



# Qualitative research and comprehensive study on malnutrition in displaced and non-displaced communities of Sittwe Township

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## Extract - Executive Summary



Prepared by: Maxime Boutry, Anthropologist (Ph.D.) and independent consultant

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## **1. Executive Summary**

- Since 2012, ACF has been working in IDPs camps and villages in Sittwe Township to overcome malnutrition needs and Mental Health Care and Practices. This qualitative research meant to the partners of the DFID consortium aims at going further than assessment methodologies in the understanding of knowledge, perceptions and practices related to care, health, nutrition, WASH, food security and livelihoods in the Buddhist and Muslim IDPs camps and host communities of Sittwe Township.
- The consultant team made of one international consultant, anthropologist, and 2 national researchers prioritized non-participative ethnology's methodology as well as focus group discussions and key informant interviews for data collection, with as much time as possible spent within the communities within 3 weeks. However, , the team could not stay overnight in the camps and villages.
- The study covered 8 different locations,

### **1.1. Findings**

#### *1.1.1. Livelihoods*

- Before June 2012, in both urban and rural areas, patron-client bonds between Buddhist and Muslims represented the core of the regional economy. Muslims provided the main contingent of casual labour in agriculture and other sectors for Rakhine employers; Muslims were key actors in the fishing, vegetable, and poultry markets in Sittwe Township, providing important commodities for both communities in urban Sittwe; trade over the Bangladesh-Rakhine border was done by a network of Buddhist and Muslim traders
- Since June 2012, limited access to cash in the Muslim area is by far the main constraint. Poorer households have to sell part of their ration in order to diversify their food and purchase necessary items such as firewood. Muslim urban dwellers, except from few trishaw pullers or car driver employments, are not skilled for the available works in rural area (agriculture, fisheries). Irregular employment opportunities in the local markets (Dar Paing, Thakkepyin and Thea Chaung) also explains that mainly self-settled IDPs in these areas don't want to be relocated in far away IDPs camps.
- In Buddhist camps, most households are able to access micro-loans from the Ministry of Cooperatives. Besides, employment opportunities are more diversified since the access to Sittwe town is not an issue. Some Buddhist households even underlined the fact of being better off in the camps than in their previous location.

- The conflict also hindered the local economy in non-resettled Buddhist isolated communities which used to profit by trade routes (notably along the railway closed after 2012), and through the lack of daily labour (which used to be principally Muslim) affecting Buddhist farmers' productivity.
- Trade between Muslim and Buddhist areas resumed since 2012. Most goods are available in the restricted Muslim area. However, a greater number of intermediaries to supply local markets contribute to rising prices. Few items such as ice for the Muslim fishermen have more than doubled since the conflict. While there are some signs of resume interactions in trade and livelihoods (some Buddhist farmers from isolated village hiring Muslim labour for example, Muslim fishers working with Rakhine traders), these relationships are kept discreet and are still diffuse.
- Gradually worsening tensions happen between IDPs and host communities in both Buddhist and Muslim locations.. This is partly due to a lower access to land for farmers because of the settling of IDPs camps, which is even reinforced by the poor governance of camp management committees. The rations distributions also create tensions since villagers are not included in the beneficiaries' lists. In the Muslim area, hosts show resentment toward IDPs for being similarly restricted in their mobility, yet both populations have to share the same resources (among which firewood supply is a critical issue). Livestock and other assets thefts are contributing to situation's aggravation.
- Social differences are also a source of conflict among Muslim communities. Urban Muslim communities have a greater exposure to religious and ethnic diversity. In rural area, communities tend to practice a stricter form of Islam, including a strong gender differentiation on livelihoods and mobility: *purdah* – women confinement – is more widespread and women livelihoods are mainly small home-based shops, as well as small-scale gardening and poultry activities. Urban Muslim women have a more liberated lifestyle translating in greater mobility and more livelihood opportunities (sell at the market). For these reasons, young males from rural host communities perceive IDPs girls as attractive and even sometimes "loose". Young males snooping on girls going to the latrines, or simply looking unrestrainedly to the girls are enough to create conflicts leading to small unrests.
- There is no major gender based differentiation of livelihoods in Buddhist communities. For most Muslim households (whether urban or rural), being able to support alone the household is considered as a major accomplishment for men. Since many men are left without sources of income, the current situation also impacts on their well being and therefore has repercussions in domestic violence. Gender based differentiation of livelihoods also impacts on how communities perceive Muslim female NGO workers: they were sometimes given as the example of what shouldn't do Muslim women.

