FEELING SMALL IN ANOTHER PERSON’S COUNTRY

The situation of Burmese migrant children in Mae Sot Thailand

“Parents want to see their child ride on an elephant. No one wants to see their child kicked by an elephant”  
15 yr old boy attending Migrant High School, Mae Sot

Committee for Promotion and Protection of Child Rights (Burma)

FEBRUARY 2009
Feeling Small in Another Person’s Country: The situation of Burmese migrant children in Mae Sot, Thailand

Written and Published by:
The Child protection Research Project of the Committee for the Protection and Promotion of Child Rights (Burma). February 2009

First Print Run:
500

The Printing of this report was funded by:
The IRC, Body Shop Foundation and Children on the Edge

Photos:
CPPCR, School Health team and MAP

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ACKNOWLEDGMENTS

This piece of research was made possible through the generous support of the International Rescue Committee, The Body Shop Foundation and Children on the Edge.

The Child Protection Research Team would like to express its appreciation and gratitude to the research partner team who guided the scope and activities of the project. The partners were: Mae Tao Clinic (MTC), Burmese Medical Association (BMA), Burmese Migrant Workers Education Committee (BMWEC), Burmese Migrant Teachers Association (BMTA), Karen Women’s Organisation (KWO), Karen Youth Organisation (KYO), Human Rights Education Institute of Burma (HREIB), Social Action for Women (SAW), and the Burmese Women’s Union (BWU).

The team would also like to thank the teachers, health workers, organization leaders, boarding masters, NGO personnel and Thai government officials that collaborated in the data collection. In particular, special thanks are given to the Migrant Assistance Project (MAP) Foundation and World Vision Foundation Thailand (WVFT) for providing volunteers to assist with the community survey.

Finally, the team would like to thank the 45 children who kindly agreed to take part in the activities and to give us their views and an insight into their lives.
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Foreword

By Surapong Kongchantuk

Of all the assets in society, human resources are the most precious because human beings have an endless potential to develop physically, mentally and most importantly, spiritually.

But one cannot develop one’s potential unless one has life security and has the support to continue one’s family. Giving life and providing care to children are human beings crucial duties for the continuation of humankind. Children are our future. Children are the innocent ones. Children are the ones who will determine how our society will develop. In addition to the right to life, children are also entitled to many other rights, such as:

- The right to have legal status as a person, to have a name and birth registration documents.
- The right to live with family, to receive care and protection from parents and society.
- The right to have nationality.
- The right to have an education.

Despite the importance of children, many children still do not have access to these rights. There are still many children who are not legally recognized as persons. They do not have nationality and other legal protection. Hence they have become so-called “migrant” or “stateless” children. They are human beings but are not treated as equals. There are many of these children in the western part of Thailand. They are suffering, although we keep saying that children are our future.

There is a need to reach out and understand their conditions and needs. We need to understand their suffering and the problems of people concerned. Hopefully this understanding will pave the way towards some solutions and better ways for us human beings to treat one another more humanely. Hopefully, empathy will lead towards more opportunities for children to develop to their full potential and for our own future.

Surapong Kongchantuk
Vice Chairperson, Human Rights Subcommittee on Ethnic Minorities, Stateless, Migrant Workers and Displaced Persons
Lawyers Council of Thailand
Foreword

By Aung Myo Min

It is my great honor to write a forward for this report “Feeling Small in Another Person’s Country”, which addresses the situation of migrant children in Mae Sot, Thailand, near the western border of Thailand and Burma.

I still recall in 2006 when I received a request to run a research skills workshop for the team members in Mae Sot. At that time I queried them about their expectations. One of the participants responded that by their research they hoped to draw attention to and improve the situation of Burmese children in Mae Sot, and protect them from exploitation. Now we have the comprehensive report from that research effort by the Community Based Organisations in Mae Sot and their staff who have committed to work for these children, with the participation of the children themselves. It clearly describes the vulnerable situation of these migrant children and their plight.

Migrant children in Mae Sot are in vital need of protection. Forced to leave their country due to egregious human rights violations and extreme poverty, once they are in Thailand they are left open to abuse and exploitation. Although there have been some recent actions and policies by the Thai government to protect migrant children, many children are still in need of greater protective mechanisms. In addition to their rights to education, health and social welfare, they must be provided with a principal of non-discrimination.

The research findings found within this report can, I believe, guide us to identify possible advocacy points for higher standards to respect, promote, and fulfill the rights of children not only in Mae Sot, but in other parts of Thailand as well.

Additionally, while migrant children are being protected in neighboring countries, international pressure should be mounted on the military government of Burma to sincerely address their commitment to children by respecting all survival, development, protection and participation rights as detailed by the Convention on the Rights of the Child.

Aung Myo Min
Director
Human Rights Education Institute of Burma (HREIB)
Foreword

By U Aung Htoo

Everybody acknowledges the fact that children are the future of our society. No one disputes the fact that we need to care, love, protect, and nurture children and develop their morality. Nevertheless there is a lack of information on the troubles they face, their sufferings and feelings and examining these to identify the causes. This situation affects Burmese children, both inside Burma and in neighboring countries. Feeling Small in Another Person’s Country can be seen as an attempt to fill the urgent gap on this.

Among the people suffering under the military dictatorship in Burma, women and children are the most affected. Those who migrated with their families to neighboring countries to escape dire conditions and to survive have suffered the most. The lives of most Burmese children in Thailand could be said to be extremely harsh. In this report the lives and backgrounds of migrant workers in Thailand are examined along with the impact on children’s’ lives.

The majority of workers have no legal work permit status and are poor. They lack knowledge on the Thai language and Thailand itself. In addition the laws and legal system in place are not protecting migrant workers and workers, and they and their families are exposed to harassment and poor treatment from employers, local people and authorities.

After reading this report, I also came to understand that there are many other causes of children’s suffering. This report methodically researches and documents issues that affect children such as abuse, exposure to violence, family breakdown, trafficking, discrimination and abandonment. All of which are taking place among Burmese citizens of all ethnicities who have persistently practiced civilized religious and social customs for centuries. Children can also be blamed for things just for being from Burma, such as garbage collectors who are arrested because they happened to be in the vicinity of where a crime took place.

Social ills not only hurt children but also threaten the sustainable peace, stability and development of society. Affected children do not grow up happily into optimistic citizens and are likely to grow up with their minds dominated by bitterness, hate and discontent. So it is very important that organizations and individuals try their utmost to alleviate such injuries, and I pay my respects to all those who are working for children. Burma Lawyers Council will assist in the legal aspects of making adoption deeds as requested by the Committee for the Protection and Promotion of Child Rights, in addition to assisting with other legal issues as requested.

The findings of this report have been derived from a number of sources and methods. I recommend this report as essential reading and hope that readers will understand and sympathise with children’s lives and join hands with the relevant community groups to help them. I also hope that international readers and organisations become more aware of the lives of Burmese children in Thailand and provide assistance to them.

U Aung Htoo
General Secretary
Burma Lawyers’ Council January 15, 2009
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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ARHN</td>
<td>Adolescent Reproductive Health Network</td>
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<td>ART</td>
<td>Anti Retroviral Treatment</td>
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<td>ARVs</td>
<td>Anti Retrovirals</td>
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<td>ASEAN</td>
<td>Association of South East Asian Nations</td>
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<td>AZT</td>
<td>Azathioprine</td>
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<td>BLC</td>
<td>Burma Lawyers Council</td>
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<td>BLSO</td>
<td>Burma Labour Solidarity Organisation</td>
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<td>BMA</td>
<td>Burmese Medical Association</td>
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<td>BMTA</td>
<td>Burmese Migrant Teacher Association</td>
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<td>BMWEC</td>
<td>Burmese Migrant Workers Education Committee</td>
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<td>BPHWT</td>
<td>Backpack Health Worker Team</td>
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<td>BWU</td>
<td>Burmese Women’s Union</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<td>CDC</td>
<td>Children’s Development Centre</td>
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<td>Community Health Worker</td>
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<td>COTE</td>
<td>Children on the Edge</td>
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<td>CPPPCR</td>
<td>Committee for Promotion and Protection of Child Rights (Burma)</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>DARE</td>
<td>Drug and Alcohol Recovery and Education Network</td>
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<td>FTUB</td>
<td>Federation of Trade Unions - Burma</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HREIB</td>
<td>Human Rights Education Institute of Burma</td>
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<td>HWF</td>
<td>Help Without Frontiers</td>
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<td>ICCPR</td>
<td>International Convention of Civil and Political Rights</td>
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<tr>
<td>ID</td>
<td>Identification</td>
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<td>IDC</td>
<td>Internal Detention Centre</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>ILO</td>
<td>International Labour Organisation</td>
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<td>IOM</td>
<td>International Organisation for Migration</td>
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<td>KWO</td>
<td>Karen Women’s Organisation</td>
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<td>Karen Youth Organisation</td>
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<td>LHA</td>
<td>Living with HIV/AIDS</td>
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<td>MAP</td>
<td>Migrant Assistance Programme</td>
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<td>Ministry of Education</td>
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<td>Ministry of Interior</td>
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<td>Ministry of Labour</td>
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<td>Ministry of Public Health</td>
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<td>MSDHS</td>
<td>Ministry of Social Development and Human Security</td>
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<td>MSF</td>
<td>Medecins Sans Frontieres</td>
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<td>MSH</td>
<td>Mae Sot Hospital</td>
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<tr>
<td>MTC</td>
<td>Mae Tao Clinic</td>
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<tr>
<td>NGO</td>
<td>Non Government Organisation</td>
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<tr>
<td>NLD</td>
<td>National League for Democracy</td>
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<td>OIA</td>
<td>Overseas Irrawaddy Association</td>
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<tr>
<td>OIs</td>
<td>Opportunistic Infections</td>
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<td>OPD</td>
<td>Outpatients Department</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<tr>
<td>RTG</td>
<td>Royal Thai Government</td>
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<td>SAW</td>
<td>Social Action for Women</td>
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1. The Mae Sot area is the district of Mae Sot. This covers ten sub-districts which are Mae Sot, Mae Ku, Phawo, Mae Ku, Mae Tao, Mae Kasa, Tha Sai Luat, Mae Pa, Mahawan, Dan Mae La Mao, Phra That Pha Daeng. For this research Phop Phra, a district south of Mae Sot has been included due to the act that many migrant families are based here in the agriculture industry.

2. The focus of this report is on children who have come to Thailand from Burma or born of migrant parents from Burma and who are living outside the refugee camps in the Mae Sot area.

3. Please note that the interviews and focus groups for this pilot research project took place between May 2006 and December 2007. The Mae Sot area is a rapidly changing place and not all organizations or programmes that are currently in place may have been mentioned during the time of the research. Programmes mentioned may have also changed focus or have finished during the writing of this report. Thai laws and policies may also have changed. A fair and reasonable attempt has been made to update this report to reflect the current situation.

4. No personal names of participants have been mentioned in this report in order to protect privacy.

5. In certain cases, names of Burmese community based organisations have not been mentioned in order to protect individuals working for the organization and the organization itself.

6. In certain cases, names of communities and locations have been withheld at the request of CBO staff due to the sensitive nature of the topic being discussed.
EXECUTIVE SUMMARY

The decades of physical and psychological repression, economic mismanagement and bad governance by the Burmese military junta, has given Burma the dubious distinction of being classified as a least developed nation by the UN. The selling off of resources, heavy investment in the military and the construction of the new capital at Naypyidaw has been at the expense of economic development and the once strong education and health systems, which are now completely run down and unaffordable for many. Inflation and rising prices, coupled with limited employment prospects, have made daily life a struggle. Families are living a day to day existence and children who survive infancy, face a life that is limited by poverty, a lack of education and opportunities. Increasing campaigns against ethnic groups have driven an estimated 500,000 people from their homes into Internally Displaced Persons (IDP) areas inside Burma, or across the border to refugee camps in Thailand.

As life in Burma becomes increasingly difficult with little prospect of change, more people are taking their chances to seek a better life elsewhere. Mae Sot, a Thai town on the north western Thai-Burma border is a main destination for migrants from Burma due to its status as an export processing zone and the promise of employment, predominantly in the manufacturing, construction and agricultural sectors. Even though this work may be classed as dirty, dangerous and demeaning (3D) with low pay, one can make a better living here than in Burma. For many children, their fortunes and thus their futures are tied to that of their parents, for others they have come or have been sent to Thailand alone to be breadwinners for the family or to chase their dream of an education and a better life. However, while Thailand may be seen as a promised land, migrants continue to face challenges and difficulties as they are denied their fundamental rights and left vulnerable to abuse and exploitation. Although a number of international conventions have been ratified and laws and policies are in place to protect migrant adults and children, implementation of these are often weak. For children this can impact on the stability of the family unit and access to education, health care and juvenile justice protection mechanisms.

Burmese Community Based Organisation (CBO) leaders expressed concern about the lack of documented information on migrant children in the Mae Sot area and the need to increase awareness of their situation. With the support of the International Rescue Committee (IRC), Children on the Edge (COTE) and The Body Shop Foundation (TBSF), a pilot capacity building research project was conducted by the Child Protection Research (CPR) team from May 2006 to December 2007. During this time 23 interviews were conducted with leaders from Community Based Organisations (CBOs), Burmese operated learning centres, Non Government Organisation (NGO) workers and Thai authorities, along with 14 focus groups involving people working in key sectors such as protection, health and education. Participatory activities were also undertaken with 45 schoolchildren and a community survey conducted in selected communities in Mae Sot yielded 390 respondents.

There are an estimated 200,000 Burmese children living in Thailand, many of whom are working, with 20% of the migrant workforce thought to consist of children aged 15 to 17 years of age. It was seen to be a standard practice for parents to send children out to work, especially once they have reached the age of 13 years and seen to be physically capable of bringing in extra income for the family. Children may voluntarily leave or be taken out of school to work alongside their parents in the factory or fields, as domestics or as service workers in shops and restaurants. Researchers have found that children working in Mae Sot factories and the agricultural area are subject to the worst forms of child labour, working long hours and being exposed to hazardous chemicals and conditions that are in direct violation of Thai labour law. The difficulty of obtaining registration and the work permit

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1. Internal displacement in Eastern Burma, 2007 Survey, TBBC, October 2007
2. Burma Human Rights Yearbook 2006, HRDU, NCGUB.
makes for a tenuous existence. Consequently, young people can be coerced or forced into bad employment situations.

As parent’s lives are consumed by the need to work and make money, children can be denied the love, care and guidance essential to their healthy growth and development and may be separated from or even abandoned by parents. Some parents abuse and exploit their children by telling them not to come back home if they cannot earn a fixed amount per day. Consequently these children go out on the streets looking for daily work to survive; this can include begging, collecting recyclable rubbish and carrying heavy loads. This pressure is seen to change the moral character of children with some turning to stealing. Children who are unemployed, neglected, abandoned, or orphaned can end up permanently on the streets. Being out of school and on the streets increases the risk of being trafficked and recruitment by gangs, who physically threaten and may even kill children who try to escape.

