed further in the report.

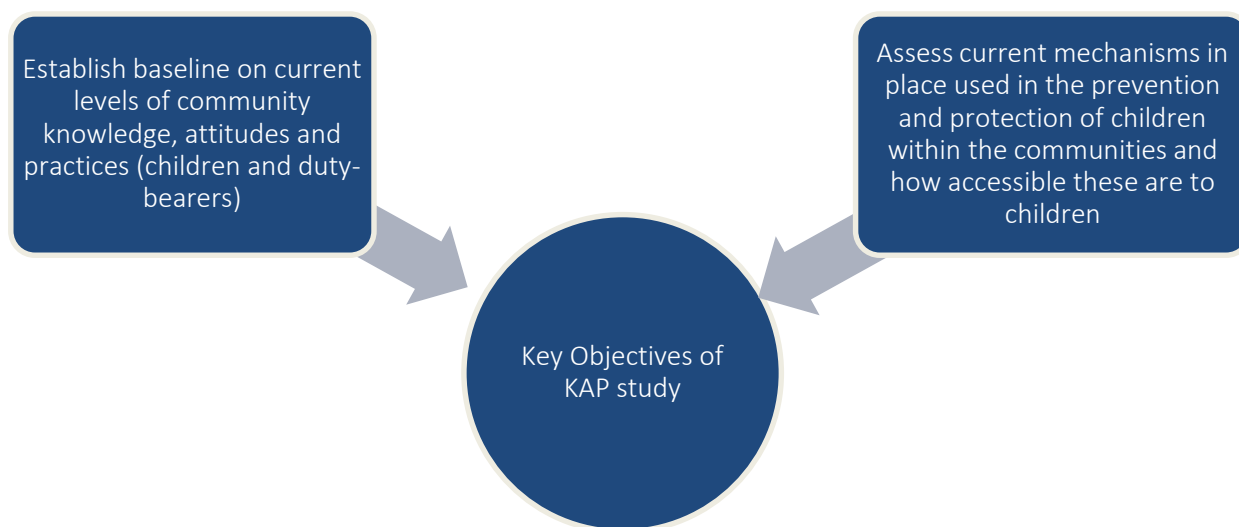
1. Background

A. Problem Statement

Save the Children International (SCI) implemented a Knowledge, Attitudes, and Practices (KAP) Study in Rakhine State, Myanmar in January-February 2014. The study firstly aimed to assess the protection concerns children currently face in conflict-affected camps and communities. Secondly, it aimed to gain concrete information about the population's child protection understanding and use of available support services following the outbreak of conflict in June 2012. The study was necessitated because there was limited information about: 1) child protection knowledge amongst the population, 2) the populations' attitudes regarding child protection, and, 3) the practices that indicate levels of knowledge and illustrate current attitudes that may inhibit the effectiveness of any child protection intervention in the region.

The following report details the information acquired through the study to enable the improvement of child protection humanitarian programming. The study will allow a more thorough understanding of knowledge, attitudes, and practices populations currently have and demonstrate with regard to the protection concerns addressed. By understanding these aspects more clearly, the humanitarian community hopes to better strategize on child protection actions and select the best methodology for implementation. In particular, strengthening the child protection response entails more context-specific and appropriate actions. These include projects and trainings that address any knowledge gaps and consider important cultural and ethnic differences amongst the entire population in Rakhine State. The study also identifies topics that require further study and advocacy on related child protection issues within Rakhine State.

The key objectives of the study were as follows:



B. Context

Myanmar

Myanmar is at a turning point in its history and is in the midst of a significant political and economic transformation catalyzed by the Saffron Revolution in 2007. At this time, monks protested rising fuel prices. Prodemocracy activists protested the authoritarian government that ran the country from 1962 until 2010 under various official forms of government, and mostly under military control. The government shut down protests, though began the reform process. A constitutional referendum in May 2008 was the first vote since 1990. In January 2011, parliament, still largely controlled by the military, elected Thein Sein as president and reforms began in full force. Hundreds of political prisoners were released. Despite these changes, the military, known as the Tatmadaw, still controls much of the political process through a majority voting bloc in the legislature.² Upcoming elections in 2015 are now at the forefront of political thought. As such, actions and decisions on major issues, such as the Rakhine conflict, should not be viewed in isolation, but as part of a much wider political context.

Rakhine State

During the period of reform, Rakhine State has been the location of significant conflict and intercommunal violence. Rakhine State has traditionally been an underserved state within Myanmar.³ It is a relatively

² Crisis Group, "Myanmar: Storm Clouds On the Horizon."

³ UNICEF Situation Analysis 2012.

remote region from the capital, in the far West on the border with Bangladesh, and is the second poorest region in the most impoverished Southeast Asian country - Myanmar. (see Map, Annex A1)

The conflict between ethnic Rakhine and the Muslim population has nationalist, ethnic, socio-economic, and religious dimensions. Muslim populations in the state, including those who have resided in the area for generations, are perceived as having taken Rakhine populations' land and income generation opportunities. The population of the Muslim communities is increasing, and as such, their threat to Rakhine populations is perceived as also growing.⁴

It is generally accepted that the Rakhine State conflict is mostly ethnic in nature – the result of decades of mistrust between these two populations. While the religious divide between Buddhist and Muslim is often used for a call to action, the divisions and motivations for conflict are less clearly defined. The religious division has, however, been exploited by religious extremists to further their causes.

Violent manifestations of the conflict broke out in May 2012 and approximately 75,000 people were initially forcibly displaced. More widespread violence and protests followed throughout June and July, including in Yangon. The government declared a State of Emergency July 10, 2012 but this did not prevent a large outbreak of violence in the other Rakhine townships in on October 21, 2012, displacing an additional estimated 35,000 people⁵.

Entire populations of Muslim and Rakhine communities fled by boat and by foot, relocating to the outskirts of villages or to isolated areas on islands in the area. Rakhine camps are open and the population can enter neighboring villages and travel throughout the region - for example Rakhine populations living in camps on the border of Sittwe town still commute to the town for work and shopping, for food and material goods. Meanwhile, Muslim camps are closed off for security purposes. Many communities remain physically isolated with large security forces present. While this population separation has perhaps served to quell the violence, it also presents the risk of a longer-term segregation, further perpetuating mistrust between the populations. At the time of writing, approximately 140,000⁶ people remain displaced as a result of the conflict.

Within the Muslim population there is conflict as well. Differences in the level of education, salience of religious devotion, political recognition (including citizenship and identification cards) and general cultural practices serve as points of tension within the Muslim communities and serves to keep various Muslim communities separated from one another as well.

Aside from displacement and substantial tensions in the communities, the psychological impact of the conflict continues; the Rakhine Commission Report highlights nightmares and anxiety attacks, particularly

⁴ Roos, Josefine, Conflict Assessment in Rakhine State..," February-March 2013.

⁵ OCHA SitRep, 2nd November 2012

⁶Vincent Jalabert, Vincent. "Rakhine Emergency Response, Real Time Review," February-March 2013.

amongst women and children.⁷ The report also highlights the severe impact on the economy throughout Rakhine State – trade between Muslims and Rakhine came to a standstill and markets were destroyed by the conflict, rendering many without an opportunity to practice their livelihoods. Demand for goods continued to be reduced because communities remain separated. Therefore there is a reduction in the overall economy and individuals' purchasing power.⁸

Acceptance of INGOs by the Rakhine community and the assistance they provide has been a prevalent issue during the humanitarian response to the conflict. Strong anti-NGO sentiment existed prior to this 2012 conflict. There is perceived to be an unbalanced response, with more support perceived to be provided to Muslims than the Rakhine, particularly in the Muslim dominated areas of Northern Rakhine State. Aid has been blocked and INGO staff threatened – community acceptance therefore plays a large role in the way organizations conduct themselves and their programs. This report took the opportunity to follow a balanced approach in order to collect information from both affected populations and both adults and children affected.

Outbreaks of violence have continued through 2013-2014 in Rakhine State, often fueled by rumor or incidents that then take on an ethnic or religious dimension, and retaliations follow. Most recently, attacks occurred in March 2014, including those targeting humanitarian workers who were thought to be supporting Muslim populations at the expense of Rakhine populations. Tensions remained high as the national census was implemented in late March-early April 2014.

The military continues to attempt to preserve peace in the region and the Muslim and Rakhine populations generally accept its presence. However, the police force and local security force, Nasaka, are mostly composed of ethnic Rakhine and thus are less trusted by the Muslim population.

Child Protection Situation in Myanmar

Child protection concerns in Myanmar and in Rakhine State, including dangerous labor, abuse, separation from parents, and access to education and nutrition, amongst others, pre-date the conflict that broke out in 2012. However the violence and subsequent forced displacement has no doubt added a further strain on families and children, as would be expected when a conflict or disaster occurs.⁹ The loss of life and loss of infrastructure had a significant impact on children whose homes were destroyed, along with children's sense of security. Children also lost members of their households and important community structures that they had relied upon on a daily basis.

The Child Law and Related Concerns: The national government ratified the Child Law July 14, 1993. The law recognizes a child as a person under the age of 16. This is in conflict with the United Nations Convention

⁷ Republic of the Union of Myanmar, "Final Report of the Inquiry Commission on Sectarian Violence in Rakhine State," 8 July 2013,, iii and iv.

⁸ Rakhine Commission Report, iii.

⁹ UNICEF.

on the Rights of the Child (CRC), signed by the Government of Myanmar in 1991 that recognizes a child as anyone under the age of 18. The law distinguishes a child from ‘youth,’ someone who is between 16 and 18 years old. In addition, the Child Law outlines conditions for children who have committed a criminal offense, amongst other rights and penalties prescribed by the law. As of August 2014, the Myanmar Child Law is under review to bring it into line with the Convention on the Rights of the Child (CRC).

Attitudes toward children: According to the UNICEF Situation Analysis of Children, 2012, there is little recognition of a child’s need for recreation and playtime in Myanmar. There are concurrently high rates of child labor. These factors together limit a child’s ability to develop emotionally and psychologically with peers, and also inhibit the healing process for children affected by conflict. These children require a return to normalcy to facilitate their psychosocial recovery.

Citizenship and Birth Certificates: The Child Law states that every child has a right to life and registration of birth, right to citizenship in accordance of the existing law¹⁰, and that every child “irrespective of race, religion, status, culture, birth, or sex shall a) be equal before the law and b) given equal opportunities.” Children are at risk if not registered at birth. UNICEF states that “lack of awareness about child protection is...a factor in the denial of some children’s rights, notably birth registration.”¹¹ 59.2 % of children under age 5 in Rakhine State are registered, according to UNICEF, with significant disparities between the poor and richest households.¹² Children can obtain a National Registration Card at the age of 10, which enables access to numerous services. However, obtaining a card is difficult for children whose parents were born outside of Myanmar or whose parents are not considered citizens according to the Citizenship Act of 1982. This includes many, if not the majority, of Muslims in Rakhine State.

Violence and Dangerous Labor: Various reports indicate that abuse of children is widespread, though there is limited data available. UNICEF finds that verbal and physical violence are often unreported and unaddressed due to attitudes regarding children’s rights and protection.¹³ According to UNICEF, 82 percent of students surveyed in 2008 reported being beaten if they did something wrong.¹⁴ The current Child Law does not prohibit corporal punishment.

The Child Law requires that work conditions for children be in accordance with the law to prevent the loss of a child’s rights and mandates a penalty of jail or a fee if one is found to be employing a child performing hazardous work. Still, child labor is a significant risk for children. UNICEF estimates that 18% of children from poor families aged 10-14 work.¹⁵ Many working children come from broken marriages or less stable homes, according to UNICEF.

¹⁰ The Citizenship Law of 1982 is highly contested in Rakhine State as not being properly implemented and withholding citizenship rights both for the Rakhine and Muslim populations (Rakhine Commission Report).

¹¹ UNICEF, xxi.

¹² MICS 2009-2010.

¹³ UNICEF, 128.

¹⁴ UNICEF, 82.

¹⁵ UNICEF.

Grave Violations against Children, including use and recruitment by armed forces/groups: In 2013 and 2014 alone, the UN Country Task Force on Monitoring and Reporting (CTFMR) has received 210 reports of grave violations committed against children including the recruitment and use of children, killing and maiming, sexual violence, attacks on schools and hospitals, abductions and denial of humanitarian access. The Government of Myanmar and UN signed an Action Plan in June 2012 to end and prevent the recruitment and use of children by Tatmadaw. Despite important progress made, the UN however continues to document cases of child recruitment and use.

Child Away from Their Families: According to UNICEF, 5.4% of children are not living with biological parents. Residential care facilities in Myanmar house 12,511 children, with many more boys than girls. 44.1% of these children reported having both parents alive. The vast majority of children in residential care are in privately run centers (92% in faith-based centers).¹⁶ These are often in monasteries, valued in Myanmar and which serve as safety nets for families. Formal adoption is rare, and the adoption law only allows adoption for Buddhists.¹⁷

Migration, as in other regions, can bring tremendous benefits to migrants and their families in Myanmar.¹⁸ At the same time, migration can be fraught with dangers especially when undocumented and disproportionately for child migrants. Children in Myanmar and in Rakhine State migrate due to a variety of economic and social reasons, as well as due to the conflict.¹⁸ From Rakhine State, migration most often occurs to Thailand or Malaysia. Human Rights Watch documented cases of abuse against refugees in Thailand, including those experienced by Muslim children from Rakhine State. These children cross to Thailand in dangerous boats and often are exploited upon arrival. The report estimates that 35,000 Muslims from Rakhine State fled Myanmar between October 2012 and March 2013, including large numbers of children.¹⁹ Thailand does not have a refugee law; therefore asylum seekers to Thailand are not eligible for legal protection. At the same time, the Thai economy is strongly reliant on migrant labour, with estimates suggesting that 75% of immigrants in Thailand are from Myanmar. Migration from Myanmar also occurs to Malaysia, China, South Korea, and Hong Kong.

Internal migration can also pose risks for children. Trafficking for forced labor, sexual exploitation, domestic servitude, and prostitution are some of the types of exploitation that occur. Children are at risk of being forced to beg, work on the streets, and work in unsafe conditions. Young girls are forced into marriage or the sex industry, specifically in China. The Myanmar Police Force runs 26 dedicated Anti-Trafficking Task Forces, including at select border crossings. Reintegration is supported by the Department of Social Welfare (DSW) and several NGOs and includes runs a two-week rehabilitation program for those returning from being trafficked internationally and a number of shelters.

¹⁶ UNICEF, 119.

¹⁷ UNICEF, 133.

¹⁸ See: Human Development Report, 2009, Overcoming barriers: Human mobility and development

Gender-based violence, including sexual violence: There is little official data on gender-based violence (GBV) in Myanmar. However, in Myanmar there are clear gender roles that can marginalize women and girls from having an equal role in business and social society, increasing their vulnerability. Throughout the world, women and girls face increased risk of violence in conflict and choose not to report these crimes for various reasons. Myanmar is no different in this regard. In conflict prone areas, and areas of extreme poverty, women and girls are at an increased risk of violence. While few choose to report these crimes through official channels, there is ample anecdotal evidence of acts of rape, increased domestic violence, hazardous domestic labour, and increased violence in various conflict prone areas of Myanmar. Further to this, in some conflict affected areas, boys have also unofficially reported sexual abuse. The reporting system for these cases is often laborious and is not often favourable in supporting the wishes or after care of the survivor. Reintegration after sexual violence is often difficult and creates stigmatization.^[1] A study carried out by MAAF on reported cases of sexual assault revealed that in 17 states and divisions of Myanmar there were 209 reported cases in 2001 and 338 cases in 2004. A study on marital violence against women revealed that the most commonly cited contributing factors were financial difficulties, alcohol consumption and incompatibility with in-laws. Services throughout the country remain ill-equipped to respond to survivors of Gender Based Violence according to best practices. The country has an incredibly strong network of dedicated national and international actors working on issues of violence against women at a policy level, and in local communities through awareness initiatives. However, there are few services dedicated to survivor needs and few professionals, including doctors and law enforcement professionals, with the necessary training or capacity to adequately care for survivors in accordance with their needs and wishes.¹⁹

Additional Child Protection Concerns: The 2008 Constitution of Myanmar states that free education and health care are to be available for all. However, schools fees for middle and high school, and the cost of accessing school for primary school, renders education inaccessible for some poor families. With regard to health care, HIV/AIDS is expected to increase for children under 14 years old between 2009 and 2012.²⁰ In addition, many girls under 18 are married. 10 percent of births are among girls younger than 18 years old.²¹

Child Protection Systems: The DSW has established Child Rights Committees, though of varying quality and with varying levels of activation. There are few civil society organizations and international organizations operating in Myanmar to support children.²²

Save the Children and UNICEF in Rakhine State

Save the Children and UNICEF are key child protection agencies in Myanmar and Rakhien State. Save the Children launched child protection activities in 1999 in Myanmar and first began implementing programs

^[1] UNFPA Report on Situation Analysis of Population and Development, Reproductive Health and Gender in Myanmar 16 July 2010

¹⁹ UNFPA Report on Situation Analysis of Population and Development, Reproductive Health and Gender in Myanmar 16 July 2010

²⁰ UNICEF.

²¹ Ministry of Immigration and Population and United Nations Population Fund, Country Report on 2007 Fertility and Reproductive Health Survey, Yangon 2009.

²² UNICEF, 10.

in Rakhine State following Cyclone Giri, in 2010. UNICEF has been working in Myanmar since 1950, during which it had major development programming in Rakhine State.

