

## CHAPTER I

### INTRODUCTION

#### 1.1 Background of Study

Chin State is an isolated mountainous region of north-western Burma (Myanmar) bordering with Mizoram State, north-east India, (see Figure 1 for a map of Burma with states and divisions). Chin State lacks basic infrastructure development such as roads, bridges, electricity, hospitals and schools, which has also affected the currently available information on the Chin. This is further substantiated by the World Food Program (WFP) who describe Chin State as “*one of the poorest and most isolated states in Myanmar,*” (World Food Program, 2009). The Chin people are one of Burma’s eight main ethnic groups and number some 1.4 million in total, of which Chin State has approximately 500,000. (Facts from Chin State, 2008) The Chin can be further subdivided into six primary tribes and over 69 sub-tribes (Sakhong, 2003: 19) with a shared culture and history, yet maintaining their distinct local dialects.

This thesis will focus predominately on the Chin people who originate from the Falam township of Chin State (nine townships in total) which border the case-study village, (see Figure 2 for a map of Chin State and major townships). The sub-tribes located in this area are the Lai and Lushai sub-tribes from Falam township, (see Figure 3 for an overview of the major Chin tribes and sub tribes). Due to security reasons this village has not been mentioned specifically by name, but is referred to as village X hereinafter.

Increasingly the Chin are migrating to both India and Malaysia due to human-security issues such as: food insecurity, access to healthcare, lack of sustainable livelihoods and human-rights abuses committed by the Burmese military regime (the State Peace and Development Council (SPDC)). (CHRO, 2009: 13) These issues will

be discussed in-depth in this thesis in relation to accessing the relationship between development and reproductive health of the Chin along the Indo-Burma border.

There is an interconnected relationship between reproductive health and the wellbeing of the family; if a new born baby is not healthy then they cannot function effectively putting a strain on families, communities and society as a whole. In February 2010 with the help of foreign donors the case study village established a small medical clinic called ABC Clinic located on the India-Burma border. The clinic has been set up primarily to focus on providing limited primary health care to Chin people from Chin State. In addition it also caters for Chin and the local Mizo population located in Mizoram state.

## **1.2 Statement of the Problem**

One of the main weaknesses that this thesis seeks to address is the lack of up-to-date research in regard to the ethnic Chin who live on the Indian-Burma border. Many studies concerned with the peripheries of Burma center predominately on the Thai-Burmese border, focusing on the Karen ethnic group, as they face ongoing gross human-rights abuses perpetrated by the Burmese military. This rightfully merits assistance and careful study in order to find appropriate strategies to alleviate the suffering of that people. However, the overemphasis on the Thai-Burma border has left a vacuum of a distinct lack of knowledge about the other borders surrounding Burma: the India-Burma border, Bangladesh-Burma border and China-Burma border.

Currently, the majority of up-to-date documents on the India-Burma border region and the Chin focus on the human-rights abuses they face both in Burma and once they migrate to India. There is, however, a lack of knowledge of the Chin reproductive health needs along the Indo-Burma border. This thesis seeks to shed light on this gap in knowledge and uses as sources of information both the case-study village and ABC clinic that have access to patients from Chin State, Burma.

### 1.3 Significance of Research

This research will help to provide a better understanding of the challenges of reproductive health for the Chin in relation to the larger issue of development in Burma. It will also provide insights into the current reproductive health support mechanisms which are being implemented at a grassroots level. Vitally this information can be used by various interest groups to develop improved reproductive health policies and strategies, which fit the needs of the local communities. The impact of this are it will help to make healthier; families, communities and a more sustainable society.

In its context, the socio-political significance of undertaking research in regard to the health of the Chin is the fact that the SPDC are pushing ahead with a seven-stage roadmap to disciplined democracy, and, as part of this process, held a national referendum to enshrine a constitution on 10 May 2008. (Lwin, 2008) Under number 367 of the Citizen, Fundamental Rights and Duties Chapter of the Constitution it states, *"Every citizen shall, in accord with the health policy laid down by the Union, have the right to health care."* (Ministry of Information, 2008: 152) A reliable indicator of a countries socio-political governance of a State is its provision of health care to its citizens. Yet the question must be asked: what is the level of health-care access in ethnic areas such as Chin State?

### 1.4 Research Questions

- The following questions must be answered: What is the reproductive health condition of the Chin along the Indo-Burma border?
- What causes this health condition in the context of development conditions in Burma?
- What local coping strategies do the Chin use relating to health issues?
- What are the development implementation recommendations for the State and NGOs?



- Which reproductive health mechanism is most effective in regard to isolated Chin communities?