Statelessness is a real risk for children who are unable to receive identity registration in Burma and for those born in Thailand of migrants, especially unregistered parents. Despite the ratification of conventions, such as the United Nation’s Convention on the Rights of the Child 1989 (CRC), and the International Convention of Civil and Political Rights (ICCPR) that stipulate birth registration of all children born in Thailand, in reality only registered migrants who hold a work permit can register their child’s birth. A change in the Civil Registration Act, effective from the 23rd August 2008, will allow all children born on Thai soil, regardless of their status, to register their births and obtain a birth certificate; however it remains to be seen how this will be implemented. In the meantime the Committee for Promotion and Protection of Child Rights (Burma) (CPPCR), a Burmese CBO established in 2002, provides a registration service for children from Burma that in some cases, has been recognized by some Thai schools and the United Nations High Commission for Refugees (UNHCR).

All children in Thailand are entitled to an education in accordance with government policy. Mae Sot is unique in that there are around 60 community established learning centres and the Thai Ministry of Education (MOE) is working to register these, assign teacher cards to improve security, assist with Thai language training and to introduce a core curriculum that will facilitate crossing over to the Thai education system. Despite the presence of these schools, it was estimated that less than half the number of migrant children are in school. Children continue to miss out on education for a number of reasons, including parents not recognizing the value of education and wanting them to work and help out at home, cost considerations, and access difficulties. Many cannot attend Thai school due to cost, language and birth documentation requirements.

Children face health problems as a consequence of inadequate treatment in Burma or from continued poverty and poor living conditions in Thailand. The main problems seen in migrant children by health workers are malnutrition, acute respiratory tract and other infections, malaria, diarrhea, worms, deformities, skin diseases, and anemia. Malnutrition is a significant problem and teachers reported that at least 50% of children are weak because of lack of food. The babies of working mothers were seen to be at particular risk as they may be fed only rice water and sugar by caregivers when their mother returns to work. In Mae Sot there are free health services for migrants such as Mae Tao Clinic (MTC) and community health posts established by the Thai Ministry of Health (MOH) in collaboration with the International Rescue Committee (IRC) and the International Organisation for Migration (IOM). However, timely access of migrant children, and their parents, to health services, including antenatal care and safe delivery can be prevented by security issues, transport availability and costs. Difficulty accessing services, along with social and economic pressure to work, place women at risk of premature labour, delivering low birth weight babies and resorting to unsafe abortion. HIV/AIDS also affects children in that they may have lost one or both parents, have ill

parent/s or be infected themselves. They may also be taken out of school in order to work and support
the family, and in some cases, children may be abandoned.

Displaced and marginalized children have been shown to be at greater risk of violence and the role of
alcohol, drugs, pressure on parents, lack of parental supervision, as well as living in an insecure
environment are key factors in this. Violence can be directly experienced or witnessed and can take
place in the home, at school and in the community with acts of physical and psychological abuse such
as beating, scolding, fighting and even murder reported by children. Sexual violence in the form of
rape is a very real problem in the migrant community, particularly in relation to young girls who are
left in vulnerable situations. Concerns were also expressed by NGO staff regarding paedophiles
coming to Mae Sot to prey on children in the migrant community and the increasing number of
children on the streets.

Despite the difficulties and challenges of their lives, the children we worked with have their own
hopes and dreams for their future and for Burma. Many of the children that took part in the study said
that they hope to return to Burma to participate in the development of their country and put their
education to good use to help their people; a number said they wanted to be doctors and teachers.
Children want Burma to be a democratic, peaceful and developed country that is abreast with other
countries. They would like to see their government invest in and negotiate with the people, and the
creation of jobs that pay a decent wage so people can live together comfortably and care for each
other. Thailand may be a relatively clean and more developed country with employment and
educational opportunities, but there is less freedom for children and their families. Over half the
children in the study saw their community as being in Burma even though the junta has effectively
denied them a life there with their families.

From the findings of this research, some of the key recommendations for further consideration are. 5

KEY RECOMMENDATIONS

Pressure Burma to put its commitment to children into action

That the international community, United Nations and ASEAN members

- Insist that the State Peace and Development Council (SPDC) uphold its commitment to
  improving the rights of children
- Insists that the SPDC take the required actions to reflect child rights principles of non
discrimination, survival, development and participation, along with taking the best interests of
children into account in legislation.
- That the Committee on the Rights of the Child insists that laws that relate to children in
  Burma are in full compliance with the CRC and international standards.

Recognition of Burmese organisations that provide services to migrants and support to
Thailand

That the Royal Thai Government (RTG)

- Considers recognising the role of Burmese organisations as providing an important and
  essential service for Thailand
- Ensures and supports the registration of health workers, teachers and community workers and
  the granting of legal stay status.

5 For the full list of recommendations please refer to “Recommendations” Pg 69 of this report
Advocacy for policy / implementation change that will protect the rights of migrant children in Thailand

- The Ministry of Labour (MOL) should consider introducing a more flexible and accessible process for registration and application for the work permit and include a broader range of occupations that are eligible for this.
- The RTG cabinet should consider signing off on the regulation to register migrant schools as “learning centres” so teachers will have more security and children are realising their right to education as per the “Education for All” policy.
- The MOH should consider ensuring that all children born in Thai health facilities receive delivery certificates, preferably before discharge, in accordance with the RTG directive.
- The RTG/Ministry of Interior (MOI) should consider working more closely with NGOs and also CBOs in the implementation of the new law for birth registration of all migrant children born in Thailand, as per the new amendment to the “Civil Registration Act”
- The RTG should consider taking the required steps to fully implement the State Law on Child Protection to cover migrant children.
- The MOH should consider including the dependants of registered workers who opt to join the 30 baht health care scheme on the same premium so children can receive health care coverage.
- The MOE should consider supporting the integration of young children into the Thai education system as a priority to increase their future opportunities.
- The MOE should consider increasing the proportion of funding for migrant students and improving the funding process so they can be more readily accepted for enrolment in Thai schools.

Advocacy for Labour protection of children by the MOL

- Supporting and offering incentives to employers to register and obtain a work permit for children aged between 15 and 18 years and who are eligible to work.
- Appoint a local body to monitor labour protection law compliance and workplace conditions for children in work aged between 15 and 18 years in all sectors
- Enforce the law prohibiting children less than 15 years working and either look at providing them with vocational training or education in Thai School or learning centres.

NGOs and CBOs and donors to increase protection for children

- Increase support for schools in the IDP areas inside Burma to keep children together with families and to decrease the flow of unaccompanied children and the burden being placed on resources in Mae Sot.
- Establish more day care centres, with some attached to the workplace, and nursery schools so young children whose parents are in work are better supervised and also older children are not kept out of school to care for them.
- Establish a psychological health service for children with trained staff
- Establish zero tolerance for violence against women and children, through a network to undertake widespread education in the community, and establish a mechanism where this is reported and acted on.
- Increase awareness of local health and community workers of changes in Thai Law and where applicable, work with Thai NGOs and authorities in implementing these.
- Strengthen rehabilitation and repatriation services for trafficked children and children who are on the street.

Support education for all

- For migrant education groups, such as BMWEC, with NGO and MOE support, to place more emphasis on developing vocational training for young people with guaranteed employment at
completion, and also to seek out more opportunities for young people to enter tertiary education.

- For migrant education groups, such as BMWEC, with NGO and MOE support, to develop a mobile or distance education service for children of workers in remote areas, and children in work.

**Building networks and dialogue**

- CBOs, NGOs and Thai authorities need to collaborate more on protection issues and establish a local protection network which has a link to the Child Protection Network meetings in Bangkok.
- CBOs, NGOs, Thai authorities, along with community representation, to establish a stronger local network on anti-trafficking with links to national and regional networks.
- CBOs, NGOs along with community representation work to establish and strengthen a social network to identify parents in difficulty and to provide assistance to keep children in the home and reduce the risk of abandonment.
PART 1: INTRODUCTION

Research Background

This research came about through local Burmese CBO leaders expressing a deep concern about migrant children, and the relative lack of information available on this group at the time this project was conceptualised. Given the success of research reports, such as “Licence to Rape” in raising awareness of rape and acts of sexual violence against women in Shan state, the idea of a research report on migrant children came about. To this end, a pilot capacity building project was begun in May 2006 to document the situation of children from Burma in the Mae Sot area and to build local research capacity. This was known as the Child Protection Research Project (CPR) and was under the auspices of the Committee for the Promotion and Protection of Child Rights (CPPCR), a locally based Burmese organization established in 2002 that undertakes identity registration of children and the promotion of child rights for Burmese children. The project worked in collaboration with a research partner team comprised of Mae Tao Clinic (MTC), Burmese Medical Association (BMA), Burmese Migrant Workers Education Committee (BMVEC), Burmese Migrant Teachers Association (BMTA), Karen Women’s Organisation (KWO), Karen Youth Organisation (KYO), Human Rights Education Institute of Burma (HREIB), Social Action for Women (SAW), and the Burmese Women’s Union (BWU). Over the course of the research the team also collaborated with other people working in the research partner organisations as well as other organisations working for migrants along the Thai Burma border and in the Mae Sot area. These included the International Organisation for Migration (IOM), the International Rescue Committee (IRC), Taiwan Overseas Peace Service (TOPS), World Vision Foundation of Thailand (WVFT), and the Migrant Assistance Project (MAP).

Methodology

The objectives of this research was to investigate and document the situation of Burmese migrant children in the Mae Sot area, and from the findings provide recommendations to better protect their rights and improve their lives. Locally based staff, mainly Burman and Karen, were recruited over the course of the project and trained by a Research Adviser to participate in and conduct planned research activities. The research team interviewed representatives from CBOs, Boarding Masters, Thai and international NGOs and local Thai authorities that work or have contact with local migrant communities; a total of 23 interviews were completed. Fourteen focus groups were also undertaken with professional groups such as health workers and teachers or with people working in a particular topic area, such as education, health, trafficking, children on the street and child labour. Overall, opinions were sought from 108 participants. Most importantly, children's voices and opinions were sought in a participatory process of activities, drama and discussion with 45 children. The interviews, focus groups and child participation output was transcribed in Burmese or Karen, translated to English and analyzed by the Research Adviser using a combination of ATLAS.ti coding software and manual review. Finally a community survey was conducted in local communities where the residents are predominantly from Burma and targeted those adults with biological or adopted children living with them; 390 respondents completed this and provided useful information. Questions focused on the family living and working situation, children’s education and working life, children separated from parents or having special needs and information on knowledge concerning child labour, rape and trafficking. Data was entered into SPSS for analysis. The findings were supplemented and supported by independent research and review of the literature. All activities undertaken were conducted in accordance with established procedures for informed consent and data handled according to a policy of privacy and confidentiality.

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6 Licence to Rape. The Burmese military regime’s use of sexual violence in the ongoing war in Shan State. The Shan Human Rights Foundation (SHRF) and The Shan Women’s Action Network (SWAN). May 2002

7 Please see Annexes 1-5 for further details
Limitations
This work was carried out as a pilot project and there are some limitations that need to be acknowledged. This project was an add-on to the existing work load for CPPCR and MTC, and for some staff it was difficult to commit the extra time that was required. In addition, the local staff recruited to work on the project had no background or work experience in research and had to undertake intensive training. During the course of the project the large scale resettlement of urban refugees in the Mae Sot area and those from the refugee camps in Tak Province that began in 2006 led to a turnover of staff. The legal status of our organisation and the situation of our staff also placed limitations on some activities. For the community survey we were required to work with registered NGOs and their community volunteers for access to selected local communities which were under their care. This partnership was essential and invaluable as it secured the safety of our staff and facilitated the smooth carrying out of this work. Security and logistical issues also resulted in some activities being rescheduled. The multiple languages used resulted in a longer time required to transcribe, translate and proof read the data. Native English speaking volunteers proofread the English translations and confirmed meaning and consistency with the translating staff to reduce the chance of misinterpretation during the analysis.

Our activities with children only covered those children attending school and for whom consent could be obtained; one would expect that the lives of these children would be different from those working or on the street. It was planned to look at the afore mentioned groups with the support of local community organisations and NGOs, however the time frame of the project along with issues relating to psychosocial support and placing children at potential risk made this not possible. Therefore caution should be exercised in generalizing the findings to children in other settings and situations. The community survey included only those communities that were being supported by our partner NGOs; also the time limitations in training staff to administer the questionnaire, and constraints on supervision should also be taken into account.

Report Content
This body of this report covers eight parts with Part 1 providing background, methodology and limitations for the research, along with key definitions. Part 2 gives an overview on situation in Burma and in particular the impact on children. Part 3 examines the rights of Burmese migrants in Thailand, particularly in the context of the Thai legal framework concerning labour, health, education, child protection and birth registration. Part 4 looks at Mae Sot itself and how children make their way to Thailand from Burma. Part 5 examines the difficulties and challenges faced by migrant children living here and include the living environment, statelessness, family problems and separation from parents, access to education and healthcare, child labour and exposure to risks such as trafficking, drugs and alcohol and violence. The psychological impact of the difficulties in their life is also examined. Part 6 looks at children’s thoughts on Burma compared to Thailand and their ideas for improving the situation in Burma. Part 7 then looks at children’s dreams and hopes for their future. Part 8 outlines recommendations to stakeholders, such as the international community, Royal Thai Government and relevant ministries, and NGOs and CBOs working in Mae Sot for improving the situation of migrant children in Thailand.

Definitions
- **Child**: For the purposes of this report, children are regarded as any persons who are less than 18 years of age.\(^8\)
- **Burmese**: This refers to all people from or who have been born of parents from Burma, without reference to ethnic nationality.
- **Migrant (Thailand)**: A person who is not Thai or a person with no document to prove their Thai nationality. There are two categories: registered (legal) and non-registered (illegal).

\(^8\) In Burma a child is regarded as 18 years of age if they have completed the 17th year of life, therefore by the western way of calculating age the child is 17 years of age. Three children who took part in this research stated that they were 18; therefore they were regarded as 17.
• **Registered migrant**: A migrant who has given their details to the RTG during the defined registration period and is legally entitled to stay and work in Thailand.

• **Non Registered migrant**: A migrant who has not given their details to the RTG and therefore is not entitled to legally stay and work in Thailand.

• **Migrant children**: Children who come to Thailand from Burma or who have been born in Thailand of migrant parents from Burma.

• **Learning centres**: The MOE is waiting for RTG cabinet approval to register migrant schools as “learning centres” as they do not meet the criteria to be a school in Thailand. For the purpose of this study, learning centre will be used instead of migrant school.