Upon the outbreak of conflict in Rakhine State in 2012, SCI and UNICEF along with the DSW and WFP, were one of the first responders. The organizations launched their emergency response team based in Sittwe. SCI and UNICEF are running Child Protection, Education, WASH, Nutrition, and Food Security interventions in Rakhine State.

As of August 2014, the SCI's Child Protection team in Rakhine State is active in Sittwe and Pauktaw townships and previously implemented projects in Rathedaung. Staff from various parts of Myanmar, with the support of international staff, are leading the implementation. The role of residents from Rakhine State is limited due to movement restrictions and security concerns that prevent one ethnic group entering another's living quarters but also as a mark of sensitivity given the context of the conflict. UNICEF is leading the coordination of the humanitarian child protection sub-sector in Rakhine State and implements child protection projects through partner organisations, including SCI, Danish Refugee Council (DRC) and Relief International in Sittwe, Pauktaw and Myebon.

Operations in Rakhine State are highly sensitive due to the ongoing conflict between Rakhine and Muslim populations and mistrust and perception of how international actors are providing services. SCI has worked to gain a level of community acceptance in areas of program implementation before expanding projects, thus adopting a step-by-step strategy regarding expansion. Advocacy is limited due to the media blackout on operations and the risk of alienating one population if advocacy targets a certain group, and subsequently inhibiting services from reaching a population. UNICEF is directly liaising with authorities at national, state and local level on child protection concerns and on facilitating program implementation in Rakhine State.

SCI's Child protection activities in Sittwe and Pauktaw conflict-affected communities and camps include family tracing and reunification services, case management for separated and unaccompanied children and vulnerable children that have reached 450 children, child friendly spaces that have reached a total of approximately 18 000 children, and children's groups and child protection groups established in each of the 17 camp locations. These groups seek to institutionalize child protection services through sustainable community-based systems. Both UNICEF and SCI are also working closely with the Department of Social Welfare (DSW) and other authorities and community groups to raise awareness of child protection and the services provided to families.

C. Survey Rationale

In Rakhine State, at this stage of post-emergency child protection programming, a greater understanding of the key child protection concerns is required. Programs should be tailored to provide the most effective response to child protection concerns, incorporating cultural beliefs and practices and general child

protection issues in Rakhine State. Data from the study can inform additional research and priorities for SCI and other child protection partners.

The study considers what communities view as the key protection concerns amongst the various protection risks present, who currently addresses these concerns, if anyone, and who/which systems would be best placed to do so given culture and logistical realities. The KAP study contributes to information on the community's practices in child protection, but also their knowledge levels and attitudes that inform those practices.

Specific areas of concern prompting the study include:

- The population's actions to protect children
- How children are treated
- Positive and negative impact of cultural practices and coping mechanisms as a result of the conflict on children
- Child protection services that are available and accessible
- What are the attitudes and knowledge that inform treatment of children and use of available services
- Which types of child protection mechanisms communities would support, fitting with culture and needs
- Lack of knowledge and information regarding the child protection sector

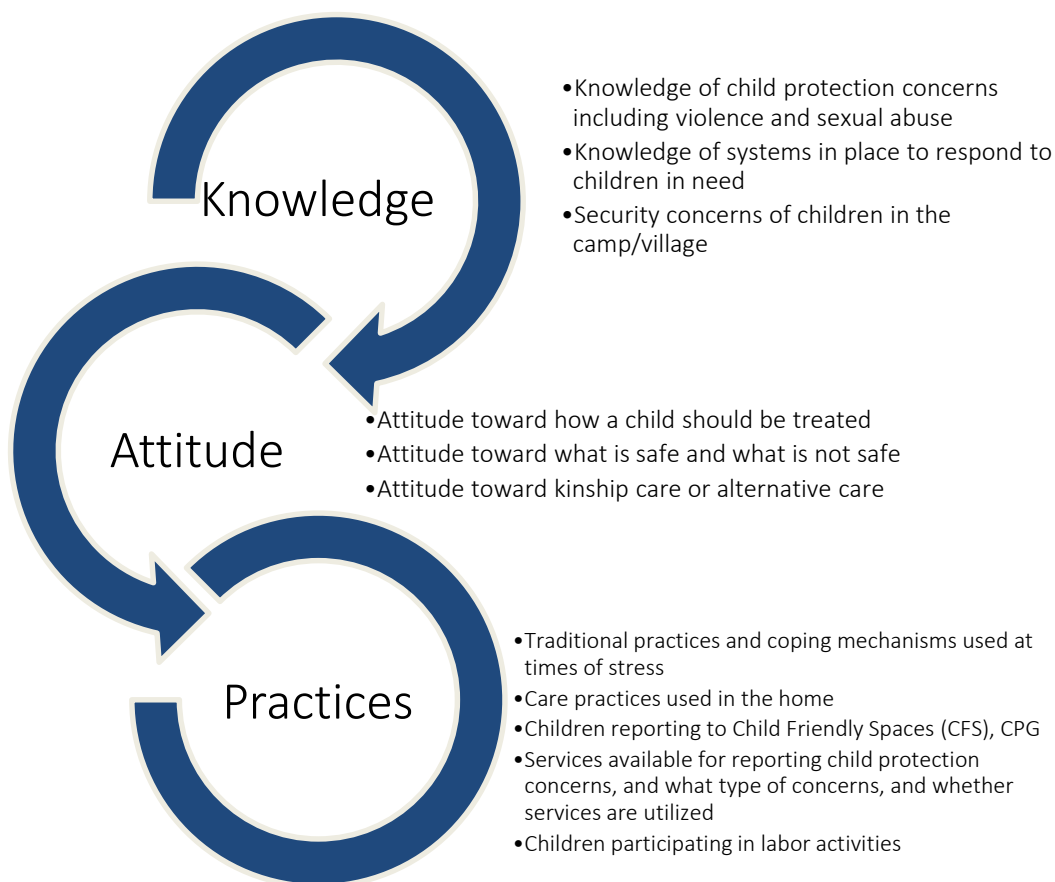
SCI Child Protection has been active in most of the communities in the study except two of those in Rathedaung. Therefore the study also considers the efficacy of the child protection response to date, centering on Child Protection Groups and case-workers and communities' attitudes toward these services.

The KAP Study is meant to serve as a foundational tool. The findings will enable more in-depth research into the specific issues defined by the study, targeting the relevant geographic regions and populations for an appropriate child protection response. The study also serves as a tool to assess and benchmark the current child protection situation and facilitate the modification of current emergency programming for a protracted emergency in Rakhine State. Follow up to this study was discussed in communities and will be discussed with other child protection actors and donors for future studies, with a goal of responding to specific issues identified.

D. Methodology

1. KAP Research Questions

In advance of the implementation of the KAP study, the following key areas for study were defined by SCI.



Data collection and management methods

To conduct the KAP study, with the consideration of the above listed research questions, and to determine the knowledge, attitudes, and practices, the study used multiple surveying methods.

The primary tool for the study was the KAP survey, a household questionnaire (one for adults and one for children) implemented in each of the communities included in the study. Additionally, in five of the communities (one Muslim and one Rakhine location in each district), focus group discussions and key informant interviews allowed the research team to triangulate the information acquired from the survey. These were conducted in randomly-selected communities within each strata and helped to gain a deeper understanding of the child protection situation in the populations surveyed within each strata (except for the Rakhine community in Pauktaw, due to the need to remove this community as a result of security considerations).

A desk review for background and humanitarian programming context and the informal observations of SCI staff, enumerators, and members of the humanitarian community added to the information acquired through the study.

Table 1

KAP Study Tools, Per District						
	Total	Sittwe		Pauktaw	Rauthauhaung	
		Muslim	Rakhine	Muslim	Muslim	Rakhine
Household Survey Adult	234	65	64	41	24	41
Household Survey Child	253	63	89	35	24	42
Focus Group Discussion, Male	5	1	1	1	1	1
Focus Group Discussion, Female	5	1	1	1	1	1
Focus Group Discussion, Adolescent Girls	5	1	1	1	1	1
Focus Group Discussion, Adolescent Boys	5	1	1	1	1	1
Focus Group Discussion, Children 7-11	5	1	1	1	1	1
Key Informant Interview	12	3	2	2	2	3

a. Desk review and Observation

Desk Review: A desk review was conducted prior to the KAP survey to collect information on context, security and specifically information related to child protection. Reviews, prior assessments and data collected from SCI programming was used to analyze the overall situation in Rakhine State and Myanmar.

Observation: Teams were supervised throughout the survey, pilot tests and trainings. Daily debriefing sessions with team leaders reviewed the work completed in the field. This strengthened accurate data collection. Observations made by the teams contributed to the general understanding of the survey context, results, and recommendations, in particular, the observed contrasts between communities. Observation served as a method of verifying community members' awareness about child protection concerns, indicated through their responses to the survey and in focus groups.

b. Household surveys

Two Household surveys were developed: one to capture data from an adult caregiver in the household; the other to capture data from a child above the age of 10 years in the household. (A survey tool would be inappropriate for children younger than 10. Younger children participated in focus group discussions) (Section C).

The child protection staff in Sittwe and at the SCI country and regional offices contributed to the household survey design and questions. In addition, other Sittwe office staff, UNICEF and the DSW reviewed both questionnaires to ensure they met the Government of Myanmar's ethical standards and SCI's child safeguarding measures.

A translator translated the survey tools from English to Myanmar. Two additional translators reviewed the translation to ensure that language was appropriate, reflected child protection best practices, and would be understood by the community. Finally, the tool was tested and modified during the training and pilot

Strata 1: Muslim and Rakhine Adult and Children

The survey was conducted using multistage sampling.

Strata 2: Geographic Location

Table 2 and 3

Table 2 and 3

Rakhine Household Surveys					
District	Community	Adult Population	Adult Household Surveys	Child Population	Child Surveys
Sittwe	Set Yoe Kya (both)	890	29	847	31
	Set Young Su-1/2	436	12	290	19
	Set Young Su-3	435	23	506	29
Rathedaung	Naung Pin Kyi	684**	7	555	6
	Kat Chaung		16		16
	Shwe Laung Tin		18		19
Muslim Household Survey					
District	Community	Adult Population	Adult Household Surveys	Child Population	Child Surveys
Sittwe	Thet Kel Pyin	6216	20	6030	24
	Aone Taw Kyi	3670	12	4510	16
	Baw Du Pha	6664	24	8294	23
	Say Tha Mar	6429	9	6978	0*
Pauktaw	Sin Tat Maw	1180	15	2019	11
	Anauk Ywel	1595	26	2175	25
Rathedaung*	Naung Pin Kyi	2038**	11	2081	11
	Anauk Pyin		12		13

*This community was included in the survey, though results were not included in the percentages in the report due to a data error. The results were later compared with the total results to ensure that there were no significant differences in data from this singular location. As results were comparable with other Sittwe Muslim locations, they were not reentered in the report results.

**sub-populations within Rathedaung communities was unavailable.

***Community breakdown unavailable

Following the first stratification of Muslim/Rakhine populations, the study was conducted using the stratification of the three districts where SCI has implemented child protection programs. Within these districts, specific sites chosen within the first and second strata made up the study's third stratification.

3: Community Selection

Communities were selected at random from a list of communities that Save the Children were working in in Pauktaw and Sittwe Districts. Two Rathedaung communities were selected randomly and were not communities where SCI had implemented previously. (list of communities in Table 6). Population size was defined for each community sample with the goal of proportional representation of each community within the total Muslim or Rakhine population in the region included in the study, though this was not possible in

all cases.

For the purposes of the survey, each population was considered a separate strata and attempts were made to have equal representation from both populations.

To determine the sample size, the following formula was used²³:

$$n = \frac{n}{1 + N(e)^2}$$

Where n is the sample size, N is the population size and e² is the sampling error. In this study, the sampling error was approximately + 7.5-8.5% and the confidence level/precision error 93% following the study.²⁴ The non-response rate was negligible in all communities except for Rathedaung Rakhine communities. The Rathedaung Rakhine community is an outlier in the study and it should be noted that the larger non-response rate indicates a higher sampling error in this location specifically. Enumerators reported that no households refused to participate in the survey, though some were not home or were unavailable.

Though in most KAP surveys, the confidence level is generally accepted at approximately 95%, the team reduced the confidence level to 93% for this study. The lower confidence level was necessary due to the logistical and security constraints that rendered community representation within each strata impossible – therefore, some are over or under-represented in the survey.

Table 4

Extrapolating for Error with Population and Sample Size			
Adults	Population	Sample Size	Sampling Error
Muslim	23,927	129	8%
Rakhine	2446	105	8.5%
Sittwe Muslim	19,114	65	
Sittwe Rakhine	1762	64	
Pauktaw Muslim	2775	41	
Rathedaung Muslim	2038	24	
Rathedaung Rakhine	684	41	
Children	Population	Sample Size	Sampling Error
Muslim	35,952	123	8%
Rakhine	2198	131	7.5%
Sittwe Muslim	29,677	63	
Sittwe Rakhine	1643	89	
Pauktaw Muslim	4194	35	
Rathedaung Muslim	2081	24	

²³ Save the Children International, “Knowledge, Attitudes, and Practice Survey in Child Protection,” December 2012. This formula was taken from other KAPs conducted by SCI in South Sudan. The child protection sector is relatively new to doing KAP surveys and there is not a standard format.

²⁴ Though SCI aimed for an error rate of 5%, the KAP study did not have sufficient time or freedom of movement for its enumerators to conduct enough household surveys for a lower error rate.

Rathedaung Rakhine	555	42	
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Stage 2: Household selection

Random systematic sampling was used to select households for household interviews using the following method.

- 1) Enumerators visited villages and immediately walked to the center of the village.
- 2) One team (comprised of one male and one female) turned left, and one turned right.
- 3) Each team then walked to the last row of houses and counted off by five, moving inward to ensure randomization of household selection.

If no one was home, enumerators gave time to attempt to reach a caregiver from the household, if feasible. Given time constraints, normally enumerators continued to the next household (continuing to count off by five).

Prior to conducting the survey, the enumerators provided an explanation of the survey. The explanation included the principles of confidentiality, mandatory reporting of child protection concerns, and the limitations of any benefits participants might expect. (The consent forms are included in Annex B3-4).

Stage 3: Respondent selection:

The survey only included caregivers and children over the age of 10.

- 1) Enumerators asked whether a caregiver was available, then asked if a child over the age of 10 was available. If there was no caregiver present, no survey took place and enumerators moved on to the next household, the same as if no one was home.²⁵ The non-response rate was negligible except in Rakhine Rathedaung locations. Thus the non-response rate was not factored in but should be a consideration when analyzing data for Rathedaung Rakhine information specifically.
- 2) The consent of both the caregiver and the child was required prior to conducting the interview.
- 3) Enumerators attempted to alternate the sex of the adult/child in each house (though the population was not exactly 50% male and 50% female, the KAP attempted to obtain a diverse and representative sample in this way, given practical limitations and inadequate population data). Male enumerators interviewed adult males and the same for females to increase comfort levels with the survey. At times, for younger children, male enumerators interviewed female children and vice versa, if acceptable for the child and caregiver.
- 4) For children, enumerators alternated age groups (children 14-17; children 10-13) at every second household (after one interview with a female and male of the same age group, if possible). If only children in one age group were home, they were interviewed and the sampling process continued in the same way. There is no list of children's ages in the communities that was available at the time; thus the survey attempted to reach a representation of children from various age groups to best meet the survey objective.
- 5) For adults, enumerators attempted to interview a diverse population of caregivers (i.e., not

²⁵ There were very few households where this occurred, except for in Rathedaung Rakhine communities. .

only heads of households, parents, but also grandparents, aunts, uncles, etc.)

The interviews with the adult and child normally occurred concurrently in each household.

Table 5

KAP Survey Respondents									
District	Adults				Children				
Muslim	Total	Male	Female	DA	Muslim		Boys	Girls	DA
Sittwe	65	44	20	1	Sittwe	63	41	22	0
Pauktaw	41	19	20	2	Pauktaw	35	18	17	0
Rathedaung	24	18	5	0	Rathedaung	24	14	10	0
Total	129	81	45	3	Total	123	73	49	0
Rakhine	Total	Male	Female	DA	Rakhine				
Sittwe	64	21	40	3	Sittwe	89	32	57	0
Rathedaung	41	10	30	1	Rathedaung	42	18	23	1
Total	105	31	70	4	Total	131	50	80	1

Inclusion of Separated and Unaccompanied Children

Enumerators conducted Random Sampling (from the CP IMS database) within the strata of Rakhine and Muslim to ensure the inclusion of separated and unaccompanied children from the SCI Child Protection Database.

These households were preselected and not included in the sampling for the rest of the village population. Team leaders assigned the homes to the enumerators without disclosing any information about the child or the services the child had received. 12 separated and unaccompanied children's families were included in the study (14% of the Save the Children case load at the time of study) in Pauktaw and Sittwe.

Questionnaires were coded for confidentiality and were verified and entered into the database on a daily basis to ensure data protection. Consent forms were collected and stored separately in a locked cabinet to protect confidentiality.