#### 1.1.2. *Nutrition, infant and young children feeding*

- In "normal" times, Muslim households' diet is mainly made of rice, *ngapi*/chilies, accompanied by fish for additional curry, plus vegetables. Fish the main source of proteins. Urban families with better access to cash generally had a more varied diet.

- In the Muslim camps, most of those who want to purchase fish have to sell part of their ration and other items. Poorest households' diet is mainly rice with chillies and firewood represent the main expense (done by selling off peas, oil and sometimes rice).
- In Muslim communities, boys are breast fed until the strict limit of 2 years old. Girls are breast fed until the limit of 2 years and a half. After 6 months, boys are systematically fed with additional food, while there is no clear limit for girls. In crisis time, boys are likely to receive more additional food after 6 months, while girls would be only breastfed.
- A great proportion of pregnant women respect Ramadan during pregnancy as they believe it brings double merit. However, fasting lactating mothers don't stop breastfeeding during the day.
- Muslim children are breastfed for the first time only after being given the ritual washing of the whole body and after receiving prayers from the Mullah. This may sometimes delay the first feeding.
- Muslim mothers eat mainly plain rice and chillies during 40 days after giving birth. Fish can be consumed if dried yet it remains an expensive food. Vegetables, beans and other common foods are prohibited during this period.
- Many food restrictions subsist for Muslim mothers until 6 months after giving birth, including a lot of fruits and vegetables as well as some fish.
- Buddhists' diet in camps is much more diversified than for Muslim IDPs and the data provided by NGOs show a really low number of children with Acute malnutrition in Buddhist camps.
- Buddhist, Hindu and Mara Ma Gyi communities, have also a great range of prohibited food after birth. The main consumed vegetable during the first 6-7 months after birth is gourd, while numerous vegetables are forbidden. Among meat, chicken and beef can be consumed.
- While contraception and family planning are well accepted in Buddhist, Mara Ma Gyi, Hindu and Kaman communities, a greater number of children to take care of, coupled with high stress are probably the main vectors of malnutrition among Muslim children under 5. In extreme cases, children may be seen as a coping strategy to access NGO services (nutritious food given to malnourished children is consumed with the other children of the household and even sometimes the adults).

### 1.1.3. *Social structure, mental health and care practices*

- In Muslim communities married women belong to their husband and stay with their in-law family. Respect is due to the mother in law more than any elderly woman because she is the mother of her husband who owes greatly to his mother. Women sometimes flee their in-law family when enduring a "guest" position, occasionally rejecting their own child who belongs to the in-law family. Mothers consider boys as the main vector for reproducing familial values and those who will enforce religion and related practices at the household level. The theme of the boys staying home to take care of their parents, "until their mother's funeral", is recurrent while daughters are loved but promised to leave the household when married. This may influence the time mothers dedicate to their children and feeding practices in favour of boys: feeding boys before girls that may impact on the latter's nutrition in times of food restriction.

