



Mental Health and Psychosocial Impact on Children in conflict Affected Situation

Rapid Assessment Report
November 2022



Ministry of
Women
Youth and
Children Affairs

Foreword



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Ministry

The National Unity Government of Myanmar (NUG), the legitimate government of Myanmar was formed by the Committee Representing Pyidaungsu Hluttaw (CRPH) in accordance with the Federal Democracy Charter in response to the Coup d'état that occurred on 1 February 2021. The cabinet includes lawmakers elected in the 2020 election, members of ethnic groups, civil society and key figures in the anti-coup protest. The Ministry of Women, Youth and Children Affairs is at the forefront of history as the first ministry in Myanmar created to respond to the needs and challenges of vulnerable populations of Myanmar.

The Ministry of Women, Youth and Children would like to thank the staff, technicians and all those who informed the results of this study for supporting development of “A Rapid Assessment on the Children’s Mental Health and Psychosocial Impact in Conflict Affected Situation” in Karen State, Chin State, Sagaing Region and Magwe Region, and urban areas of Yangon and Mandalay.

This report has been developed after many consultations, meetings and discussions with the technical support of many groups and individuals. In particular the report seeks to understand the effects of armed conflicts on displaced individuals, families and households, especially amongst children; analyse their symptoms, coping strategies and support from those around them and recommend ways to improve their mental and psychological health.

This report seeks to contribute to the protection and promotion of the rights of children in Myanmar by providing social health and social welfare services to them and puts forward plans and policies to help the Ministry achieve its objectives. The priorities of the ministry are:

- To protect women, youth, and children from human rights violations, and to ensure their enjoyment of human rights throughout this period of transition.
- To provide for the safety, basic needs and survival of women, youth, and children.
- To promote women, youth, and children’s meaningful participation in the building of a federal democratic nation.

Children are our future and hope. The Ministry of Women, Youth and Children believes that this assessment report can provide direction,

guidance, and a positive future for the people of Myanmar, especially our children. Despite the terrible conditions faced by our people and the impact that the ongoing oppression and violence of the military junta has had on the most vulnerable in our society, we believe that the people of Myanmar will be victorious and realise our visions of a free, peaceful, democratic country.

Thank you for reading this report and thank you for supporting our children.

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Union Minister

Ministry of Women, Youth and Children Affairs

**A Rapid Assessment on the Children's Mental Health and
Psychosocial Impact in conflict affected situation in Karen and Chin
States, Sagaing and Magwe Regions, and urban areas of Yangon
and Mandalay Regions**

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1. Introduction

The violations against children resulting from the military coup in 1st February 2021, include the killing and maiming of children and attacks on and the use of schools, hospitals, monasteries and churches especially in armed conflicts areas of the States and Regions (such as Chin, Sagaing, Karenni, Kachin, Karen, Rakhine, Magwe, Shan, Tanintharyi, etc.). Keeping all girls and boys safe from violence, abuse and exploitation in Myanmar was already a major challenge before the current crisis while killings, indiscriminate shootings, airstrikes, arbitrary arrests and torture of children by the military junta has only increased violence against children in Myanmar.

In the first 18 months after the military coup in February 2021, at least 382 children have been killed or maimed, more than 1400 have been arbitrary arrested, and at least 274 child political prisoners remained in the military's custody, according to a report given by the UN Special Rapporteur on the situations of human rights in Myanmar at a UN Human Rights Council meeting in June 2022¹. Even though the Myanmar government signed the Convention on the Rights of the Child in 1991, and the Optional Protocol to the Convention on the Rights of the Child in 2015 (later ratified in 2019), children are unprotected by the law from violations under the current crisis.

The United Nations had identified more than 1 million of *displaced people* including 455,000 children in need of humanitarian support. For the whole country, the Myanmar Humanitarian Needs Overview (HNO) estimated that, in 2022, 14.4 million people, including 5 million children, need assistance². As the military intentionally impedes access to humanitarian assistances (food, funds, medical aid, etc.) of more than 250,000 to 500,000 internally displaced children (as of 1 May 2022), children are food insecure and require nutritional support, and around 33,000 children will die from preventable causes in 2022 due to the lack of routine immunizations.

Myanmar is experiencing a profound humanitarian and human rights crisis, threatening the lives and well-being of the children. UNICEF reported that almost 12 million children have lack of access education, due to attacks on schools and COVID-19 school closures. Around 6.3 million children and adolescents are in need of education support. Almost 1 million and 5 million children

¹ [Myanmar: Crisis taking an enormous toll on children, UN committee warns | OHCHR](#)

² [UNICEF Myanmar Humanitarian Situation Report No. 8 for 1 to 30 September 2022 - Myanmar | ReliefWeb](#)

have missed the routine immunization and vitamin A supplementation, respectively. Around 712,037 people in need of mental health and psychosocial support while 303,000 children, parents and caregivers are receiving mental health and psychosocial support³.

As of 27 October, only 23 per cent of the UNICEF Humanitarian Action for Children requirements had been received⁴. The internally displaced children who urgently need food, nutrition supplements, child protection, and basic social services will not be able to receive the assistance if there is no ongoing support. Moreover, providing humanitarian assistance is made extremely difficult by security risks, closure of roads, and interference by the military denying immediate assistance to IDP and especially children who need lifesaving support and protection.

In addition to the essential needs (such as food, water, shelter), the improvement of physical and mental health of the displaced children and adolescents are crucial to build their future lives. Almost all of the displaced children and adolescents have had limited or no access to education for almost three years. The children and adolescents denied schooling are more likely to suffer mental and emotional stress. They have difficulty engaging in the decent work, and they will be more vulnerable to abuse, early marriage and child labor. It will be important to study the effects of armed conflicts and violence on displaced families and especially on the children's mental health to understand the true extent of suffering amongst children who have fled from the violence of the junta, military and armed conflicts. Some children are more likely to develop anxiety or depression when they experience trauma or stress, when they are maltreated, when they are bullied or rejected, or when their own parents have anxiety or depression.

1.1 Purpose of the assessment

In order realize the National Unity Government's ultimate goal of elimination of dictatorship and building of a Federal Democratic Nation, various forms of assistance are providing a secure life for vulnerable groups such as women, youths and children under the current conditions. At the same time, the main work of the Ministry of Women, Youths and Children Affairs is to conduct assessments for exploring and recording the experiences and losses of children's rights due to the military council's terrorist acts especially in the current crisis situation.

³ [Humanitarian Action for Children 2022 - Myanmar - Myanmar | ReliefWeb](#)

⁴ [UNICEF Myanmar Humanitarian Situation Report No. 9 for 1 to 31 October 2022 - Myanmar | ReliefWeb](#)

Because of the junta's brutal crackdowns on anti-coup protests, persecution of the those detained in interrogation stations and the use of violence to abuse and intimidate the civilian population, 100 children were killed over the past 11 months in 2021 after military coup. Myanmar people are suffering losses every day because the military junta has committed numerous abuses against the civilian population that amount to crimes against humanity such as use of excessive force to raid civilians' houses, destroy property, burn the houses, and kill many civilians in dreadful massacres.

The Ministry of Women, Youths, and Children Affairs therefore conducts a rapid assessment on the real situations of and assistance for the children's mental health and psychosocial issues in some IDPs' camps in Chin State, Sagaing Region, Magwe Region and Karen State, and some urban areas in Yangon and Mandalay aiming to report the military junta's crimes against the children of Myanmar, and to develop plans and processes for providing safety, basic needs and survival of the children.

1.2 Objectives of the assessment

The objectives of the study are;

- 1) To understand the effects of armed conflicts on the displaced households in terms of livelihoods, income, property, access to basic needs like foods and shelter, education, health services, family's relationships and behaviors, the most disadvantaged children by age groups and urgent needs for the children in the selected IDP camps and urban areas;
- 2) To analyst the symptoms or problems of the displaced children's mental health and psychosocial, their coping strategies, and the support they receive from the parents, friends and the communities, and
- 3) To recommend ways to improve the displaced children's mental health and psychosocial ensuring their future well-being.

2. Methodology

2.1 Research method

The study applied qualitative research approach such as Key Informant Interviews (KIIs) and Focus Group Discussion (FGDs) in collecting information in the IDP camp in Karen and Chin states, Sagaing and Magwe regions, and in the wards/slums in Yangon and Mandalay cities.

The KII was conducted with the parents, childcare givers, teachers, members of CSO, members of the Camp Management Committee to understand the effects of armed conflicts on the displaced households and the communities.

The FGD was conducted with the displaced children in four IDP camps and vulnerable children in the two cities by different age groups such as adolescents aged 13-18 years, children aged 8-12 years and aged 2-7 years. The guardians of the children aged 2-7 years were participated in FGD for the young children.

The convenient sampling was used to get the respondents of both boys and girls in the IDP camps. A total of 12 FGDs with total 65 boys and 67 girls, a total 6 FGD with 13 male guardian and 32 female guardians were conducted while a total of 6 KIIs with total 6 women and 6 men were also conducted in six IDP camps and two cities.

Number of respondents/participants by gender

State/Region	Adolescent Male	Adolescent female	Boy 8-12 yrs	Girl 8-12yrs	Guardian male for child 2-7yrs	Guardian female for child 2-7yrs
1. Kachin	8	8	4	4	4	4
2. Chin	7	8	4	4	4	4
3. Sagaing	8	8	4	4	4	4
4. Magwe	8	8	4	4	0	7
5. Mandalay	4	4	4	3	1	7
6. Yangon	6	8	4	4	0	6
TOTAL	41	44	24	23	13	32

2.2 Data analysis and reporting

The study used the Qualitative data analysis such as Content analysis and Narrative analysis in preparing the report on the effects of the conflicts on the households, relationship and behaviors of the children, the problems related to the children's mental health and coping strategies and mechanism of boys and girls by different age groups in both IDP camps and wards and slums in the cities. KIIs were also conducted to understand the overall situation of the IDP camps and ward/slums, the effects of armed conflicts on the children, the main changes in their lives, changes in behaviors of children, coping mechanism, kinds of assistance and help from the parents and community to those children with mental health problems, and requirements of the children in the IDP camps and cities.

2.3 Limitations

Although the study team tried to get the data on the total displaced population, total children population under 18 years old by gender, the key informants can provide the estimated children data without gender specification because new displaced people arrived and some displaced people go out from the camp.