The Adult and Children's Household Survey tool is included in Annex B1 and B2.

c. Focus Group Discussions

The KAP Study included focus group discussions in five communities intended to capture a representation of the populations and geographic areas covered by the study (each strata). The focus groups were conducted in five groups to gather information from different age groups:

- Adult caregivers – Men
- Adult caregivers – Women
- Adolescent girls (12-17)
- Adolescent boys (12-17)

- Young Children (7-11)

Table 6

Communities and Participants Selected for the KAP Focus Group Discussions, Rakhine State					
Sittwe		Pauktaw		Rathedaung	
Muslim	Rakhine	Muslim	Rakhine	Muslim	Rakhine
Thet Kel Pyin	Set Yoe Kya 1	Sin Tat Maw	N/A	Naung Pin Kyi	Naung Pin Kyi
10 boys; 12-17	10 boys; 12-14	10 boys; 12-15		10 boys; 13-17	8 boys; 12-15
10 girls; 12-15	10 girls; 12-14	10 girls; 12-16		10 girls; 12-15	6 girls; 13-17
10 children; 5 boys 10-11; 5 girls 7-10	10 children; 4 females 7-11; 6 males 7-11	10 children; 5 males 10-12; 5 females 8-11		5 boys; 9-11	10 boys; 7-11
10 men; 21-45	10 men; 35-63	10 men; 20-64		10 men; 25-58	10 men; 23-67
10 women; 23-52	10 women; 27-47	10 women; 23-42		10 women; 35-63	10 women 23-58

These communities were selected randomly from the communities for each strata, through putting the names in a hat and selecting the first name drawn. The focus groups are not meant to be representative, but to triangulate information collected during the survey phase.

Focus group discussions were designed with input from the SCI child protection staff in Sittwe, Yangon, and the regional advisor in Bangkok. Questions were created to be age appropriate and to complement the KAP survey tool. The adolescent and children groups were centered around child-friendly games so as to ensure a Do No Harm approach and to foster a protective environment for children throughout the survey. After completing drawings and speaking about children in their communities, children closed with a positive activity. Focus groups ended with a discussion about the CPGs and child protection case workers available for children. Children and adults were able to anonymously report child protection cases if necessary. All focus group participants received a snack and a drink in the middle of the session.

Focus groups were conducted in a private location, and efforts made to keep the activity private as well. In Muslim communities, adolescent girls groups took place in homes to allow older adolescents to participate. In other communities and for other groups, discussions took place in camp administrative offices and at times, in the child friendly space if another location was available for children to play (for example, in camps where there were two child friendly spaces and outdoor play areas).

A moderator and a note taker led the groups and were the same gender as participants to ensure that children were comfortable and to adhere to cultural norms. The young children's group included two moderators, one male and one female, and two note takers, one male and one female, to ensure that children had assistance if needed. Each group lasted at maximum two hours. All participants signed a consent form; for children, caregivers also signed a consent form.

Enumerators from each community selected participants for the groups at random, aiming for diverse community members with different levels of experience in child protection.

Participants understood that results of the focus groups were confidential and that their responses would be used anonymously to contribute to a study on child protection. Additional information and guidelines can be found in Annex B5-10, including the FGD tools and guidelines used.

d. Key Informant (KI) Interviews

Speaking to key decision makers and actors in the communities provided additional information on the child protection systems and services available in the communities. KIs also provided another means of triangulating data on the knowledge, attitudes, and practices on child protection based on the results of the survey and focus group discussions. Team leaders from SCI staff conducted key informant interviews using an open-ended set of questions.

Team Leaders interviewed one man and one woman Key Informant from each of the communities where focus group discussions took place. Team leaders spoke with community leaders and through their experience working in each location, ascertained who in the community would be able to provide information on how child protection decisions are taken in each location, ensuring one male and one female were included. (The KI interview questionnaire is included in Annex B11)

Table 7

Communities and Participants Selected for the KAP Key Informant Interviews, Rakhine State					
Sittwe		Pauktaw		Rathedaung	
Muslim	Rakhine	Muslim	Rakhine	Muslim	Rakhine
Thet Kel Pyin	Set Yoe Kya 1	Sin Tat Maw	N/A	Naung Pin Kyi	Shwe Laung Tin
Camp Leader (M)	Teacher (F)	Religious Leader (M)		Religious Leader (M)	Teacher (F)
Religious Leader (M)	Community Leader (M)	Teacher (F)		Village Administrator (M)	Village Administrator (M)
Teacher (F)					Religious Leader (M)

The open-ended interview questions are included in Annex Tools.

e. Data Management

Household questionnaire: Completed questionnaires and notetaking guides for FGDs and interviews were collected and verified each evening. Information from each tool was entered into the child and adult databases the following day and databases from each data clerk were compiled every evening into one master database. Double entry for 20% of the results of the survey enabled the verification of data, with only a minimal error rate.

When the survey was complete, data was cleaned and errors addressed during a final team review.

FGD and Key Informant Data: Key informant and focus group discussion responses were translated and entered into a focus group discussion database using a coding system to protect participant confidentiality. Results were compiled and compared with the results of the questionnaire for the triangulation of survey

results. The FGDs and KI responses are included in the data analysis section for qualitative purposes.

Analysis: The KAP study included two treatments of the data. The first treatment considered the results of the household survey, broken down by population quantitatively and, within that, location. Location analysis per population is included for qualitative study only, not quantitative analysis. The second treatment considered the results of the survey triangulated with other sources – FGDs, KIs, observation, and potentially related results from the survey findings.

A validation meeting was held in one Muslim and one Rakhine community at the end of the survey to share the findings and get community feedback.

The size of the data pool limited the second treatment of analysis to qualitative results that may inform areas to consider for future study, or raise issues in specific communities that should be considered for future programming, or more immediately, by SCI child protection staff.

2. Team Composition

To complete the KAP survey, 8 teams were recruited. Each team was made up of 2 males and 2 females and 1 Team lead. 1 team for Sittwe Rural camps was composed of 4 men and 4 women in order to collect more data due to the larger population size in this camp.

KAP Study team

- KAP Survey Manager
- 5 Field Team Leaders
- 36 Enumerators
- 2 Data Entry Clerks
- 2 Data Translators
- Child Protection in Emergencies Manager
- Child Protection Coordinator Rakhine
- SCI Sittwe Logistics Staff
- SCI Sittwe Field Manager
- SCI Child Protection and Monitoring and Evaluation Technical Units

Team Leaders included four Project Officers from the Save the Children Sittwe staff and one volunteer, who led eight teams of enumerators. Enumerators were selected from the communities where the survey occurred.

Team Leaders provided technical support throughout the survey and ensured that the survey methodology was implemented. They shared in-depth child protection experience that they acquired working with SCI in Rakhine State throughout the past year. Their observations are included in the context section, added in

findings for qualitative contribution to the study, and considered in recommendations.

The KAP Manager coordinated the survey overall, with the technical support of the Child Protection in Emergencies Manager and Child Protection Coordinator for Rakhine, the Child Protection and Monitoring and Evaluation Technical Units at SCI, and with the logistics support of the SCI Sittwe office Base Manager and logistics team.

The KAP Manager led a two-day training that included sessions on child protection and child abuse, the KAP Survey goal, survey methodology (including child safeguarding, informed consent, confidentiality, and referrals), and practice sessions using the draft survey tools. Tools (interviews and focus group discussions) were modified based on feedback during the training. Following the initial training, Team Leaders trained the enumerators in their communities. Additional troubleshooting and modification of tools occurred following this training.

A two-day pilot enabled a final round of review and practice for the enumerators and for the KAP tool finalization. The pilot was conducted in Sittwe Muslim and Sittwe Rakhine communities so as to verify that the tools would function with both populations participating in the study.

3. Ethical considerations

SCI obtained approval to conduct the KAP Study from the DSW, the humanitarian community, through the Protection Working Group in Rakhine State, and from community leaders in each community in which the study took place. In addition, the local government and Save the Children Monitoring and Evaluation and Child Protection technical advisors reviewed each aspect of the study to ensure proper safeguarding and ethical standards for surveying.

The KAP study prioritized the confidentiality, safety, and best interests of the participants and of the KAP Study staff. The staff was trained on child abuse and protection, referrals, and guided on the principles of confidentiality and informed consent during their training.

Names were never used during the study – all households, participants, enumerators, and communities were numbered so as not to compromise anyone's confidentiality. Respondents, while signing consent forms, understood that participation was not obligatory, would not warrant any benefits, and that they could end participation at any time.

4. Child Safeguarding

Child safeguarding was a priority throughout the survey. Informed consent was required from the child and a caregiver prior to conducting any interviews. Before commencing the survey, participants were informed of what would happen in the event of a disclosure of abuse. Staff were trained on child abuse and

protection, the referral system, and how to respond to disclosure during the training. Children below 10yrs old were not interviewed.

All staff and volunteers signed the SCI safeguarding policy and code of conduct. The policy requires that all Save the Children staff, representatives and staff of partner agencies report any concerns, including specific reports and unconfirmed concerns regarding child abuse or sexual exploitation, within 24 hours, in line with local procedures.

Enumerators and team leaders carried referral forms with them to each interview to enable an immediate referral should it be necessary.

To increase the child-friendly nature of the survey, enumerators brought paper and markers to allow children to draw, if they preferred, or play short games during the survey. In addition, enumerators were trained on best practices for interviewing children and speaking to children affected by conflict during their training.

5. Limitations

Translation of documents: It was necessary to translate tools to Burmese from English and to alternate verbally between Burmese and Rakhine language throughout the survey. This required a translator for all trainings and pilot phase, as well as for all written documents and debriefings with the Team Leaders. There are additional language barriers in Muslim communities, where populations are not always fluent in Rakhine or Burmese. Though interviewers had sufficient fluency in Burmese to use the forms, they often had to translate into local dialects for the interview and focus group discussions in their own communities. The risk of questions being misinterpreted or mistranslated verbally or in written documents was an unavoidable obstacle, despite document reviews by multiple translators.

Enumerators in communities: Enumerators were hired from within the camps and communities. This posed potential issues with disclosure, as interviewees may have been less comfortable disclosing information to those from within their community. Still, the nature of the information collected is particularly sensitive, perhaps even more so to a stranger from a different community or ethnic group given the mistrust of other ethnicities in the region. By hiring enumerators from the communities themselves, the KAP Study allowed for a wider survey pool, increased enumerator safety and, possibly, participation in the survey.

Representation and Proportionality: Enumerators were unable to always move freely between villages. For example, only Rakhine interviewers could interview Rakhine villages, and security restrictions further limited movements. It was not possible to have exactly proportional populations for each village (and thus, for each strata). For example, the enumerators were unable to visit Say Tha Mar Gyi due to camp activities, and thus were unable to collect data from as many households as required to proportionally represent Say Tha Mar Gyi in the results, instead traveling to Baw Du Pha. Likewise, Anauk Ywei is over-represented for Muslim communities. Additionally, detailed population data was not available – Save the Children used

information obtained in 2013 that included male/female populations and children populations for most communities, but even this was unavailable for communities within Ratethaung, where only population totals were available. Further, informal population movements between camps are ongoing and difficult to monitor. Therefore, populations must be considered estimates. The survey attempted to reach a diverse sample of individuals in the targeted communities.

Rathedaung Rakhine communities were the only locations where SCI has not previously worked. Therefore, some of the results from this region skewed overall Rakhine results, because communities did not have exposure to child protection information. This is further discussed in the results section, particularly where results from Rathedaung Rakhine communities were outliers from the rest of the data. As discussed above, this location was also the only one where the non-response rate was significant. Finally, there were some questions for which there were large percentages of non-response or no answer, especially for Rathedaung Rakhine. This is also discussed in results so as to clarify potentially skewing of data for the Rakhine population analysis.

Cultural Factors: An in-person survey always has the risk of skewed responses by inherent pressures respondents might feel to respond in a certain way. Enumerators were trained to be objective and encouraging for all answers during interviews and focus groups, but the risk remains of potential confirmation bias.

Other Save the Children International surveys and studies indicated that direct questions about sensitive issues, particularly sexual abuse and other child protection issues, would warrant limited responses from survey participants. Thus the questions in the survey used a Likert scale, agree/disagree, and asked about general community practices rather than asking families about their own practices directly, except for in a few instances. Similarly, in focus group discussions, enumerators were encouraged to ask participants about their friends' and communities' practices in general, rather than disclose personal information.

Security: Security incidents limited the reach and proportionality of the study. Teams were unable to visit the Rakhine Pauktaw village reducing the representativeness of the overall results. For the security of staff it was essential to ensure Rakhine staff only entered Rakhine villages and only staff from outside the region worked in Muslim villages.

3. Timeline

KAP Tool Development, Desk Review	January 14-20
KAP Training	January 21-25
KAP Pilot	January 25-27
KAP Implementation (FGDs, KIs, Survey, Data Entry)	January 29-February 7
KAP Review	February 10
Data Analysis	February 11-14

KAP Report Drafting	February 16-21
KAP Validation in communities	February 20-21

E. Population Demographics

The overall population in the surveyed districts is 632,394. Within the selected camps and communities, the population breakdown is detailed in Table 8

Table 8

Populations of Communities Selected for KAP Survey ²⁶							
District	Population	Community	Total Population	Adults		Children	
				Male	Female	Male	Female
Sittwe	Muslim	Thet Kel Pyin	12,246	3775	2441	2807	3223
		Aone Taw Kyi	8180	1535	2135	1975	2535
		Baw Du Pha	14,958	3310	3354	3424	4870
		Say Tha Mar	13407	958	5471	6154	824
		Sub-Total	48,791	8892	10,222	13,311	16,366
		Total Adult/Children		19,114		29,677	
	Rakhine	Set Yoe Kya (both)	1737	669	221	369	478
		Set Young Su-1/2	726	214	222	145	145
		Set Young Su-3	941	214	221	252	254
		Sub-total	3404	1097	665	766	877
		Total Adult/Children		1762		1643	
Pauktaw	Muslim	Sin Tat Maw	3199	734	446	1148	871
		Anauk Ywel	3770	798	797	1049	1126
		Sub-total	6969	1532	1243	2197	1997
		Total Adult/Children		2775		4194	
Rathedaung*	Muslim	Naung Pin Kyi	(Sub-total) 4119	973	1065	1081	1000
		Anauk Pyin		2038		2081	
	Rakhine	Naung Pin Kyi	(Sub-total) 1239	344	340	278	277
		Kat Chaung					
		Shwe Laung Tin					
				684		555	

*Rathedaung population broken down by village unavailable at the time of research. Populations estimated based on totals.

Adult Survey

In total, the survey reached 236 adults, with two adults not completing the questionnaire. 234 adult survey results are included in the study; 117 female, 112 male, and 7 no answer; this is broken down in to 129 adults from Muslim communities and 105 adults from Rakhine communities. Camp and gender breakdown in included in the chart below.

²⁶ Populations are estimates from the CCCM November 2013 as used by SCI at the time of the KAP Survey. They are not exact, and might not reflect exact figures within the larger areas (i.e., Set Yoe Kya has multiple sub-communities).

Age: The average age of the adult survey respondents was 43.6 (median age 42).

Household Size: The average household size was 6.25 (median 6). In Muslim communities, the average adults per household was 2.8 and average child per household was 3.5; in Rakhine communities, the average adults per household was 3.3 and average child per household 2.9.

Population: 81 Muslim males (63%), 45 females (35%), and 3 no answer (2%) were included in the study; 31 Rakhine males (30%), 70 females (67%), and 4 no answer (4%) were included in the study. Though attempts were made to have equal gender representation, the availability of Muslim males and Rakhine females for interviews was greater, and thus those populations larger in the study. Results are not analyzed based on the gender of the respondent, but by population and district in totality; thus further research would need to be conducted to ascertain differences in male and female child protection knowledge, attitudes, and practices.

Child questionnaire

The survey reached 254 children in total; 131 females, 123 males, and 1 no response. This is broken down into 123 children (73 male (59%) and 50 females (41%)) from Muslim communities and 131 children (50 males (38%), 80 females (61%) and 1 no response (>1%)) from Rakhine communities.

Age: The average age of children surveyed was 12.6 (median 13).

Population: 73 Muslim male and 50 female children were included in the study; 50 Rakhine male, 80 female, and 1 no answer children were included in the study. Though attempts were made to have equal gender representation, the availability of Muslim male children and Rakhine female children for interviews was greater, and thus those populations were larger in the study.

Household Demographics:

Table 9 and Table 10

HOH Relationship: Rakhine Population				HOH Relationship: Muslim Population				
	Sittwe	Rathedaung	Total		Sittwe	Pauktaw	Rathedaung	Total
Me	46	20	66	Me	51	37	24	112
Husband	1	6	7	Wife	10	3		13
Wife	17	8	25	Parent		1		1
Sibling		1	1	Child	1			1
Parent		5	5	No Response	1			1
Child		1	1					
Total	64	41	105	Total	63	41	24	128

Head of Household: The survey included 65 Rakhine heads of household (HOH) and 40 Rakhine non-HOH and 112 Muslim heads of household and 16 Muslim non-HOH, as well as one non response. In Muslim communities, often the Head of Household wanted to be the adult respondent. In Rakhine communities, the HOH was more often out of the house at the time of the interview (during the working day). This resulted in a low number of female respondents in Rathedaung because HOH, normally male, were often present.

Table 11 and Table 12

Table 11 and Table 12

HOH Primary Livelihood: Muslim Populations								
	Fishing	Agriculture	Vendor	Enterprise to gain livelihood	Cash for work through INGO	Other	DA	
Sittwe	4.7%	-	10.9%	1.6%	6.3%	57.8%	18.8%	
Pauktaw	4.9%	2.4%	-	-	-	75.6%	17.1%	
Rathedaung	4.2%	25.0%	8.3%	12.5%	-	37.5%	12.5%	
Total	4.7%	5.4%	7.0%	3.1%	3.1%	59.7%	17.1%	
HOH Primary Livelihood: Rakhine Populations								
	Fishing	Agriculture	Vendor	Enterprise to gain livelihood	Cash for work through INGO	TukTuk Driver	Other	DA
Sittwe	1.6%	1.6%	28.1%	4.7%	1.6%	1.6%	57.8%	3.1%
Rathedaung	19.5%	22.0%	7.3%	2.4%	-	-	41.5%	7.3%
Total	8.6%	9.5%	20.0%	3.8%	1.0%	1.0%	51.4%	4.8%

The large percentage of “Other” when discussing primary livelihoods likely indicates that much of the population has no regular work. In FGDs, adult men specifically defined finding work as their biggest challenge. For example, in Thel Kel Pyin, every single male participant in the focus group said that finding work was the most significant challenge in the camp compared to their lives before. They mostly named their number one need as income. Relatedly, the men all said that they felt ‘downcast.’