- Decision makers in Muslim households are the elders and the elder son (if not, the elder daughter). Daughters in law must “embrace” their family’s values and follow the above rules that also apply to her behaviour (notably regarding practice of religion). Mothers are the main care-takers of the babies but they receive guidance from their mother in-law who also represents the husband’s authority.
- Men gather at the Mosque for the 5 daily prayers. The Mosque is their main socializing environment for men. Mullah also provide, besides Islam teachings, mental relief in daily life as well as in times of crisis. However, few Mullahs in the camps believe that resettlement and life in the camps are too heavy burdens that prevent them for providing efficient relief to their followers. Some of them welcomed the idea of receiving psychosocial support.
- In Rakhine State, women cannot attend the Mosque and thus perform the 5 daily prayers at home, in an isolated room. Women access religious teaching mainly through teachings ‘tours’ performed by women associations (*Musk’rat Jamaat*) which main local centre is the village of Thea Chaung. *Musk’rat Jamaat* also conveys gender oriented teachings on sexuality, marital life and values that should be respected by women. Even since June 2012 these tours also visited the camps however the lack of privacy and the lack of resources to accommodate the tours are the main hindering factors for these associations to visit the camps, and the poorest families may not be able to participate.
- In Muslim communities, witchdoctors are generally people of high socio-economic status. They play an important role in dealing with daily issues, including health, economic problems, etc. They are consulted for a wide range of health issues, including malnutrition, mental health like crazyness – which are attributed to either malevolent spirits or the “bad eye”. Polio, epilepsy, continuous or repeated crying as well as over-frequent urination are among the illness considered as the consequence of bad spirits for children under 5.
- Domestic violence is especially widespread in Muslim camps. The lack of incomes, inactivity and proximity in the camps make men particularly irritable due to a loss of self-esteem. This situation also leads many of them to alcoholism as well.
- Buddhist communities show few signs only of distress..

#### 1.1.4. WASH

- Water in Islamic societies is linked to creation and ablutions are a duty to be performed accurately before each prayer to reach the state of purity. Tube wells and deep tube wells with hand-pumps are preferred over other drinking water sources as the water “hidden” under the ground is believed to be free of contact with sources of pollution.
- Whether in Buddhist or Muslim communities, water filtering at household level is generally not practiced as it simply takes too long.
- For Muslims, defecation (and therefore latrines’ orientation) must be done on a north-south axis and avoid the west-east direction indicating the Mecca. Latrines are believed to be a place where individuals are particularly vulnerable to the effect of bad and evil spirits. These beliefs, coupled to the fact that latrines are public (hence visited by a wide variety of individuals, i.e. good Muslims or not),

explain for a great part the continued practice of open defecation. Besides, children under 5 are generally let on their own to open-defecate around the house, as they use to do as well in rural area, while in urban area households have their own latrine.

- Still in Muslim communities, the lack of intimacy is a very important issue for women going to latrines. The simple fact of being observed when going to the latrines is already a source of discomfort for women (let aside some men snooping from outside). Even worse, observing people may find out if a woman is going to latrines to perform the necessary ablutions after sexual intercourse as she carries with her new clothes to change herself.
- Latrines are generally not an issue in Buddhist area as IDP households have been provided with private latrines, with the exception of self-settled camps such as Set Yone Su 1.
- Water is rarely found in the Muslim camps' latrines so individuals have to bring their own bucket of water. However many people don't bring water to the toilets. Anal cleansing is sometimes done with mud available besides the latrines.
- Whether in Buddhist or Muslim communities, soap is generally not used for hand cleansing after defecation. As a matter of fact, diarrhea is not considered as a disease linked to water. Generally, local communities attribute diarrhea to unsuitable or food not fresh rather than to water quality. If diarrhea may be considered as severe for children under 5, Muslims often believe bad spirits to be the cause.
- Buddhist, Hindus and Mara Ma Gyi generally favour the taste of water rather than its assumed purity. They prefer the "heavy" water from ponds and rainwater.
- Hindu households in Set Yoe Kya face drinking water supply issues in rainy season when the water tanks are flooded.