The study team collected the data through many challenges such as poor phone connection, and technical challenges of working with those vulnerable displaced persons in the camps or urban slums. For example, the enumerator has to wait to get the response when the children from separated families cried and cannot answer the questions.

It is also difficult to organize the equal gender participation in the FGDs. For example, no guardian male (for children 2-7 years old) participated in the FGD in Magwe and Yangon regions and only one guardian male participated in Mandalay region.

This study was a rapid assessment to investigate whether the behaviors of the children changed or not and the associated problems concerning the mental health by different age groups or a snap shot of the effects of armed conflicts on the displaced children in IDP camps and vulnerable children in the cities with a limited time. Therefore, it cannot present the whole displaced children in the different states and regions of the country.

3 Findings and Analysis

3.1 Karen State

3.1.1 Findings from the Key Informant Interview

The study is conducted with Internally Displaced Persons (IDPs) who fled from their towns/villages (such as Law Kay Kaw, Pha Lu) to the one of the temporary camp sites in Karen State. The total number of IDPs in the camp is around 1400, including 200 children under 18 years old. KII was conducted with a woman and a man who is the member of Camp Management Committee or working as teacher or nurse or volunteer. They know very well about feeling and behaviors of children, particularly age 13 to 18 years old (the most active and emotional age group among the children), as those children are closed and talk openly to them.

Effects of armed conflict on the family, relationship and behaviors of children

Based on KII, the following table (Table 1) presents that the effects of armed conflicts on the displaced households, and changes in the children's behaviors. Almost all of the displaced households lost their houses and properties. They previously worked as wage farm and non-farm labors, and casual labor. They have to leave their houses and properties and run away to a safer place with fears. Job opportunity is very rare in IDP site and therefore they have no or low income. Parents or elder brother and sister has to rely on working as migrant labor in the neighboring country. It is appeared that predominant income sources are income from remittance and working as a casual labor.

The intensified conflicts and airstrikes in Karen State continue to endanger the lives, safety, mental health and livelihoods of innocent civilians. Due to indiscriminate targeting and killing of civilians, and destroying and burning of villages by the junta military, the number of IDPs was increased from 3,200 (prior to 1 February 2021) to 92,400 (as of 31 October 2022)⁵. Based on KII, one or more family members in some IDP households were killed by the junta.

Lack of access to formal education for almost three years was another challenge, *particularly for 13-18 years old children* as a result of school closures in response to COVID-19, and armed

⁵ [Myanmar Emergency Overview Map: Number of people displaced since Feb 2021 and remain displaced \(As of 31 Oct 2022\) - Myanmar | ReliefWeb](#)

clashes. Currently, those children are attending the school in the camp arranged by the Camp Management Committee and volunteer teachers. Almost all parents worry for their children unable to continue learning at the college/university level.

Table 1.KII: Effects of armed conflict on the family, relationship and behaviors of children

Sr. No.	Effects of armed conflict & changes in behaviors	KII with 1 Female & 1 Male
1	No job (hard to get a job)	Almost all
2	No house and assets	Almost all
3	No or low income	Almost all
4	Loss of family member	Some
5	No access to formal education	Almost all
6	Sad/depressed	Almost all
7	Drink alcohol	Some
8	Use drugs	Some
9	Aggressive (easy to get angry, want to fight)	Almost all

Source: KII in Lay Kay Kaw, Karen State

The above-mentioned facts cause almost all children aged 13-18 years to sad/depressed. It is undeniable fact that depression can lead to a variety of emotional and physical problems of those children. Therefore, they become more aggressive, easy to get angry and want to fight with others. The stress can push those children into their *negative coping mechanisms* such as drinking alcohol with friends, using drugs when they receive a pocket money from the parents or relatives. But the adolescent girls practice knitting and tatting which is *positive coping mechanism* and income generating activity as well.

“Among the different age groups for children, the most disadvantaged group is children/adolescents aged 13-18 years because they have no chance to continue schooling at the formal higher education level and undergraduate level (college/university). They have lack of access to the vocational training that will support to build their future lives. Before the coup crisis, the adolescents used to help in their parents’ livelihood activities and some earned cash. The majority of the adolescents are sad/depressed when their families have no income, and the parents cannot buy what they want to buy. Among them, five adolescents in the camp are likely to suffer from severe mental health problem as they are aggressive, stay alone and talk alone. We have no access to mental health education and services. It is urgently needed to provide the awareness raising campaign concerning children mental health for the parents, caretakers and the communities”

(KII respondents, Lay Kay Kaw/Karen State)

3.1.2 Findings from the FGD with the adolescents

According to the FGD with 8 females and 8 males aged 13-18 years, the effects of armed clashes on the displaced households are the same as the findings from KII (No. 1 to 5 in Table 2).

Table 2. FGD: Effects of armed conflict on the family and adolescents

Sr. No.	Effects of armed conflict & changes in behaviors	8 Males	8 Females
1	No job (hard to get a job)	Almost all	Almost all
2	No house and assets	Almost all	Almost all
3	No or low income	Almost all	Almost all
4	Loss of family member	Some	Some
5	No access to formal education	Almost all	Almost all
6	Parents frequently quarrel	Some	Some
7	Less quarrel with siblings	Some	Some
8	No freedom (cannot play freely, cannot make noise)	Almost all	Almost all
9	Unsatisfied because parents are not able to buy for them	Almost all	Almost all

Source: FGD in Lay Kay Kaw, Karen State

The comparison of the family relationship before and after the coup presents that the parents quarrel more in the IDP camps. But two adolescents said that there is no or less quarrel between their father and mother. Some of the adolescents (both male and female) less quarrel with their siblings after the coup. Almost all of the male and female adolescents are unsatisfied because their parents cannot buy things such as meats, snacks, clothes, etc. for them. Especially in the IDP camp with a limited space for each family, the adolescents cannot make noise to annoy other households, they cannot play freely, and they cannot go out from the camp. They point out that....

“Life is totally changed from living happily in a town with a park, play-ground, shops, etc. to living in IDP camp with nothings at hand (no house, no money, no clothes, no toy, no motorcycle). Before coup, we can go around the town with friends, buy snacks and toys, and watch movie happily. Now, we have to rely on the donor assistance because of no earnings to buy foods. We live in a limited space, cannot make noise, cannot play freely. The drinking water is unsafe (water with bamboo dust), and we have to use electricity and water with a limitation. Around 90 per cent of the children want to go back home if it is possible.”
(FGD with adolescents, Lay Kay Kaw/Karen State)

Symptoms concerning mental health of the adolescents

According to the 2016 Global School-based Student Health Survey (GSHS), WHO reports the prevalence of depression in 13–17-year-olds as 27.2 per cent in Myanmar⁶. The problems related to feeling of sad/depressed in both male and female adolescents are shown in the following table (Table 3). Both male and female adolescents are sad/depressed for loss of freedom, no access to formal education, no job, no income and thus they are unhappy in living as a displaced person. The average months for staying in this IDP camp of the adolescents was around 8 months. They become aggressive, and cannot sleep well at night. They have anxiety to loss their parents or family members when they run again to escape from killing and shooting by the junta military. They are frightened of the noise of explosion and shootings gun.

Table 3. FGD: Symptoms concerning mental health situation of the adolescents

Sr. No.	Symptoms concerning mental health	8 Males	8 Females
1	Sad for loss of freedom	Yes	Yes
2	Depressed (for education and job)	Yes	Yes
3	Crying (sometimes)	Yes	Yes
4	Unhappy	Yes	Yes
5	More aggressive	Yes	Yes
6	Cannot sleep well (stay asleep)	Yes	Yes
7	Frighten when hear airstrikes, shootings	Yes	Yes
8	Worry for loss of family members	Yes	Yes

Source: FGD in Lay Kay Kaw, Karen State

Coping Strategy

The ways to manage their sadness, depression and anxiety are mainly talk and play with friends, and listen to music (Table 4). Some adolescents (both male and female) don't want to talk even with friends and stay alone. Some girls draw pictures or read a book while some boys play games, drink alcohol and use drugs when they are depressed. However, they said that those coping strategies can reduce their sadness/depression for a very short time (1 or 2 days only). They feel sad and frighten again every day. It is noted that the adolescents like to spend their time more with

⁶ [Mental health of adolescents in Myanmar: A systematic review of prevalence, determinants and interventions \(burnet.edu.au\)](http://burnet.edu.au)

friends than with their families, and some boys engage in risky behaviors such as smoking and drinking alcohol.

Table 4. FGD: Coping mechanism of the adolescents (aged 13-18 years)

Sr. No.	Strategy	8 Males	8 Females
1	Listen music	Yes	Yes
2	Talk with friends	Yes	Yes
3	Play with friends	Yes	Yes
4	stay alone & not want to talk	Yes	Yes
5	Drawing picture/reading book		Yes
6	Play games with phone	Yes	
7	Drink alcohol	Yes	
8	Use drugs	Yes	

Source: FGD in Lay Kay Kaw, Karen State

3.1.3 Findings from the FGD with the children (8-12 years old)

According to the FGD with **4 boys and 4 girls aged 8 to 12 years** old in the IDP camp, Karen State, almost all of their families' homes and assets were burned or destroyed by the junta military, and they have no or little income (Table 5). Therefore, their parents are unable to buy meat, fish and snacks for the children. The parents' behaviors have changed in the IDP camp environment. The parents pay more attention to their children and take care of the young children themselves. Because of no or little income, father drinks less alcohol in some displaced households. Both boys and girls at age 8 to 12 years argue and fight less with their siblings under the close watch of the parents. Almost all children, especially boys, help their parents more in doing household chores as they have more free time with no homework and nowhere to go out,

Table 5. FGD: Effects of armed conflict on the family and children

Sr. No.	Effects of armed conflict & changes in behaviors	Boys & Girls
1	No or low income	Almost all
2	No house and assets	Almost all
3	No access to formal education	Almost all
4	Not able to buy meats/fish/snacks	Almost all
5	Look after children by parents due to no job	Almost all

6	Less quarrel with siblings	some
7	Help parents for doing household chores	Almost all
8	Father drinks less alcohol	Some

Source: FGD in Lay Kay Kaw, Karen

Symptoms concerning mental health of the children and their coping strategy

The major symptoms reflecting the mental health situation of children for both boys and girls aged 8 to 12 is unhappiness in staying at the camp, crying without a reason, and being angrt and argumentative with friends. The *coping strategies* of the children aged 8 to 12 years are simple; playing with friends and help in doing the household chores.