**PART 2: THE SITUATION IN BURMA AND IMPACT ON CHILDREN**

Burma is ruled by an authoritarian military junta that focuses on its own survival and restricts and controls people’s lives. The following situations have forced or led to people to cross the border into Thailand in search of a safe haven and a better life.

2.1 **Human rights violations**

The systematic abuse of human rights in Burma has been extensively documented by human rights groups, NGOS and CBOs. People in Burma face arrest, probable torture and imprisonment for a variety of reasons, such as being affiliated with a political party or being accused of anti government activities; it has been estimated that there are 1,100 political prisoners including Daw Aung San Suu Kyi, the deposed democratically elected leader. Each new protest in Burma, the most recent in September 2007 (Saffron Revolution) which was sparked by sharply rising fuels prices, brings increasing crackdowns, arrests and military reprisals against the population. It was estimated that 100 civilians were killed in the crackdown on the September protests in Rangoon.

The junta continues to commit abuses against minority ethnic groups, specifically those in Eastern Burma along the border with Thailand. The use of forced relocation, conscription, and labour; along with torture, executions and summary killings; and sexual violence against women and girls by the Burmese Army, the Tatmadaw, has been well documented. According to a CBO staff member, it is not safe in Burma for children who run away from the Tatmadaw, so they come to Thailand and end up as child labourers. In Tatmadaw controlled villages and relocation areas people are not permitted to use their own language, grow crops and cannot send their children to school. A learning centre primary teacher spoke of children in a Pa-O town who could not attend school because the Tatmadaw did not allow a school to be built. Their economic activities were blocked and it was difficult to obtain food. Eventually these families came to Thailand where they built a school so their children could be educated.

A recent incident was the Cyclone Nargis tragedy where over 100,000 people perished and 40% of the dead or missing was estimated to be children. The junta responded by refusing the assistance

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9 Burma Human Rights Yearbook 2007, HRDU, NCGUB.
10 Human Rights Watch World Report 2008
11 ibid
12 ibid
16 Agence France-Presse; “Burma cyclone deaths, 40 per cent children”, 7 May, 2008
offered by the international community, blocking the delivery of aid and restricting the provision of care and support to survivors. These actions, and thus the failure to save lives in a disaster situation, is in direct violation of Burmese criminal law (269 and 270) and has been described as a “crime against humanity”.

This view can be supported via the Rome Statute of the International Criminal Court, not ratified by Burma, where a "crime against humanity" is the committing of a defined act as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack. One of these defined acts is "Extermination" which includes the intentional infliction of life conditions; notably the deprivation of access to food and medicine, calculated to bring about the destruction of part of a population. This can also be applied to the abuses against ethnic groups that live along the Thai Burma border.

2.2 Internal conflict
There has been long running internal conflict between the junta and various ethnic groups, notably the Karen, Mon, Shan, Kachin and Chin. The long running conflict with the ethnic Karen is still in progress after 60 years with an increasing number of people fleeing the Tatmadaw’s brutal campaigns designed to oppress and subjugate the population into total submission.

“The SPDC does not let us stay peacefully and safely; they torture our Karen nationality and want to entomb our nationality. We are being dehumanized.”

During these campaigns, families can be forced to flee from their homes into the jungle, the village burnt down and food and possessions lost. In 2007, 76,000 people were forced to leave their homes and at least 167 villages were displaced in Eastern Burma. A boy spoke of the trauma of a Tatmadaw attack:

The SPDC burnt the place where I lived and many people were homeless and didn’t have enough food. I had to struggle to escape with my life. Because of SPDC cruelty I felt pain in the chest and my mind was always agitated.

Children in conflict areas live precarious lives with some losing one or both parents or exposed to poor health conditions and disease. Child survival is at particular risk. In Table 1 it can be seen that in the 'black zones of Eastern Burma', where fighting is taking place, the Under 5 Mortality Rate (U5MR) is comparable to other countries that have been ravaged by conflict. In research undertaken by the Back Pack Health Worker Team (BPHWT) in Eastern Burma, it was found that those families who were forced to flee were 2.4 times more likely to have had a child aged under 5 die. This research also found that in households where food destruction and theft by armed groups had occurred within the preceding 12 months, children were 4.4 times more likely to be malnourished.

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17 Wai Moe. A Case for Crimes against Humanity. The Irrawaddy. 2 June , 2008
18 Rome statute of the International Criminal Court.
19 Internal displacement in Eastern Burma, 2007 Survey, TBBC, October 2007
20 Marwaan Macan-Markar; “Ethnic Minorities Starved, Denied Medical Care”, IPS news.net, 9 Sept, 2007
22 Ibid

<table>
<thead>
<tr>
<th>Country/Area</th>
<th>Per 1000 live births</th>
<th>Year</th>
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<tr>
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<td>Thailand</td>
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<td>2005</td>
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<tr>
<td>Sierra Leone*</td>
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<td>2005</td>
</tr>
<tr>
<td>Democratic Republic of Congo*</td>
<td>205</td>
<td>2005</td>
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Through conflict families become Internally Displaced Persons (IDPs), in that they have been forced to leave their home but have remained inside Burma, either hiding out in the forest, staying in ethnically administered ceasefire areas or in some cases, forced to move to SPDC designated relocation areas. Overall, the number of people who have been internally displaced in Eastern Burma has been estimated at least 500,000. People also come across the border to either to one of the ten refugee camps in Thailand (there are three camps in Tak province) or to settle outside in the migrant area. A CBO worker said a number of IDPs came to Thailand because they were afraid of becoming forced labour for the Tatmadaw. For many, there are no plans to return home as the Tatmadaw took over their village.

2.3 Poverty and hardship
Oppression, economic mismanagement and poor governance by the junta have led to the dubious distinction of Burma being classified as a Least Developed Nation by the UN. The main reason that many people leave Burma is due to their poor economic situation; an estimated 30% of the population lives below the poverty line. For those living in ethnic minority areas this is worse as the junta restricts economic activities; in Chin State more than 70 percent of the population are estimated to be living below the poverty line, while in Eastern Shan State it is more than half.

Economic mismanagement by the junta has served to drive up inflation (estimated to be between 30-40%) and prices for basic necessities have skyrocketed. The basic staples, such as rice, are unaffordable for many families where the average daily wage for a general worker is around 1,500 to 2,000 kyat (about 40 to 50 THB), although CBO staff on our study spoke of 600 Kyat to 1000 Kyat, which is equivalent to 15 to 26 THB (less than US$1). The number of unemployed is increasing and jobs are scarce. This has been exacerbated by the economic sanctions imposed on Burma by the United States and European Union that include import bans on Burmese manufactured goods, which have had the effect of closing businesses and factories. Children are sent out to work to help support the family and can be seen carrying goods in shipyards, selling water and other goods, and working in food stalls and tea shops. An increasing number of children end up on the streets and a Rangoon resident commented that many children aged between 4 and 13 are seen begging, some with

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23 Internal displacement in Eastern Burma, 2007 Survey, TBBC, October 2007
24 *The Gathering Storm Infectious Diseases and Human Rights in Burma July 2007*
26 Clive Parker; “Burma’s children still struggling with beri-beri”, DVB, 4 June 2007
29 Based on rate of 38.5 Kyat to one Thai Baht (THB) quoted in “Thai-Burmese border trade suffering” The Irrawaddy, 3rd September, 2008.
30 Based on exchange rate of 1 USD to 34.50THB as quoted on http://www.xe.com on 9 September, 2008

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babies; others look for plastic in rubbish bins or go fishing every day. Children are also ending up in the high risk sex industry. With the recent escalation in rice prices, life will become more difficult for families and children. According to our study, this is further compounded by taxes and fees levied by the military regime and local authorities.

Everything is like the proverb “you are raising deer but the tiger is staying and eating your deer”, you get benefit according to how much you work but villagers have to pay taxes. Parents are so poor and cannot send their children to school because they have to pay a lot of taxes.

Children spoke of parents trying to improve their lives in Burma through numerous money making ventures and of pawning possessions and taking out loans to try and keep the family going. Inevitably the loans could not be repaid and the family home and possessions were lost.

Father had a lottery ticket business - he went and borrowed money from other people, and owed more than 1,000,000 kyat. He could not pay it back so he added the house as well. We only knew of this when the lender came and talked about his money. We were very sad as this is the family inheritance. We had to sell the house, the field and cows. When I see a field, I remember my field, and whenever I see cows, I feel sad. I feel sad that someone else owns our house. When we went back to our village and saw our house, we cried. Our relatives ignored us because we have no house.

Poverty and economic hardship has brought families to their knees and has led to many people seeking opportunities across the border where they can get 80 THB a day for harvesting rice and 100 THB a day to work on a construction site. For Burmese people this is a lot of money and consequently an increasing number of people are coming to Thailand. A CBO leader commented in a newspaper interview that “The State Peace and Development Council's mismanagement has turned Burma into a factory making slaves for its neighbouring countries.”

2.4 Basic rights disregarded

“The Burmese government is seeking to improve its image and gain international recognition, if the government is really serious about its promised reform agenda; it urgently needs to improve its record on child rights.” Jo Becker: Advocacy director, Children’s Rights Division, Human Rights Watch

The junta’s attitude and inaction towards the welfare and wellbeing of the Burmese people impacts on the most vulnerable members of society - children. The majority of children in Burma are being denied their fundamental rights, as outlined in the CRC which has been ratified by Burma. It is clear that the junta is not taking the required actions to demonstrate their supposed commitment to children as the principles of non discrimination, taking the best interest of the child into account, the right to survival, development and full participation in society are not adequately reflected in legislation. An example of this is the denial of full citizenship to groups, such as Muslims and ethnic Chinese, inequity in access to healthcare and education, using children as forced labour on road building and

33 Democratic Voice of Burma (DVB); “Thai authorities arrest 300 illegal Burmese migrants”. 30 Jan 2008
34 Burma: Demobilise Child Soldiers, Human Rights Watch, 04 June, 2004
35 Press document: Committee on rights of child considers second periodic report of Myanmar 26 May, 2004
other projects where the community is expected to make a “contribution” and the practice by where children are forcibly conscripted into the army to be soldiers or to work as porters. In Mandalay Division Tatmadaw soldiers were accused of plying local children with alcohol before forcibly recruiting them for military service and parents had to pay bribes for their release.37

2.5 Essential services neglected and out of reach

Health

In 2000 the health system in Burma was ranked at 190 out of 191 – the second worst in the world.38 The paucity and poor quality of services reflects the priorities and lack of commitment of the junta who reportedly allocates less than 3% of the national expenditure on health, compared to 40% for the military.39 This under funding has resulted in poor infrastructure along with a shortage of doctors, medical equipment, beds and medicine, along with increasing costs, corruption, and concentration of facilities in urban areas has made healthcare unaffordable and out of reach for many.40 A reflection of this is the fact that the majority (87%) of deaths in children under 5 years of age are recorded in rural areas.41

This negligence has tragic consequences for children and their families. Preventable and treatable conditions such as malaria, the leading cause of mortality in children under 5 years of age, and malnutrition are common.42 One in three children is chronically malnourished 43 and over half the child mortality (56%) is due to the effect of malnutrition and infection.44 Burma remains the only nation where Beriberi is still a reported cause of child mortality and the fifth leading cause of infant deaths, due in part to poor nutritional habits and the inability of families to diversify their food intake due to poverty.45 The junta has demonstrated no commitment in eradicating this easy and cheaply treatable condition; the cost of treating one acute case is 500 kyat (13THB) but in the 2006 financial year the Ministry of Health planned to spend only 427.8 kyat per capita. 46 In 2006, the junta’s failure to address outbreaks of Dengue Fever resulted in record numbers of child death and in one town it was reported that blood donated for children was being offered for sale by hospital authorities at 9500 kyat a bag.47

In an effort to obtain health care for their children, parents are travelling long distances from inside Burma to the Mae Tao Clinic (MTC), established in Mae Sot by Dr Cynthia Maung in 1989, that provides healthcare to migrants for free or a nominal cost. Staff at MTC said that they are seeing and treating an increasing number of children from Burma. In 2007 over half of the children admitted to the children’s inpatients department (68.2%) came from inside Burma.49 Usually parents have spent a

37 Aye Naing; “Mandalay residents claim troops are abducting children” DVB, 14 September, 2007
39 The Gathering Storm Infectious Diseases and Human Rights in Burma July 2007
40 ibid
41 Clive Parker; “Analysis – Burma’s children still struggling with beri-beri” DVB, 4 June, 2007
42 ALTSEAN Key issues - health, http://www.altsean.org/Key%20Issues/KeyIssuesHealth.htm
43 The Gathering Storm Infectious Diseases and Human Rights in Burma July 2007
44 ALTSEAN Key issues - health, http://www.altsean.org/Key%20Issues/KeyIssuesHealth.htm
46 ibid
47 Maung Too, “Deadly fever kills record numbers of Rangoon children”, DVB, 2 July, 2007
49 From data supplied by MTC April, 2008
lot of money for ineffective treatment and in some cases conditions are misdiagnosed. A child health staff member recounted one case where a child was treated for Tuberculosis (TB) in Burma which used up all the family savings. In their desperation they came to MTC and it was found that the child actually had leukaemia. Another case was seen where a premature baby’s parents could not afford to pay for the oxygen that she was receiving in a nearby Burmese hospital. Staff removed the oxygen and mother and baby were sent by songthaew 50 to MTC where fortunately she survived. A girl participating in the study spoke of the difficulties of receiving adequate medical treatment in Burma and how she was eventually brought to Thailand:

In the year before came to Thailand, we went to many clinics in the village for treatment of my serious illness. The clinics could not cure me so I was brought to Thailand.

10 year old girl attending learning centre

Children on this study also spoke of losing siblings, a parent or both parents to illness where they could not obtain or afford treatment by skilled practitioners, or when they did it was ineffective. The loss of a parent, particularly a mother, can deny a child the nurture and protection that is essential to their health and wellbeing. In Table 2 it can be seen that the estimated maternal mortality in Burma is 3.5 times that for Thailand and in IDP areas in Eastern Burma this is comparable to other countries where violent prolonged conflict has taken place.51 Another contributing factor is that only around half the number (57%) of births are attended by skilled personnel,52 a learning centre High girl told of the Traditional Birth Attendant (TBA) pressing down on her mother’s abdomen before the delivery date and killing the baby. The infant mortality rates per 1000 live births (75/1000) in Burma are four times that of Thailand (18/1000).53

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<th>Country/Area</th>
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<td>380</td>
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<td>Thailand*</td>
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<td>2005</td>
</tr>
<tr>
<td>Eastern Burma IDP areas*</td>
<td>1000-1200</td>
<td>2004</td>
</tr>
<tr>
<td>Angola*</td>
<td>1400</td>
<td>2005</td>
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<tr>
<td>Rwanda*</td>
<td>1300</td>
<td>2005</td>
</tr>
<tr>
<td>Democratic Republic of Congo*</td>
<td>1100</td>
<td>2005</td>
</tr>
</tbody>
</table>


Education

The education system in Burma, once a model for Asia, has also deteriorated under the junta’s rule to the poor quality restricted service it is today. It has been estimated that only around one-third of the one million children who begin school each year at the primary level will finish four years of school.54 According to learning centre teachers, children who pass in Burma drop back a few grades when they recommence study in Thailand as they are deficient in required knowledge.