Each adult answered whether the following types of protection issues were relevant in their household.

Table 13

Household Demographics: Percentage of Total Households Surveyed (Muslim)								
	Children Non-Relatives in Home	Single HOH Female	Single HOH Male	SC/UAM	Elderly Caregiver	Physical Disability	Mental Disability	
Sittwe	9.2%	12.3%	-	-	10.8%	4.6%	6.2%	
Pauktaw	9.8%	22%	2.4%	4.9%	14.6%	12.2%	7.3%	
Rathedaung	13%	13%	21.7%	4.3%	17.4%	17.4%	8.7%	
Household Demographics: Percentage of Total Households Surveyed (Rakhine)								
	Children Non-Relatives in Home	Single HOH Female	Single HOH Male	SC/UAM	Elderly Caregiver	Physical Disability	Mental Disability	
Sittwe	4.7%	9.4%	1.6%	10.9%	9.4%	6.3%	-	
Rathedaung	12.2%	9.8%	19.5%	12.2%	24.4%	4.9%	4.9%	

The high percentage of elderly caregivers is likely due to the fact that some respondents included any elderly caregiver in the home, even if there were multiple caregivers, and even if the primary caregiver was not elderly. Higher rates of SC/UAM in Sittwe Rakhine communities likely indicate populations that were targeted as a separate strata in the methodology. This was more feasible in Sittwe Rakhine communities due to the proximity of the Save the Children office and caseworker availability. In Rathedaung, it is possible

that this term was not understood, given the general lack of child protection knowledge in the area. Also, Rathedaung adults reported that there are children non-relatives in their home more than in other communities, and other survey results indicate that sending children to live with other families, including non-relatives, is a somewhat accepted practice in the region.

High rates of disabilities reported in Pauktaw and Rathedaung Muslim communities warrant further study, and quite possibly, tailored services to these populations.

F. Environment Analysis

The geographic area for the study is based on the districts within Rakhine State where Save the Children Child Protection activities have been implemented for the preceding year and one half through the emergency response efforts.

The three districts thus involved in the study are Sittwe, Pauktaw, Rathedaung. In Rathedaung, transportation and security restrictions required including some villages in the study that had not been previously reached by Save the Children program, in place of some Rakhine communities where SCI did implement projects previously. It is likely that SCI will commence new activities in the region in 2014, and thus the new communities were selected on the basis of possible future interventions. SCI will continue to implement in the same communities in Sittwe and Pauktaw for the immediate future. These communities were therefore selected as representative of where SCI has worked and will continue to work. All communities have had SCI interventions in the past in these districts.

Within the three districts, an attempt was made to select an equal number of Rakhine and Muslim communities that are affected by the conflict and at risk, with the intention of continuing or restarting work in these communities through future programs. Table 13 details the communities selected.

Table 14

Communities Selected for the KAP Survey, Rakhine State						
	Sittwe		Pauktaw		Rathedaung	
	Muslim	Rakhine	Muslim	Rakhine	Muslim	Rakhine
1	Thet Kel Pyin	Set Young Su 3	Anauk Ywel	BaWin ChaungSu*	Naung Pin Kyi	Naung Pin Kyi
2	Aune Taw Kyi	Set Young Su 1, 2	Sin Tat Maw		Anauk Pyin	Kat Chaung
3	Baw Du Pha	Set Yoe Kya 1				Shwe Laung Tin
4	Say Tha Mar	Set Yoe Kya 2				

*Due to a security concern in the Rakhine village of BaWinChaungSu in Pauktaw, this location was removed from the survey schedule as a measure to ensure the safety of staff. As a result there is no Pauktaw Rakhine community representation in the study.

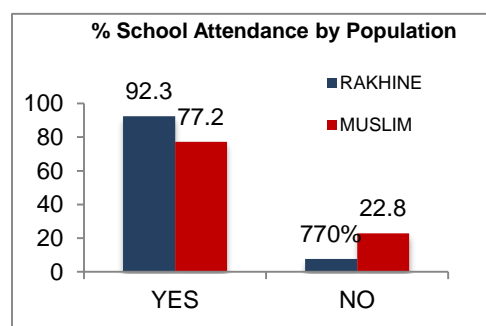
2. Knowledge, Attitudes, and Practice Findings

A. Environmental Context Findings

“My child does not want to go to school as I cannot provide pocket money or a school uniform...” 55 year old male, Naung Pin Kyi Rakhine Village

In the KAP study, child and adult surveys included questions about school attendance. This section details children’s responses to whether or not they attended school.

Graph 1



In Rakhine communities, the vast majority of children had attended school, 91.6%. In Muslim communities, 77% of children interviewed had attended regular schooling. Within Muslim communities, the lowest rate of school attendance was in Pauktaw, where 68.6% of children had attended school. Most children who attended school had completed primary school in all communities surveyed.

When asked why they did not attend school, 47% of Rakhine children said it was due to financial constraints (no money for books, clothing, supplies, etc.) As Rakhine schools are more frequently operating, this is consistent with what observation and other literature suggests – though primary education is free, costs of attending school can be prohibitive for families.

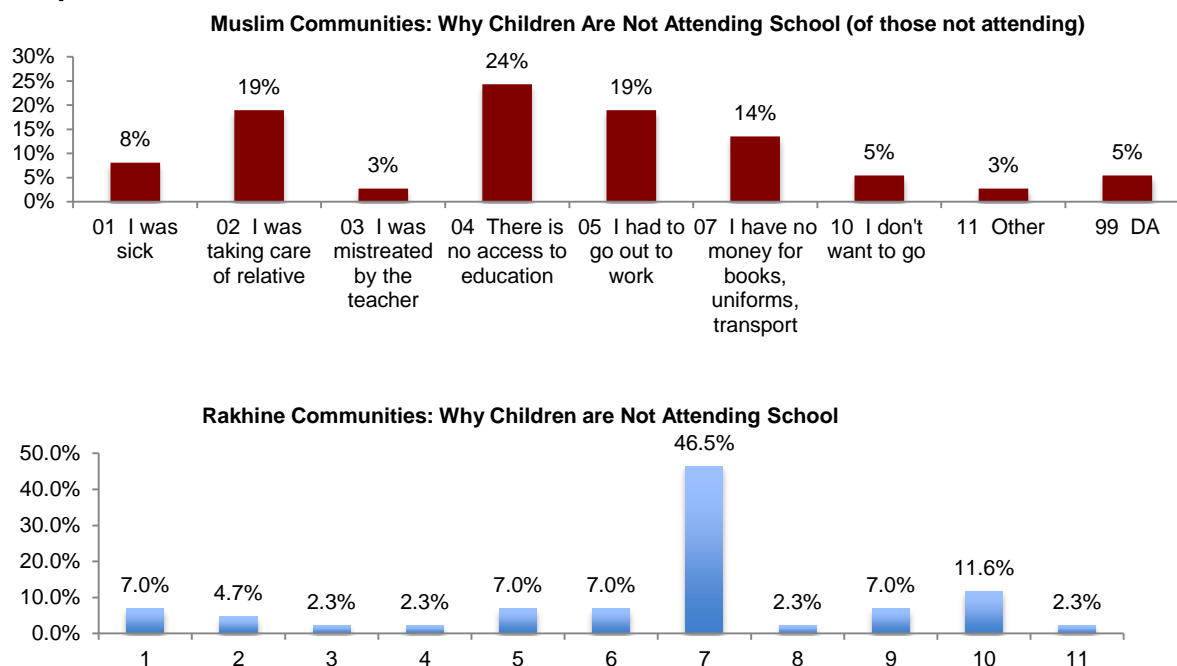
The impact that lack of household income has on access to school in Rakhine communities was evident in focus groups. In Naung Pin Kyi Rakhine Village in Rathedaung, most males expressed depression or frustration with not being able to earn enough money to send children to school. A 55 year old male explained, “My child does not want to go to school as I cannot provide pocket money or a school uniform, and he does not want to read for not having light (electricity).”

In Muslim communities, in contrast, 24% of children not attending school said it was because there is no access to education; 19% said that they were taking care of a relative and 19% said they had to go work; 13.5% said that the reason was financial.

Due to the restriction on movement, Muslim children are now forbidden from attending schools in neighboring Rakhine communities. Moreover, Muslim schools were closed during the conflict. Literature cited throughout the study suggests that teachers fear returning to work in some villages and that children’s caregivers fear sending them to school due to safety concerns.

In focus groups, adult Muslims discussed financial limitations on sending their children to school rather

Graph 2 and 3



than the limited access to school. In Thel Kel Pyin, women said that children cried when going to school because they did not have shoes, and that children feel depressed without proper attire at school. Another woman (38 years old) said that her children cannot attend school at all due to transportation challenges.

The question about school attendance was phrased to ask whether children had attended school at all. Thus many more children are likely not currently to be in school (as suggested by their availability to participate in the survey during the week day and based on observation in the camps and communities). During further questioning, some children indicated that they had not attended school, though they had initially answered yes. This may suggest that children were embarrassed that they had not attended, or that they previously attended but were not attending school at the time of the interview.

Children without access to services: In most communities, respondents say that children are without services 'sometimes' or 'never,' although many respondents expressed the danger of lacking medical care. The second most common danger children mentioned for boys was access to medical care. In Pauktaw and Rathedaung Muslim communities, access to food was also a concern for adults and children, in addition to the aforementioned issues that appeared with more regularity.

In Sittwe Muslim communities, more adults and children expressed limited access to services (34% of adults and 25% of children say that children are without services 'often'.)

Harmful practices and coping mechanisms used at times of stress

"We are always worried that we cannot take care of our children." - 47 year old woman

"Children feel unhappy compared to before because they are not able to go around freely." – 38 year old male

"It is not worth being human here." – 30 year old woman

Coping with Stress: The survey did not ask about a change in behavior. However, based on responses in focus groups regarding stress and depression, it was suggested that violence at home may have increased since the conflict. In Pauktaw, a 39 year old woman said that since the conflict, life has changed in the family because there is an increase in fighting. Adults and children tended to report feeling less happy now and reflected upon being happier in their former communities. A 38 year old female in a focus group said, "I am sorry that I cannot provide for my children like other parents." These financial worries may fuel depression, with possible implications on the emotional support that parents can provide for their children. Still, adults did tend to say that while things are not as good as they used to be, the conditions in camps in Sittwe are improving.

Through interviews and focus groups, the KAP study sought to determine whether communities had negative/positive coping mechanisms to deal with stress, or which practices they encouraged for children who had been through traumatic experiences. Some adults explained the importance of nurturing children, talking to children, and some understood the importance of recreation and playtime for children. In Pauktaw, a teacher suggested letting children play and using music to heal. In Naung Pin Kyi Muslim communities, women suggested that they let children play freely or participate in other recreational activities. In Rakhine communities, some informants mentioned the importance of religion. A teacher in Rathedaung said that to cope with stress, adults should comfort children and tell them to practice religion.

Attitude toward what is safe and what is not safe

Safe Activities: In Muslim communities, safe activities for boys and girls were usually school, domestic work, and practicing religion in all communities. However, the percentage of respondents who think that school is a usual and safe activity for boys is usually higher than for girls. Instead, domestic work is a more common response for girls.

In Rakhine communities, 48% of adults said that school is a safe activity for boys. In Muslim communities, 86% of adults said that school is a safe activity for boys. While fewer Rakhine said that school is a safe activity for boys than Muslims, lower percentages of children in Muslim communities said that they were attending school.

In Rakhine communities, practicing religion was the most popular response for boys amongst adult respondents and children respondents.

In both populations, more respondents said that domestic work is a safe and usual activity for girls than school. Domestic work was also often identified as a safe and usual activity for boys. More than 84% of adult respondents answered domestic work as a safe activity for girls in Muslim locations.

Relatedly, in focus groups in Sin Tat Maw, most adolescent girls said that they cook during the day, but all said that they do not feel safe or happy in the camp. Children's answers about which activities were safe for girls and boys normally were similar to their caregivers, with the key difference that they answered domestic work with less frequency. Children answered play and sports with greater frequency than their caregivers in Sittwe Muslim communities. In Pauktaw, notably, nearly one half of adults answered play and sports for boys – the only instance where this came up with such frequency from adult respondents.

Many children in Sittwe and in Rathedaung answered 'don't know' when asked about activities safe and usual for girls. In general, there were fewer responses for girls than for boys.

Respondents could choose as many as five answers, thus totals add up to more than 100%.

Table 15

Safe Activities Boys and Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	Muslim Adults		Rakhine Adults		Muslim Children		Rakhine Children	
School	86.0%	65.1%	47.6%	68.3%	68.3%	49.6%	32.8%	31.3%
Domestic work	50.4%	83.7%	29.5%	87.8%	38.2%	69.9%	15.3%	49.6%
Work outside of the home (agriculture, business, etc.	5.4%	0.8%	1.9%	0.8%	4.9%	0.0%	1.5%	0.0%
Play and sports	33.3%	2.3%	4.8%	2.4%	29.3%	13.8%	2.3%	0.8%
Practicing religion (mosque/monastery)	77.5%	19.4%	51.4%	20.3%	62.6%	39.0%	33.6%	24.4%
Other	7.8%	37.2%	19.0%	39.0%	1.6%	1.6%	13.7%	14.5%
Don't know	2.3%	14.0%	5.7%	14.6%	1.6%	4.9%	28.2%	17.6%
DA	3.1%	2.3%	6.7%	2.4%	9.8%	13.8%	9.9%	6.9%

Understanding what the community believes to be safe activities and practices for boys and girls increases understanding of suitable programming and also what is perceived as unsafe or culturally inappropriate for certain groups. It also gives organizations a clearer understanding of expectations and life within the communities.

B. Assessment of community knowledge, attitudes, and practices on child protection

1. Physical violence & other types of abuse

Knowledge of child protection concerns including violence and sexual abuse

Physical abuse of children, including beating and other forms of violence at home, is reported as occurring in various ways in each location, sometimes as a concern and sometimes as an accepted practice.

Children Beaten: In both populations, nearly 90% say that children are beaten sometimes or often. In a Rakhine focus group discussion with women, when asked how they should care for and discipline children, women mentioned beating as a form of discipline and of raising children.

In Sittwe Rakhine, however, 22% of adults say children are never beaten, though 50% of them said that they believe children should be beaten when they misbehave. Thus adults may have interpreted this ‘danger’ as only in cases when children are beaten more brutally, or without cause. 20% of adults described beating as a danger for boys and girls in Muslim and Rakhine communities. These responses give an insight into the communities’ practices on how they deal with disciplining children and their overall lack of knowledge on the impact this can have on the child.

Key Informant interviews indicated increased levels of sadness or depression of children, displayed as withdrawal or becoming violent, misbehaving or lashing out. If children who are displaying these signs of psychosocial distress are then disciplined with corporal punishment or beatings, not only could this have an effect on their physical well-being but it could have an increased negative impact on their mental well being.

Key Informants also explained that they understood the impact of abuse could be suicide and death. Still, other dangers of corporal punishment, particularly in an atmosphere of tension and heightened stress, and perhaps a lack of community knowledge on understanding signs of psychosocial distress, could very well have detrimental effect on the well being of children within Rakhine camps and communities.

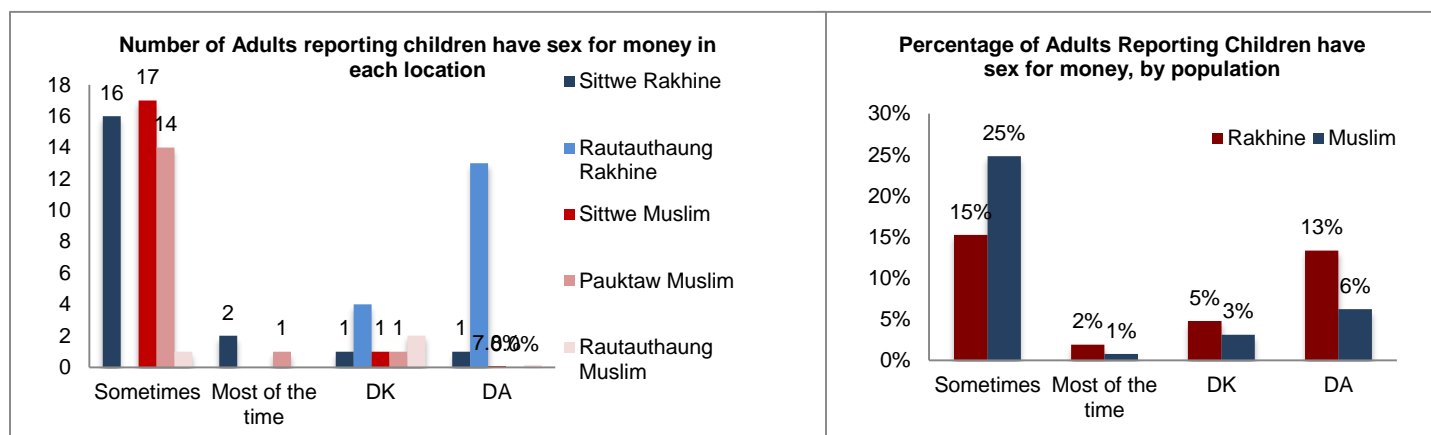
Sexual Abuse: Sexual abuse was mentioned as a danger girls face by 13% of Rakhine adults, though only 6% of Muslims (may be negligible given the sampling error).