Table 6. FGD: Symptoms concerning mental health & coping strategy of the children

Sr. No.	Symptoms	Boys & Girls
1	Unhappy	Yes
2	Crying without reason	Yes
3	Aggressive (easy to get angry)	Yes
	Coping strategy:	
1	Play with friends	Yes
2	Help parents for doing household chores	Yes

Source: FGD in Lay Kay Kaw, Karen State

“We know that the majority of the children at the same age group are sad and missed our house, friends and playground in Lay Kay Kaw. In IDP camp, we are unhappy because the parents cannot buy meats, fish and snacks as before in Lay Kay Kaw. We are unsatisfied for eating rice with fish paste and vegetables every day. Sometimes, we have no rice and we are starving the whole day.”

(FGD with children (8-12 years old), Lay Kay Kaw/Karen State)

3.1.4 Findings from the FGD with the guardians

In order to understand the effects of the current crisis on changes in the behaviors of the children aged 2-7 years, the FGD was conducted with a total 7 guardians (father, mother, grandmother). All guardians have at least one young child 2 to 7 years old, all but one are unemployed and they look after their young children for the whole day. There is no nursery school for the children aged 3 to 5.

Effects of armed conflict on the family, and behaviors of the children

Actually, the children at these ages are entirely dependent on their adult caregivers, including parents, daycare providers, babysitters, extended family members and teachers. Early Childhood Education (ECE) encompasses a wide variety of activities (playtime, story time, dance & music, etc.) designed to promote children's cognitive and social development before entering kindergarten. The guardians agree that the children in this age group are impolite and rude and crying without reason. The guardians want to improve those disrespectful children's behavior. Some of the children are frightened and trembling when they hear any noises, and some children have nightmares (Table 7).

On the other hand, some children aged over 5 years can attend school and learn at the primary level. The guardians notice that those children follow school discipline and they learn well. The school was organized by the CDM teachers and volunteers and they teach three levels such as primary, middle and higher with insufficient reference books, teaching materials and stationery.

Table 7. Effects of armed conflict on the family and the children (2-7 years old)

Sr. No.	Effects of armed conflict & changes in behaviors	Boys & Girls
1	No access to nursery school for 3 to 5 years old children	Almost all
2	No or low income	Almost all
3	No house and assets	Almost all
4	Children cannot watch TV (no TV)	Some
5	Children are impolite and rude	Some
6	Trembling (when they hear shooting, explosion)	Some
7	Crying without reason	Almost all
8	Nightmares	Some

Source: FGD in Lay Kay Kaw, Karen State

“Around 90 per cent of the displaced households and the children in this camp have almost the same sad/depression (regarding lack of access to formal education, malnutrition, illness, aggressive, worry, nightmares, fear, etc.) due to the military coup and armed conflicts. Not only communities and families are destroyed but also physical and mental health and psychosocial problems are created in the displaced children for all ages. The children from the separated families and women-headed households are more vulnerable. The children received a support for their sad/depressed mainly from friend only. There is no resource person and no organization to provide for the children mental health problems.”

(FGD with the guardians, Lay Kay Kaw/Karen State)

3.2 Chin State

Since the military coup on 1 February 2021, thousands of people from Paletwa township have been forced to flee to Mizoram in India because of armed conflicts between the junta and Chinland Defense Force. As a result of the military junta's air strikes, indiscriminate shootings, arresting and murdering civilians, burning houses, and a massacre that took place on January 2022 in Matupi township, thousands of people from Chin State had crossed over into the border villages of Mizoram State in India since January 2022. On 19 January, The UNHCR estimated that more than 33,800 people have been displaced in Chin State due to the post-coup conflict. As of 31 October 2022, the UNHCR reported that the number of IDPs in Chin State was increased from 6,500 (prior to 1 February 2021) to 52,700⁷.

More than 40,000 refugees from Myanmar are taking shelter in the camps arranged by the Mizoram State Government and NGOs. Churches, NGOs and other organizations in Mizoram have been at the frontline providing food and shelter for the refugees. However, some of the refugees are living in rural makeshift refugee camps, and they don't have adequate shelter, food, water and other survival necessities, including basic healthcare. Although the schools in Mizoram accept the enrollment of Chin children, they face the language barrier in learning lessons. In addition, many are reported to be suffering from Post-Traumatic Stress Disorder (PTSD) due to various stresses resulted from economic, social, cultural and political issues. The refugees in Mizoram miss their native land and homes but they are unsure when they can go back home.

3.2.1 Findings from the KII with the refugees

This study was conducted in the refugee camp situated in Lawngtlai, Mizoram State with the refugee children in different age groups (2-7 years, 8-12 years and 13-18 years). The KII was also conducted with the refugee man and woman who know about the situation in the camp and the children very well. The total number of refugees in the camp ranged from 120 to 140, including 10 to 20 children who are 18 years old.

Effects of armed conflict on the family, relationship and behaviors of the children

The effects of the military coup and armed conflicts on the refugee households in Mizoram (Table 8) is similar to the situation in the other IDP households in the temporary IDP sites and camps in

⁷ [Document - Myanmar UNHCR displacement overview 31 Oct 2022](#)

different regions and states in Myanmar. The refugees have been forced to flee their home in fear, but now they are living in a safe place in Mizoram. Their lives in a makeshift refugee camp are not easy at all because they cannot communicate with the community to find a job, or see a doctor for instance. Although most of the refugees have a desire to work there are few or no job opportunities to earn income and rebuild their lives (KII in Lawngtlai, Mizoram).

Based on the KII, they have nothing no assets so households suffer a serious lack of food. The parents are hopeless and depressed for not knowing when they can return to Myanmar as there is growing armed clashes and airstrikes, and greater presence of the junta's forces along the border with India. Some refugee children are living with relatives or only father or mother in the camp because their family members were separated by participating in CDF, murdered by the junta, and divorce. Those children are more vulnerable, they miss their happy lives with the family in Chin State (see the following Table 8).

“The refugee children from Chin State, particularly in this camp, cannot go to school in Mizoram. In addition, some children are died due to lack of access to healthcare services and medicines. The children are weak and malnourished as the parents cannot afford to buy/feed nutritious foods (meats, fish, milk, etc.). Especially the children from a separated family suffer depression the most. Most of the children cannot forget their sad or unwanted memories such as arresting, shooting and killing civilians by the junta. As a result, the children are physically and mentally exhausted. But no organization is provided a support for the children mental health and psychosocial problems ”

(KII, Lawngtlai, Mizoram State)

The KII reveals that the refugee children in this camp are disadvantaged as they have no access to health and education services (Table 8). Although the Mizoram Government allows them to attend schools in Mizoram, the children failed the tests and exams mainly due to the language barrier at school. Some of the families who have money send their children to the private school.

KII points out that particularly the children at the *schooling age group (5 to 16 years old)* are the *most disadvantaged* because they have no access to the formal education. The children are getting older without any educational qualification and the parents worry for their children's future.

The children are frightened having to live in another country and are unable to forget the violence back home. Without access to healthcare service and adequate and nutritious foods, some of the children are **physically & mentally exhausted**.

Table 8. Effects of armed conflict on the family, relationship and behaviors of the children

Sr. No.	Effects of armed conflict & changes in behaviors	KII with 1 Female & 1 Male
1	No house and assets	Almost all
2	No job and no income	Almost all
3	Family members are separated	Some
4	Lack of access to education	Almost all
5	Lack of access to health service	Almost all
6	Lack of access or inadequate basic needs (foods, shelter)	Almost all
7	Parents are depressed	Almost all
8	Children are depressed	Almost all
9	Children are extremely frightened	Some
10	Children are physically & mentally exhausted	Some

Source: KII in Lawngtlai, Mizoram, India

3.2.2 Findings from the FGD with the adolescents

The similar effects of armed conflicts on the displaced households in Karen State (no job, no house, no income) can be found in the refugee households of both male and female adolescents in Mizoram. In some households of adolescents, the relationship between father and mother has changed as the parents frequently quarrel. The same picture can be found among the siblings. The relationship of the parents is important as excessive arguments and fighting of the parents can leave children feeling insecure and fearful.

The parents of one boy divorced and so he is living with his grandparents. He misses his mother and cries when he talks about the family relationship. Another boy is living with his mother and he misses his father who stayed behind in Myanmar. All of girls are living with their families. Almost all of the adolescents have had no access to formal education for almost three years. Not only do they miss their happy schooling days in Myanmar but are also disappointed that they have no access to formal education.

Almost all of the adolescents are unsatisfied as their parents cannot afford to buy things like food and clothes for them. Almost all of the adolescents said that they have no freedom in the refugee camp in Mizoram because they cannot do what they want to do.

Table 9. FGD: Effects of armed conflict on the family and behaviors of the adolescents

Sr. No.	Effects of armed conflict & changes in behaviors	7 Males	8 Females
1	No job (hard to get a job)	Almost all	Almost all
2	No house and assets	Almost all	Almost all
3	No or low income	Almost all	Almost all
4	Separated from parents	Some	-
5	No access to formal education	Almost all	Almost all
6	Parents frequently quarrel	Some	Some
7	More quarrels with siblings	Almost all	Almost all
8	No freedom	Almost all	Almost all
9	Unsatisfied because parents are not able to buy for them	Almost all	Almost all

Source: FGD with the adolescents in Mizoram

Symptoms concerning mental health of the adolescents

The following table (Table 10) presents the symptoms and problems related to the mental health of the adolescents. It is noted that two male adolescents, living in a separated or divorce households, could not continue the interview because memories of parents were too upsetting. Those adolescents are more vulnerable than others who live with their parents. Both male and female adolescents feel neglected by their parents. Although the parents are sad and depressed for their loss of homes and property, they should pay more time in playing and talking with the children. The short-term mental health problems and illness of the children could become long-term especially in an environment with lack of facilities or no help.

Both male and female adolescents have nightmares, sleepless night, and fear arrest or death from the Myanmar military because of their experiences since the coup. They have to rely on donors for assistance and they fear a future with not enough food. All adolescents worry for no access to formal education so badly needed to get decent work in their future lives.