Children on this study spoke of their family’s economic difficulties in Burma that delayed or prevented them completing or receiving an education. Only 7.7% of the national budget is dedicated to education, and students and their families have to make up the funding shortfall. 55 A learning

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50 A songthaew is a passenger vehicle comprising of an enclosed pickup with bench seats.
53 ibid
centre headmaster quoted the average cost for a high school student in Burma to be between 100,000 and 150,000 kyat a year; however this can be as high as 300,000 kyat for 10th grade education, which is higher than the average national income.\(^{56}\) In one village in Burma where students were being forced to pay 15000 kyat towards the construction of new classrooms, it was estimated that around 70% of grade 9 and 10 students, mostly from farming backgrounds, had been forced to leave as they could not pay.\(^{57}\) Another factor is that schools often have a limited number of grades and children often have to move away from their family to complete their schooling, which involves additional costs. In Burma, academic success is not based on merit, but rather on connections or the ability to pay; bribes or extra tuition payments to teachers are an accepted practice which is not surprising, as on average teachers are paid around $5US a month.\(^{58}\)

Students may not do well in the exam but if they are the child of a military general they get high marks as the teachers are scared and do not want any problems. The parents also give money to the teachers and their children can get five or six distinctions. Students who have difficulties in the exam also put 10,000 kyats inside the answer paper before they leave the exam room and they will pass… In Burma we have to spend a lot of money for our education. \(\text{Student attending learning centre High}\)

The additional compulsory extra costs and fees imposed by school authorities serve to give many parents little choice but to take their children out of school. This decision is reinforced by the fact that prospects for further education are few and even educated people in Burma have no jobs or are often working as labourers, so parents see little point in spending money on education. The children we worked with also recognized the lack of future prospects for young people in Burma.

"Even if I pass in Burma, I can’t do anything" \(\text{16 year old boy attending learning centre High}\)

2.6 Little hope of change in sight

The junta has continued to survive and prosper through the trade of energy and resources and the support of neighbouring countries, in particular resource-needy China who supplies military hardware and protects the generals by blocking United Nations (UN) Security Council resolutions. Geopolitically Burma is also strategically placed between India and China who have courted the junta in return for developing coastal sea ports.\(^{59,60}\) Burma has emerged as a major supplier of energy due to its offshore reserves of natural gas that is piped into Thailand and eventually to Yunnan in China; currently most of the estimated US1-1.5 billion dollars generated from this comes from Thailand, Burma’s largest trading partner.\(^{61}\) The former Thai Prime Minister, Samak Sundaravej, has openly praised the generals as "good Buddhists" who like to meditate and go to the temple regularly and slamming western countries as being too critical of Burma.\(^{62}\)

With ASEAN unwilling to take a firm political stand and the UN unable to bring the generals to account, it is likely that the situation in Burma will remain “business as usual” for some time to come. Human rights abuses will continue, the number of unemployed along with inflation and the prices of essential commodities will continue to rise. Food will become scarcer as although an estimated 75%

\(^{56}\) Burma Human Rights Yearbook, 2006, HRDU, NCGUB.

\(^{57}\) Naw Say Phaw; “Students forced to donate money to school”, DVB, 30 January, 2008


\(^{59}\) Sudha Ramachandran, India bends over for Myanmar’s generals, Asia Times online, Nov 6 2007,

\(^{60}\) Ian Storey, China Burma and the Saffron Revolution, China Brief, Volume 7 Issue 19, 17 October, 2007

\(^{61}\) Sean Turnell; “The Rape of Burma”, burmadigest.info, 29 April, 2008

of the population is rural, the agricultural sector cannot support the growing population currently estimated at around 52 million. This will worsen as Cyclone Nargis wiped out the rice bowl in the Irrawaddy delta and subsequent lack of assistance from the junta to clear the sea water and prepare the paddies means that there will no harvestable crops for the next two years. Consequently people become demoralized and are given little choice but to seek refuge and/or work in neighbouring countries such as Thailand. People mentioned that they would like to return permanently to their home in Burma but see little reason to do so apart from visiting relatives. In the communities we surveyed, 70% of respondents had visited Burma since they came to Thailand with around a third (37.3%) making the trip once every two to three years.

PART 3: THE LAW AND THE RIGHTS OF BURMESE MIGRANTS IN THAILAND

3.1 The rights of migrants
Due to the situation in Burma, many people are given little option but to leave and seek a better life in Thailand. Not surprisingly, it is estimated that Burmese workers make up the majority, around 80%, of the estimated 1.8 million migrant workforce. This workforce is seen to contribute significantly to Thailand’s economy and an ILO report estimated that migrant workers contribute 370 billion THB, or about 6.2 per cent of Thailand's Gross Domestic Product (GDP). Thailand has signed off on a number of international conventions and there are a range of laws in place which theoretically protect the rights of all migrants. However this does not translate into practice, even for those migrants who are legally registered with work permits. This can be attributed to a lack of clarity and consistency in policy relating to migrants, insufficient awareness and understanding of this by migrants and officials, and ineffective implementation and prosecution of those who violate this. In principle all migrant workers in Thailand, regardless of their legal status, can claim their rights; however, in reality, this is very difficult. National security concerns, along with the previous military government’s desire to exert tighter control, have also impacted on the rights of migrants. Provincial decrees have been enacted in some provinces that severely limit the movement and cultural activities of migrants. This type of decree has not as yet been implemented in Tak where police focus on the national policy of controlling the local situation through blocking movement, and arresting and deporting illegal migrants back to Burma. One measure proposed by the former Deputy Prime Minister, General Sonthi, was the deportation of pregnant migrant women as it was felt children born of migrant parents would be a serious threat to national security, increase the burden of social and public health problems and increase the demands on authorities regarding rights such as citizenship. This is in direct violation of the human rights conventions signed by Thailand and was never formalised.

3.2 Registration to stay and work permit
Many migrants are not regarded as legal in Thailand. It is very difficult to legally register with MOI and MOL to stay and work in Thailand and an employer is usually required to do this. The work permit system, which commenced in 2002, is a tightly controlled and restricted process that ties the worker to the employer who registers them. Only the worker is registered and extra money needs to be paid to register family members. In 2004 it cost 3800 THB to register, complete the health check, join the 30 baht scheme and to receive a work permit valid for one year. The employer usually covers all or part of this cost and deducts it from the employee’s wages. An application must be made for extension of the permit for the worker to stay; otherwise the worker must leave Thailand before the permit expires or be at risk of arrest and deportation in accordance with the Thai Immigration Act. Migrants who are not registered are subject to arrest, detention and deportation under section 12 of the Immigration Act (1979).

Many workers are not eligible for the work permit as they do not fall into defined sectors for employment or don’t have a stable employer. Employers may also choose not to register workers. A CBO leader estimated that only around one third of migrant workers in the Mae Sot area actually have a work permit. This was also reflected in the community survey where around a third (36.5%) of respondents and their spouse/partners (35.1%) who worked held a Thai work permit. Therefore many migrant workers are not under labor law protection. The Thai Labour Department occasionally announces registration amnesties in an effort to increase this.

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64 The Nation: “Stop the abuse of migrant workers”, 19 December, 2007
65 ibid
66 Sanitsuda Ekachai; “General Sonthi hits out at pregnant women”, Bangkok Post, 21 November 2007
3.3 Children in Work

It has been estimated that there are around 200,000 Burmese children living in Thailand, many of whom are working, with 20% of the migrant workforce thought to be made up of children aged 15 to 17 years of age. 68 Under Thai labour law foreign migrant children can be legally registered and employed once they have turned 15 years of age. It is a requirement for the Office for Labour Protection and Social Welfare to be informed when children between 15 and 17 years are hired.

3.4 Violation of labour rights

According to the Thai Government’s policy and regulations, all migrant workers legally registered with the MOL are entitled to be fully covered by all key labour laws and enjoy the same rights as Thai workers. However, most of the protection provided by the Labour Protection Act (LPA 1998) does not apply to those working in agriculture, domestic, sex industry sectors or on fishing boats. All workers in these sectors and migrant workers in general are particularly vulnerable to exploitation and abuse by employers. Children in work are particularly at risk, a Federation of Trade Unions – Burma study on child workers in factories in Mae Sot, found that virtually every factory where surveyed children were working was violating the LPA 1998.69 It has been reported that migrant women who become pregnant while working in the factory have to leave their job and employer provided accommodation, even though they are protected by Thai labour law from dismissal.70

Migrant workers can be subject to long working hours for pay that is below the minimum daily wage with overtime or public holiday work rarely paid at the required rate. In 2006, migrant workers in Mae Sot generally earned 70 to 80 THB a day, well below the minimum daily wage requirement at that time of 139 THB.71 Most community survey respondents (78.8%) working in the factory were seen to earn between 54 and 125 THB a day72 which still fell below the minimum wage at that time (147 THB). Medical leave may not be permitted and required rest times and holidays can be regularly denied, especially when there are deadlines to meet orders. If days off are permitted they may be unpaid, with ‘fines’ sometimes deducted from wages.73 A third of community respondents (33.3%) said they worked 12 hours or more a day; with just under half (45.4%) working in factories. For shop workers, just over half (55%) reported having no days off and two thirds (65.6%) of factory workers said that they had one to two days off a month. Some employers keep their employees original work permit so they will not abscond which is in violation of the law. Workers also have to endure unsafe working conditions; even though labour law mandates job training and safety standards, protective equipment is often not supplied and has to be purchased by the worker.74

According to a CBO leader, most government officials, the Thai Law Society, Human Rights groups, and NGOS know that migrant workers are receiving less than the minimum wage; however the problem is that many workers are not registered and therefore have no bargaining power. In addition, some workers are satisfied with their wages which perpetuates the situation. The FTUB also found that workers are “actively discouraged from forming associations and asserting their rights”; those who attempt to do this or protest against unfair treatment are subject to threats, job dismissal or arrest and deportation.75 Thailand has not yet ratified the core conventions that pertain to freedom of

68 Burma Human Rights Yearbook 2006, HRDU, NCGUB.
70 Amnesty International, Thailand, The Plight of Burmese Migrant Workers, 2005
71 Burma Human Rights Yearbook 2006, HRDU, NCGUB.
72 Based on a range of 1500 to 3000THB a month divided by a 28 day working month (92.4% had 1-4 days off a month
73 Burma Human Rights Yearbook 2006, HRDU, NCGUB.
association, the right to organize and collective bargaining, but as an ILO member is bound to uphold all core labour conventions regardless of ratification status.76

3.5 Health
Migrants are perceived to be a risk to the health of the general population and are screened for seven excludable diseases as part of the registration process. If any of these are detected they may be deported but if they are found to have TB, elephantiasis, syphilis and leprosy in the early stages they can stay for treatment.77 According to a health authority there is no defined government policy for the health of migrants, although there are public health promotion programmes in place that include vaccination. The Thai MOH works with a number of organizations such as MTC, along with international and Thai NGOs to provide health services to migrants, along with monitoring to ensure that infectious diseases do not spread into the general population.

Registered migrant workers and those who possess certain identification cards can choose to pay a premium of 1900 THB (including the registration medical check fee of 600THB) to access the 30 Baht health care scheme, which was introduced in 2001 by the Thaksin government in a move to give all Thais the opportunity to access basic health care. In the service schedule 78 there are three classes of services: free services, services for which a 30 THB fee must be paid, and services which are excluded from the scheme and which the migrant worker must pay the cost themselves. Dependents, including children, are not included in the registered worker’s premium and a separate premium must be purchased; the cost of this is beyond many families. Dependents can still access the Thai health system and pay the standard fees, or they may choose to attend a migrant health service. Unregistered migrants and their dependants can theoretically access Thai hospitals, however many prefer not to out of fear of arrest. However this does not appear to be the case for everyone as in 2007 it was estimated that the Mae Sot hospital (MSH) would spend 50 million THB on healthcare for migrants, with the Deputy Public Health Minister stating that medical services were provided on humanitarian grounds because Burmese could not afford to pay hospital bills.79

3.6 Education
The National Education Act (1999) states that all children in Thailand must be provided with the opportunity to receive basic education for the first 12 years. This is supported by the “Education for all Policy” and in 2006 a Cabinet resolution was passed stipulating that children have the right to schooling from kindergarten to university level, regardless of nationality and legal status. According to NGO and CBO staff, this is difficult to implement as funding and resources to support migrant children in Thai schools are insufficient. Thai schools receive partial funding for migrant children (60% of the funding for a Thai child) to support enrolment, however this funding often does not follow on and schools are unable to take on students. A recognised form of identity documentation is also required for enrolment and students need to be proficient in Thai.

3.7 Child Protection
All children in Thailand are covered by the Child Protection Act (2003). Thailand has policy and legislation in place in the areas of child labour, trafficking and has also ratified a number of international conventions related to children. Migrant children are under the protection of Thai juvenile law which protects all children less than 18 years of age and procedures as set out in this law are followed for juvenile cases. There is a child protection system in place and the Ministry of Social

76 Burma Human Rights Yearbook 2006, HRDU, NCGUB.
77 Burma Human Rights Yearbook 2006, HRDU, NCGUB.
78 See Annex 6
79 Supamart Kasem, “Cost of providing health care for migrant workers hits B50m”, Bangkok Post, 23 August, 2007
Development and Human Security (MSDHS) is directly responsible for issues such as trafficking and juvenile justice and the cases that are referred to them. However, many migrant children lack identification (ID) and this, along with insufficient implementation of laws can deny them their legal protection and rights.

3.8 Granting and preserving a child’s identity

Thailand has ratified a number of conventions and passed acts whereby a child is entitled to an identity through birth registration. These include the:

1. The CRC, in which Article 8 outlines the state’s obligation to preserve a child’s identity; however a reservation was placed on article 7 which covers the right to registration after birth and nationality.
2. The ICCPR, in which Article 24 calls for every child to be registered "immediately after birth", thereby imposing an obligation to register every child born in Thailand.

However these commitments have not been reflected in practice as the official interpretation of the law does not permit the children of all migrants to receive full birth registration. All newborns born in Thailand are entitled to receive a delivery certificate regardless of the status of the delivering mother, however up until August 23, 2008 only children born of migrants who have permission to reside in Thailand, according to the Immigration Act, are entitled to birth registration. However, new amendments to the Civil Registration Act, will allow all children, regardless of their status, to register their births from August 23, 2008. This is not retroactive at this stage and does not entitle children to Thai nationality. The key to the success of this will be its practical implementation and also the provision of support to enable parents to complete this.