Sexual Exploitation: Overall, 15% of Rakhine adults and 25% of Muslim adults report that children have sex for money (though taking the sampling error into consideration, this is possibly a much lower occurrence in each location. However it should be noted, there is often great stigma attached to having been sexually exploited and often this goes underreported. Given the frequency where this has been reported it raises

great concern of what the real figures could look like. This is certainly a point for further investigation and response.

In Sittwe Rakhine and Muslim communities, nearly 25% of adults say that they know of children having sex for money; the rate within Muslim communities is highest in Pauktaw, with 34% reporting ‘sometimes.’

Graph 4 and 5



In the debriefing sessions with the teams, it was suggested that children may have not fully understood this question due to a mistranslation in the survey.

Sexual exploitation for boys and girls, specifically in Sittwe Muslim communities, and sexual and physical abuse for girls in Sittwe Rakhine communities were listed as key dangers that children face in these communities. 18% of Rakhine and Muslim adults listed sexual exploitation as a danger that girls face. In Sittwe Muslim communities specifically, adults listed sexual exploitation as a danger for both boys (13%) and girls (18%) (though attention should be given to the sampling error when considering the reporting of sexual abuse and exploitation).

There is a lack of basic services and access to services in areas covered by the study. Limited access to services can catalyze many protection concerns. As mentioned later in the report, lack of access to safe bathing facilities can increase the risk of sexual abuse, particularly to women and children. The lack of access to food or material objects, livelihoods and structured activities can also lead to exploitation of vulnerable groups. A lack of medical services within the communities exacerbates health concerns driving from the lack of access to food, unsafe sexual practices, and psychosocial distress. Considering all of these factors in analyzing the results of reported exploitation and sexual abuse necessitates further investigation of sexual exploitation for effective prevention.

Children married: In Pauktaw and Rathedaung, 54% and 45% of Muslim children say that child marriage happens sometimes or often. In Rathedaung Muslim communities, 13% of adults did not answer how often child marriage happens and 29% said sometimes.

In Sittwe, more adults than children acknowledged this practice. 45% of Sittwe Muslim adults and 28% of Sittwe Rakhine adults say that child marriage happens sometimes.

Generally, children married was reported by fewer Rakhine adults and children. This may be due to differences in culture and pressures faced within the communities. Also, in communities affected by lack of resources, marriage can be used as a coping mechanism to reduce the burden on families for food and material support. Whether child marriage is occurring as a negative coping mechanism requires further investigation.

Attitudes on child protection concerns including violence and sexual abuse

Children should be beaten when they misbehave: 50% of adults in Rakhine communities said that they believe children should be beaten when they misbehave. A slightly lower percentage agreed in Rathedaung, though there was a higher non-response rate for this question amongst Rakhine adults.

20% of adults in Muslim communities say that children should be beaten when they misbehave. Adults in Muslim communities agreed about 16% of the time in Sittwe and 25% of the time in Rathedaung (albeit with a 25% non response rate). In Pauktaw Muslim communities, the highest percentage of adults agreed that children should be beaten when they misbehave, 54%. Children generally followed the same patterns in their responses as adults.

2. Neglect and Emotional Support

Knowledge on neglect and emotional support

Abandonment is a child protection concern for children. In Rakhine communities, 20% say that abandonment is a danger for boys and girls.

Emotional Abuse: Respondents reported that emotional abuse is a common practice. In Rakhine locations, 50% of all respondents say that children are sometimes shouted at or humiliated (more children than adults reporting that this occurs 'often' – about 15%). 86% of adult respondents said that shouting and humiliating children occurs often in Muslim villages.

In Sittwe, Rathedaung Rakhine, and Rathedaung Muslim communities, larger percentages of child respondents say that this happens 'often' (15%, 21%, 25% respectively). SCI has not implemented projects in Rathedaung Rakhine communities, and these higher percentages reporting may be reflective of a practice that is not considered as child abuse. This may indicate the community may lack knowledge about the psychological impact emotional abuse can have on children.

Caregivers in Rakhine communities say that this ‘never’ happens more frequently than children do (about 47%). This possibly means that caregivers do not think that shouting at children has the emotional impact that it does, with children remembering it more strongly than caregivers.

Attitudes on neglect and emotional support

Questions in this section of the KAP intended to investigate how families were interacting and if there were areas of family life that could be supported through programming to develop a stronger family unit and protective environment for children. The questions considered time spent with children, supervision of children, perceptions on structured play, discipline of children within the family home and discussions that children and their caregiver may have

Parents spend time with children: In all strata, the vast majority of adults surveyed said that it is important for parents to spend time with their children. In Pauktaw Muslim locations, the lowest percentage of adults agreed (73%); 17% disagreed with the statement.

In contrast, when asked if their parents spend time with them, children agreed less frequently. For example, while 92% of caregivers agreed that spending time with children was important in Rathedaung Rakhine, 17% of children disagreed that their parents spend time with them.

49% of children in Pauktaw Muslim communities disagreed that parents spent time with them, and 30% in Sittwe Muslim communities, though caregivers agreed 100% of the time in Sittwe that this was important. In contrast, in Rathedaung Muslim communities, no children disagreed that their parents spent time with them. The disparity between children’s and parents views would suggest that although parents may believe it is important to spend time with their children, it is perceived by some children that parents don’t spend enough time with them or that the quality of time does not meet their needs. There is further consideration of these issues in other analysis.

Important to have structured play time: Positively, the vast majority of adults agreed that children who have experienced stress need structured time for play. In Rathedaung Rakhine communities, 15% disagreed with this statement but no further probing questions were asked to determine the reasoning behind their opinion.

Practices on neglect and emotional support

“I always worry that I can’t take care of my children.” – 45 year old woman

Caregiver Practices

The survey asked caregivers and children about their parenting practices. Children's and caregivers' responses were contrasted to ascertain which positive parenting skills were actually practiced. Some patterns emerged, particularly with regard to discrepancies between child and adult answers. In particular, in Rakhine Sittwe communities, caregivers answered that they demonstrate positive caregiver practices more often than the responses of their children. This may warrant further research to better understand whether caregivers know how to use positive parenting skills and are not using these practices due to stress, or if caregivers do not have an understanding of how positive parenting skills can be helpful.

Caregivers know where children are: In Rakhine communities in Sittwe, most caregivers, 53%, believe that they know where children are most of the time, though 22% of their children say never (out of children who responded to the question). In other communities, most adults and children say that parents sometimes or often know where their children are.

When caregivers leave children at home, bad things can happen: In Rakhine communities and of Rathedaung Muslim adults, about half of respondents say that bad things never happen when parents leave children alone.

This is a significant contrast to Sittwe and Pauktaw Muslim communities, where most respondents from all communities say sometimes bad things happen. They are perhaps more affected by the conflict or fear of future conflict occurring.

Children ask parents for advice: In Muslim communities, almost all respondents say that children ask caregivers advice sometimes or most of the time.

In Rakhine communities, fewer respondents say that children ask caregivers for their advice. In Rakhine Rathedaung, 34% of caregivers and children say children never ask parents for advice. About 34% of children in Sittwe Rakhine communities say never, though as many of their caregivers say 'most of the time.'

"I do not feel free and I am fed up with having to live longer." - 12 year old boy

"I feel unhappy when I think about the future." – 12 year old boy

Caregivers ask children their plans for future: In Sittwe Rakhine, though 50% of caregivers say that they ask children their plans, only 12% of their children agree.

Almost no adults or children in Muslim communities say 'never,' when asked if caregivers ask children their plans for the future; most say 'sometimes.'

Parents may not understand the implications or importance of asking children about their futures, particularly when so many children express feelings of being 'stuck' in the camp. In Thel Kel Pyin, adolescent boys expressed significant feelings of depression and unhappiness when thinking about the future. Almost all of the boys said that they feel unhappy every day, with some expressing feelings of depression, including

one 12 year old who said “I do not feel free and I am fed up with having to live longer.” Most boys expressed wishes to go back to their village. Another boy said he “feels unhappy when he thinks about the future.”

Caregivers discuss issues children may face with their children: In Sittwe, 47% of Rakhine adults say that they discuss issues that their children may face with their children most of the time; only 16% of their children share this opinion, and 42% said that they never discuss issues they may face with their parents. This may contribute to a lack of understanding on behalf of parents of what concerns children have (i.e., migration and no access to food, based on survey results about dangers children face).

In Muslim communities, about 50% of both adults and children say caregivers discuss issues children face with their children ‘most of the time,’ with others mostly agreeing that they discuss issues ‘sometimes.’ Though 46% of Sittwe Muslim caregivers believe they discuss these issues most of the time, only 29% of their children agree. Most others say ‘sometimes.’

Caregivers praise children when they do something well: Most adults and children say that parents sometimes praise children. However, in Rakhine Sittwe communities, half of caregivers estimate that they praise their children most of the time where 20% of children respondents say this happens ‘never.’

Caregivers argue with children: Many children and caregivers agreed that they never argue; only in Sittwe communities did children tend to answer ‘sometimes’ more often than caregivers, who more often said ‘never.’ Arguing is perhaps linked to an increase in stress and depression in the homes.

When children misbehave, caregivers explain what they did was wrong: It is possible that parents expect children to understand what they did was wrong, and why, when they misbehave. A religious leader in Rathedaung explained that in his view, young children are at risk because they do not listen to adults. This is perhaps indicative of a larger set of beliefs that children should listen and do what adults say, perhaps with the effect that they should know how to behave without adults needing to explain why behaviors are bad or wrong. Moreover, in focus groups and key informant interviews, various groups explained that caregivers’ role is to discipline children. Some women viewed discipline as the way to raise children, including beating.

All in all it would seem there is a discord between the opinions of adults and children on how they interact with each other. Programs to support caregivers to spend time with their children and train them on parenting skills during high stress and conflict, levels of stress and tension may be needed to create a more protective environment created for children.

Moreover, children expressed negative views of the future, particularly within camp settings, that were validated by FGDs. It will be important to work on building relationships between children and their caregivers as well as working with communities as a whole to create supportive networks that support a children’s well being in their communities..

3. Alternative care

Attitude toward kinship care or alternative care

The survey asked about various forms of alternative care and respondents' attitudes about these practices. Informal fostering by relatives, both short and long-term, is generally accepted.

However, most adults said that they would not send children to a non-relative. When asked if they would foster a non-relative, between 40 and 50% of adults said no. Still, between 25 and 35% adults in most locations, more in Sittwe, said that they would foster a child who is a non-relative, perhaps indicating that this practice may be acceptable when necessary. Before launching any sort of fostering program for separated children, these attitudes should be better understood and alternative forms of care be considered.

Relatedly, in 21% of households in Muslim communities and 17% of Rakhine households, there were children from other families living with the household.

In Muslim communities, child respondents said that biological children were treated differently in that they were able to go to school, received more/better clothes, (about 25%) and 15% of those surveyed said that biological children got more/better food.

In contrast, in Rakhine communities, most children did not answer or said they did not know how they were treated differently; 12% said that biological children were disciplined less harshly.

Children should stay with family: Children were asked whether they agree or disagree that it is better for a child to stay with his or her parents. In most locations, they agreed almost all of the time, less in Rathedaung Rakhine communities. In this area, it seems that it is more acceptable for children to live with other families. There is a larger percentage of households with children from other families living with them.

Children sent away to another family: When adults were asked if it is acceptable to send children to another family, many of them agreed – between 45% and 54% in all cases except for Sittwe Rakhine communities, where 28% agreed.

Problems for children without parents: Most respondents in all locations answered yes, that children not with their parents are at risk. In Rathedaung Rakhine communities, adults answered no 25% of the time, though their children answered yes more frequently.

In all communities, of those who answered that there are risks for children who are not with their parents, the most common problem mentioned was emotional distress.

In Muslim communities, about 20% of responses about risks for children not with their parents were about emotional distress. Other commonly-mentioned problems were children forced to work during school hours (about 25%, on average, of all responses, except only 11% of adults in Pauktaw).

20% of adults and children in Sittwe Muslim communities said that abuse by caregivers is a risk for children without parents. In Sittwe, many adults and children mentioned sickness/basic needs not being met, perhaps in relation to the limited services available to children in this region for this population.

In Rakhine communities, respondents provided fewer responses than other communities' respondents provided overall regarding the risks that children face without parents. Similarly to Muslim communities, the most frequent response was emotional distress amongst children, particularly in Sittwe (24%).

Mentioned with greater frequency amongst Rakhine respondents was abuse by strangers (16% of children in Sittwe, 10% of adults) (potentially negligible, though, bearing in mind percentage error). 14% of adults mentioned emotional distress.

In Rakhine Rathedaung, the most commonly mentioned problem was children forced to work during school hours and sickness/basic needs not met (16% of adult responses; 21% and 9% of children's). This may be due to the lack of awareness about children experiencing emotional distress because of the lack of child protection training in Rathedaung Rakhine communities.

During the review meeting, interviewers explained adults were focused on the children that are at home - whether or not they were their 'own' children. Therefore, they interpreted children not with parents perhaps not as separated children but also as children who have moved out of the home or are in a number of other less 'at-risk' situations.

Via other questions, adults were asked about schooling for children who were in alternative care. Adults' responses regarding whether it was more important to send one's own children to school than other children varied considerably. In Sittwe Muslim communities, adults disagreed the vast majority of the time (97%), while in Sittwe Rakhine communities, adults disagreed only 52% of the time. In contrast, in Rathedaung Rakhine communities, adults disagreed 81% of the time.

During interviews in Set Yoe Kya, some caregivers explained that they would prefer to send all of their children to school but that they only have the resources to send some children, though they did not explain how they decided which children to send, other than that they preferred to send their own children. This could also be related to family issues. A girl in sixth grade in Set Young Su 3 said, "I used to go to school with all of my friends, but now, my friends do not go to school because of family problems." These may be financial or other. Respondents did not mention gender as a factor in their decisions.

During review, interviewers explained that many adults had a difficult time answering this question. They explained that they prefer to send all children to school, but are often forced to choose to send only some

children for financial reasons. In addition, schools are not available in Muslim communities in some locations, thus adults are not in the position to make these choices.

4. Child Labor

Knowledge: Children participating in labor activities

Children under 14 years old working for money: In Sittwe Rakhine and Muslim communities, it was reported that many children are working for money when they are below the age of 14; in Muslim communities, about 25% of adults and children say this happens ‘often,’ as do 34% of children in Rakhine Sittwe (though only 11% of their caregivers say ‘most of the time,’ and 40% say never).

In all other communities, approximately 50% of respondents say this happens ‘sometimes;’ even more respondents say sometimes in Pauktaw (73% of adults and 66% of children).

The type of work children are engaged in includes manual labor for boys – carrying rocks or wood, for example. This type of informal work for pay may not be reported as frequently in the KAP in questions about child employment, but was discussed during FGDs with adolescent boys in particular.

Attitude:: Children participating in labor activities

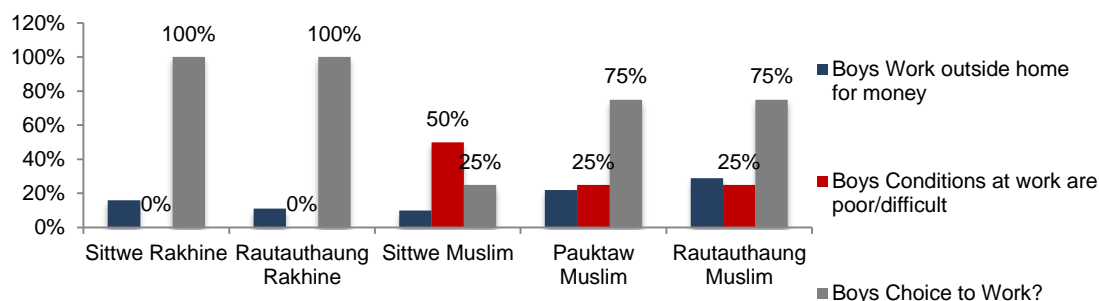
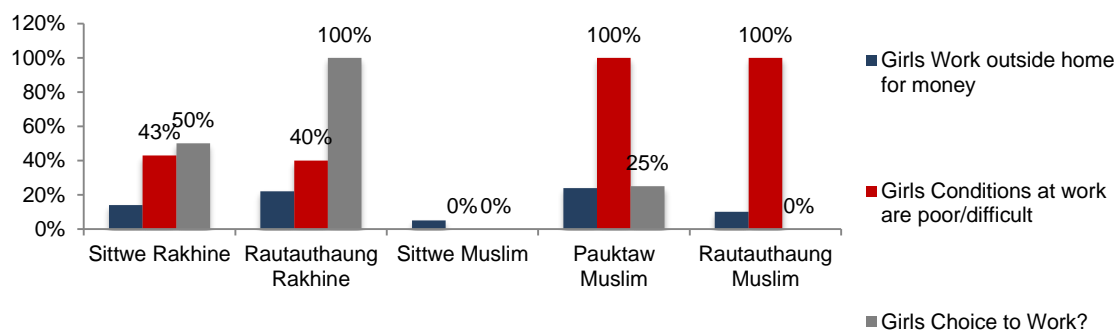
However, most adults in all communities said that they disagreed that it is acceptable for children under 14 to work outside of the home for money. In all Muslim communities, less than 10% of adults agreed that children working outside of the home for money is acceptable. Again, children’s responses mirrored adult responses.