Table 10. FGD: Symptoms concerning mental health of the adolescents

Sr. No	Problems related to feeling of sad/depressed	7 Male	8 Female
1	Sad for separated family	Yes	
2	Not get a sound sleep	Yes	Yes
3	Crying	Yes	Yes
4	Unhappy	Yes	Yes
5	Nightmares (bad dreams)	Yes	Yes
6	Frighten to get kill/arrest by Myanmar military	Yes	Yes
7	Aggressive (easy to get angry/fight)	Yes	Yes
8	Sad for neglecting by parents	Yes	Yes
9	Fear for hunger (no food stock)	Yes	
10	Worry for education	Yes	Yes

Source: FGD with the adolescents in Mizoram

Coping strategy

Based on the FGD with the adolescents, the parents and relatives cannot provide much help to their suffering children. The community or organizations also cannot support them. The children get some help from their friends; they can talk, sing, and play. The female adolescents used to go to bed when they feel sad. They may be sleep or just stay in the bed (Table 11).

Table 11. FGD: Coping strategy for sad/depressed of the adolescents

Sr. No	Coping strategy for sadness	7 Males	8 Females
1	Talk with friends	Yes	Yes
2	Sing with friends	Yes	
3	Play with friends	Yes	Yes
4	Listen songs	Yes	Yes
5	Sleep/stay in bed		Yes

Source: FGD with the adolescents in Mizoram

3.2.3 Findings from the FGD with the children (8-12 years old)

Effects of armed conflict on the family and behaviors of the children

According to the FGD with 4 boys and 4 girls aged 8 to 12 years old in the refugee camp in Mizoram State, almost all of the children's houses were destroyed, their parents had little or no

income, and some of the children received insufficient food (Table 12). Fortunately, all children are staying together with their families. They notice that their daily activities in the refugee camp are different from the activities at home in Myanmar. In Myanmar, they usually wake up around 6 A.M, have breakfast and go to school. After school, they play with friends, have a dinner, and do for homework before going to bed. At the weekend, they visit with friends. After the military coup, both their father and mother stopped their work (a mother is CDM, a mother was a vendor, a father ran wood mill, a father was cycling taxi driver, etc.), and there is no income now. The parents don't allow the children to go around in Mizoram as the community is different from their community in Myanmar. The children therefore are with the lack of freedom, and some children receive inadequate food. Almost all children are missing out on school and have no access to formal education.

Table 12. FGD: Effects of armed conflict on the family and behaviors of the children

Sr. No.	Effects of armed conflict & changes in behaviors	Boys & Girls
1	No house	Almost all
2	No income	Almost all
3	Lack of access to education	Almost all
4	Inadequate food	Some
5	No freedom	Almost all

Source: FGD with the children aged 8-12 years in Mizoram

Symptoms concerning mental health of the children & their coping strategy

All boys and girls aged 8 to 12 years fear arrest or being shot by the junta soldiers. Although they have been in safety for at least 6 months, they cannot forget about the violence of the military forces. Some children cannot sleep well at night because they have nightmares and are afraid of ghosts. When they feel sad or depressed, they stay in the bed and some children use their phones (Table 13). The children get comfort and encouragement from their parents and friends when they are sick or sad. They know that other children at the same age also suffer from the same sadness and depression.

Table 13. FGD: Symptoms concerning mental health & coping strategy

Sr. No	Symptoms	Boys & Girls
1	Unhappy	Yes

2	Crying	Yes
3	Frighten to get kill/arrest by military	Yes
4	Worry for no access to education	Yes
5	Nightmares/afraid ghosts	Yes
	Coping strategy	
1	Sleep or stay in bed	Yes
2	Use phone (tiktok, facebook, etc.)	Yes

Source: FGD with the children aged 8-12 years in Mizoram

3.2.4 Findings from the FGD with the guardians

The FGD was conducted with total of 8 guardians, fathers and mothers. All guardians have at least a young child aged 2 to 7 years, all have no job currently, 2 fathers stayed behind in Myanmar, and all guardians look after their young children. There is no nursery school for the children aged 3-5. Almost all guardians have insufficient food, particularly nutritious food. They agree that the children are afraid and cannot stay alone or eat alone. In addition, the children tremble when they hear any noise, and crying for a long time. Both guardians and children aged 2 to 7 cannot sleep well at night because both have anxiety and nightmares (Table 14).

Table 14. FGD: Effects of armed conflict on the family and behaviors of the children (2-7 years old)

Sr. No.	Effects of armed conflict & changes in behaviors	Boys & Girls
1	No job	Almost all
2	No or low income	Almost all
3	No house and assets	Almost all
4	Food & nutrition insecure	Almost all
5	Children always afraid (stay or eat alone)	Almost all
6	Trembling	Almost all
7	Crying for long hours	Almost all
8	Nightmares	Some

Source: FGD with the guardians in Mizoram

“We think that the young children (2-7 years old) will forget the bad memory when they grow up. Encouragement and help of the parents and relatives are needed for those children to release their fear. We tell stories to the children, play and pray with them. We need a help/information for the problems related to mental health for both children and us (parents) because we are also sad and depressed. We think that cash assistance for the refugee families (around total 100) in this camp) will be also needed.”

(KII, Lawngtlai, Mizoram State)

3.3 Sagaing Region

According to the situation report of Food Security Cluster on June 2022⁸, Myanmar experienced 16,263 separate conflict events in 2021, which led to 11,506 fatalities. Those fatalities in 2021 were more than for the previous 10 years combined. Most of the fatal conflict events in Myanmar in 2021 occurred in Sagaing region. Sagaing region experienced the highest number of conflict events and fatalities (8355), followed by Magwe (2541) and Chin (1539) in 2021. It points out that a significant shift in the pattern of conflict in Myanmar, which has traditionally revolved around Kachin, Rakhine and Shan.

It is noted that non-combatants were involved in almost one third of conflict-related fatalities in Myanmar in 2021. The large number of fatalities involving non-combatants in Sagaing, Mandalay and Yangon are due to a high rate of arrests and attacks on civilians. The number of arrests and attack involving non-combatants in 2021 was therefore the highest in Sagaing region followed by Mandalay and Yangon. In total fatalities involving non-combatants, the Sagaing region recorded 1,939 conflict-related fatalities, significantly more than in Mandalay (529), Magwe (399), and Yangon (359)⁹, the next most fatal regions.

After the junta military coup in February 2021, millions of people face an unprecedented escalation of conflict and violence across the country. The current crisis and armed conflicts cause many people to flee, with an estimated 1,113,000 displaced, and the highest displacement was found in Sagaing region (612,400) followed by Magwe (111,800), Karen (89,200) and Karenni (79,700) as of 31 October 2022¹⁰.

The intensified clashes between the People's Defense Force (PDF) and junta military force occurred in May 2021, particularly in Kale, Khin-U, Myaung, and Salingyi townships in Sagaing region. Thousands of people have been displaced from areas with fears in the conflict areas because

⁸ [Understanding Conflict Dynamics in Myanmar through Conflict and Incident Data: A Food Security Perspective | Food Security Cluster \(fscluster.org\)](#)

⁹ [Understanding Conflict Dynamics in Myanmar through Conflict and Incident Data: A Food Security Perspective | Food Security Cluster \(fscluster.org\)](#)

¹⁰ [Myanmar Emergency Overview Map: Number of people displaced since Feb 2021 and remain displaced \(As of 31 Oct 2022\) - Myanmar | ReliefWeb](#)

the junta military set fire to multiple homes and/or the whole village, fired artillery shelling randomly, and launched airstrikes.

3.3.1 Findings from the Key Informant Interview

The KII was conducted in a village in Salingyi township by a man and a woman who know about the temporary camp located near the village, and the children. There is the total 800 displaced persons including 30 children in 18 years old.

Effects of armed conflict on the family, relationship and behaviors of the children

Based on the KII, almost all of the families have no house and little or no income (Table 15). Sometimes they are working at casual labor. Some of the displaced families have lost a family member and some are separated. They fear for hunger and malnutrition of children due to insufficient food provision. Almost all of the children have had no access to formal education for almost three years, some lack access to health services due to no cash and difficulty in transportation, and all families receive inadequate space for living in the temporary camp site.

Almost all feel unsafe where they are and fear, raids, helicopter attacks and airstrikes by the junta military. Their lives are totally changed by the current crisis as they cannot sleep well at night cannot eat well, and live in poor conditions huts. There is a need for healthcare services, especially for the young children 2 to 7 and 8 to 12. Many young children suffer from dengue fever in rainy season but they have no knowledge to diagnose it and no money to see a doctor.

Table 15. KII: Effects of armed conflict on the family, relationship and behaviors of the children

Sr. No.	Effects of armed conflict & changes in behaviors	1 Males	1 Females
1	No house and assets	Almost all	Almost all
2	No or low income	Almost all	Almost all
3	Loss/separated family member	some	some
4	Food and nutrition insecure	Almost all	Almost all
5	No access to formal education	Almost all	Almost all
6	No access to healthcare	some	some
7	Not enough space to live	Almost all	Almost all
8	Frighten to stay in unsafe place	Almost all	Almost all

Source: KII, Salingyi, Sagaing Region

3.3.2 Findings from the FGD with the adolescents

The FGD was conducted with 8 male and 8 female adolescents to understand the changes in their daily lives, changes in their family's livelihoods, income and property, and the relationships and behaviors of the family members. They gave the similar answers with KII regarding the family's property, job, earnings, education, and the current living condition (Table 16).

Table 16. FGD: Effects of armed conflict on the family and behaviors of the adolescents

Sr. No.	Effects of armed conflict & changes in behaviors	8 Males	8 Females
1	No house and assets	Almost all	Almost all
2	No or low income	Almost all	Almost all
3	No access to formal education	Almost all	Almost all
4	Inadequate space for living	Some	Some
5	Parents frequently quarrel	Almost all	Almost all
6	More quarrels with siblings	Almost all	Almost all
7	More quarrels with friends	Almost all	Almost all

Source: FGD, Salingyi, Sagaing Region

All show signs of sadness and depression regarding burned houses, no or low employment and income, parents frequently fighting and arguing each other. Almost all of the adolescent regardless of gender more quarrel with their siblings and friends. Almost all adolescents miss attending school with their friends and the of education and skill development training, is the main cause of crisis in their lives. Although all adolescents are native to this village where most of the houses were burned down, they are unhappy, sad and depressed while living in poor conditions.

Symptoms concerning mental health of the adolescents

The following table (Table 17) presents the problems of sadness and depression amongst the adolescents. Although they are living close to their native village, the symptoms or problems related to mental health are the same as the displaced or refugee adolescents in Karen and Chin as they face more or less the same experience of armed conflicts, burning houses, arresting and killing by the junta military.