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80 This requires going to the Municipal office within 15 days of the birth and formally registering using the Tor Ror 3 form.
PART 4: MAE SOT AND HOW CHILDREN COME TO THAILAND

4.1 The Mae Sot area

Mae Sot, a town in Tak Province, North West Thailand, is a major gateway to Burma via the Asia Highway and the Thai-Myanmar Friendship Bridge. It has a population of 120,000 but with the presence of a large number of unregistered Burmese migrants this is likely to be much higher. The figures quoted for the number of migrant workers in the Mae Sot area range from between 150,000 to 300,000, with around 10% of these children. Over the years Mae Sot has developed rapidly, mainly as a result of being on the Asia Highway, favorable government policy regarding inward investment and the proximity to a large source of cheap labour from Burma. Cross-border trade is currently officially worth 12,000 million THB (US $360 million) and there are plans to turn Mae Sot into a metropolis to capitalize further on this. Mae Sot is also a designated export processing zone.

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Estimate for Burmese working in 250 factories in Mae Sot. Burma Human Rights Yearbook 2006, HRDU, NCGUB.

Quoted in presentation made at Meeting for Displaced Children in Mae Sot, 28 June, 2008

Sai Silp; “Mae Sot Metropolis Plan”, The Irrawaddy, 5 June, 2007.
and the main sources of employment are in the manufacturing sector with around 250, mainly garment, factories, and the agricultural sector which is mainly located around Phop Phra. Other areas of work are in construction, selling and the collection of plastic and other recyclable garbage. It is estimated that 70% of migrant workers in Mae Sot factories are female; this is reflected in the community survey with most women in work (33.3%) employed in factories with the majority of male partners (34.3%) employed in construction.

4.2 How Children come to Thailand and Mae Sot
Children come to Thailand from Burma via a number of ways which can be relatively straightforward or involve a considerable amount of risk and can be quite treacherous. The children we spoke to mostly came by car or the express bus with parents, relatives or a friend of the family. One child reported that he was sent to Thailand with a “carry”. A carry is a service that transports people to Thailand for a fee; this can be from 5000 to over 10,000 kyat depending on the point of origin and final destination. According to a CBO worker this is not without risk as unscrupulous carries know that they can get more money if they find children jobs in the brothel or bar.

Some children spoke of travelling along the winding Daw Na mountain road in Burma; one child saw an overturned bus and another saw a car go over the edge and a number of people were killed or injured. On the way there were also many police and military check points and often a bribe had to be paid to be able to continue the journey. Children who regularly return to Burma said the journey was now more difficult as there are now more than ten checkpoints and you have to pay a lot of money. Some children told of walking to Thailand as they were unable to take a car due to fear of being captured or shot by the Tatmadaw.

I came with my grandmother’s friend who lived in my village. We could not come by car as there are military checkpoints on the way. We had to come secretly by foot through the forest and it took seven days. We could not let the soldiers see us or we will be killed. We were afraid.

16 year old boy attending learning centre

Coming to Thailand
This is Tan Lwin Bridge. This is the bridge that we have to cross before we climb the mountain. After we pass the mountain we have to cross two bridges and then we arrive in Thailand. My mother came and brought me to Thailand when I was 6 years old.

9 year old boy attending Learning Centre Primary

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85 Burma Human Rights Yearbook 2006, HRDU, NCGUB.
In times of unrest and conflict this journey is even more hazardous:

We were unable to take a car so we had to come on foot and walked for 3 days. I was only little so my father had to carry me. We came with our friends and other people. At this time there were demonstrations; the Karen and Burmese are at war too. If Burmese soldiers saw people they would kill them all, whether they were local people or their enemies. We were very frightened and we had to hurry; we were so cold. At the foot of the Kwe Loe River it was very muddy and we slipped. At last we arrived at a village. My father was ill with malaria and we had to stay in the village for two or three days. We could not buy medicine because we had little money. We crossed the river by boat, and then the rest of the way by car.

Once people reached the border they either caught a boat across or waded through the water if it was shallow enough. Some walked across the bridge and bought a day permit. Once in Thailand they either walked, took a car or a motorbike taxi to their final destination where they usually reunited with other family members or relatives.

People crossing the Moei River between Burma and Thailand
PART 5: DIFFICULTIES AND CHALLENGES FACED BY MIGRANT CHILDREN

For children from Burma the road to a secure and happy life in Thailand can be paved with obstacles and barriers. The effects of a disrupted, displaced and unpredictable childhood are far reaching and can impact on children in a number of ways. These will be explored further as follows.

5.1. POVERTY AND HARDSHIP

Poverty is one of the main drivers of people leaving Burma with 93.3% of community survey respondents citing economic reasons for coming to Thailand. The prospect of finding work that pays better money than in Burma is very attractive, however, there is no guarantee of this and many migrants who work long hours still can’t make enough money to support and feed their family. It is hard for migrant workers to find a regular job and many depend on daily wage work where the money received is barely enough to cover costs for one day and keep a roof over their head. When there is no work there is no income, so it is hard for parent’s to have a vision for their children’s future. Sometimes salaries are delayed or withheld and people run out of money and have to borrow which can put them into debt. Some parents even ask their child’s school for support and migrant teachers spoke of trying to help families in difficulty but even they could not afford to do this. Parents can also become ill from hard physical labour with treatment consuming the little income there is:

When my father had an X-ray taken, they say that his back bone is cracked because he used to carry many heavy things. His bones are not good… the doctor tells my father he needs to take a rest and gives him medicine. When he told my mother, she felt very depressed… how can we get money? What we are going to eat? My father told my mother that he will work while taking the medicine, if the pain comes he will stop… he will not work regularly and get less money. The hospital medicine was cheaper but did not work so he goes to the clinic… it costs a lot of money to go and get treatment at clinic… pays 700B… he has to borrow from others.. Now, my father is better but also feels depressed because he cannot work so much. 17 year old girl attending learning centre High

Poverty and hardship can lead to breakdown of the family unit. It can also result in children being kept or taken out of school and being sent out or sold off to make money by parents and other adults. Poverty underpins many of the difficulties children face in their lives and consequently their rights and opportunities can be denied.

5.2 LACK OF STABILITY AND SECURITY

Parental mobility

Many children, due to their parent’s working situation, do not have a stable and secure place they can call home where they feel secure. Many children in Mae Sot live in temporary accommodation, dependant on the whims of landlords or employers; half the families surveyed in the community (52.6%) lived in rented accommodation with some living in a temporary home built on rented land (14.8%) or in employer provided accommodation (15.8%). Parents who are daily wage earners often cannot base themselves in a stable location as they can only earn enough money for one day in one place. They continually need to seek work and when one job finishes they may need to move on. This mobility impacts on the ability of children to attend school and to form stable friendships.

Separation from parents

Children can be separated from their parents in Thailand for a number of reasons; most frequently because of economic difficulty. Some children spoke of one or both parents going further afield in Thailand to find work while they were left in the care of relatives or friends. In the community survey there were 42 children of other people who were being cared for by respondents. Of these, over half
(54.8%) were not with their true parents because of economic reasons, mainly because one or both parents were working in another part of Thailand (57.1%). Money is sent back to support their children and send them to school in Mae Sot. During this time parents may meet other people, separate and remarry and the separation may become permanent, especially if the new spouse rejects the child. Children reported feeling very sad when they are separated from their parents:

| When I was attending school I felt sadness, because I am a child who is hungry for a parent’s love. |
| High |

18 year old boy attending learning centre

Around one third of the children we worked with had lost fathers to illness or conflict at a young age and their mother had to go out and seek work and send them to live with relatives in Burma. However there is no guarantee that children will be cared for by others:

| His parents asked his aunt and uncle to look after him. He came here from Myawaddy with his aunt. His aunt left him here and went to Bangkok; he was very sad. I don’t know where his parents are. |
| Master |

Boarding House

These children may also be sent to Thailand to live with relatives, to the refugee camp or to be met by people who placed them in a boarding house. Of the 16 high school students on the study, one third lived with one or both parents, with the remainder living with relatives or other people, in rented accommodation with other students or in a boarding house. Children can also come to Thailand alone or with their relatives to find work to support their family back in Burma. In some cases parent/s may also be in prison for crimes committed in Thailand, two small children were living with a community survey respondent because both their parents were in jail. Children older than 8 years cannot stay with their parent/s in jail and if there are no relatives or extended family to care for them, are usually taken in by SAW, a Burmese CBO founded in 2000 that supports Burmese women and children in Mae Sot.

The desire for education can also separate families. Children can come to Thailand alone to study which can be difficult if they do not have the right connections. Occasionally children have not been allowed to join their parents in the camps; if there is no one to care for them they often end up in a CBO or school established boarding house. In 2008 there were an estimated 2301 children living in 23 boarding houses operated by Burmese CBOs in the Mae Sot area. According to Boarding Masters, children come to the boarding house to escape armed conflict, economic difficulty; family problems or to seek further study options. Children who come alone were usually seen to be from broken families or orphaned. Children may also come with parents but cannot stay with them because of where they are living or working. This was traumatic for children as it was the first time they had been separated from their parents. One boy spoke of his sadness at not having the love of parents and of living in strange surroundings:

| My sister came and collected me when I was six. My father had passed away and I was very sad to leave my mother. Eventually my mother brought me back and sent me to live in a boarding house in Thailand. I felt very sad most of the time as I wanted my parent’s love. The surroundings of the boarding house were not good; drunken husbands argued with their wives and children were beaten. Also the discipline in the boarding house was harsh. |
| High |

18 year old boy attending learning centre

87 From information supplied by MTC
Lack of quality time and care from parents

For many parents, surviving in Thailand means working long hours with few breaks; as a result they cannot give enough time to their children. Parents are often tired from work and lack patience so according to migrant teachers, it is difficult for them to encourage their children in their life.

Mother works outside and she is tired, the children are not polite because of hearing curses from their father and being asked “Didn’t you cook yet?” instead of being told “Oh my son, come and kiss me” when they arrive home; there are so many like this. Children don’t receive kindness, or are taken care of. It is like “The world has caught on fire and parents must put their children on the ground.”

Learning centre Primary

Many children may end up being cared for by others or left to their own devices and wander the streets. Some very young children may accompany their mothers to work as there is no one else to take care of them. However this is not seen as a good thing by CBO workers as they can get colds and other health problems from the workplace.

Unsafe home and community

CBO workers spoke of some families living in small flimsy houses that are close together with roofs made of leaves that leak when it is raining. In some cases families can be living together in a house that is only 6 yards x 6 yards in size. There may be no electricity and children have to study by candlelight which can be a fire risk; one third of the homes (33.4%) surveyed in the community had no electricity. According to a migrant teacher, some children worry about the fighting, drinking and petty crime that take place in their community and ask if they could come and sleep at the school as they do not feel safe in their home. Some 30 families also opt to live in huts at the Mae Sot rubbish dump and make a living sorting rubbish to sell for recycling. The conditions here are highly unsanitary and dangerous with hazards such as rats, snakes and broken glass. In February 2008 a bomb exploded in the rubbish that injured 14 people including three children and one child was hospitalized with serious injuries.

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88 Quoted to the author by a NGO worker who supports families at the rubbish dump

89 Violet Cho; “Bomb at Mae Sot Dump Injures 14 Burmese Migrants”, The Irrawaddy, 22 February, 2008
Oppression by others
According to the adults and children in this study the lives of migrant families in Thailand are subject to the control of other people such authorities, police, bosses, landlords and neighbours. Living in a local community can be a challenge with Thai people complaining about Burmese to the police and scolding them if they make a noise. In addition, rent is more expensive and their property is not secure. One girl spoke of the house owners taking livestock and produce from her family:

When we plant something, or whatever we rear, chickens or ducks, the house owner comes and kills them. They also come and take fruit, coconuts; they eat other people’s property.

17 year old girl attending learning centre

Because migrants essentially have little power and protection, families are more vulnerable to blackmail and extortion by others as one 13 year old boy related:

I was playing football. My ball went into another compound where there are many hens. There is a man there, so I go and pick the ball up. He lets me pick it up so I pick up my ball whenever it goes into his compound. After three days, this man told my parents “your son stole at least 120 of my hens, so give me money”. My mum told him that I never steal other people’s things. After that, this man beat my parents. They come and beat them everyday. My mum cries and she beats me. I am angry with these people as they are telling lies. When I went to school, the man’s son called me a thief, so I didn’t want to go to this school and I left. I felt so sad I wanted to die.

13 year old boy attending Arabic day school and migrant learning centre

Migrants are also targets of motorbike gangs and people in the community who threaten them for money. It was mentioned that some police beat migrants who tried to evade arrest, as they had no ID, and because they wanted money. If they cannot pay up, people are detained and deported.
There is one Burmese person who is very poor and came to find a job in Thailand. He came without any money. The police asked him where he was going. He told the police that he has come to find a job. And the police asked him “do you have an ID card? If you don’t, then give us money.” Because he doesn’t have any money, they took him to the police station. The reason why the police ask him for money is Burmese have done this before (giving the bribe). So the police learn that skill.

Communities can be raided by local authorities, homes destroyed and those caught deported back to Burma. These raids usually take place early in the morning so families are worried about sleeping in their huts at night. During these times children can be separated from their families in the rush to escape. Those who avoid arrest hide and live temporarily in the forest with little in the way of protection and possessions and are at increased risk of illnesses such as malaria and also nutritional problems.

Obligation and risk from within Burma
It was mentioned by teachers that some children are sent by their community to study in Thailand and return to their village in Burma during holidays and when their education is completed. They are worried about going back as they are afraid that they may end up in an armed group, including the SPDC. Learning centre teachers do not want students to give up their education as they are seen to be too young to carry a gun.

5.3. RISK OF STATELESSNESS

Article 1 of the 1954 Convention relating to the Status of Stateless Persons defines a stateless person as “a person who is not considered as a national by any State under the operation of its law.” As more people come across the border there is a rise in the number of unregistered children entering Thailand and also an increase in the number of children being born on Thai soil. At MTC, the number of deliveries is seen to be increasing. Of the 2000 babies born each year, around half are born to migrant mothers residing in Thailand. At MSH an estimated 40% of the 200 deliveries a month are Burmese children. The number of stateless children of Burmese migrants is unknown, but it has been estimated that at least 2000 Burmese babies are born in Thai hospitals each year that do not have proper birth certificates or identifying documentation, thus greatly increasing their risk of statelessness.

Children born to unregistered Burmese migrants in Thailand are considered to be illegal and are unable to register their birth in Thailand or in Burma, as under the Burmese Citizenship Act their parents left Burma illegally. So technically they are stateless at birth. For children in Burma a de facto statelessness also applies where children are legally entitled, but are precluded from asserting their claim to nationality due to factors such as cost or situations such as civil war and persecution. In addition, if such children leave and then return to Burma they will be denied citizenship as their parents went out of the country illegally. So they will be stateless persons in Burma as well.