Practice: Children participating in labor activities

Child Labor: Based on observation conducted by SCI staff working in communities, and desk research, child labor occurs and is generally accepted throughout Myanmar, and in Rakhine State. Through the survey, 16% of Rakhine girls and 14% of Rakhine boys said that they work outside of the home for money; 12% of Muslim girls and 16% of Muslim boys answered that they work outside of the home for money.

The rates reporting child labor were particularly high in Pauktaw Muslim areas and in Rautautaung.

Graphs 6 and 7

Boys Working Outside of the Home for Money

Girls Working Outside of the Home for Money


In Pauktaw Muslim communities, 24% of girls worked outside the home. Significantly, 75% of girls in this population who work said that it was not their choice to work; 50% said that working conditions were difficult for children of their age. However in focus groups, all girls said that they have no access to work. Perhaps girls who worked were unavailable to participate in the FGD, or perhaps they did not have access to work that was legal or desirable. While 50% of Rakhine girls in Sittwe also said it was not their choice, all other girls said that it was.

For Muslim boys, percentages working were also higher in Pauktaw (22%). In focus groups, all of the boys in this location said that they earn money, mostly by transporting bags of wood, sand, and rice or by selling firewood and water.

In Sittwe, 75% of Muslim boys who work said that it was not their choice to work and 50% said that conditions were difficult for children of their age; most others said that it was their choice to work, and all Rakhine boys said it was their choice to work. These differences should be explored further with larger sample sizes of children who work.

Rates of child labor were high in Rathedaung for both populations. 28% of Muslim boys worked outside of the home in Rathedaung and 22% of Rakhine boys and girls. In a Rathedaung Rakhine village, a village administrator echoed the adults' comments about lack of money and the inability to work, in contrast with life before the conflict. He said as a result, there is less access to food, education, and clothing and that children are forced to work and that parents beat their children if they return without any money. A religious leader in a Rathedaung Muslim village said that "children have to work at the lake, so we are afraid for them that they will fight each other." He advised that they should tell parents not to ask children to work, but, "If it's necessary for them to work, parents should ask the village administrator or community leader first."

The lower percentage of Muslim girls reporting they work may be attributed to conservative views that do not allow girls outside of the home alone, such as a work environment would mandate. However, the same views exist in Pauktaw, though a large percentage of girls report to have worked. The only girl who did report working in Rathedaung Muslim communities said that the working condition were poor.

When asked why they work, 33% of Muslim girls said their parents asked them, 33% said to feed siblings, and 33% said they did not know. For Muslim boys, 33% said that their parents asked them, and 33% said that they worked because they did not have anything else to do.

43% of Rakhine girls said that they work to feed their brothers and sisters, and 21% said that they had nothing else to do. 72% of boys said something else, 14% said they had to feed brothers and sisters and 14% did not answer.

This evaluation assumes that the high number of children who are currently out of school contributes to (or has a causal correlation) with the number of children who report they have nothing else to do.

Of children who work, type of work largely varies; more children in Rathedaung work in agriculture, most Muslim boys reported doing domestic work.

The percentages of children working are likely artificially low; firstly, because many children who were at work were unavailable to be surveyed, thus are not included in the results. Secondly, the average age of children in the survey is 12-13, while many more older children likely work than younger children (and therefore, were unavailable to participate in the survey). Finally, Save the Children staff observation, literature, and FGDs indicate that far more children are working than the survey suggests, including younger children, and especially adolescent boys. SCI staff estimate that half of children in each location are working and not in school.

In focus groups, adolescent girls only discussed domestic work, not the type of work indicated through the survey, perhaps because those working were unavailable to participate in the FGDs.

Children may have answered that they do not work because they may have interpreted the question to only reference more formal work. However, through focus groups it is clear that most adolescent boys do something to earn money, including gambling. In Set Yoe Kya, 40% of the group gambled, some caught fish, some worked on tuk-tuks, and others worked to sell stones or other goods. They said that they also play the lottery and at times, are earning money to pay for school fees.

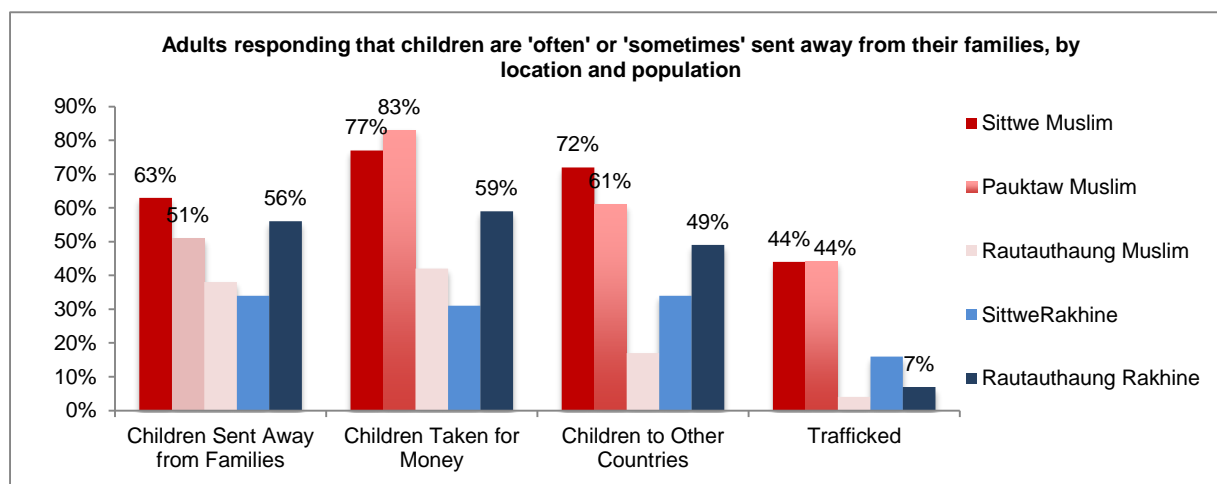
Many children indicated that they did domestic work in their own homes and considered that to be work as well.

5. Migration and trafficking

Knowledge: Children migrating

Children Sent Away: With regard to children being sent away, there are key trends in certain populations and locations. In Sittwe Muslim communities, Pauktaw Muslim communities, and Rathedaung Rakhine communities, more than 40% of adult respondents report that children are sent away, taken for money, trafficked, or migrating. In all communities, adults report that these practices occur. This warrants immediate interventions based on further, more in-depth study to understand how ‘taken for money’ is interpreted and what it means.

Graph 8



In Pauktaw, a 58 year old woman said that children “are sent away from their families if families experienced trauma.” The group also said that children are sometimes sent to an orphanage.

Sending children away appears to happen slightly less frequently in Sittwe Rakhine communities, with nearly 60% of adults and children saying that this never happens. However, in focus groups in the region, children mentioned feeling afraid when their parents spoke with them about going to live with a relative. Men in the area also mentioned orphanages.

It may be that at times, sending children away refers to children leaving for other countries (discussed in the subsequent question). This practice is illegal and caregivers may be more hesitant than children to reveal that this occurs. In the same communities where adults reported that children are sent away from their families, Sittwe Muslim, Pauktaw Muslim, and Rathedaung Rakhine, there are also higher percentages of respondents who say that migration occurs, as well as children being taken for money and trafficking.

Children leaving the country: In all communities, children leaving for other countries are reported by respondents.

In Sittwe and Pauktaw Muslim communities and Rathedaung Rakhine communities, large percentages of adults report that children leave the country (70% in Sittwe, with 40% saying often, 60% in Pauktaw, and 50% of adults in Rathedaung Rakhine, while 75% of children report knowing of this happening).

In Rathedaung Rakhine villages, the staff believe that there are many families with children who have migrated; they explained that it was difficult to find children in some of the villages and said that households with children abroad would not disclose that information in many cases. The staff believe that in one village, almost all children were working in Thailand but that the adults in the village did not reveal this. This is unconfirmed, but warrants further study and a likely need for awareness-raising and possibly case management and tracing for children working abroad.

Children leaving the country happens much less frequently based on the adult responses in Sittwe Rakhine and Rathedaung Muslim communities, though their children report this occurring more often (only 17% of adults, though 50% of their children say this happens sometimes or often).

Children taken from family for money: Related to children being sent away is the practice of children being taken from their families for money. Patterns of where these practices are occurring, or where respondents report them as occurring, are consistent with the responses for children taken for money, children going to a different country, and children sent away from families.

A large majority of adults said that children taken for money happens sometimes in the same locations where migration and children being sent away occurs with greater frequency. In Pauktaw and Sittwe Muslim communities, about 80% of adults say that this happens sometimes or often, and slightly lower percentages of their children agree. In Rakhine Rathedaung, about 60% of adults and 70% of children say that this happens sometimes or often.

Again, in Muslim Rathedaung communities, children and adults said that this 'never' happens more often than in other communities (42% of adults and children).

The relatively large percentages saying that this does occur sometimes in all communities is cause for more in-depth study into this issue in general.

Trafficking: The KAP Survey for adults specifically asked about trafficking of children. In Muslim Pauktaw and Sittwe, over 40% of adults say that this happens ‘sometimes’ or ‘often.’ Percentages were much lower for Rakhine communities.

In Muslim Rathedaung communities, there was a large non-response rate (25%), and 17% said that they did not know. 10% in Rathedaung Rakhine did not answer. This provides additional rationale for conducting further research on trafficking and children being sent away from their families, as well as conducting awareness-raising on these issues, particularly in Rathedaung. It is essential to remember the sensitive nature of these issues, the legal concerns that families have when discussing their practices, and the difficulty in obtaining verifiable data on these practices.

Attitude: Children migrating

“One child is working [to earn money for] schooling...The parents [left] for abroad for earning money but they could not earn as they [thought] and they are getting trouble in the other country.” 48 year old man in Rathedaung

Migrating children at risk: Given the prominence of sending children away and migration, attitudes about the associated risks are significant for understanding why and how this occurs. The responses were relatively sporadic per population and location.

Only in Sittwe Muslim communities did adults mention migration as a danger with any frequency (more than 28%). Migration risks were not well-understood by much of the population surveyed. Therefore there were very few responses about migration as a danger to children. However, in Sittwe Muslim communities, a higher percentage of adults agreed that there were risks of abuse during migration (61%), as well as a higher percentage who listed migration as a danger to boys. Therefore, it seems that adults in Sittwe Muslim communities are more aware of the dangers posed by migration, though many report it still occurs.

At minimum, 20% of adults disagreed that there were risks of abuse for children who migrate. Children disagreed even more frequently, a minimum of 40%, and as high as 60% in Pauktaw. This indicates a high percentage of individuals unaware of risks associated with migration, in particular for children, who are often sent to other countries. Pauktaw is also a location where migration is reported with greater frequency, perhaps suggesting a link to lack of awareness about risks and children who are migrating.

In Sittwe Rakhine communities, 55% of adults disagreed that there were risks and 10% said that they did not know.

In contrast, 61% agreed in Sittwe Muslim communities, with percentages nearly that high in all Muslim communities, and highest amongst Rathedaung Rakhine adults, with 71% agreeing. This is alarming

because adults in these communities more frequently reported migration and children being sent away. It is possible that adults in these communities are more familiar with stories of children migrating and having negative experiences. In an adult male focus group in a Rathedaung Rakhine village, a 48 year old man explained he knows “one child is working [to earn money for] schooling...The parents [left] for abroad for earning money but they could not earn as they [thought] and they are getting trouble in the other country.”

Moreover, in Sittwe Muslim communities, nearly 22% of adults said that sexual exploitation was a danger to boys. This perhaps warrants further research as to whether this is related to trafficking or children being sent away. In Rathedaung, a 16 year old boy mentioned sexual abuse as a key danger.

Migrating Children Would Return: In Sittwe and Rathedaung Rakhine communities and Sittwe Muslim communities, nearly all adults agree that children who migrated would return if services and opportunities were available.

Children agree almost all of the time (upwards of 90%) that children would return to their communities from migrating if there were opportunities. The exception is in Rathedaung Rakhine villages, where they agreed only 65% of the time, disagreed 21% of the time, or did not answer.

7 Dangers children face in the community

When asked how they spend their day, young children reported that they hear fights, shooting, and crying. They say they were afraid of the violence. All children in the focus group said they want to go back to where they came from because they are afraid in their current locations, and because there is fighting.

Knowledge on danger children face in eth community

Children taking drugs/alcohol: Some adults and children said that alcohol use is common. As a result, tensions might increase at home.

Adults and children considered drugs and alcohol a top danger for boys and girls in some communities and reported alcohol use in focus groups. In Sittwe, many more adults than children were concerned about drug and alcohol as dangers for boys, though just about 30% of children still gave this response. In focus groups, though, children indicated that alcohol is a significant issue in some communities. In Sittwe Rakhine camps, alcohol is apparently a problem in the camp and affects adolescent girls and boys. Two children said that their parents make them buy alcohol and said that the bar was not safe. Even children in the young children’s focus group said that the bar was an unsafe place. Men in in these locations said that there was more drinking in the camp, partially because of joblessness, and were concerned about children’s socializing and drugs. Key informants also noted an increase in adult drinking, particularly in Sittwe. Children

thus are around alcohol abuse, which also contributes to more drinking and drug use as a coping mechanism.

As discussed in one adolescent girls' focus group, alcohol and drug use may be tied to depression, stemming from fears of fighting or unhappiness and 'feeling stuck' in the camp or village. Children in Sittwe also discussed other children drinking secretly in toilets, indicating the covert nature of this danger for children. Increases in stress due to family arguing and violence and children's fears about their parents' arguments or being punished may also fuel drug and alcohol abuse.

Though in the survey, most respondents said that children 'never' take drugs and alcohol. Children perhaps reported less frequently so as not to get others in trouble; adults are perhaps unaware, or similarly do not want to admit to knowing about illegal activity.

Children witnessing violence: In the survey and focus groups, community violence consistently was one of the most discussed issues that affects children. Almost 80% of child and adult respondents said that children witness community violence sometimes or often. In Rathedaung Muslim and Rakhine and Sittwe Rakhine, 20% or more of respondents answered 'often.' These responses indicate high levels of exposure to violence for all children in Rakhine State in areas surveyed.

When asking children about their fears in focus groups, children often mentioned fighting and violence. In Set Yoe Kya, adolescent boys said that they are afraid of the fight with Muslims. One 14 year old explained that hearing some noises in the neighborhood makes him feel uncomfortable. Adolescent girls expressed greater unhappiness than the boys group and appeared to be more affected by rumors and fears of Muslims. Three of the ten girls said that they feel afraid when they hear about Muslims coming, worried about fighting, and most girls in the group said they are afraid and worried about gossip.

Likewise, for Muslim children in Thel Kel Pyin, fears are mostly about hearing "horrible news," "bad language and fighting in their community," and all expressed feeling worried in some capacity. Children expressed stress, saying that they cannot sleep because they hear bad news. All children said that they were worried, sad, and/or depressed because of seeing or hearing bad stories in the media (TV, photos online, on the radio, or in the community).

The same issues were mentioned in Pauktaw and Rathedaung. In Sin Tat Maw, when asked how they spend their day, young children reported that they hear fights, shooting, though this has not been reported, and crying. They say they were afraid of the violence. All children in the focus group said they want to go back where they came from because they are afraid in the camp and because there is fighting in the camp where they currently live. When asked how they feel, all children reported feeling either worried, uncomfortable, afraid, or depressed, mostly from fighting. They also reported feelings of not being free.

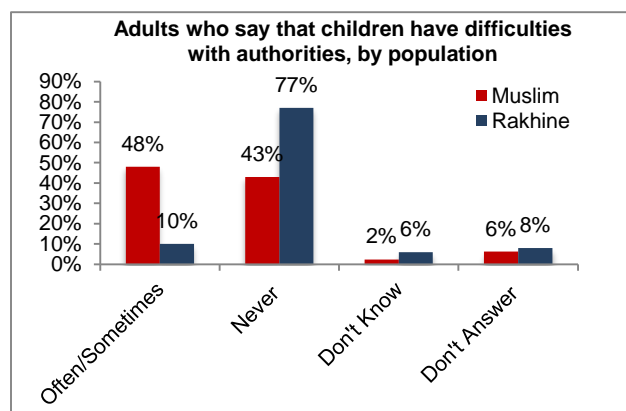
In Naung Pin Kyi Rakhine village, a 10 year old boy said that he heard about violence in the Muslim village, including murder. “I am afraid the conflict will spread to us,” he said. Older children had the same fears. A 17 year old girl said she was afraid her parents will not be able to flee if there is an outbreak of violence.

In the adolescent girls focus group, one girl said that there is no light at night, and others echoed boys’ concerns about lack of education and health care. Children’s concerns about safety were at times echoed by their parents. A 38 year old male in Rathedaung explained, “the police do not come here. It is impossible to go out at night.

The impact of community violence is not just fear for one’s own safety, but fears of the other ethnic group, as demonstrated by children specifically discussing Muslim or Rakhine violence and fears about the entire ethnic group. For example, a 17 year old in Rathedaung said, “I worry about living with another race.” This can fuel violence. A 13 year old boy said, “I would feel happy if I could take part in the fighting because I feel deeply about the cause.”

While children and their caregivers expressed concerns about violence, some key informants and adults did not express understanding about the effects on children. In Sittwe and Rathedaung, community leaders acknowledged that violence occurs in the community, but stated that children ‘never take part,’ seeming to imply that they are unaffected. An administrator explained that though there is violence, children are ‘so far unaffected’ in Naung Pin Kyi Muslim village.