## **1.2. Recommendations**

### *1.2.1. Livelihoods*

- The lack of cash especially in the Muslim area is one of the main issue regarding livelihoods and food security. However, cash programming, would be perceived as an extremely sensitive issue in this conflict context, and mismanagement by the CMCs risks bringing more conflicts
- Providing vocational training to women may be badly perceived in Muslim communities, while reinforcing income-generating opportunities for men (training for carpenters, small business skills, net repairing skills, fish processing skills etc.) would have positive effect on gender based violence by giving them back their critical role in supporting the households' economy.
- It is not recommend working on inter-faith livelihood activities. Existing relationships between communities are already undertook where and when possible. At the contrary, launching inter-faith activities at the community level may bring more conflictive situations.

- Household-scale farming activities have positive effects on daily food diversification and alleviating food related expenditures. This activity would be interesting to be reinforced and beneficiate greater number of households.
- Providing Muslim IDP camps with alternative sources of fuel seems critical after two years in the area.

#### 1.2.2. *Awareness and capacity building in Muslim communities*

- Acquiring better knowledge of the *Musk'rat Jamaat* present in Thea Chaung and the region and testing potential collaboration on awareness sessions, whether on hygiene, maternal care or nutrition could significantly improve efficiency of the messages delivered through NGO programming, through religious legitimacy. Besides, *Musk'rat Jamaat* provide women a way to identify themselves with groups outside those defined by birth and inherited by status alones. These groups could be approached through traditional birth attendants. Economically supporting these *jamaat* in the camps and providing appropriate (private) spaces could be an option.

#### 1.2.3. *Psychosocial support and nutrition issues in Muslim communities*

- When providing psychosocial support, the language defines most of its efficiency and staffs underlined language discrepancies between Muslim communities as a possible undermining factor. Working on the terminology used by the staffs, their own experience on what terms they believe having the best impact in improving maternal care and psychosocial relief should be done between staffs on a regular basis.
- A better knowledge and acknowledgment by the team of beliefs regarding the causes of mental illness would surely improve their impact when providing support to mother of malnourished children by referring to these beliefs along with psychosocial support.
- The bad perception that some women (especially rural) have of Muslim women working in NGOs may be worked out notably through involving more the traditional birth attendants, among whom some already received NGO trainings. Discussing this with *Musk'rat Jamaat* members could also help précising where are the cultural and religious brakes.
- Psychosocial support as well as awareness and knowledge transfers regarding malnutrition of children under 5 could build on traditional beliefs by engaging work with traditional healers given there is no contradiction on consulting both the traditional healer and ACF premises.
- Procuring psychosocial counselling to religious leaders (Mullahs) could be an indirect way to help reducing their lack of self-esteem.
- Trying to reach men through group sessions of psychosocial support seems critical in order to reduce gender based and domestic violence. Creating opportunities to gather and discuss the current situations, their own difficulties (to find a livelihood but also at home) should be considered.

#### 1.2.4. *WASH*

- Working with women *jamaat* could be an option for providing hygiene awareness.

- Working closely with Mullah to enforce hygiene message and dismiss or clarify confusions on practices explained in the ahadit (like the use of stones or mud for anal cleansing) and their historical context may serve to improve hygiene practices.
- Providing privacy to women in the camps is the main priority expressed by communities. While private individual latrines may be difficult to provide in Muslim camps, working on fencing groups of latrines is a viable solution.
- Discussing with religious leaders and/or faith healers on potential religious remedies to the concentration of bad spirits in the latrines could be tested to improve latrines' use rates and reduce open defecation.
- Self-settled camps still lack of latrines considering the growing number of IDPs living in these places. Building more latrines is still needed in these places.
- Despite houses in Buddhist camps are equipped with their own latrines and water supply, the bad design of the infrastructures doesn't guarantee enough quality. The Hindu community in Set Yoe Kya is especially at threat of water pollution in the rainy season where water collecting tanks are regularly flooded. Raising the levels of these water tanks would provide at least temporary solution.
- Some solution should be also worked out for Mindaya village in Set Yoe Kya to find suitable additional space for the construction of latrines.