Children who have no birth record documentation are at great risk of identity falsification and being trafficked or sold into hazardous or exploitive employment when underage or forcibly recruited into

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91 Meeting with MSH staff, August, 2007
92 Kritaya Archavanitkul from Mahidol University’s Population and Social Research Institute in Submission to the Human Rights Committee regarding Article 24 of the ICCPR.
military service. They can also have difficulty accessing education and healthcare programmes and the full legal protection that is available to juveniles. CBO staff spoke of their hope that these children’s rights will be recognized and that they will receive citizenship/nationality.

**Birth registration**

In Mae Sot, babies of migrants can be born at home or in Thai or NGO/CBO run clinics and health care facilities. Some may receive delivery letters or certificates and if parents choose, birth registration. According to a CBO staff member, most Burmese migrants living in Mae Sot do not possess any identity documentation and are unaware of the importance of birth registration for their children. Burmese mothers who give birth in a Thai health facility often do not know about their entitlement to a delivery certificate; even if they do know about this they may be afraid to request this or unable to return to Mae Sot Hospital (MSH) after the required three days for collection. From Table 3 below it can be seen that the majority of community survey respondents who had children at MTC or in a Thai health facility (THF), were more likely to know of and receive a delivery certificate (MTC 88.6%: THF 83.5%) and subsequently register their child’s birth (MTC 79.9%: THF 65.9%), whereas those born at home were much less likely to receive this (17.8%) and register (41.1%).

<table>
<thead>
<tr>
<th>Place of birth in Thailand</th>
<th>Knew of Delivery cert</th>
<th>Received Delivery cert</th>
<th>Knew of Birth Reg</th>
<th>Received Birth Reg</th>
<th>From Municipal office</th>
<th>From CPPCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home (90)</td>
<td>28.8% (26)</td>
<td>17.8% (16)</td>
<td>55.6% (50)</td>
<td>41.1% (37)</td>
<td>27% (10)</td>
<td>59.5% (22)</td>
</tr>
<tr>
<td>MTC (219)</td>
<td>89.5% (196)</td>
<td>88.6% (194)</td>
<td>89.5% (196)</td>
<td>79.9% (175)</td>
<td>2.8% (5)</td>
<td>96.6% (169)</td>
</tr>
<tr>
<td>THF* (85)</td>
<td>89.4% (76)</td>
<td>83.5% (71)</td>
<td>77.6% (62)</td>
<td>65.9% (56)</td>
<td>67.8% (38)</td>
<td>19.6% (11)</td>
</tr>
</tbody>
</table>

*A Thai Health Facility (THF) includes Mae Sot Hospital or another Thai hospital or Clinic

Registered parents can then register the birth of their child at the Thai Municipality Office but for those parents who are not registered, or who do not wish to go to the Municipality office, their child can be registered with the Committee for the Protection and Promotion of Child Rights (Burma) (CPPCR), a Burmese CBO which was established in 2002 to address the increasing number of stateless children without documentation. Depending on established criteria, a child is either issued a Birth Record Form or a Child Record Form. Between July 2003 and the end of December 2008 over 13,400 children had their information registered with CPPCR, around half of these were MTC deliveries. At MTC a delivery certificate is issued, however the parents of an estimated 25% of babies do not register their child’s information with CPPCR and thus lose out on receiving birth registration.  

In the community survey over half (68%) of the 394 children born in Thailand (in a Thai health facility, at home or at MTC) obtained birth registration, mostly (63%) with CPPCR. From Table 3 it can be seen that the majority of children born in a THF, were registered at the municipality office (67.8%), however some also registered with CPPCR. This may reflect the reluctance of some parents to go to the Municipality office due to the language barrier, the cost of having someone help them and fear of Thai authorities. Less than half of home birth babies (41.1%) were registered and this may be attributable to the fact that a delivery letter is required from the quarter leader to register a birth. The majority of those born at home who did register completed this with CPPCR (59.5%). Although CPPCR is not an official organization, its work has received some support from Thai authorities. The

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94 From CPPCR Manager
CPPCR registration certificate has also been recognised by some Thai schools for enrolment of migrant children and by UNHCR when processing people for resettlement abroad.

 CPPCR Birth Registration service at Mae Tao Clinic

5.4. LOSS OF PARENTAL CARE

Orphaned

According to the Thai Child Protection Act of 2003, an orphan means “a child whose father or mother has died, or who has no evidence of parents or whose parents cannot be traced”.

A number of migrant children are orphaned through the loss of one or both parents, mainly because of the conflict with the SPDC, with the majority of affected children from Karen communities. Children can also be orphaned as a result of parental illness where there was no treatment available or if there was, the family could not afford it. In the survey just over one third of the children of others (37.8%) who were living with respondents had lost a parent, mainly from illness or conflict in Burma. In Thailand parents were also lost through accidents and from being victims of crime; HIV/AIDS was also mentioned as a cause of parental loss. When a parent passes away, the remaining parent may be unable to care for the child. These children, if they are not taken in by extended family, are sent to charities and organizations that support and house orphans, such as SAW. Overall the number of orphans is seen to be small and when they arrive at NGOs or local organizations the relevant leaders are contacted to take over and organize their care. Children can attend school and live in general boarding houses or those attached to learning centres such as at Mae Tao High, Children’s Development Centre (CDC) and Hsathoolei, or at the SAW safe or health house.

Being given away or abandoned
Abandonment of children is seen to be increasing, mainly as a result of economic difficulty, social problems and parent’s lack of education. Boarding masters mentioned that the junta’s policies and controlling methods, along with modern Thai culture, have affected people’s moral character.

A CBO worker remarked that:

| Some parents can’t feed the children that they gave birth to and give them to other people. It’s like giving grief to their children. Who will protect them? |
| CBO staff member in focus group |

According to CBO staff, children can be given away or abandoned because of parents separating or divorcing; for some parents having children restricts their ability to work or to keep a job and relatives may not want to care for additional children. In some cases the parent’s economic situation is not good and they want to leave the child for their mutual survival. Some children who are given away can end up in abusive situations. An interviewee spoke of his adopted baby:

| A 9 month old girl was sent to us by the neighbour. Her parents neglected her and sent her to their friend’s home. The person who looks after her beat and tortured her and burnt her hand. This person is so cruel. I cannot accept this happening to children. She is my baby now because I adopted her. As soon as she arrived I gave her treatment. Now, she has only a scar. |
| Boarding House Master |

Some parents leave their children at boarding houses and never return to collect them, effectively making them an orphan. HIV was also mentioned by a boarding house master as a cause of abandonment because of lack of acceptance by the community; a case was mentioned where a baby, whose mother died of an AIDS related illness, was given to the community leader by the father. In some cases, children are abandoned or given up if they have a disability or chronic illness. A boy with severe cerebral palsy is currently being cared for at MTC as his widowed father was not able to care for him.

Some mothers also deliver their baby at the hospital or clinic and then leave them behind. The reasons mentioned for this were because of a physical deformity or medical condition; the mother is single and cannot care for the child along with the added stigma; the pregnancy is unwanted; or the mother has too many children to care for.

| The child was born at the clinic. His mother had been pregnant 5 or 6 times and had many children. She stayed at the clinic for a week and left. Her husband didn’t show up. She came to MTC again because she had an appointment. She told someone that she wanted to go to the toilet and asked them to take care of the baby; she then disappeared. That person gave the baby to the clinic and a staff member adopted this child. |
| Mae Tao Clinic staff member |

On average, five babies are abandoned each year at MTC and the clinic cares for these children until they can be housed by SAW or adopted out. For young single mothers and pregnant women there is a counselling service and safe houses run by SAW and HREIB; BWU also has a drop in centre that provides support. MTC and CBO staff also counsel and support parents who want to give up their children. In some cases CBO staff, health workers and teachers adopt these children after a certain period of time in a process overseen by CPPCR. There is no official procedure or policy for the adoption of Burmese children; however a process is being set up by CPPCR in conjunction with Burma Lawyers Council (BLC) to produce guidelines and rules for legal child adoption and to safeguard children. Currently the prospective adoptive parents are evaluated by CPPCR and when they are approved as eligible to adopt, they then sign a bond of adoption.
It was also mentioned by CBO staff that people in Burma know that children are being helped in Mae Sot, so when they have difficulties, they come to Mae Sot and abandon their children before returning to Burma or going to work in another place in Thailand. They assume that an organization will find and care for their child. Consequently, the abandonment of children presents particular challenges in terms of funding, accommodation and the availability of staff to care for them.

### 5.5. EXPOSURE TO DRUGS and ALCOHOL

| The good things in my life are pleasant scenery and getting knowledge. The bad things are drugs and fighting. |
| High                                                                                                    |
| Girl attending learning centre                                                                         |

Virtually all children who participated in the study mentioned concerns related to alcohol, and also drug use, in their community in Mae Sot. These elements can create an abusive and unsafe environment for children in the community and in the home, in some cases families break up and children can be left with a lone parent or relatives. Children can also be forced to leave a violent situation and be out on their own. The majority of community respondents (84.5%) said they would not seek help from anyone if they or someone in the family had a drug and/or alcohol problem; this may be a reflection of cultural tolerance or the fear of stigma associated with disclosure of problems of this nature. Burmese political and community based organisations such as the National League for Democracy (NLD) along with NGOs such as the Drug and Alcohol Recovery and Education (DARE) network provide training on drugs and alcohol in the community. DARE trains addiction workers, runs programs on relapse and prevention, substance abuse education and prevention and community-based addiction treatment. However treatment can be difficult to access and services are limited. Building up drug treatment capacity and access is a challenge, given the significance of drug/alcohol problem in the migrant community.
Alcohol abuse

Children mentioned the consumption of alcohol and its consequences as a bad thing in their community and spoke of family members, neighbours and other adults and children drinking. There are a number of shops in the community that sell alcohol and where people gather to drink; this is increased when factory workers receive their monthly salary. People also go to the football field and fields in general, the forest, and beside the road to drink. Children spoke of drunken people cursing and fighting with others, beating their spouse and children and engaging in lewd behaviour such as exposing themselves and harassing young girls. Not surprisingly there is more alcohol consumed during traditions and festivals, especially Thingyan, when children are also expected to drink and join in the celebration.

“We are Karen. Because of our tradition, we have to drink just a little”.
“During Thingyan festival, I drink like other people

Primary

Boys attending learning centre

Some children have experienced domestic problems due to alcohol or have lost parents; one boy mentioned that his father drank alcohol everyday and developed a stomach disease and passed away. Parents also drink in front of their children and four to five year olds have been seen drinking from the bottle after their father had finished. Children are also asked by parents and other adults to go and buy alcohol for them. Many children talked about other children, including friends, who drank alcohol and of their own experiences with peer pressure:

When I go with my friends they are drinking beer. They give me beer and tell me to drink. I tell them I don’t want to drink. But I am afraid of them; they are in a group. So I pretend to drink and throw the beer away.

Boy attending learning centre

Primary

Adults using drugs

Children reported seeing many Thai, Burmese and Karen adults using drugs. This is seen to be because of economic problems, unemployment, depression or personal problems and also to help their work. Factory workers drink water and take Yah Bah or crazy medicine (Bah in Thai means crazy), to keep working for long hours, drivers and factory guards use drugs to stay awake and labourers use drugs to get more stamina.

My father told me that on the farm, when they get tired, they smoke drugs. They are paid depending by the amount of they can carry. Karen people, they carry two, three bags of corn at the same time. They carry the bags of corn on their shoulder.

Girl attending learning centre

Primary

The most popular drug is Yah Bah, this used to be called Yah Mah as if you use this you will become strong as a horse (Mah in Thai means horse). Other drugs used are L5 (like diazepam); and Phazidine which is a cough medicine that has amphetamine in it. Other stimulants or drugs mentioned by children were alcohol, cheroot, betel nut, marijuana, heroin, raw opium, glue, E, W and 99 (the last three are all brands of drugs). People can buy drugs from known buildings and shops, and from dealers who operate in the fields. Children spoke of police arrests and seizure and destruction of drugs.

Children using drugs

CBO workers and community leaders said that children learn to use drugs from their parents, people in their community and also Thai teenagers who ride around on motorbikes who are seen to drink alcohol, use drugs and cause problems. One spoke of seeing 13 to 14 year old children smoking Yah Bah in an area where many parents use and sell this. Some children who do not listen to their parents or who lack parental supervision are engaged in drinking alcohol, and smoking cigarettes; this also included smoking opium. Children who become addicted to opium were seen to become aggressive,
unable to follow discipline and drop out of school. Peer pressure is also a factor in children using drugs; a night school student mentioned that students smoke heroin because of pressure from their friends. A migrant teacher heard about migrant children from other schools using drugs and drinking outside of school hours. Children who are out of school and working are regarded by teachers as more at risk of using drugs. Some night school children spoke of plastic bag collectors smoking drugs using silver cigarette paper when they go to work, as “they use drugs so not to feel pain”.

Using children to transport drugs
Burma is the largest producer of amphetamines in South East Asia and the second largest opium producer globally. The drug trade is a serious problem along the Thai-Burma border and a number of ways are used to bring drugs into Thailand. This includes using children as couriers as they are less likely to be questioned by the police. According to a CBO leader, drug dealers take advantage of children, especially those on the street, and ask them to carry and deliver the drugs at night; the children who do this can get 100 or 200 THB. Children can also be manipulated into carrying drugs by parents who are involved in drug trafficking. A CBO worker told of an incident that took place in 2005 where a parent told his child to deliver a fish to someone. Unbeknown to the child, the fish contained drugs. The police were tipped off and the child was arrested but not sent to prison.

Over the years it is felt that the involvement of children in the drug trade has decreased as more learning centres have been established. In general, schools are seen as a protection mechanism for children as before these came into existence children were targeted for selling amphetamines and were extremely vulnerable to being trafficked. However teachers remain concerned that children who live in known drug dealing areas or attend schools near these places are vulnerable to being recruited by dealers. The Burmese Migrant Teacher Association (BMTA) and teachers give drug education to students in the learning centres, but a significant challenge remains in reaching children out of school.

5.6. EXPOSURE TO VIOLENCE

International studies have shown that particular groups of children, including those from ethnic minorities and other marginalized groups, displaced children and those on the street are especially vulnerable to violence. Acts of violence can be of a physical as well as psychological nature, along with neglect. The report of the independent expert for the UN study on violence against children concluded that the consequences of violence may vary according to the nature and severity but the short and long term impacts may lead to “greater susceptibility to lifelong social, emotional, and cognitive impairments …..and to health-risk behaviors, and related mental health and social problems…….Early exposure to violence is associated with later lung, heart and liver disease, sexually transmitted diseases and foetal death during pregnancy, as well as intimate partner violence and suicide attempts”.