Almost all of the adolescents feel very sad for no house, being neglected by their parents, and some are mourning lost family members. They feel unsafe to stay in the current place, hopeless for their

future lives as they worry about the lack of education and training. As a result, they become more aggressive, have nightmares, and do not get enough proper sleep (Table 17).

Table 17. FGD: Symptoms concerning mental health of the adolescents

Sr. No.	Problems related to feeling of sad/depressed	8 Males	8 Females
1	Not get a sound sleep	Yes	Yes
2	Crying		Yes
3	Unhappy	Yes	Yes
4	Worrying for education	Yes	Yes
5	Hopeless for future (education, job)	Yes	Yes
6	Frighten to stay in unsafe place	Yes	Yes
7	Sad for neglecting by parents	Yes	Yes
8	Easy to get angry (more aggressive)	Yes	
9	Nightmares (bad dreams)	Yes	Yes

Source: FGD, Salingyi, Sagaing Region

Coping strategy

When they feel sad or depressed, especially the male adolescents get a help from friends with whom they talk and drink alcohol. For the female adolescents, they talk with friends but they also stay alone to sing and read. Some of the male and female adolescents get a help from their parents but not from the relatives.

Table 18. FGD: Coping strategy concerning sad/depressed of the adolescents

	Coping strategy	8 Males	8 Females
1	Talk with friends	Yes	Yes
2	Sing with friends	Yes	
3	Sing a song alone		Yes
4	Reading books		Yes
5	Drink alcohol with friends	Yes	

Source: FGD, Salingyi, Sagaing Region

“We need more assistances mainly for food and nutrition, rebuild the house, and formal education. We feel always unsafe and afraid to get a raid by the junta military. It is therefore required to get a democracy soon, then we can stay, eat and sleep safely or without worry. We (both male and female adolescents) want to be a PDF to fight for democracy. When we feel sad/depressed, we receive a comfort and help from the parents and friends but it is inadequate. Many children at the same age group have the same feelings such as frighten, sad/depressed, and hopeless for their future lives.”

(FGD with adolescents, Salingyi, Sagaing Region)

3.3.3 Findings from the FGD with the children (8-12 years old)

The effect of armed conflict on the family and children were discussed with the total 8 children, both boys and girls aged 8 to 12. Those children are living in the same situation of the adolescents. The family and children's behaviors have been changed in the same way as they were for the adolescents; parents frequently quarrelling and the children more often quarrelling with their siblings. They are unhappy not to be going to school, no family earnings, no house, no clothes, inadequate food, and afraid of staying in an unsafe place (Table 19).

Table 19. FGD: Effects of armed conflict on the family and children

	Effects of armed conflict & changes in behaviors	Boys & Girls
1	No access to education	Yes
2	No house	Yes
3	No or low income	Yes
4	not enough foods	Yes
5	No house	Yes
6	no clothes	Yes
7	Frighten to stay in unsafe place	Yes
8	Parents frequently quarrel	Yes
9	More quarrel with sibling	Yes

Source: FGD, Salingyi, Sagaing Region

Symptoms concerning mental health of the children and their coping strategy

The problems related to the children's sadness and depression are also the same as the adolescents; fear of arrest, killing and burning homes and property by the junta military, and the inability to get a sound sleep. When they feel depressed, they cry at first. They cannot answer the questions concerning whether they get the help or not, and how many of children at the same age suffering the same problems.

Table 20. FGD: Symptoms concerning mental health of the children

	Problems related to feeling of sad/depressed	Boys & Girls
1	Not get a sound sleep	Yes
2	Crying	Yes
3	Unhappy	Yes

4	Fear to get arrest/kill by military	Yes
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Source: FGD, Salingyi, Sagaing Region

3.3.4 Findings from the FGD with the guardians

The FGD was conducted with total 8 parents who were born in a village in Salingyi township. All have at least one young child aged 5 to 7 years; all fathers are working as a casual labor to earn income.

Effects of armed conflict on the family, relationship and behaviors of the children

The current crisis has totally changed their lives. They have low incomes, no homes, inadequate food and clothes for the children (Table 21). The children always fearful and trembling when they hear the noise of an explosion. Both boys and girls cry for a long time without a reason. The children become impolite and rude and do not listen to the parents. The guardians hope to get assistance and help from the teachers to guide their young children but it appears that they have no knowledge about the children mental health support program, and they cannot help address those problems. An education campaign regarding the children mental health is also required for parents and guardians.

Table 21. FGD: Effects of armed conflict on the family and children (2-7 years old)

	Effects of armed conflict & changes in behaviors	Boys & Girls
1	No access education	Yes
2	Low income	Yes
3	not enough foods	Yes
4	No house	Yes
5	No clothes for children	Yes
6	Frighten to hear noises	Yes
7	Impolite and not listen to parents	Yes

Source: FGD with the guardians, Salingyi, Sagaing Region

3.4 Magwe Region

3.4.1 Findings from the Key Informant Interview

The KII was conducted with a man and a woman with knowledge of the IDP camp which is located one mile away from their village in Pauk township. Because their village was burned down by the junta military in 2021, around 1000 people fled and stayed in farm land. Both man and woman

who participated in the KII are staying in the IDP camp for more than one year. Some of the displaced families have no farm land, and the family members must stay separately. The key informants estimate that total number of displaced children in 2 to 7 years old, and 13 to 18 years old are 50 and 60, respectively. The Fire Victims Rehabilitation Committee is formed by the People's Defense Force, People's Administration, and CSOs provide various assistance to the displaced persons.

Effects of armed conflict on the family, relationship and behaviors of the children

Almost all of the displaced families have no house and no or limited income. Almost all of the displaced families work as casual laborers to earn income. Some of the displaced households lost family members and they don't know yet whether those family members are alive or dead.

Although they receive food assistance, they worry about hunger and malnutrition especially for the younger children. They have no access to healthcare services and thus rely on donated medicines and the CDM nurses in the camp. Maternal and child healthcare services are urgently required to save the lives of the women and children. Among the children in different age groups, the *younger children group, 2 to 7 years*, is more vulnerable in terms of access to insufficient food and nutrition, and lack of healthcare service. As a result, some of the displaced children are weak physically and mentally.

According to KII, the provision of food and nutrition is important to ease the children's mental health problems. The parents and elder persons should comfort and help the children especially when the children are frightened. If there is violence or armed clashes, the parents should bring the children to a safe place quickly. In addition, the community members can help the children in playing, drawing or singing together.

Regarding access to education, a school is opened under the collective leadership of CDM teachers, parents, and civil society group members. The displaced children are attending the Early Childhood Development (ECD) School in Pauk township with a support of the parents.

Table 22. KII: Effects of armed conflict on the family and behaviors of the children

	Effects of armed conflict & changes in behaviors	1 Male	1Female
1	No house & assets	Yes	Yes
2	No or low income	Yes	Yes

3	Separate family members	Yes	Yes
4	Inadequate food & malnutrition	Yes	Yes
5	Inadequate health service/medicines	Yes	Yes
6	Children are frightened	Yes	Yes

Source: KII, Pauk Township, Magwe Region

3.4.2 Findings from the FGD with the adolescents

Based on the FGD with the adolescents aged 13-18 years, the effects of the current crisis on the family and the changes in behaviors of family members are the same as the mentioned by KII (Table 23). Both male and female adolescents are unhappy in living in small huts where they use the plastic as a wall but it cannot protect from wind and rain. As the family has no or low income, the parents unable to buy meats and fish for them. The children suffer from sickness frequently. The parents frequently quarrel each other, and the adolescents getting more scolding from the parents (Table 23).

Table 23. FGD: Effects of armed conflict on the family, relationship and behaviors of adolescents

	Effects of armed conflict & changes in behaviors	8 Male	8 Female
1	No or low income	Yes	Yes
2	Separated family members	Yes	Yes
3	No house & assets	Yes	Yes
4	More sickness	Yes	Yes
5	Poor shelter/hut	Yes	Yes
6	Poor food and inadequate food	Yes	Yes
7	Parents frequently quarrel	Yes	Yes
8	Parents scold often	Yes	Yes

Source: FGD, Pauk Township, Magwe Region

Symptoms concerning mental health of the adolescents

The adolescents, regardless of gender, have the same feelings of sadness and depression, fear and worry. They feel unsafe or afraid of getting arrested or killed by the junta military even if they are living in a safe place. Neither male nor female adolescents sleep well at night, and male adolescents have nightmares. They are unhappy with the current situation of their family, for being neglected

and scolded by their parents. They fear having to flee, separation of the family, lack of food and the destruction of property if the junta forces attack the camp. (Table 24).

Table 24. FGD: Symptoms concerning mental health of the adolescents

	Problems related to feeling of sad/depressed	8 Male	8 Female
1	Not get a sound sleep	Yes	Yes
2	Crying	Yes	Yes
3	Unhappy	Yes	Yes
4	Always feel unsafe	Yes	Yes
5	Nightmares (bad dreams)	Yes	
6	Afraid of family separation	Yes	Yes
7	Afraid of burning hut	Yes	Yes
8	Worry for starving	Yes	Yes
9	Easy to get angry (aggressive)	Yes	
10	Sad for neglecting by parents	Yes	Yes

Source: FGD, Pauk Township, Magwe Region

“Almost all of the friends at the same age feel the same sadness, fear and worry. We cannot forget the violence and unfortunate event in our village in the last year. Some of the family members are dead, and some are still lost. Therefore, many young children are living in a fear and depressed every day. Our village is closed to the town in which the junta’s military and police forces are settled down. We like to fight for democracy and freedom from fear for the future generation.”

(FGD with adolescents, Pauk, Magway Region)

Coping strategy

Both male and female adolescents receive help and comfort from their friends and parents when they feel sad or depressed. The male adolescents spend more time with their friends in talking, singing, playing and drinking alcohol. The female adolescents also talk with friends but they read, sing and draw alone. Sometimes they play with their siblings. It is noted that both male and female adolescents help their parents in doing household chores and farming especially on the weekend (Table 25).