## 1.5 Objectives

This thesis has the following aims:

- Assess the reproductive health condition of the Chin along the Indian-Burmese border.
- Identify what development conditions cause this reproductive health condition in Burma.
- Identify local coping strategies the Chin use as alternatives for reproductive health issues.
- Identify which reproductive health mechanism is most effective in regard to isolated Chin communities.

## 1.6 Hypothesis

The hypothesis of this research is that a combination of isolation in ethnic areas and increased militarization by the state has resulted in the SPDC implementing an unwritten policy of neglecting to develop ethnic groups such as the Chin. This can be substantiated through a lack of public services such as adequate healthcare, schools, electricity and other basic needs such as food security, water security and transportation. Within the whole of Chin State for a population of 500,000 there are only 12 hospitals, 56 doctors and just four viable roads (HRW, 2009). Such neglect could also be a direct consequence of a combination of being under military rule, increased potential danger to livelihoods, and poor access to goods and services. With little alternative options for basic survival, the Chin in Burma have little option but to relocate to India and Malaysia to escape the direct control from the Burmese State. Once in Mizoram state, India, the Chin can relatively easily meet their basic needs when compared to life in Burma.

The driving dynamics behind the state's unwritten policy are the following: Firstly, to increase military control over the ethnic peripheries, which are rich in natural resources. Secondly, the ethnic regions have a vital geopolitical significance, as they are strategically placed between India and China. Thirdly, with underdevelopment in Chin State, the military meet little local resistance with more of the population being forced to migrate to other areas or countries. Therefore they can easily further their own agenda of extending their sphere of influence and exploiting resources for their own personal gain. Finally, and significantly, this policy paves the way for the state to implement transnational development projects, for example in Chin State the newly undertaken transportation project entitled the Kaladan multi-modal transit transport project, which is a transnational development project between the SPDC and the Indian government. The project is estimated to cost \$120 million and is due to be finished in 2013 (Arakan Rivers Network, 2009: 10). The purpose of the project is to allow ships and trucks to transport supplies to India's landlocked north east region. It also has geopolitical significance as India is trying to counter Chinas influence in the region. While this project could potentially benefit a limited amount of people, yet with the Burmese military's unwritten policy of neglecting the needs of its people, it is being carried out without any consultation with the locally affected population. These types of projects will also affect the health of the people along the project site in terms of food insecurity and increased forced labor.

Relating to accessing healthcare it could be more effective in certain cases for an increase in cross-border medical initiatives such as ABC's clinic healthcare model in order to meet the needs of Chins located in isolated rural areas of Chin State. This cross border mechanism could be relatively better placed to serve the needs of Chin communities both inside isolated areas of Chin State and along the border. This can complement the activities of International Non-Government Organization's (INGO's) operating from central Burma, which could be relatively more constrained by Memorandums of Understanding (MoU's) with SPDC and accessibility issues to reach isolated communities.

## 1.7 Research Methodology

- Primary research: qualitative and quantitative interviews with women in the case study village. Specifically targeting women in the reproductive age of approximately 16 years onwards due to the interviews focusing on their reproductive health condition.
- Primary research: qualitative interviews with medical staff at the ABC clinic and mobile medical clinic teams working inside Chin State to gather information about programs and activities relating to reproductive health.
- Secondary research: provided from ABC's Medical treatment records book and mobile clinic records books.
- Secondary research: data provided from Burma's Ministry of Health (MoH) and World Health Organization (WHO) relating to reproductive health.

## 1.8 Limitations

There are a number of limitations to this research: firstly the location of the case-study village. It is located in an isolated rural area of the India-Burma border, and as such access required extensive walking up to six miles to and from the village. The time constraint of field research at the clinic was limited to less than 10 days in total on site from July 2010, and therefore this study could at best only provide a limited snapshot of the targeted village, the clinic's activities and the patients attending the clinic. However this snapshot is an important point of gathering research information for future projects. Secondly, during the field research period, many of the families were busy with the rice planting season and were working and living away from the village, often inside Burma in paddy fields, interviews were therefore unable to be undertaken with such families.

Personally I also needed to recognize my own personal limitations including a lack of fluency in speaking the local Chin dialect, and my limited knowledge of health issues, as I am not a trained medic. I therefore travelled to the field with a trained nurse whom I had met previously who was one of the nurses in the village, which



helped build up trust and relationships in a short period. I tried to address some of these limitations however. Having lived before with the Chin for over a year, I have learnt basic phrases in various Chin dialects and can also happily embrace food and cultural customs. This helped to a certain extent to break down some of the perceived barriers when foreigners embark on field research. Having local women translators who I have previously built up a strong personal relationship with also helped to reinforce relationship building in the community with effective translations appropriate to the women we were interviewing. I had previously already visited the field research village two times in 2009 and had been able to establish good relationships with some of the community members and well-respected figures in the community, so making questionnaires on my visit this time was a viable option.