The children in this study saw people such as beggars, refugees, poor people, workers, soldiers and also themselves, as victims of abuse. People who abuse children were seen as those who drink alcohol, parents or other family members, relatives, police and soldiers.

In the family setting
The home is meant to provide a safe haven for children and the best possible environment to grow and develop. However, children lost this right when conflict or economics divided the family and drove them to seek stability in Thailand. The pressures of life can put parents under duress and children can bear the brunt of this. Family conflict can occur because of work pressures, money problems and alcohol. Children spoke of domestic arguments fuelled by alcohol and of being caught in the middle:

98 Ibid
I felt depressed when dad was drunk and fought with mum, I could not separate them for fear of being scolded. When dad was fighting with other people, it was depressing. I told them how I felt when they fought; they told me they wouldn’t do it again, and this made me feel a little better. I told them not to fight. Sometimes after fighting my parents would not talk; sometimes my mother left but she returned.

11 year old boy attending learning centre Primary

Interestingly the majority of community respondents (78.3%) said that they would not seek help from anyone if they or a family member had a problem with violence. This may indicate a different cultural concept of violence, the fear of authorities being involved or the stigma attached to this and the desire to keep it in the family. A teacher in the study mentioned that some young children are seen to be extremely afraid and go quiet if the teacher puts a stick on the desk or chair. The teacher said that when some nursery students were asked “Are you afraid of the teacher or stick?” They answered “We are afraid of the stick, we are not afraid of the teacher.” One learning centre teacher estimated that 30% of children are beaten by parents using a stick. In general children spoke of the sadness they felt when they were beaten and/or scolded usually because of “not listening to parents” or “making a mistake”. Punishment can be carried out in public which is especially humiliating for children.

I want to play football but my mom doesn’t let me play. She cannot wait till we get home and she beats me on the road.

13 year old boy who attends Arabic Day School and Learning Night Centre

Parents also withheld food from children, locked children in their room or told them to go and sleep elsewhere as punishment. In some cases parents remarry and the new spouse can reject and be abusive to the children of the previous marriage. A primary teacher spoke of the torment that a stepfather inflicts on his stepchildren:

When he returns from work at night he drinks alcohol and then he eats; everybody must wait till he finishes eating before they can start. He sits near the children when they are eating and tells them how to eat. He holds a stick and makes them eat all the food. He goes to bed when all the children have finished eating. His wife tries to stop him but he says “This is my house and they are my children so they have to follow me”. When the children are hungry, they daren’t say, they have to wait until he comes home and finishes eating.

A violent home life can lead to children running away and making decisions that can have a significant impact on their future:

This 14 year old adopted child was frequently abused and beaten; eventually he couldn’t stand it any more and ran away from home to look for his relatives. He found his uncle who works as a mason, so this child also became a mason. Later on he got married to a 13 year old girl who was carrying cement there – they are too young. If the adopted parents treated him kindly and with love, his life would have been very peaceful.

Learning centre Primary Teacher

At school
The learning centres undertake a major responsibility for the care of children and have a duty to protect them from violence. Children spoke of the kindness and care that their teachers show them and indicated that discipline most commonly occurred when they could not memorize school lessons
and didn’t follow the rules. Teachers were seen to discipline children usually by shouting at them or using other methods. One boy reported that he had to sit down and stand up over 500 times and another reported being beaten and pulled by the ear to the teacher’s office where he was told he was going to be expelled. Children can also feel humiliated when disciplined; two students reported feeling embarrassed because they were asked to run around the school wearing a card around their neck that said something about them because they could not follow the lesson. Some children mentioned that their teacher forbid them to go to the toilet during class time and scolded them for eating rice before classes started. Physical measures such as smacking or using a stick were seen to be occasionally employed and seemed to be more often used as a threat. One teacher, in an effort to get students to attend school on time, told them if they were late they would be beaten. However, a number of students reported that at their school use of the stick has been stopped and teachers now speak with children. A group of learning centre High students asked that teachers let them express their thoughts and ideas more and to discipline them with words and not by using their hands.

Children are also subject to teasing and bullying from others. In a group discussion, some learning centre High students spoke of senior and boarding students restricting the activities of younger or day students. One boy spoke of the bullying at his school:

<table>
<thead>
<tr>
<th>At my school there a lot of bad students who abuse other students. They throw stones at students from upstairs. The teachers will punish bad students if they are poor. Otherwise, they won’t punish them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre 13 year old Boy attending both Arabic Day School and Learning Night</td>
</tr>
</tbody>
</table>

Children and adults spoke of migrant children who attend Thai schools experiencing discrimination from both teachers and classmates. This included being bullied, called names, being blamed for things they did not do and receiving more punishment than Thai children.

**In the workplace**

According to both adults and children in this study, children in the workplace were physically and verbally abused by adults; there are known incidences of some employers abusing their child workers by beating, pinching, scolding, bullying and mental abuse. Children are scared when they are threatened, so they listen to what they are told and do whatever is asked of them. The situation of a 16 year old girl from Mon state working as a domestic was described:

<table>
<thead>
<tr>
<th>When they go home after closing the shop the woman owner doesn’t allow them to sleep and makes them massage her. Sometimes the girl fell over when she was massaging because she was so tired. Sometimes the woman pinches the girl’s belly and hands, scolds, hits and throws things at her. She also accuses the girl of having a relationship with her husband. When she was asked why didn’t she leave and go and work in another job she explained that she could not speak Thai. The owner also told her that if she went to work in another place, the police will catch her, so she is afraid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO Leader</td>
</tr>
</tbody>
</table>

On the rare occasion when children stand up for their rights their lives can be placed at risk:

<table>
<thead>
<tr>
<th>Last year, we had to rescue two children, brother (17 years) and sister (14 years), who worked in a stocking factory as their boss was trying to kill them. The boy asked for a salary increase… he came to us for help as his boss was violent. When the boss knew about this he asked the boy to buy alcohol. Then he ordered his bad guys to chase and kill him. This boy’s friend knew about this so he called us. We arrived when the boy was being beaten and we took both of them away.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO Staff Member</td>
</tr>
</tbody>
</table>

**In the community**

Alcohol consumption is a major contributor to violence in the community setting. Drunkenness leads to acts of aggression such as fighting with others and abusing and beating family members. One child
told of a father who came home drunk, hit his child with an axe and killed him. Fighting was mentioned by all children and appears to be widespread in the community. This can be physical and/or verbal in nature and was seen within families; between children; spouses; neighbours; student gangs; and Burmese and Thai and Burmese and Karen. Sometimes this gets out of hand, people get injured and the police are called. One child mentioned Thai youths on motorbikes turning up in his community and throwing stones at houses. The majority of children were upset by the arguing and fighting that took place in their community.

We couldn’t pay our debt back to the neighbours so they hit my mum. My mother hit the woman and hurt her. My father said something and they came and hit my father. I don’t like it.

Boy who attends both day and night learning centres and night school

Children can also be verbally abused and/or physically assaulted by other adults and children. The perpetrators may feel that they can do this as they do not fear punishment from the child’s parents or from the authorities:

One time a boss was chasing and beating the children because they came into his compound and took his drain pipe….When he beat one child, he split the child’s head open and she needed five stitches. …Even though this child’s head was stitched, this boss went back to the child’s home and beat her again. Children’s lives are not safe.

Learning centre Primary Teacher

Children often feel powerless in such situations and do not disclose to their parents for fear of punishment:

When I go to school, the child next door abuses me. His father is a boss. He asked his friends to beat me and my face was wounded. I told my mum I fell over and hurt myself….. I told a lie to my mum.

13 year old boy who attends both Arabic day and night learning centres

Sometimes the community or others take justice into their own hands. One child spoke about the problem of theft in the community and that Burmese people who stole items such as longgyis and chickens were killed near his house. People who repeatedly dealt in drugs were killed by the police and sometimes within the community. One child spoke of a man in his quarter:

People saw him drinking alcohol so they informed the quarter leader about this. Then a man saw him go to buy opium. He then returned home and beat his wife. The quarter leader caught him and he was killed.

12 year old boy attending both Thai day school and night learning centre

Children are also directly or indirectly exposed to murder. One child spoke of three family members working in the paddy who were killed by their employer. Children also spoke of the violence associated with the drug trade with both users and dealers stealing things and killing people.

**Sexual violence**

Acts that are sexually violent in nature are mostly perpetrated against girls and women. Rape is a very real problem in the migrant community. Around two thirds of survey respondents (64.5%) had heard of a child being raped, mostly in the previous 12 months. Rape is committed by a range of perpetrators – employers, stepfather, family friends and acquaintances and men in general. Alcohol is a contributing factor in both the perpetration of the act and the circumstances that allow it to happen,
e.g. daughters running away from drunk and abusive fathers. A CBO leader spoke of teenage girls 14 to 15 years of age who quit school to work and were raped by their bosses. They did not say anything as it is not easy to change to a new job and also they are worried that their parents will have problems finding work. Another child recounted a story about attending the funeral of a Karen woman who was raped and murdered by Thai and Karen factory guards.

Living in an insecure environment can place women and girls at risk of sexual violence. A learning centre teacher told of a mother and daughter living in a tiny hut covered in plastic who were assaulted by two drunken Burmese men with a knife who raped the daughter. Other contributing factors are the lack of awareness in girls of the dangers of particular situations, and inadequate parental supervision, as illustrated by the following story told by a Primary teacher:

There was the case of the four year old child who was found dead in the bushes. Her mother was away and her father was drunk. She visited the monastery worker’s house where she met her killer who worked as a lay attendant; he raped and murdered the girl when he was drunk…. This man offered food to the monks for the deceased on the day of her death….The villagers said if they find this man they will kill him.

A NGO staff member also voiced concern regarding paedophiles targeting young boys on the street at the Thai-Myanmar border Friendship Bridge. Another NGO staff member mentioned a case where a foreigner was known to have raped six boys. When a rape occurs, the community usually reports this to leaders, teachers and the relevant organizations to solve and provide support for the victims. NGOs such as WVFT have community volunteers and train community leaders to report cases of rape and trafficking. Burmese CBOS, such as SAW, have safe houses where victims can stay and be supported. Cases of rape and molestation can also be reported to Thai police with victims pressing charges directly or with the assistance of an NGO. Routine legal procedures as per Thai law are followed in investigating these cases but difficulty in procuring evidence and witnesses can mean that resolution can be protracted and difficult. In the case of paedophiles, collaboration with immigration police and other organisations will hopefully lead to an arrest, however in the past offenders have left the area and have escaped prosecution.

5.7. HEALTH PROBLEMS

Health problems faced by children

Migrant children living in crowded environments where there are problems with sanitation and clean water are at increased risk of gastrointestinal infections and diarrhea; in 2007 there was a cholera outbreak in some border districts, including Mae Sot. Some families are seen to live in flimsy makeshift huts beside the football ground, cemetery, garbage dump, or in areas where there are no toilets and/or running water. In the communities we surveyed the main water sources given were purchased bottled water (28.5%) drawn from a well (28.2%) or from the community tap (26.2%) with just over half (51.4%) taking measures to make water safer to drink which were mainly straining with a cloth (71.1%) and boiling (31.6%). The majority of respondents used a toilet (89.3%) with around half (43.6%) sharing this with up to 10 or more other families. In some outer communities NGO workers reported that toilets were not pumped out on a regular basis and were overflowing and unusable, therefore people used the fields and bushes.

The risk of dengue fever and malaria is increased in poorly constructed dwellings and the absence of mosquito nets. In the surveyed CBO supported communities, the majority of respondents (97.2%) reported sleeping under a mosquito net. Health workers cited the main problems seen in migrant children as malnutrition, acute respiratory tract and other infections, malaria, diarrhoea, worms, deformities, skin diseases, and anemia. Just over half the children (53.1%) who attended the children’s outpatient department at MTC in 2007 were migrant children living in Thailand. They mainly presented for mild acute respiratory tract infections (61.4%), followed by diarrhoea (8.4%) and skin infection (5.7%). According to a NGO worker, children in work face hazards that affect
their health such as unsafe machines and poor ventilation in factories; exposure to chemicals, such as fertilizers and pesticides; and carrying heavy loads.

Lack of parental knowledge and care
CBO staff felt that there is generally low knowledge regarding health and disease in the migrant population, particularly in new arrivals. Lack of education, illiteracy, along with strong traditional beliefs on the cause of illness and treatment can make it difficult for health workers to get their message across. Postnatal care instructions may not be followed and cultural beliefs are difficult to override. A MTC staff member spoke of babies who were ill with umbilical infections as a result of having charcoal applied on the umbilicus; despite mothers being given instructions and medicine to safely care for this at discharge. Parents may also not be able to recognize when a child requires medical treatment and needs to be taken to the clinic or hospital. Even when they do, they may resort to the local healer as they do not have the money to travel to a clinic or are frightened of being detained by the police. Poverty impacts on parents adequately caring for children, according to a public health authority the standard of cleanliness in migrant children is seen to be lower with some children not fully clothed or running around barefoot.

Malnutrition
Even though community respondents ranked food and nutrition as the third best thing about raising their child in Thailand, some migrant children are not receiving the nutrition they need. Many children who arrive from Burma have nutritional deficiencies and for some this continues in Thailand as the family struggles to survive. Teachers reported that some parents go and buy discarded food that has been cleaned up and sold cheaply as they cannot afford fresh food. One teacher said that more than 50% of children are not active and have no stamina as they do not get enough food. Teachers estimated that there were between 10-50 students in their school with malnutrition. Some children don’t bring a lunch box and even if they do there were only water greens or fish paste in it. Learning centres attempt to provide food to students to improve their nutrition and as an incentive to attend; sometimes teachers use their own salaries for this. A number of NGOs and CBOs also fund food with one NGO supplying food prepared in a central kitchen to a number of schools.

MTC staff reported seeing a number of children with malnutrition, with the babies of young mothers and working women seen to be particularly at risk. A clinic worker described the situation where babies of working mothers are fed rice water and sugar by relatives as the breastfeeding mother has no support and has to return to work. Children presenting to MTC with serious malnutrition are admitted for around 3-5 weeks to recover and start gaining weight. They are then referred to the outpatient department (OPD), where they are monitored for 2 weeks and provided with eggs and beans. Sometimes the follow-up period is not completed because of the fear of being caught by police when travelling to the clinic. MTC also provides milk powder or dry food for mothers who have twin babies, an under weight baby or many children, depending on the age and the condition of the child.
NGOs that provide health services, such as IOM also treat malnutrition cases according to their severity.

**Impact on children of antenatal and delivery problems**

Around half the estimated 4000 women who come to MTC for ante-natal care (ANC) each year are migrant women living in the Mae Sot area. Regular ANC depends on being able to get time off work, having money for transportation and overcoming the fear of arrest. Without ANC, pregnancy related problems can go undetected and the mother will not receive essential knowledge or vaccinations such as Tetanus and if required, Hepatitis B along with supplements to ensure a safe and healthy pregnancy.