Table 25. FGD: Coping strategy of the adolescents

	Coping strategy	8 Males	8 Females
1	Talk with friends	Yes	Yes
2	Sing with friends	Yes	
3	Reading books		Yes
4	Drawing picture		Yes
5	Play with siblings		Yes
6	Help for household chores & farming	Yes	Yes
7	Play games	Yes	
8	Drink alcohol with friends	Yes	

Source: FGD, Pauk Township, Magwe Region

3.4.3 Findings from the FGD with the children (8 – 12 years old)

According to the FGD with the 4 boys and 4 girls aged 8-12 the effects of the current crisis on the family and the changes in behaviors of family members are nearly the same as the adolescents. In addition, these children point out that there is inadequate provision of food and water. In the camp, their parents frequently quarrel, and both boys and girls quarrel more with their siblings.

Table 26. FGD: Effects of armed conflict on the family, relationship and behaviors of children

	Effects of armed conflict & changes in behaviors	Boys & Girls
1	No or low income	Yes
2	Loss and separation of family members	Yes
3	No house & assets	Yes
4	Separate family members	Yes
5	Poor shelter/hut	Yes
6	Not enough food & water	Yes
7	Parents frequently quarrel	Yes
8	More scolding by parents	Yes
9	More quarrel with sibling	Yes

Source: FGD, Pauk Township, Magwe Region

Symptoms concerning mental health of the children and their coping strategy

Based on the FGD, four children have separated family members including a father in PDF, a father in jail, a mother working in Thailand, and another with both father & mother is in Thailand. The mental health problems include feelings of sadness and depression, the children are unhappy and want to cry often, are not getting a sound sleep, have nightmares, lack of interest in anything, forgetfulness, desire to be alone, and generally symptoms of aggression, fear (Table 27).

The boys said that they are more aggressive and fight with siblings and friends. Both boys and girls think that they are unsafe as they still afraid of the junta soldiers. Around 30 to 50 children in the same age group have the same mental health problems

As a *coping strategy*, both boys and girls help their parents in doing household chores and livelihood activities such as transplanting paddy, harvesting peas and beans, collecting plums, etc. They mainly receive a help and support from friends and their parents but it is inadequate to solve their problems.

Table 27. FGD: Symptoms concerning mental health of the children

	Problems related to feeling of sad/depressed	Boys & Girls
1	Unhappy and want to cry often	Yes
2	Not get a sound sleep	Yes
3	Nightmares (bad dreams)	Yes
4	No interests for anything	Yes
5	Often forget	Yes
6	Gazing/stay alone	Yes
7	Aggressive	Yes
8	Afraid of junta military	Yes
9	Feel unsafe	Yes
10	No talk to anyone	Yes

Source: FGD, Pauk Township, Magwe Region

3.4.4 Findings from the FGD with the guardians

The FGD was conducted with seven guardians or mothers to know the effects of the current crisis on the households, the changes in behaviors of the young children aged 2 to 7 years old. This village is the native community of the all guardians is Pauk township, and they have at least a child

aged 2-7 years. Except one, all mothers are working as a farm labor to earn income. Their mother-in-law or sister looks after the children when they go to work.

Effects of armed conflict on the family, and behaviors of children

The family's earned income is reduced but the living cost is increasing since the military coup in February 2021. The majority of the guardians are working as low wage laborers and they are food insecure. The guardians are poor and living in fear, and cannot eat well or cannot sleep well at night. They are afraid for the children's safety at school. Although the children are attending school, they always feel sad because of separated family members.

The *biggest changes* in their lives are loss of the family members, low income, and food and nutrition insecurity. The younger children have no access to the routine vaccination and healthcare services. (Table 28).

Younger children get nightmares and cry at night. They are frightened when they hear noises or see a stranger. They are afraid that the children are getting trauma.

The main *coping strategy* is to comfort the children by the parents, grandparents and relatives. They also receive some help from the neighbors but they think that it is inadequate for the children to become physically and mentally healthy.

The *urgent requirements* are to get an assistance for food and nutrition of the children, and access to healthcare service for the children. In this camp, around 100 families with the children are vulnerable and need assistance/help.

Table 28. FGD: The effects of armed conflict on the family, and behaviors of children

	Effects of armed conflict on the family & children	7 Females
1	work as casual labor	Yes
2	No or low income	Yes
3	loss of family members	Yes
4	No house & assets	Yes
5	Inadequate food and nutrition	Yes
6	Lack of access to healthcare/vaccine	Yes
7	Frighten	Yes

8	Not get a sound sleep, and have nightmares	Yes
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Source: FGD, Pauk Township, Magwe Region

3.5 Mandalay Region

3.5.1 Finding from the Key Informant Interview with the community

In order to understand the effects of the current crisis (military coup on February 2021) on the community and the people in the community, the KII was conducted by a man and woman in Chanmyathazi township, Mandalay region. One of the KII's native community is Ngazon township in Mandalay region, and she has stayed in the Chanmyathazi more than 10 years. The other KII person's hometown is Chanmyathazi, and he is a member of a civil society group. The total number of households and population in Chanmyathazi is 2,800 and more than 5,000 respectively. One third of the total population is the children aged under 18 years old.

Effects of armed conflict on the family, relationship, and behaviors of the children

According to KII, the effect of armed conflicts are on the employment and income of the households, homes and properties, access to education, health services, and the behaviors of both parents and children. Most of the households in their ward face lower job opportunity and income but the living cost is increasing at the same time. Some households are unable to afford to go to clinic or hospital when they are sick.

Most of the households receive income from working as a casual laborer or in construction as a carpenter or mason though they are vulnerable to exploitation from employers.

All public schools, colleges and universities had been closed since 2020 due to the Covid 19 pandemic and military coup. When schools were reopened in 2022, only *one third of the children* went back to school as the parents did not send their children to school. Some children especially in the age 12-18 years old have to work at the motorcycle workshop, branding business, etc. while some children at the same age are attending the vocational trainings. Some adolescents participate as a member of PDF, and some were arrested by the junta.

Symptoms concerning mental health of the adolescents

Some children and adolescents aged 5 to 18 years who are not attending school, and not working play *Pon Wyne* a form a gambling, and some have gambling addiction problems. More and more

children aged 12-18 years can be found in gambling houses which are open from 9:30 AM to 6:30 PM every day. Because of low family income, even the children aged 5-6 years have to work as a casual labor and earn 3000 Kyats per day and some parents allow their 5 and 6-year-old children to work in the gambling house.

Some girls under 18 marry with older men, and they are more likely to experience early pregnancy, acquire HIV, and experience domestic violence.

On the other hand, the parents are busy with their work and they don't realize the problems of the children. It appears that parents lack knowledge on the mental health of their children and they just give a pocket money when the children ask.

According to KII, the *adolescents aged 13-19 years are the most vulnerable* among the children of different age groups. Because of school closures, restrictions in transportation and low household income, those children become aggressive, sad and depressed. Their behaviors change as they use drugs, smoke and drink alcohol. They frequently do group-fighting. Currently, there is no assistance is received to address the mental health of the children from any organization.

“The parents should give a time to listen and discuss with their children voices. It is required not only to inform the parents/caretakers and the community about the children's problems (especially who use drugs or drink alcohol or gambling) but also to provide the awareness raising campaign and training on MPHSS for the community and the parents to gain knowledge on the children's mental health and psychosocial. On the other hand, the community and the parents should try to eliminate the drug and alcohol shops, and gambling houses in the ward/slum.”

(KII, Chanmyathazi, Mandalay region)

3.5.2 Findings from the FGD with the adolescents

Effects of armed conflict on the family, relationship & behaviors of adolescents

The FGD was conducted with four male and four female adolescents in Chanmyathazi. The native community of all adolescents regardless of gender is Chanmyathazi. Among the male adolescents, some have separated family members like an elder brother or sister who went to other places for work or after getting married. Because of low job opportunity and low wages, the family income is lower. Therefore, after the coup, some of the male adolescents have to work as a casual laborer to earn income and to support their parents. Almost all of the male and female adolescents help their parents in family businesses like selling chicken or other food in a market, and household chores.

Almost all of the male and female adolescents didn't go back to school because their parents could not afford to send their children to school. Only one male adolescent is attending school but none of the female adolescents returned to school. The female adolescents point out that some of their friends are married at a young age. Many female adolescents in the same community are working in a tailor shop, clothing shop, or other stores. Especially prices for food commodities are increased sharply and almost all of the households are in food insecurity. *The major changes* in their lives are not going back to school, and they are forced to work as a causal labor for the male adolescents, and forced to marry for the female adolescents (Table 29).

Table 29. FGD: Effects of armed conflict on the family, relationship & behaviors of adolescents

Sr. No.	Effects of armed conflict & changes in behaviors	4 Males	4 Females
1	Separated family member	some	-
2	Lower family income	Almost all	Almost all
3	Children work as a causal labor	some	some
4	Not go back to school	Almost all	Almost all
5	Food insecurity	Almost all	Almost all
6	Parents scold more	some	some
7	Early marriage	-	some
8	Fear to go out (many check points)	Almost all	Almost all

Source: FGD, Chanmyathazi, Mandalay region

Symptoms concerning mental health of the adolescents

Due to low household income, increased living costs, no access to education, and changes in relationships of the households' members, almost all of the adolescents feel experience sadness and depression about their futures. Some of the male adolescents want to stay alone in a quiet place and don't want to talk to anyone. Some male adolescents want to go to abroad, they don't want to stay at home. Some of the female adolescents are not allowed to go out from home and they use mobile phones often. Both male and female adolescents are unhappy about their lives. Since the military coup, both male and female adolescents feel fear and no freedom. They fear the junta military forces that are close by. They worry that the junta military will use force to move them out of the ward. They feel unsafe living in their house going out. They also worry for safety of their parents who return from work at night. Female, adolescents especially are not getting a sound sleep at night and some have nightmares. They often forget things because of worry and lack of

concentration. The male adolescents feel more aggressive and they have more arguments with their friends (Table 30).

Table 30. FGD: Symptoms concerning mental health of the adolescents

	Problems related to feeling of sad/depressed	4 males	4 females
1	Unhappy (no freedom)	Yes	Yes
2	Not get a sound sleep		Yes
3	Nightmares (bad dreams)		Yes
4	Stay alone and no talk or use phone	Yes	Yes
5	Often forget		Yes
6	Aggressive	Yes	
7	Afraid of junta military	Yes	Yes
8	Feel unsafe	Yes	Yes

Source: FGD, Chanmyathazi, Mandalay region

Coping strategy

Both male and female adolescents talk openly with their friends when they are sad or deressed. They sing or listen to songs and play with the friends. The female adolescents get comfort and help from their parents. The female adolescents think that they can solve their emotional problems with the help of their friends and parents. But the male adolescents can talk only with their friends though the majority do not believe they can solve their emotional problems with their friends.