Relating to the limitations in secondary medical data gathered at ABC clinic, while the dedication of the nurses at the clinic is unquestionable there are some important limitations relating to the health diagnosis they give in medical records because of their limited training and experience. Each of the ABC nurses has one to two years' health-related practical and theoretical experience. Therefore specifically relating to their diagnosis in the medical-record book and the mobile clinic book, it was considered necessary that a secondary experienced Western doctor helped to look through the data and compile the various diagnoses the nurses had offered into logical types of diseases. Recognizing this limitation should not mean however that we disregard the findings presented from this valuable rich source of data findings. Sadly it also serves to further highlight the desperate lack of investment in educating and developing the health professionals in the region.

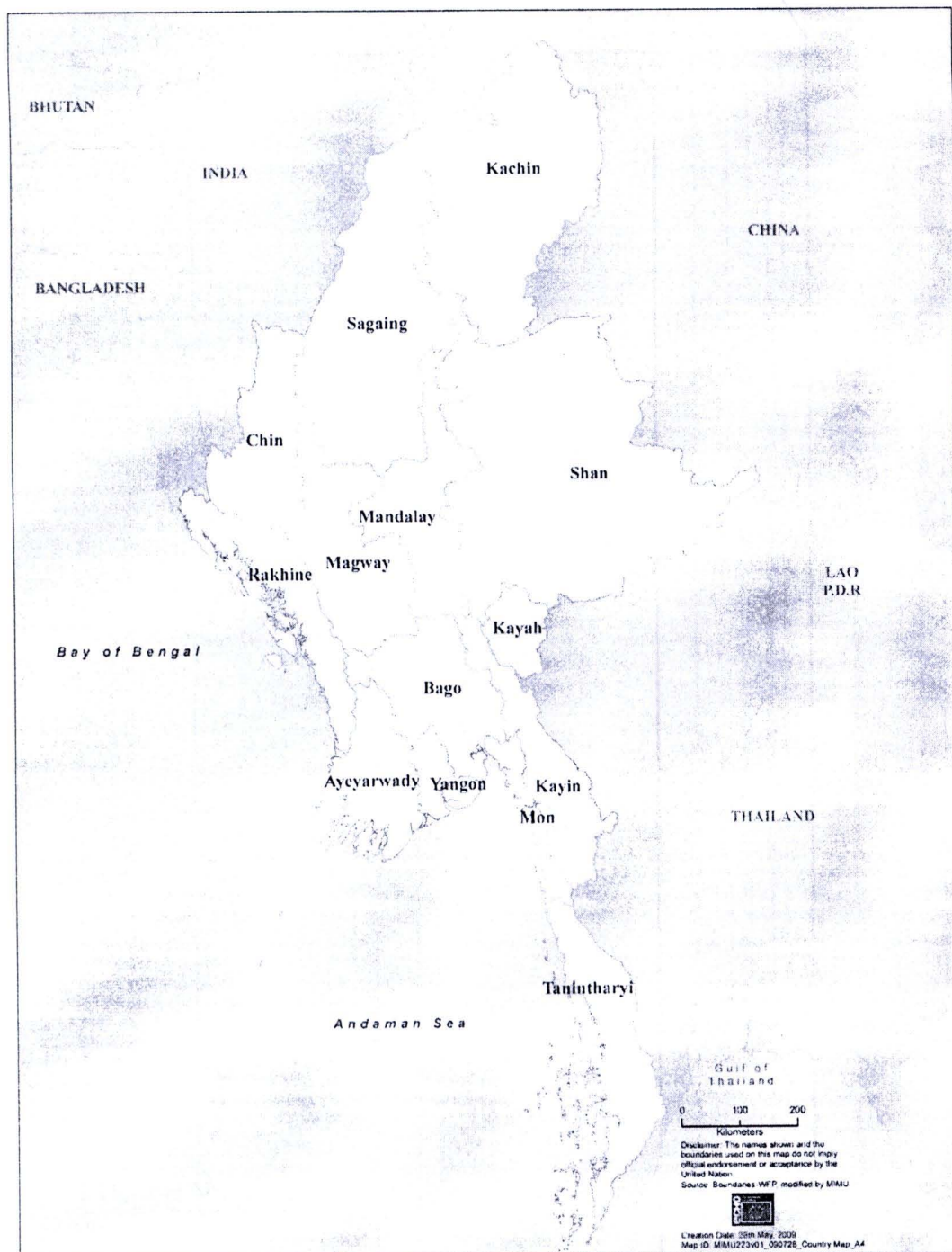
## **1.9 Ethical Issues**

Before any interviews were undertaken, informed consent was asked for, to ensure all interviewees were aware of the purpose of the project and what it entailed. All of the respondents were informed that their names would be kept confidential, which helped to ease any security concerns for them. Importantly also, I had to recognize my own limitations of being a male foreigner -- this could potentially have been very