Graph 9



Difficulties between children and authorities: An effect of community violence and fighting can be difficulties with authorities, particularly given the presence of security forces in these communities. Very few child and adult Rakhine respondents report knowing about difficulties between children and authorities. However, adults in Sittwe Rakhine mentioned trouble with authorities as a danger boys face in the community in response to another question. 17% of children said that boys are at risk for trouble with authorities

In contrast to the very few adults concerned about difficulties with authorities in Rakhine communities (2-4%), about 40% of adults and children in Muslim communities report that they know of difficulties between children and authorities occurring ‘sometimes,’ including 54% of adults in Rathedaung, even with 17% non-responses from adults (and 25% from children). The large percentage not answering perhaps indicates larger issues with authorities and fears of reporting such problems.

Attitudes on danger children face in the community

In all communities, entering forbidden zones and drugs and alcohol were the most frequent responses when asked about dangers that boys face in the communities. However, there were key differences between Rakhine and Muslim responses.

- 65% of Muslim adults and 47% of Rakhine adults say that entering forbidden zones is a top danger for boys, and slightly lower percentages said this is a danger for girls
- 30% of Muslim adults say that border areas of communities is danger for boys versus only 2% of Rakhine adults

Dangerous activities: Adults are concerned about their children's safety, and in most communities, provided multiple responses when asked about dangers that their children face. A 47 year old woman in Naung Pin Kyi Rakhine community said that caregivers "are always worried that we cannot take care of our children" and specifically mentioned that children "cannot have meals regularly."

Other dangers for children are neglect, exploitation, insufficient means in the family to support children, and the daily rumors about the conflict according to the group. At times in focus groups, community members mentioned the census as a source of fear.

"We are not free here." – 13 and 14 year old boys

"I feel sad for living in someone else's place." – 13 year old girl

"I wish I could visit my friend in the Rakhine village." – 15 year old girl

In Muslim communities, dangers faced by girls were slightly more varied than for boys, though consistently, forms of physical abuse were concerns for adults and for children.

Children responded more often than their parents did that forced marriage and labor are dangers for girls. Adults perhaps did not want to admit to these practices, or perhaps are unaware of the dangers and fears associated with them.

The major outlier is Rakhine Rathedaung communities. The key concern is that respondents did not have many ideas of dangers boys might face. 17% of adults said that they did not know, and very few answered any dangers at all. The situation was similar for girls – 30% said 'other' and 20% said labor was a concern, but adults and children were hard-pressed to come up with dangers for girls and boys. In focus groups, adults spoke about community violence. Three women said that they had fears due to the proximity of the Muslim village, saying that "girls were caught by Muslims."

Save the Children has not worked in some of these communities, thus these communities may be less aware of is dangers for children due to no previous awareness-raising activity or sensitization in Rakhine Rathedaung communities

C. Assessment of current community child protection mechanisms and their accessibility to children

1. Knowledge of systems in place to respond to children in need

Who children trust: Children in Rakhine communities most often said that they trust their parents, followed by trusting a community leader. In Sittwe, children also mentioned friends, teachers and the child protection group, and other family members were also mentioned with some frequency. 7% of respondents said that the CPG was a trusted source for children. A 14 year old in Set Yoe Kya said “teachers are there for us to make us happy and talk about good and bad things.” Some boys in the group also said they trust the police. In focus groups, notably, the girls had fewer people they trusted in Sittwe than the boys did.

In Muslim communities, children also said that parents were most trusted, as well as community leaders, the child protection group (19%), and friends. Adults generally answered the same as their children did when asked who children trust, though more adults in Sittwe mentioned other family members, and more in Pauktaw and Rathedaung mentioned friends.

Services available for children: Adults in Muslim communities most frequently mentioned parents, the child protection group, and CFS animators as services available for children. In Pauktaw, more caregivers referenced the animators as a source of support for children than the CPG. Children in Muslim communities mentioned animators slightly more often than the CPG, a child’s parents, and teachers.

In Rakhine communities, children in Sittwe mostly said CFS animators were available to them, followed by ‘other’ and commonly mentioned the CPG, parents, and the police. In Rathedaung, children mentioned ‘other’ and their parents, indicative of the lack of services available for children in this community. SCI has not established a CFS or CPG in Rathedaung Rakhine communities surveyed

Child Protection Group: As detailed above, the CPGs were mentioned frequently as trustworthy for children and as a service available for children, except in Rathedaung communities where they have not been set up by SCI.

Relatedly, the majority of adults in all locations except for Rathedaung Rakhine communities (where there are not any) knew about the CPG. However, the percentage was lower in Sittwe, both in Muslim communities (77%) and Rakhine communities (67%) than elsewhere where CPGs exist. Amongst children, about 75% of children were aware of the CPG in Sittwe and in Pauktaw communities.

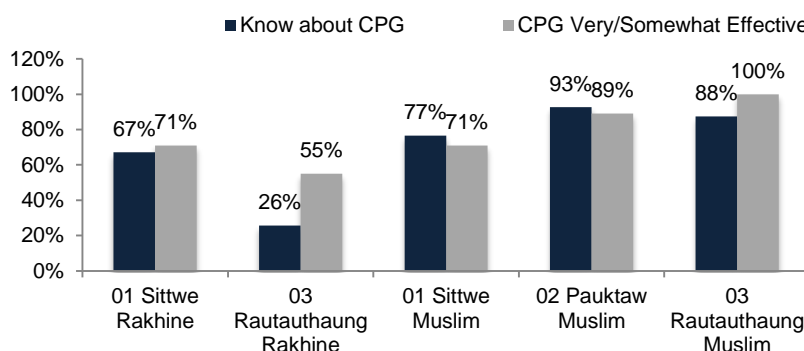
Of adults who knew about the CPGs, their assessment of the CPG effectiveness seems to mirror the percentage of adults who know about them – fewer adults in Sittwe communities think that the CPG is ‘very effective’ than in other locations and a lower percentage of adults in Sittwe know about the CPG. 18%

of adults who know about the CPG in Sittwe Muslim communities think that it is not very effective, while 25% think it is somewhat effective. In Pauktaw and Rathedaung Muslim communities, more adults think that the CPG is very or somewhat effective than in other communities surveyed.

Similarly, in places where more children know about the CPG, they more often think that they are effective; in Pauktaw, children were most enthusiastic, with 77% saying that it is 'very effective.'

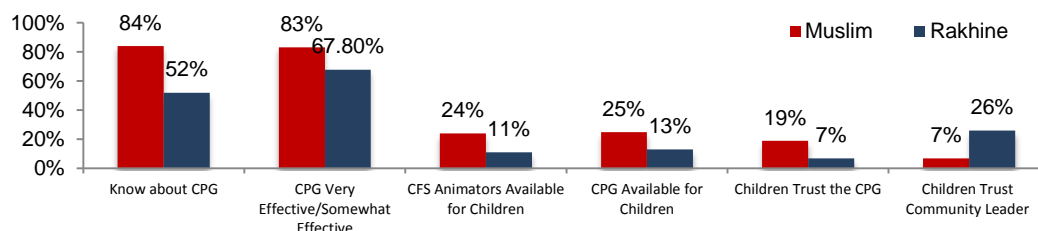
Graph 11

Percentage of adults who know about CPG and the CPG effectiveness, by location



Graph 12

CPG Utilization, by Population



Although many people knew about the CPG and thought it was at least somewhat effective, many only listed its role as an awareness-raising organization; fewer knew about the referral services provided. For example, in Set Yoe Kya, a key informant knew about the CPG, though did not mention any specific services aside from advocating for children to reduce conflict.

Regardless, community members seem to be supportive of the CPG as an institution. In Naung Pin Kyu Muslim camp, the community had child protection projects with SCI that ended in December. Some cases were identified by the CPG, and members requested wanted Save to come back to continue work on child abuse cases.

Child Protection staff at SCI note that while the CPGs are formed, they are just getting started and settling into the full scope of their roles. The staff note that CPGs need to 1) be informed of issues, and also 2) know how to take action and when. In Pauktaw specifically, staff say that neglect is a big concern but that the CPG is not necessarily taking action on this issue. There have been cases of successful interventions, however. In one instance the CPG intervened when a family was punishing children by not providing food for them.

In terms of other services offered, most key informants explained that the DSW TCRC are not functional. A teacher in Sittwe specifically said that ‘they’ (community members) do not understand referrals regarding DSW/TCRC programs. These services are only in Rakhine communities, and in Rakhine State specifically the TCRCs require capacity-building for future inclusion in the referral systems.

2. Practice - Children reporting to Child Friendly Spaces, Child Protection Groups, and medical services

(See table included in Annex 4)

“We do not want to tell other people about our problems.” – Focus group participants, ages 7-11
 “I am afraid of beating if I report abuse.” – 13 year old girl
 “We do not report abuse because people will accuse us of lying.” – Men and women focus group participants in Pauktaw

To understand how services for reporting child protection concerns are utilized, the KAP study inquired about child abuse reporting. This is analyzed in conjunction with the awareness about and performance of the CPGs in each location to clarify whether services are utilized or not due to knowledge or attitudes about the services available.

It appears that while adults and children generally are aware of the CPG, a significant barrier to reporting abuse continues to be lack of awareness about who to tell. Those who did say that they would tell someone often bypassed the CPG and said that they would go directly to the family or a community leader. This may indicate that they do not want to involve the CPG for privacy or to reduce controversy, or that they are unaware that the CPG should function as a mediator in the case of abuse (or refers cases to caseworkers with Save the Children). Still, many community members do not think that they should report abuse,

Reporting Child Abuse

In most locations, adults and children said that if they knew about a case of child abuse, they would tell someone (authorities or the family, and also many mentioned the CPG), or take action themselves (perhaps also meaning that they would talk to the child’s relative themselves). Children often indicated that they would do something other than the answer choices provided on the survey, but indicated that they would take some kind of action, including telling a family member or the CPG.

More adults said that they would inform the CPG in Muslim communities. 12% of adults in Rakhine communities did not answer.

Tables 16 and 17

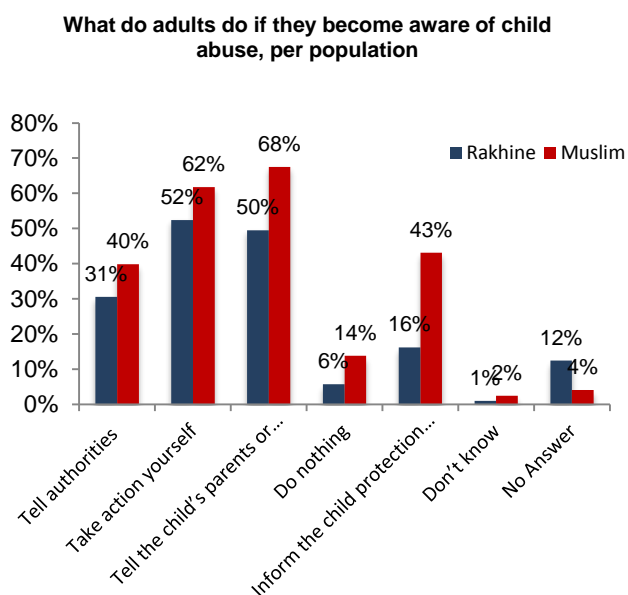
What do you do if you know about a case of child abuse? –Adults		
	Rakhine	Muslim
Tell authorities	30.5%	39.8%
Take action yourself	52.4%	61.8%
Tell the child's parents or caregivers	49.5%	67.5%
Do nothing	5.7%	13.8%
Inform the child protection group	16.2%	43.1%
Don't know	1.0%	2.4%
No Answer	12.4%	4.1%

What do you do if you know about a case of child abuse? –Children		
	Rakhine	Muslim
Tell someone	38.9%	65.0%
Do nothing	5.3%	8.9%
Talk to the child	37.4%	8.1%
Other	8.4%	4.9%
Don't know	9.2%	6.5%
No Answer	0.8%	6.5%

In Sittwe Rakhine communities, adults most often responded that if they were aware of a case of child abuse, they would tell the child's parents or caregiver (67%); take another form of action oneself (53%), and/or tell authorities (45%).

In Sittwe Muslim communities, 22% said that they would do nothing. 16% of children in Sittwe said that they would do nothing.

Graph 13



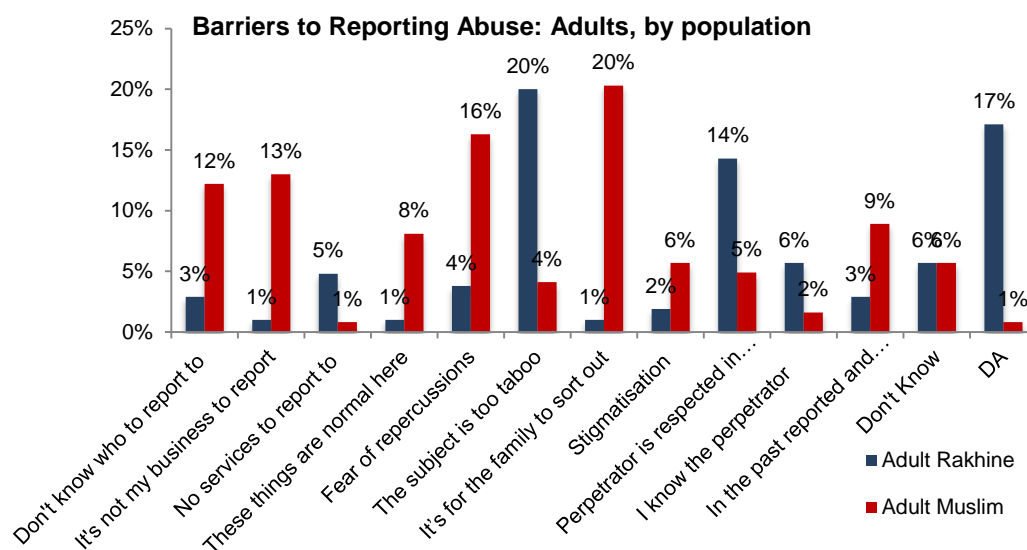
In Pauktaw, adults said that they would tell authorities (68%) as well as tell the child's parents or caregivers, take action themselves, or inform the CPG (29%).

17% of children in Pauktaw said that they would talk to the child.

Children mostly said that they would tell someone (36%), or answered 'other' (44%) in Sittwe and in Rathedaung (45% and 24%, respectively).

Table 18

Barriers to reporting child abuse	Children Rakhine	Children Muslim	Adult Rakhine	Adult Muslim
Don't know who to report to	7.6%	15.4%	2.9%	12.2%
It's not my business to report	1.5%	1.6%	1.0%	13.0%
No services to report to	0%	4.9%	4.8%	0.8%
These things are normal here	0%	3.3%	1.0%	8.1%
Fear of repercussions	11.5%	13.0%	3.8%	16.3%
The subject is too taboo	1.5%	1.6%	20.0%	4.1%
It's for the family to sort out	0%	10.6%	1.0%	20.3%
Stigmatisation	0%	4.1%	1.9%	5.7%
Perpetrator is respected in the community	0%	0.8%	14.3%	4.9%
I know the perpetrator	0%	0.8%	5.7%	1.6%
In the past reported and nothing happened	1.5%	10.6%	2.9%	8.9%
Don't Know	19.8%	4.9%	5.7%	5.7%
DA	12.2%	6.5%	17.1%	0.8%

Graph 14


Of those respondents who acknowledged barriers to reporting or said that they would do nothing, the most common reason in Rakhine communities was 'the subject is too taboo.' Perhaps related, 14% of adults said that the perpetrator is respected in the community. In future interventions and moving forward with the referral system and CPG, SCI should take into consideration the community power dynamics and seek to limit the role of individuals in power so as to avoid conflicts of interest when possible.

In Sittwe Rakhine communities, the most common answer was ‘fear of repercussions’ followed by ‘the perpetrator is respected in the community.’ Children in Sittwe most often said ‘don’t know,’ perhaps indicating that they simply do not know what to do, do not know about available resources or perhaps their response could be related to their knowledge on what a child abuse case involves, however this last point would need further investigation.

In Rathedaung Rakhine communities, the only other common answer to why they do not report abuse was ‘don’t know.’ In focus groups in the area, half of the children ages 7-11 explained that “we don’t want to tell other people about problems – we don’t trust them.” There is no CPG or child protection awareness in the community via Save the Children, perhaps contributing to this attitude.

Of those Muslim respondents who expressed that there were barriers to reporting, or who said that they would do nothing, results varied widely amongst locations. In all communities ‘it’s for the family to sort out,’ and ‘fear of repercussions’ were common answers.

In Sittwe Muslim communities, most adults and children similarly said that ‘it’s not their business to report,’ or that they do not know who to report to. This was followed by the response that in the past, they reported and nothing happened (10 adults and 11 children). This may feed into the higher percentages of adults and children in Sittwe who said that they would do nothing.

In Sittwe, there is less awareness about the CPGs than in other locations. Adults in Sittwe also find the CPGs less effective than adults in other locations. This may contribute to higher percentages of individuals who do not know to whom to report in Sittwe.

Another response uniquely given in Sittwe Muslim community focus groups was problems with transportation. Adult women mentioned this as a barrier to reporting abuse, though did not explain further. Perhaps because women are not always able to leave the home, they are prevented from reporting abuse to leaders in their community or to the CPG. SCI could work to conduct more door to door visits via CPG members or identify safe, private spaces for women and adolescent girls to facilitate reporting of protection issues that arise.

In Pauktaw, most respondents did not answer the question. Of those who did, four adults also said that ‘these things are common here,’ and equally, that ‘the subject is too taboo.’ Children in Pauktaw most frequently said that they do not know to whom to report, perhaps suggesting a lack of awareness about the function of the CPG and CFS services.