Changes in community

Due to the current crisis, their neighbourhood becomes quiet and less crowded. The people are afraid of the check points of the military on the road, and don't go out especially in the night time. There is less social activity and people in the community frequently quarrel with each other. More children and adults go and play in the gambling house and some households have to sell their property to pay gambling debts so homelessness has increased significantly in the community.

3.5.3 Findings from the FGD with the children (8-12 years old)

Effects of armed conflict on the family, relationship & behaviors of the children

The FGD was conducted with seven children aged 8-12 years to understand the effects of the military coup on their family and their lives. All children were born in Chanmyathazi. When the school was reopened, most of the children went back to school and tuition as well. After school, both boys and girls help in doing the household chores and look after the younger siblings so they aren't playing outside with their friends. They cannot play outside with the friends.

Some of the children's fathers have died, and fathers and uncles were arrested in the protest. Some children's family members moved to other places. Most of the children are not happy to live with family members, especially fathers, separated from the family. Their mothers, previously not working, have to work to earn income. The family income is lower and they lack food.. Their mothers frequently scold them as she has to take care of the children and work to earn income as well.

Symptoms concerning mental health of the children

The following table (Table 31) presents the problems related to the mental health situation of the children aged 8-12 years. Their feelings related to their mental health are the same as the feelings of the adolescents. The children, regardless of gender are unhappy as they have lost or have separated family members, and they are hungry. They feel unsafe living in the community, and want more freedom to go out with the friends. They fear the military raids and explosions in their neighbourhoods as the military forces are located nearby. They become aggressive, and argue more with their parents. Sometimes, they have no appetite, and they cannot sleep well at night. Some of the children worry for their parents who work at night. (Table 31).

Table 31. FGD: Symptoms concerning mental health of the children

	Problems related to feeling of sad/depressed	Boys & girls
1	No freedom	Yes
2	Not get a sound sleep	Yes
3	Sad/depressed	Yes
4	Feel unsafe	Yes
5	Frighten for shooting & explosion	Yes

6	Aggressive	Yes
7	No appetite	Yes
8	Worry for safety of the parents	Yes

Source: FGD, Chanmyathazi, Mandalay Region

Coping strategy

Some of the children eat less when they are in depression. The main coping strategy is playing with the friends and use mobile phone to play online games. They don't receive help from their family and relatives.

They noticed that many children, except those from more well off families, at the same age feel the same way..

3.5.4 Findings from the FGD with the guardians

The FGD was conducted with eight guardians to understand the effects of the current crisis on the households, the changes in relationships among the family members, and the behaviors of the young children aged 2 to 7 years old. Seven mothers and a father participated in the FGD. The home of the all guardians is Chanmyathazi township, and they have at least one child aged 2-7 years. Among them, none of the mothers, except one, work for an income.

Effects of armed conflict on the family, relationship & behaviors of the children

Almost all of the household's employment opportunities. They have no regular income and are food insecure. They have to rely on the relatives (such as parents-in-law, sisters), and move to the relative's houses. The father of some of the children went to other places to find a job. None of the guardians sent their 5 to 7 year old children to school because they feared they would be hurt by the military. They also feared explosions in the school as frequently happen in Mandalay.

Symptoms concerning mental health of the young children

The changes in behaviors related to mental health of the young children are presented in the following table (Table 32). The children are more aggressive and don't want to listen to the parents. Moreover, the children feel unsafe and they cannot sleep well at the night time. The children are frightened and hide when they hear the sound of military vehicles, explosions or shooting guns. The children easily get angry, sad and will often cry.

Coping strategy

When the children are sad or frighten, the parents comfort them, allow them to play or to use mobile phones; sometimes, the parents pray with the children. The guardians suggest that not only cash assistance but also playground for their young children should be provided to reduce the feelings of sadness and unhappiness. The guardians also want to get financial assistance for their business activities.

The corruption of public morals can be found in their community. More people drink alcohol, gamble, and fight each other. The community cannot provide any assistance to the young children.

Table 32. FGD: Symptoms concerning mental health of the young children

	Problems related to feeling of sad/depressed	Boys & girls
1	Aggressive	Yes
2	Not get a sound sleep	Yes
3	Frighten for shooting & explosion	Yes
4	Feel unsafe	Yes
5	Easy to get angry/cry	Yes

Source: FGD with the guardians, Chanmyathazi, Mandalay Region

3.6 Yangon Region

3.6.1 Findings from the Key Informant Interview with the community

The KII was conducted with a man and woman, who live in the ward 8 and 16 of Hlaingtharya township for 13 and 20 years respectively in Yangon region. The population in the wards 8 and 16 are 9,000 and 25,564, and one third of the total population are children under 18. The majority of people in the communities come from other townships to work in the manufacturing industry in Hlaingtharya, the second largest industrial zone in Yangon.

Effects of armed conflict on the family, relationship, and behaviors of children

Due to the effects of Covid 19 pandemic and military coup, the factories were shut down and the people went back to their native towns. Although almost all of the factories such as shoemaking, and garments were reopened in 2021, the people in the communities face various challenges such

as low job opportunity, low wage rate, no overtime and no labor rights. In addition, women are more favored than men for jobs. On the other hand, over the past 16 months, the prices of basic foodstuffs have increased by two to four times their pre-coup levels. According to WFP¹¹, the cost of the basic food basket including rice, oil, chickpeas, salt continues to rise, +14% month-on-month, driven by rising edible oil and rice prices. Almost all of the households are experiencing lower income and higher living costs. They cannot afford to pay for health service and many cannot send the children to school. The majority of children are forced to work at a casual labor such as a waiter, and some work with their family in collecting recyclables, selling foods on the street and similar activities.

According to KII, *the most disadvantaged* children are aged 2 to 7 and the adolescents from 13 to 18 years of age. The parents worry about malnutrition in younger children as they cannot afford to buy meats and even snacks for the children. Those children also have had no access to routine vaccinations over the past two years. On the other hand, the adolescents are *the most disadvantaged* because they have to work to earn income for family consumption. They cannot continue their education and cannot attend vocational training that will support them to work in a skilled labor.

According to KII, the family relationship and the behaviors of the children are clearly changed. Both parents and children are sad and depressed, and the parents cannot give time to take care of their children. Under no guidance from the parents and the community, such as teachers, the children are aggressive, and they do not obey to their parents. Some children play games with money, and some children become a thief. Some children fight frequently with friends.

The parents cannot provide anything to their children while the friends cannot help them. Some parents are scolding and beating their children every day.

There is no organization to support the children to manage mental health problems.

Almost all of the children talk openly to their friends when they have a problem.

“It is needed to provide an awareness raising campaign and education/knowledge concerning the children’s mental health to the parents and the community. A workshop should be organized and invite the children to discuss about their challenges and dreams for future. It is needed to invite the participation of the members of CSOs in the community, and also potential donors”

(KII, Hlaingtharya, Yangon region)

¹¹ [WFP Myanmar Market Price Update \(August 2022\) - Myanmar | ReliefWeb](#)

3.6.2 Findings from the FGD with the adolescents

Effects of armed conflict on the family, relationship, and behaviors of adolescents

All but one of the male adolescents and all the females were born in Hlaingtharya township. A male adolescent who stays in Htantabin, comes to work in Hlaingtharya every day. Both male and female adolescents are living with their families. Before the military coup, all male adolescents attended the school. Now only three male adolescents continue their education and the rest have to work to support their family. Among the female adolescents, six adolescents continue education and the rest have to help in their parents' livelihood.

Under the current crisis, the families of almost all male and female adolescents face the challenges of low job opportunity and low family income. Therefore, their mothers have to work to get income in half of the male adolescents' families. Half of the male adolescents cannot afford to attend the school, and they have to work to get some income. Among the female adolescents, 6 out of 8 females went back to school, and two female adolescents have to work. Because of low wage rate but more overtime working hours, one female resigned from her job. Almost all of the adolescents' families are food insecure. Their parents frequently quarrel, and half of the male adolescents get scolded by their parents (Table 33).

Table 33. FGD: Effects of armed conflict on the family, relationship, and behaviors of adolescents

Sr. No.	Effects of armed conflict & changes in behaviors	6 Males	8 Females
1	Low job opportunity	Almost all	Almost all
2	Low family income	Almost all	Almost all
3	Children have to work	half	some
4	Cannot go back to school	half	More than half
5	Food insecurity	Almost all	Almost all
6	Parents scold more	half	-
7	Mothers have to work to earn income	half	some
8	Parents frequently quarrel	some	Almost all

Source: FGD, Hlaingtharya, Yangon Region

Symptoms concerning mental health of the adolescents

The *biggest changes* in their lives of both female and male adolescents is despite getting older they are still in lower grades at school or cannot continue education due to lower income. In addition,

they cannot go out or play with friends freely. Thus, both female and male adolescents are unhappy under the current situation.

Some of the male adolescents have nightmares, want to stay alone, and become aggressive. They easily get angry and fight with the friends at school and in the neighbourhood and because both female and male adolescents feel unsafe in living there. (Table 34).

Table 34. FGD: Symptoms concerning mental health of the adolescents

	Problems related to feeling of sad/depressed	6 males	8 females
1	Unhappy	Yes	Yes
2	Nightmares (bad dreams)	Yes	
3	Want to stay alone	Yes	
4	Aggressive	Yes	
5	Feel unsafe	Yes	Yes

Source: FGD, Hlaingtharya, Yangon region

Coping strategy

Most of the male adolescents talk openly to, friends except two who want to keep things secret. Some of the male adolescents' drink alcohol, and some play games with their friends. On the other hand, most of the female adolescents talk and discuss things with their friends, sing songs, draw and play with the friends. Some of the females want to stay alone.

The female adolescents said that they can handle their problems but the male adolescents can handle the problems only for a while. The male adolescents get support from their friends. Female adolescents did not answer the question)

The male adolescents said that the community is not a safe place because they are afraid of theft and robbery. Their main fear is not defeating the junta military. On the other hand, the female adolescents think that Yangon is safer when compared with other regions such as Sagaing and Mandalay regions where the military forces raid the villages, burn the houses, kill the innocent and take away anything of value.

Changes in the community

After the military coup, there is little or no rule of law in the community and as a result, the number of adolescents, gambling or using WY or Yaba tablets or smoking drug, has increased. The junta military force is present and they patrol and arrest the civilians.