uncomfortable for some female respondents and inappropriate especially relating to describing in-depth their maternal health issues. Therefore I worked closely with local women translators who had sufficient experience and could gauge the situation, identifying the appropriate course of action i.e. for me to not be present during certain interviews. This was sometimes needed specifically relating to asking sensitive questions relating to miscarriages. It was also important in some cases to provide words of encouragement and positive words to respondents who have had to experience traumatic times in their lives and for whom retelling their stories can be painful.

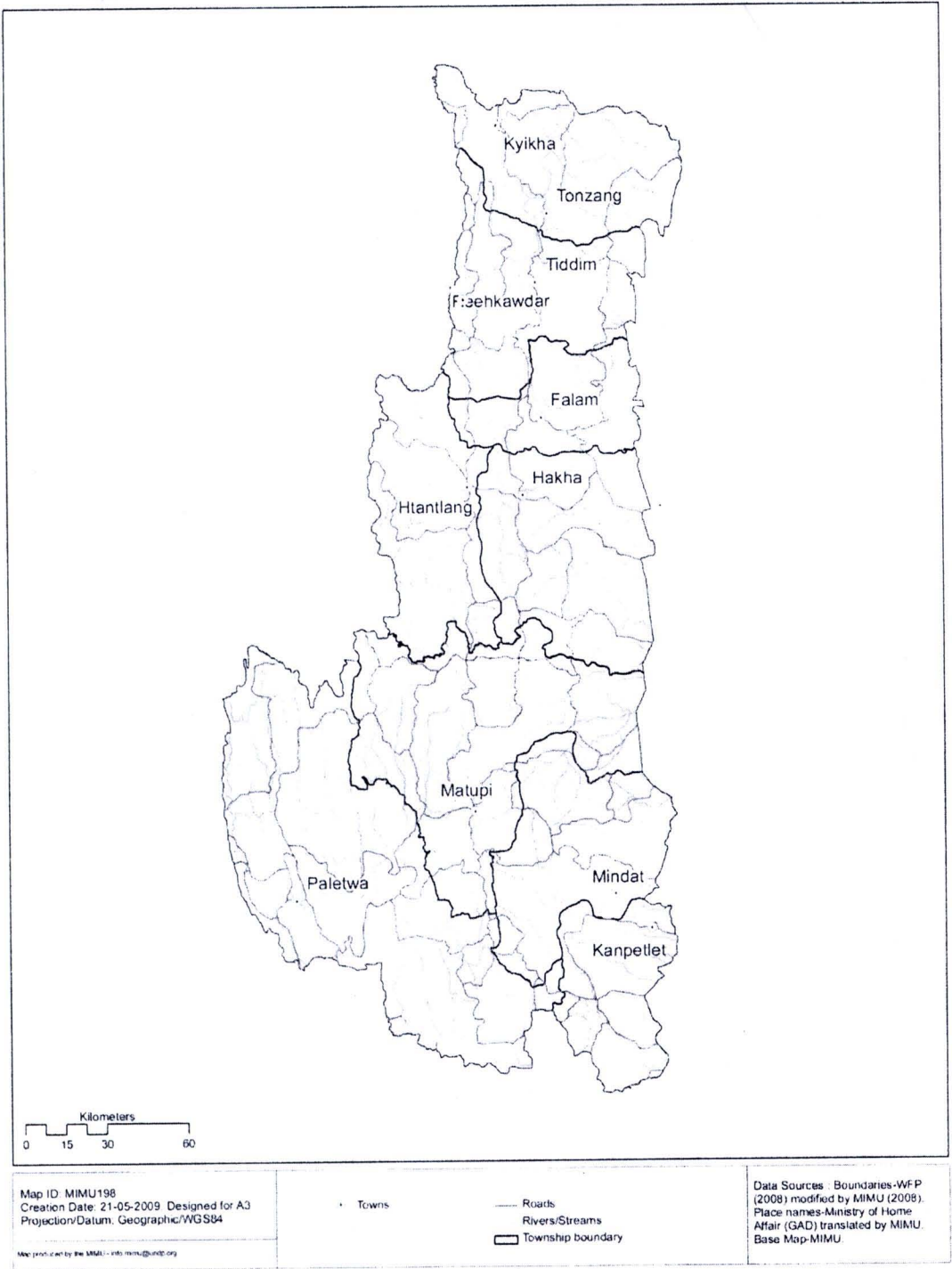


**Figure 1 Map of Burma with States and Divisions**



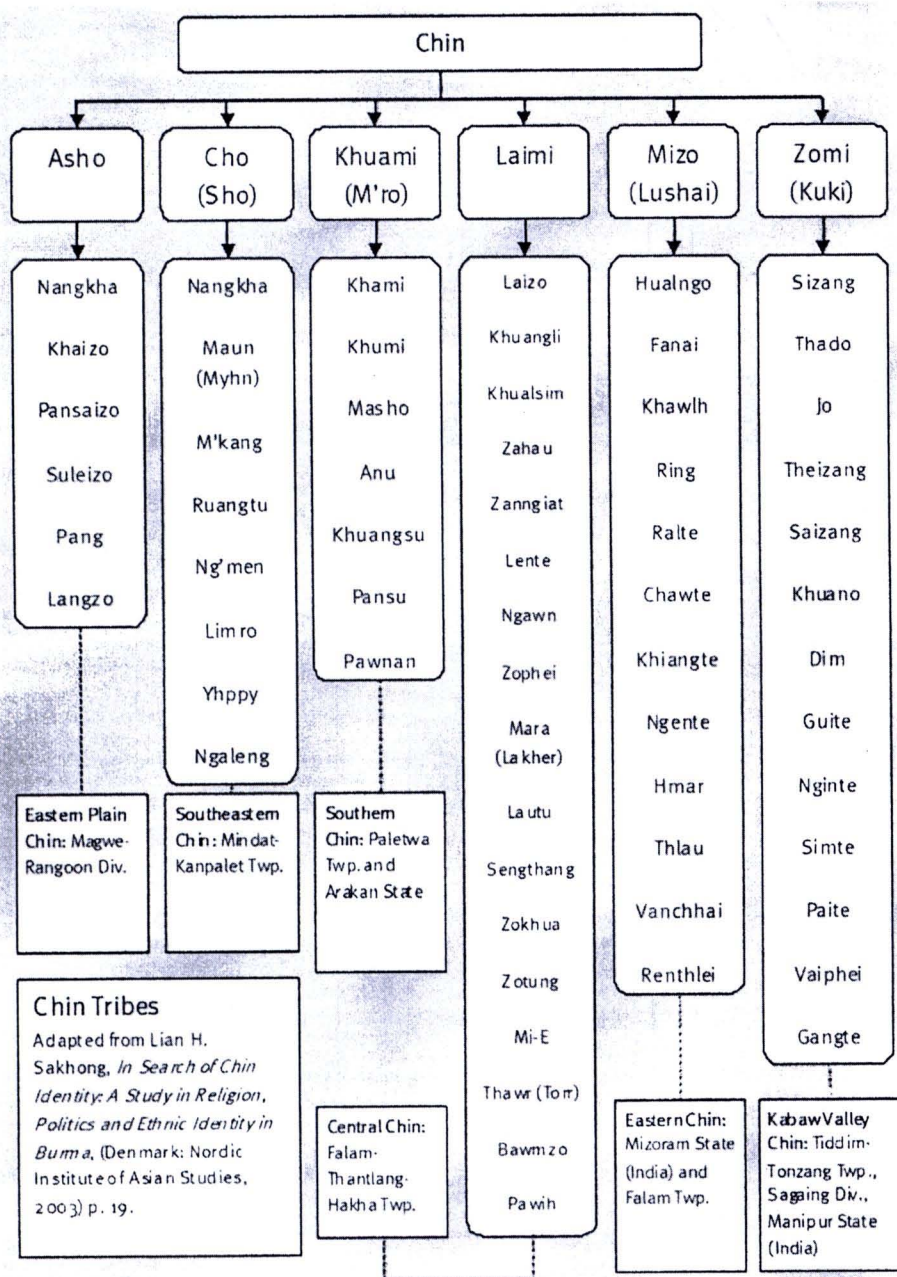
Note: (MIMU, 2009)

Figure 2 Map of Chin State with Major Townships



Note: (MIMU, 2009)

Figure 3 Major Chin Tribes and Sub-tribes



Note: (Sakhong, 2003: 19)