Focus groups in Pauktaw clarified some of the barriers in the region specifically. Men and women said that they feared accusations of lying – almost all female participants expressed this fear as a barrier to taking action when they know about child abuse.

In Rathedaung, most Muslims said ‘it’s for the family to sort out’ or ‘fear of repercussions,’ while five adults said that the perpetrator is respected in the community. Children mostly answered that they feared repercussions without specifying from whom. These repercussions may be referring to the child reporting abuse or the child who was abused, or the family involved. One girl in Rathedaung explained that she feared beating as a result of reporting abuse, perhaps indicating that people would think she was lying, she would be blamed, or that it was not her business to report these behaviors. Many adolescent girls said that they might not tell anyone about abuse because they were afraid, though did not give other examples of what might happen as a result.

Of the Muslim adults and children who indicated that they would tell someone, most also said that they would tell the family or CPG, though Muslims more often referenced telling a community leader.

D. Future Interventions

“There is hostility for living in other’s places. We don’t want to live in this place. There is nowhere to play and it’s so hot, living in the sun.” – 13 year old boy

Further activities needed: Most adults and children said that additional activities needed for children are schools, children’s spaces, and time with friends. In Rathedaung, uniquely, more child respondents said that children need more time with community members.

In focus groups many adolescent groups mentioned needing a place to play. For example, in Set Yoe Kya, boys said their unhappiness stemmed from having nowhere to play. A 13 year old boy said, “There is hostility for living in other’s places. We don’t want to live in this place. There is nowhere to play and it’s so hot, living in the sun.”

More individuals mentioned needs for services in focus groups and through other survey questions. In Thel Kel Pyin, participants in FGDs mentioned the lack of access to health care, education, and inconveniences in the camp (including toilet and bath). Education, health care, and food were all mentioned by at least one focus group in each location, and lack of food was mentioned in Rathedaung and Pauktaw as a danger for children. In Sittwe Muslim communities, children also mentioned the lack of medical services available.

Finally, in Rathedaung, focus group participants expressed a need for further child protection interventions, specifically a child protection group. Men in the Muslim village said that there is need to organize a group for the protection of children. Most did not know about child protection or any mechanisms to protect children in their town. Still, when asked who is available to support children, men mentioned a Child Protection Group, perhaps in theory, should one exist.

Information/Training: When provided with types of trainings and asked which ones they might be interested in, adults responded most frequently in Pauktaw, where they requested training on positive parenting skills (almost 50%) and child rights and the law (29%). In Sittwe Muslim communities, most adults said that they were not interested; amongst those who were, 22% requested training on intrafamily violence, and other somewhat popular answers were child rights and the law, nutrition and hygiene, and positive parenting skills. In Rakhine Sittwe, most adults requested training in nutrition and hygiene and child rights and the law (22%). In Rathedaung, most popular requests were for child rights and the law and peacebuilding, and in Rakhine Rathedaung, for positive parenting skills (28%). This community has yet to benefit from a child protection program.

56% of children in Sittwe Muslim communities said they were interested in training on safe migration – this is one of the locations where migration occurs more frequently, based on survey results. This was followed, less frequently by a request for training on reproductive health. In Pauktaw, most children selected another choice than that given, though 17% mentioned business skills. In Rakhine communities, 15% of children in Sittwe also requested training on safe migration, though most here and in Rathedaung did not answer.

The most common source of information in Sittwe is by far the radio, followed by friends and neighbors and community leaders. In Pauktaw, most responded with the same sources of information as in Sittwe, but adults also mentioned international organizations are sources information. In Rathedaung, community leaders and friends and neighbors were the only common responses. Children said mobile phones.

In Rakhine Sittwe, community leaders, community elders, and friends and neighbors were by far the most common source of information on child safety; in Rathedaung, most also said elders though most children said community leaders.

E. Recommendations

1. Multisectoral Programming Recommendations

Multisectoral programming needs were included within some of the child protection concerns discussed throughout the study. Opportunities for multisectoral engagement are detailed below:

1.1 Education: Aside from children's spaces, schools were the most requested service for children. In particular in some Muslim communities, education is not available and children are relying on the CFS for safe recreational and learning space. Other schools have caught fire, literacy has been reported as a major issue, even amongst children in school, and children are at risk of falling behind if they are unable to complete their exams in 2014. Prioritizing alternative formal learning opportunities for children to prevent them from falling behind and to provide the developmental support of formal education structures is essential in locations where schools are not reopened.

1.2 WASH: Toilets in camps were mentioned as being inconvenient by respondents in Sittwe Rakhine and Muslim community children's focus groups. When building latrines, WASH actors should include adolescents during planning phases to ensure that latrines are accessible and safe for all of the camp community.

1.3 Nutrition: Anecdotally, malnutrition was reported. These reports tied malnutrition to mothers who are unable to feed infants and because some families are unable to feed all of their children due to lack of access to food. Anecdotally, nutrition actors have found mothers unable to feed their children not reporting due to shame. Private provision of formula or linkages with wet nurses may be appropriate, depending on the location.

1.4 Relatedly, food security was reported as a risk for children in Rathedaung and Pauktaw in particular. In camps, it is essential to follow IDP movement to ensure IDPs are registered for food rations and feel safe obtaining them.

1.5 Health: Limited access to health care was the number two most commonly-mentioned risk for boys in Sittwe communities. Inadequate healthcare also was mentioned as a risk for children by focus groups in Sittwe. This may be partially due to the difficulties with transportation, in particular for Muslim children who do not have freedom of movement outside of their living quarters. Agencies should liaise with local authorities to establish a system for emergency transportation out of the community in the case of a health concern while communities remain closed

1.6 In addition, the responses to the question implied insufficient health care services (in terms of number of services available, hours and staff available for treatment) for both Rakhine and Muslim children in Sittwe. Establishing emergency after-hours staff for health care would be appropriate in Sittwe as a regional hub.

2. Advocacy

2.1 Difficulties between Muslim children and authorities: Very few child and adult Rakhine respondents report knowing about difficulties between children and authorities, yet about 40% of all child and adult respondents report that they know of this occurring 'sometimes.' Local security forces must be unbiased for safe communities to ever be achieved. This includes police forces, often not trusted by some communities. This may be achieved by encouraging law enforcement authorities to participate in child protection and peacebuilding trainings and activities as appropriate and as would serve to mitigate, not stimulate tensions. Advocacy at the regional and district levels would also help with community buy-in for an unbiased police force.

2.2 Migration and Trafficking: In Muslim communities in Pauktaw and Sittwe, and in Rakhine communities in Rathedaung, in particular, sending children away from families for money and trafficking is occurring. Firstly, awareness needs to be conducted with parents, community leaders, religious leaders, and law enforcement on the risks that children face when migrating. Many adults and children do not know that there are risks associated with migration (or, perhaps, children being taken for money and trafficked). Local authorities and child protection staff, as well as community leaders, need to be aware of the practices that are occurring and the misinformation that may be fueling those practices.

2.3 Advocacy with the local government and with security forces is needed, ideally by government leaders and trusted local authorities, such as religious leaders, to ensure that victims are not blamed and that perpetrators are accountable for their actions. However, it is important that if perpetrators are a child's family members, that a long-term solution be defined so as not to separate or stigmatize families after a child returns. Awareness-raising should also target children themselves, as most children did not agree that there were risks associated with migration.

2.4 Finally, the humanitarian community should work with authorities and communities on how to identify trafficking and to establish referral mechanisms to report trafficking involving caseworkers and child protection mechanisms in place. Following further study, SCI might embark on economic strengthening/livelihoods activities with older children and adults to encourage children to stay with their families. SCI can also activate its family tracing and reunification expertise to conduct cross-border tracing for missing cases.

3. Programming Recommendations

3.1 Rathedaung interventions: In Muslim communities, community members already know Save the Children and have requested Save the Children interventions, including the CPG, CFS, and case management services. In Rakhine villages, there were clear differences in information about child protection and the related practices and attitudes. Launching interventions through a CFS and CPG in these communities has been requested and indicates that it has impact on communities' knowledge about child protection.

In addition, in Rathedaung generally, the beliefs about Save the Children in these communities need to be addressed. In a focus group, a 45 year old Rakhine male had said that only half of Rathedaung's children received protection. He said "I want every children should get it, It is not fair, and not equal. Everyone should be the same." Others said that they do not think providers are honest. In Muslim communities as well, families believe that only some families were selected to receive assistance and found the selection to be unfair.

Psychological support: At this point in programming, it is necessary to have more long-term case management systems in place for follow up and referrals. Stress and symptoms of post-traumatic stress disorder were raised through the study. Launching more individualized case management for children who are not necessarily separated, but who are psychologically vulnerable, may be necessary to protect children, in particular should the conflict continue as seems likely.

Drug/Alcohol Use: As discussed in one adolescent girls' focus group, alcohol and drug use may be tied to depression, stemming from fears of fighting or unhappiness and 'feeling stuck' in the camp or village. These sentiments were expressed by many children in all focus groups and might warrant anti-drug and alcohol programming targeting adolescents specifically.

Adults: Many adults are experiencing stress and this may be fueling unsafe behaviors. Adults likely also need psychological support and information on alcohol abuse and depression in a way that does not stigmatize

them, but helps them understand that these are normal responses to violence, unemployment, and stress. This support might be tied to parenting skills training (mentioned below), and might involve joint family counseling involving caregivers and their children.

Quelling community violence and fears: Violence, rumors about violence, news about violence, and even adults discussing these matters causes stress, anxiety, and causes children to worry on a daily basis. Communities require increased understanding that while children may not partake in violence or these discussions, they have significant impact on a child's well-being. Community leaders, authority figures, adults in the community, especially the CPG and CFS animators, and child protection staff can begin to encourage positive practices such as limiting discussion of violence around children and the spread of rumors. Attempting to minimize rumors and discussion about other races and violence can 1) create a safer environment for children and 2) reduce the negative associations that children have about other races, whenever possible.

CFS: The CFS provides the only space for children to play safely in many of the communities, and should continue as a child protection intervention through future programming. CFS employees are often considered the most trustworthy community members for children and should be incorporated in the referral system as well as trained on signs of abuse and reporting child abuse. Communication issues with staff has been mentioned as a limitation in reporting child abuse and should be a focus during future trainings and team building between the CPG, CFS, and SCI staff.

Key informants and caregivers are highly supportive of the CFS and request more CFS and play time for children in most locations. The CFS fills a critical gap in locations where children do not have anything else to do if schools are inaccessible. At times, work is also inaccessible.

Animators should understand what activities are acceptable for reducing children's stress and providing a comfortable and psychosocial supportive environment for them. Though religious instruction may be an appropriate coping mechanism for community members, it is also important that SCI not be seen as promoting a religion in Rakhine State, given the sensitivities.

The needs of adolescent girls should be given particular consideration as they are not allowed out of their homes when reaching the age of 15 in many Muslim communities. Safe spaces for women and girls and door to door visits should be incorporated into referral systems and conducted by female CFS staff to ensure that these populations' needs are met and addressed using the systems in place.

Disabled children: High rates of disabilities reported in Pauktaw and Rathedaung Muslim communities warrant further study, and quite possibly, tailored services to these populations.

Migration and Trafficking: The relatively large percentages saying that migration and trafficking does occur sometimes in all communities is cause for more in-depth study into this issue in general, but in the immediate, awareness-raising on risks of migration and trafficking is essential. Information on safe

alternatives to current practices used in communities (if known) is important for future programming. This issue should also be a consideration in programming targeting adults through an interagency and multisectoral intervention, and training on safe migration, alternative forms of earning livelihoods, and awareness-raising on risks of migration are urgently needed (also addressed in Advocacy).

Sexual Exploitation: Sexual exploitation and children having sex for money warrants further research as to whether this is related to trafficking or children being sent away. In particular this was identified as a danger for both boys and girls in Sittwe Muslim communities. Adults and children identified this as a danger for boys as well – thus it does not seem that programming that also targets males would be offensive or too taboo to implement. These issues should be incorporated in referral systems for reporting child abuse and also incorporated in activities about countering unsafe migration and sending children from their homes.

Alternative Care: Currently, the fostering system for separated and unaccompanied children is mostly an ad hoc system, with children staying with neighbors and friends or other family members deemed safe. Prior to launching any sort of foster system, meetings should occur with community members to ensure community acceptance and understanding of the need for alternative care. Though many adults said that they would foster a child who is a non-relative and this practice may be acceptable when necessary, most adults did not support sending children to live with non-relatives. Specific uses of orphanages should be studied and better understood prior to launching a formalized alternative care system. Finally, alternative care in Rathedaung should be studied further, as children without parents, abandoned, and staying with other families happens more frequently in this district.

In addition, foster families would need to be trained about treating children fairly. Specifically, in future and current interventions in alternative care, abuse by caregivers should be addressed. This risk was identified for children separated from their families in Sittwe Muslim communities 20% of the time, and in significant numbers in other communities as well. In all locations, community members should understand how to identify and report abuse by strangers.

Parenting skills: There is likely need for additional parenting skills training. Further research should be done using examples of different situations of parenting practices to determine whether the issue is with understanding what the practices entail or mean, or whether the issue is with attitudes or putting such practices into place.

Specifically and for the psychological well being of their children, caregivers need to understand the implications or importance of asking children about their futures, talking to children about their problems, and safe forms of discipline particularly when children express feelings of being ‘stuck’ in the camp. In addition, frequent reporting of beating indicates that families would benefit from an understanding about positive discipline and its benefits.

Systems for reporting child abuse/CPG : In all communities, it is likely necessary to formalize and strengthen the child protection referral system. This comes more from anecdotal evidence from the SCI staff, who

explain that there have been difficulties with the CPGs and with referrals coming from health staff and communities.

Specifically, a significant percentage of adult respondents, 22% (and 16% of children) said that they would do nothing in Sittwe Muslim communities. This may be related to the fact that some others explained that in the past, they reported and nothing happened (10 adults and 11 children) in these communities, signifying either that the referral system is not properly functioning, or that community members are not aware of what proper responses may entail. In addition, fears of repercussions or not reporting abuse because perpetrators hold power in communities needs to be considered in a referral system, and provides more support for confidential reporting and mediations through the CPGs. Still, a more formal referral system is essential at this stage in programming and for continual community-led child protection in the future. This system needs to include child abuse, sexual violence and exploitation, and trafficking reporting. Without strong DSW structures in many of these locations, and due to the reported reasons that adults and children do not feel safe reporting abuse, formalizing a referral system through the CPG would be most appropriate at this stage.

In addition, more awareness-raising should occur with the CPG and involving the CFS animators (a trusted and well-utilized resource for children) to encourage reporting of abuse through the confidential systems in place, and explain assistance that can be provided. Children in Pauktaw most frequently said that they do not know to whom to report, perhaps suggesting a lack of awareness about all of the CPG and CFS services. Children and adults were both enthusiastic about the CFS and CPG in Pauktaw, thus it is not an issue of not knowing about the organizations, but of their functions.

Child labor: Through observation, desk research, FGDs, and survey responses, child labor is clearly an accepted practice, even, in some cases, for younger children. More needs to be understood about labor and children's safety in the workplace prior to designing specific programming. However, it is significant that in many cases, especially in Muslim communities, children report that they are not working by choice, and say that conditions are poor where they are working. This is quite possibly tied to the limited availability of education and other forms of safe activity for children in these communities and inextricably linked to the poverty and lack of safe livelihoods opportunities for adults and children. Any intervention targeting safer child labor should simultaneously consider alternative educational opportunities for children without access to schooling, supporting families who have children in child labor through livelihood projects. This should be a programming priority in Rathedaung, where rates of child labor are high.

Recommendations for Further Research

As the KAP Study served to delineate basic areas of concern in child protection, further research is needed to better understand the specific risks for children and appropriate responses in the following areas:

- **Referral system:**
Types of support that would be accepted in communities, particularly those in which adults and children fear reporting abuse for fear of repercussions, limited access/transport, and perpetrators

who have high levels of power in communities (targeting child abuse, sexual exploitation, trafficking/unsafe migration, and unsafe labor)

- **Child labor practices:**

What conditions and dangers children are facing in work the work place, percentage of children who are under 14 and working, what trades they are involved in, why children under 14 are involved in labor situations, the links to migration; disaggregate by age and gender

- **Child trafficking and migration practices:**

Do communities know the dangers of migration, who is involved in the trafficking process, where are children being trafficked and what conditions do they end up in, the root causes of migration and trafficking.

- **Sexual exploitation:**

Why the exploitation is taking place, if connected to lack of resources, who is involved, the frequency for boys and girls, how they report, if/how they can receive medical support for both the physical and psychological damage that has been caused, ages and sex of those involved, legal support, and how to work with perpetrators given the complexity of power dynamics within camps and communities, who from the government could be engaged in solutions, developing an effective referral system that adheres to global procedures, particularly focusing on survivor support.

- **Cultural practices towards disciplining children:**

Developing strategies for working with populations who are affected by a high number of stressors, standardized messaging on how to deal with stress and communicate with children in an abnormal stressful environment should be decided upon between protection actors.

- **Parents' understanding and utilization of positive parenting practices and why they are important, and types of family-inclusive support that would be supported to reduce stress**

- **The role of orphanages in alternative care;**

Use of orphanages and their minimum standards, understanding the options available for foster care given the complexity of the context particularly for populations that are facing restrictions in freedom of movement, legalities of formal care, problems of birth certification and the effect on re-unifying families, and establishing formalized care agreements.

Substance misuse within camps and communities:

Types of substances, availability, how they arrive in camps and communities, prevalence of substance misuse within camps and communities, and those most vulnerable to this type of coping mechanism.

3. Annex

A. Annex 1: Map