Both male and female adolescents notice that the number of their peers who have the same problems related to the mental health is increased during the crisis in their community. The parents frequently quarrel and beat and hit the children. There is an increase of other crimes including assault, robbery, and “snatch and grab theft have increased in the community.

3.6.3 Findings from the FGD with the children (8-12 years old)

Effects of armed conflict on the family, relationship, and behaviors of children

The FGD was conducted with four boys and four girls aged 8-12 years, to understand the effects of the military coup on their family and their lives. All but one child was born in Hlaingtharya. When the school was reopened, all children returned to school. They play at school, and at home after school. At the weekend, both boys and girls help in doing the household chores and look after the younger children. They cannot play outside with the friends.

The family income is lower and they are food insecure. The parents can only give a lower amount of pocket money to the children. Parents have to work more hours to get adequate income resulting in the neglect of children by their parents. Some mothers are addicted to gambling and they neglect their children and give them pocket money to the children. The FGD with the children points out that the *main changes* in their lives are more poverty or lower family income, less pocket money, and more neglect by the parents. In addition, the parents are unable to buy what the children want to buy.

The children cannot go out and visit friends freely and they can only play with friends for a short time which makes them unhappy and they feel their freedoms are limited. Parents have to pick up their children in evening when school is over because they are afraid for the safety of their children and worry about kidnapping.

Symptoms concerning mental health of the children

The following table (Table 35) presents the problems related to the mental health situation of the children aged 8-12 years. Some of their feelings related to their mental health are the same as the feelings of the adolescents such as feeling unsafe and aggressiveness. The children, regardless of gender are afraid of thieves and trafficking when they are alone at home to wait for their parents to return from work. They feel unsafe in living in this neighbourhood, and there is no freedom to

visit to the friends. They are afraid of military raids and explosions as the military forces are settled nearby. Especially the boys are aggressive and easy to anger and fighting with the friends.

Table 35. FGD: Symptoms concerning mental health of the children

	Problems related to feeling of sad/depressed	Boys & girls
1	No freedom	Yes
2	Feel unsafe	Yes
3	Afraid of trafficking	Yes
4	Afraid of thief	Yes
5	Worry for safety of the parents	Yes
6	Aggressive (angry/fight)	Yes

Source: FGD, Hlaingtharya, Yangon region

Coping strategy

When they get a depressed, the boys like to fight with friends even in school. Both boys and girls cry loudly when they are sad. Most of the boys and girls talk with their friends and play games with them. They also use mobiles to play games and listen to music.

According to FGD, the younger children aged 8-12, rely on the parents. They receive comfort and help from their parents and friends.

There are many children at the same age suffering the same way.

Changes in the community/school

The children want to read in the library but the school's library is closed. With fewer teachers in the school, one teacher has to take responsibility for two classrooms. As a result, the teacher cannot control two classes, and the students don't follow the school's discipline.

Some children skip class and gamble into the night. Sometime, the students from 7th and 8th grade are fighting at school. Some children take the mobile phone to school, some smoke, chew betel, and drink alcohol.

3.6.4 Findings from the FGD with the guardians

The FGD was conducted with six guardians to understand the effects of the current crisis on the households, the changes in behaviors of the young children aged 2 to 7 years old. There are five mothers and a grandmother participated in the FGD. The home community of the all guardians is

Hlaingtharya township, and they have at least one child aged 2-7 years. Among them, three mothers are working one has opened a nursery school, one works as a maid and another is a volunteer. Their mother-in-law looks after the children when they go to work.

Effects of armed conflict on the family, and behaviors of children

The families' income and behavior of their children have been affected adversely since the military coup in February 2021. Their family income is reduced by half because of low job opportunity and low wage rate. They are living in fear behind closed doors and windows They do not send the children 5 to 7 years old children to school because they are afraid for the children's safety at school. They also worry about the presence of the junta military.

The *biggest changes* in their lives are food insecurity, and their inability to pocket money to their children. They fear trauma in their children so sometimes a movie or cartoon with the children to get happy.

They receive no assistance from organizations. Almost all of the families with young children suffer the same as they do. The main *coping strategy* is to visit to their mothers and relatives and talk with them.

In the community, all people in the ward fear for forcefully remove by the military junta. One of the guardians has already moved to her sister house, and lost her house in the neighbourhood.

The *urgent needs* for those vulnerable households are to get the financial assistance to support their income generating activities and secure access to healthcare services.

4. Conclusion and Recommendations

The adverse effects of the military coup and intensified armed clashes, airstrikes, artillery fire, burning houses, and killing civilians on the displaced children in Karen, Chin, Sagaing and Magwe region in terms of changes in socio-economic situation of their family, the behaviors of those children and the problems related to the mental health of children in different age groups are assessed qualitatively in this study. In addition, the adverse effects of the military coup on the children in the urban areas of Mandalay and Yangon region also included in the study. Based on

the findings of the study, the recommendations for the mental health and psychosocial support of the displaced/vulnerable children are as follow;

Food and Nutrition Security (Urgent & critical needs)

Although all displaced households in different states and regions receive assistance for basic survival like shelter and food, from various organizations and donors, the insufficient food makes them worry for their children's physical and mental weakness. Because of low job opportunity and low or no income, they cannot afford to buy supplements or nutritious foods for the children. The same picture is found in the poor children who live in the wards of Mandalay and Yangon cities. Murshid (2017)¹² and Njunju et al. (2017)¹³ reported that the family-associated risk factor for mental health was hunger in Myanmar. Therefore, it is required to give a priority to the food and nutrition security of those vulnerable children in the IDP camps and neighbourhoods of the cities.

Community/camp-based Mental Health and Psychosocial Support (MHPSS) (Urgent & critical needs)

Among the different age groups of the children, the 13 to 18 year old adolescents are identified as the most disadvantaged group. The KII points out that the adolescents have no access to education except the IDP camp in Magwe and Karen. The adolescents are getting older without any educational qualification which mainly cause their depression regarding the future well-being. The adolescents more rely on the friends when they feel sad or depressed. In some of the IDP camps and neighbourhoods, the adolescents adopt negative coping mechanisms such as drinking alcohol, drug using, smoking, gambling, among others. when they feel hopeless about their lives. On the other hand, the parents cannot give time or neglect the problems related to mental health of the adolescents. According to the study of Dominic et.al. (2021)¹⁴, the available studies in Myanmar identify violence and bullying, alcohol and substance use, and home, family and community security and cohesion as being closely related to mental health of the adolescents.

¹² [Bullying victimization and mental health outcomes of adolescents in Myanmar, Pakistan, and Sri Lanka - ScienceDirect](#)

¹³ [Chapter 21 \(researchgate.net\)](#)

¹⁴ [Mental health of adolescents in Myanmar: A systematic review of prevalence, determinants and interventions - ScienceDirect](#)

Furthermore, almost all displaced children are unable to forget the violence, indiscriminate shooting, killings, airstrikes, burning houses, by the military junta's forces and they are living in fear and anxiety day and night. The children cannot sleep and still have nightmares. Therefore, there is a significantly heightened need of mental health and psychosocial support for the displaced children in the IDP camps across the country. With a limited skilled persons and isolation of the IDP camps, the community and camp-based MHPSS should be established with the help of various organizations, donors, CSOs, volunteers, teachers, nurses, parents, community/camp leaders and committee members.

The findings of the study by Catherine et al. (2022)¹⁵ suggest that provision of a multi-tiered MHPSS program with camp-based PSS focal points in IDP camps in Kachin and northern Shan States during Covid-19 was successful in delivering basic psychosocial supports to a broad population while serving as points of contact for individuals who needed telephone-based counseling services.

Firstly, ***an awareness raising campaign*** regarding the children's mental health and psychosocial support should be organized for the parents, childcare givers, teachers, leaders and members of Camp Management Committee and the community. The parents and the community will be helped to understand the mental health problems and encouraged to take care or to make time for their children.

It is also required to provide the ***short course or training on MPHSS and Basic Psychosocial Skills***¹⁶ to the volunteers like nurses and teachers, members of the Camp Management Committee, and members of CSO in the IDP camps. Not only parents but also teachers and the community should support the well-being of the displaced children.

The ***Psychotherapy and Counselling Services*** should be provided especially for the adolescents who need the treatment for isolation, drug and alcohol abuse, and antisocial behavior, according to the report of UNICEF¹⁷, there was 53% increase in the MHPSS service between June and August 2022. The services are provided through a variety of approaches, including remote methods

¹⁵ [Frontiers | Implementation of a Community-Based Psychosocial Support Focal Point Response for Internally Displaced Persons in Myanmar During COVID-19 \(frontiersin.org\)](https://www.frontiersin.org/articles/10.3389/fpsyg.2022.888888/full)

¹⁶ [BPS+ | MHPSS Working Group \(mhpsmyanmar.org\)](https://mhpsmyanmar.org/)

¹⁷ [UNICEF Myanmar Humanitarian Situation Report No. 7 for 1 July to 31 August 2022 - Myanmar | ReliefWeb](https://reliefweb.int/report/myanmar/unicef-myanmar-humanitarian-situation-report-no-7-1-july-31-august-2022)

of contact and hotlines. The psychotherapy and counselling services should be expanded by the UNICEF and its partners to reach the IDP camps in the study areas.

Education for All Children (medium term)

Both parents and children worry for lack of access to formal education in the IDP camps. On the other hand, the community-based school was established to provide education for all children in the IDP camp in Karen State and Sagaing Region. The expansion of community-based school to enforce non-formal education for the displaced children is essential in supporting the mental wellbeing of all children. Because of limited space to live and play in the camps, it is required to scale up the services and activities for the children such as school library for reading, short courses for drawing, knitting, for example.

Vocational Training (medium term)

In addition to non-formal education, vocational training is required for the adolescents who like to work as a skill labor. In addition to the technical skills, it is also needed to provide some courses such as ethnics and English language, job finding and CV writing, healthy living, safe migration, and others.

Legal Aid Service for Children (medium term)

As the children are unprotected by the law from many different types of violations and abuses, the provision of legal aid service and awareness campaigns is required in both IDP camps and wards of Mandalay and Yangon cities. The victims have lack of knowledge of their rights and cultural norms that prevent them from reporting their abuse. As the IDP camps are hard to reach, both community-based mechanisms and legal aid net working with various organizations should be strengthened.