Migrant women can suffer from malaria and malnutrition which can seriously impact on the wellbeing of their baby. Malaria can result in premature delivery and it is essential that this is promptly treated. Malnutrition can arise from poverty and the inability to buy food along with a lack of knowledge of good nutrition; it may also arise from beliefs where a mother believes that by eating too much that she will have a large baby that will be difficult to deliver or if she eats meat and vegetables the baby will be sick. In addition, pregnant women also face a number of stressful situations such as family and relationship difficulties, having to work in physically demanding jobs and the ever present threat of arrest and deportation. MTC reproductive health (RH) staff see more premature labour during these times of stress and estimate that around 20% of children born at the clinic are premature or low birth weight at term.

Of the women who attend ANC at MTC, less than half return for delivery. Women may have difficulty coming to the clinic when labour starts or decide to deliver at home because of traditional/cultural beliefs. In some cases complications occur and medical assistance is sought too late. Even though a TBA may be present to assist with a delivery at home, there is still considerable risk for mother and child. Delivering in an unsanitary environment poses a greater risk to the baby of acquiring umbilical cord infection and neonatal tetanus.

**Reproductive Health issues for teenagers**

Young women, especially those who work, face many barriers to realize their reproductive health rights. Reproductive health knowledge among teenagers is low due to the embarrassment and stigma associated with sex which prevents open discussion. Teenage pregnancy is a concern and MTC RH staff reported seeing an increasing number of teenage mothers, with some just 16 years old. In 2007, 5.1% of deliveries at MTC were for girls less than 18 years of age. Early marriages are common, especially among teenagers with little or no education who are working. The possible reasons seen for this were to be able to hold onto their own wages and escape working for their parents. A CBO leader spoke of some children having multiple marriages. RH workers also spoke of seeing 14 to 15 year olds married with children and who do not know how to use contraception.

Pregnancy can also result in fear and anxiety for women and girls working in factories as they can be forced to leave their job and lodgings and in some cases deported back to Burma. Unwanted pregnancy also leads to desperate measures such as termination of pregnancy by unskilled practitioners using dangerous and unsanitary methods. From research, Maung and Belton identified that a lack of reproductive health rights and access to reliable and safe healthcare, violence, fear of arrest and worker exploitation as factors contributing to the high levels of unsafe abortion. In 2007, 444 women were treated at MTC for post-abortion related symptoms with 11 (2.5%) aged less than 18 years.

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99 Data obtained from MTC April, 2008
100 Amnesty International; Thailand: The Plight of Burmese Migrant Workers, June 2005
102 Data obtained from MTC, April 2008
Both NGO and CBO staff emphasised the need for family planning in the migrant community. In Mae Sot it is not unusual to see a pregnant woman pushing a cart and collecting rubbish where there are two small children in the cart and another two children following along. While NGOs such as IOM and MAP and CBOs such as MTC promote reproductive health and offer family planning, more work needs to be done in this area to improve coverage of young people. Currently the Adolescent Reproductive Health Network (ARHN) team targets factory workers between 14 and 30, community midwives, teachers, child care workers around MTC, nursing staff, men and women who have early marriages in the refugee camp and also adolescents in some learning centres. Their particular focus however is on adolescent women workers and they also train community organisations in sexual health, reproductive and family planning issues.

**Access to treatment**

Leaders and NGO workers interviewed felt that health facilities and services were well represented in Mae Sot itself; however in the more rural areas outside of Mae Sot, access remains a challenge due to the scattered distribution and mobility of the population. A CBO worker spoke of the difficulty facing women in agricultural areas. It can be difficult to get transport from the fields in some areas and there may be only one car that leaves at 0700 and returns at 1100. Some women need to cross the fields to reach road transport, which can place them at risk of attack or rape so they need to be accompanied by their husband or a household head, which may be difficult. Other barriers to seeking timely treatment were identified as language, cost, transport, the ability to get time off work, and fear of checkpoints and arrest.

Access to treatment can even be difficult for registered workers enrolled in the 30 Baht health care scheme as employers often insist on illegally holding onto the worker’s registration documents, including their health card, which must be presented when requesting health services. In addition, extra premiums must be paid for other family members, including children who must have birth documentation, to be able to access this scheme. This is impossible for most families. A number of migrant workers may forgo using Thai health services because they are not assured of receiving proper treatment, communication difficulties, or had experienced or heard of discrimination from Thai health care staff. 103 One school headmaster recounted the following:

<table>
<thead>
<tr>
<th>There was the case of child who was hit by Thai man on motorbike and received a fractured skull. The Thai person at the hospital asked “Do you have Thai birth registration? If you don’t have, there is no reason to give treatment.” When I said that a Thai is a human being and a Burman is also a human being, I was asked whether I have an ID card. I showed this and then they operated on the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headmaster of learning centre</strong></td>
</tr>
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</table>

A number of international organisations, NGOs and CBOs are working to improve health knowledge and access to health care in the migrant community. IRC and IOM are working with Thai MOPH to improve water and sanitation facilities and run health posts in communities both in and outside Mae Sot that are linked to local and district health centres that provide free primary health care services. These include immunization, family planning, health education and promotion, referral to the Thai health system and antenatal, newborn and postnatal care. The IRC, as part of the SHIELD project, has established twelve community health posts in three districts, Phop Phra, Umpang and Ta Song Yang. IRC also supports the establishment of community health workers (CHWs), village community volunteers and basic logistic needs and Thai MOPH supports vaccine supplies and basic medicines. In some places these posts have been set up, in collaboration with local health centres, in agricultural compounds where more than 50 families can be residing. There is also a mobile health service which visits more isolated communities. The IOM/MOPH migrant health project established six Health Posts, one in Mae Sot and five outside in Ta Song Yang and Mae Ramat, that are staffed by trained

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103 Amnesty International; Thailand: The Plight of Burmese Migrant Workers, June 2005
migrant CHWs. IOM also conducts health education in the Internal Detention Centre (IDC) in Mae Sot where non registered migrants are detained before deportation.

For factory workers, health care services are targeted by the IRC/SHIELD project and NGOs such as MAP who provide CHWs to cover some of the factories; some factories also have health corners with the larger ones having onsite nurses. A number of CBOs such as MTC, SAW, BMTA and BWU provide and support health care, health education and the promotion and the training of health care workers.

Many migrants choose to come to the 120 bed Mae Tao Clinic, based in Mae Sot, which in 2007 provided health care for migrants, refugees and people crossing from Burma (114,842 visits (81,747 cases)). MTC provides a comprehensive medical service; for children this includes inpatient and outpatient departments, and a range of primary health care services that include immunization, supplemental feeding, Vitamin A supplements and de-worming. The clinic is an attractive option as it avoids the language and cultural barriers encountered in Thai health care facilities. In the communities we surveyed most respondents (68.6%) said that if they or their family had a health problem they would seek help from MTC. For more complex cases requiring surgery and specialist treatment the Burma Children’s Medical Fund refers children to Chiang Mai Hospital; to date around 130 Burmese children have been treated.

The MTC migrant outreach service includes a school health program which checks children both in and out of school for anaemia, malnourishment, and vision problems. It provides vitamins, de-worming, health education, teacher training, parental discussion and transports children who require further health care to MTC. BMWEC and BMTA also support health for children both in and out of school and health education.

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104 Mae Tao Clinic Annual Report 2007
105 ibid
5.8. AFFECTED BY HIV/AIDS

Migrant children in Thailand can be affected by HIV/AIDS in a number of ways. They may be living with infected or sick parent/s and/or siblings, or may have even lost their parent/s and/or other family members. They may have acquired HIV themselves; this was seen to be mainly through mother to child transmission. CBO health workers mentioned that many migrants, especially recent arrivals have little knowledge on family planning and sexually transmitted infections (STIs). Awareness raising and prevention education is undertaken by NGOs, such as WVFT and MAP in some factories and communities, and by a number of CBOs. However population coverage and the availability of condoms remain limited. The standard and cost of treatment and care in Burma is also driving people to seek this across the border; according to MTC staff, 50% of their clients have come from Burma. A NGO staff member informally mentioned that the impact of HIV/AIDS will steadily grow in the Mae Sot area as more people from Burma cross the border to seek work and/or health care.

A MTC staff member reported that she was seeing more children with HIV presenting with diarrhea, severe malnutrition and pneumonia. In 2007, two children were admitted to the MTC children’s inpatient department with a HIV related illness and ten children tested positive for HIV; in some cases the parents of these children are not aware that they too are HIV positive. As of April 2008, there were 20 children living with HIV/AIDS (LHA) being monitored and cared for through MTC; staff estimated that 60% of these children are living in Thailand. Some of these children are orphans and live at the SAW health care house where currently six children LHA are in residence, three of whom do not parents. SAW also assists children from affected families with accommodation and education. Otherwise most children of MTC clients live with their relatives, parents or a parent, usually a mother, and attend school. School age children who are not in school are usually working to support their family.

There are a number of support services in place in Mae Sot for children and families affected by HIV/AIDS. MTC runs a HIV care and support programme that includes voluntary counselling and testing (VCT), food support, treatment of opportunistic infections (OIs), inpatient care, home based care visits and referral to MSH for antiretroviral (ART) treatment. All pregnant women are tested for HIV as part of ANC screening at MTC and in 2007, out of 3419 tests carried out, 1819 (53.2%) were

106 Personal discussion with Author
performed on migrant women living in Thailand. HIV prevalence in ANC clients is around 1.5%. Those who test positive are then referred to the Prevention of Mother to Child Transmission (PMTCT) program at MSH where Azathioprine (AZT) is given antenatally to the mother and the baby is delivered by caesarian section and given Nevirapine coverage. Mother and baby are then followed up through MTC and receive milk formula for 18 months. At the end of 2007, out of 21 babies who were tested at 12 months, only one baby, whose mother became positive in the time between antenatal screening and delivery, tested positive. Other clients who meet established criteria have the option of joining the Thai Public Health migrant ART programme at MSH which started in 2007 and provides free ART treatment in addition to other services where costs are shared with the referring organization. As of September 2008, there were 31 MTC clients on this programme, including four children. It was reported that staff who go to MSH to visit and care for inpatient clients can encounter difficulties due to fear of arrest, the language barrier and discrimination by some hospital staff. Medecins San Frontieres (MSF) also provides treatment and care for those with TB or TB with HIV co-infection and refers those with HIV alone to MSH or MTC.

Home based care is also offered on the MTC programme and as of April 2008 there were around 250 clients supported by a team of peer counselors. Additional essential support is often required as a number of people LHA cannot work, have no money and face stigma from the community. Staff spoke of using individual donations and their own money to help with transportation costs, house repairs and buying animals for clients for personal use or to generate income. In addition the programme distributes a food package consisting of rice, beans, oil, salted fish, onions, garlic and milk to around 150 families (an increase of 25% from 2007) each month. Organisations such as WVFT also work to support around 50 people LHA and have found that there are many children of parents LHA who need assistance. Support is provided through a small stipend, a savings scheme and also milk, food, shoes and blankets for children, if the budget permits.

5.9. MISSING OUT ON AN EDUCATION

Lack of education can determine the course of a child’s life. Economic difficulties and conflict can keep children out of school in Burma and subsequently they may arrive in Thailand with little or no education. If they are fortunate they will find a place at a learning centre in or around Mae Sot. Community survey respondents ranked education as the best thing about raising their child in Thailand, however it was estimated by a CBO leader that less than half of the migrant children in Mae Sot are attending school with the majority of these (60%) in primary school. In the community survey just over half (55.6%) of respondent’s children between 4 and 18 years of age are attending school, either in Thailand (78.4%) or Burma (18.5%). Of those who attend school in Burma, around half (50.8%) live with their parents who send them across the river everyday to school in Myawaddy with the remainder living in Burma with relatives. Most children attending school in Thailand were at a learning centre (58.6%) with the majority attending nursery and primary (82%) which reflects the general trend seen. A number of children who work or attend religious or Thai schools during the day also attend night school so they can learn Burmese and English. Regular attendance can be difficult due to time constraints and the risks of travelling at night.

Difficulty attending Thai school

Even if a Thai school is nearby, attending this is out of reach for the vast majority of migrant children. According to an NGO worker, even if Thai school was free the other costs associated with education, such as uniforms, lunch, transportation and stationary, are too much for most families. According to one CBO leader sending a child to a Thai school can cost up to 10,000 THB per year, which for some migrants is half a year’s income. Parents cannot afford to pay 50 THB a year for learning centre fees, so it is impossible for them to pay Thai school fees. The requirements of being able to speak and

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107 Mae Tao Clinic Annual Report 2007 and data obtained from MTC September, 2008
108 Primary school was regarded as KG to and including grade 4
understand Thai also is a barrier with a CBO leader stating that most children aged 10 to 14 years of age can only speak Burmese. Children also are required to have birth identification for enrolment in Thai school; CPPCR’s registration certificate has been accepted by some Thai schools and this is a positive move as it is impossible for many children to get an identification document in Burma or Thailand.

It was mentioned in the study that Thai schools are crowded and teachers are not supported to accept Burmese children. There is a policy where schools receive 60% of the cost for a Thai child to fund a migrant student, however supporting the implementation of this has been difficult as the money often does not follow on. Consequently a school may be willing and able to enroll a child but does not have the funds to do so. A CBO worker mentioned that the attitude of the school director toward migrant children is also a factor.

Besides cost, the fear of discrimination was seen to be a significant reason for not attending Thai school. Both adults and children spoke of Burmese children being discriminated against by both teachers and children at Thai schools.

| Thai always oppress the Burmese people like they are relatives of colonists. Our children have less opportunity. We don’t want to send them to a Thai school. |
| Teacher at learning centre |

When it came down to personal preference, most of the children we worked with preferred to attend Burmese operated learning centres as they felt more comfortable there and compared to Thai schools, there is a greater variety in learning opportunities and they can acquire good English skills. They can also learn their language and culture; teachers felt that this was very important. Teachers mentioned that Burmese children who have moved to Thai schools and regard themselves as “Khom Thai” (Thai) do not know their native culture and language and see themselves to be different from other migrant children. The children on the study who wanted to attend Thai school wished to be educated, and to learn Thai so people would not discriminate against them and they could get a good job. In the community survey 11.5% of respondents children attended a Thai public school.

Some CBO staff, felt that the Thai education system did not give a person any advantage if they did not plan to stay in Thailand long term. However for those who plan to stay obvious benefits were recognized, such as receiving a certificate of attainment that leads to higher education and receiving a Thai student ID card which gives security protection and allows greater mobility. The importance of being able to speak Thai was recognized by both children and adults in terms of living in Thailand, reducing discrimination and increasing the chance of getting a better job. Almost all the children on the study expressed an interest in learning the Thai language as they live in Thailand and want to and need to understand Thai.

Further work needs to be done by the MOE in conjunction with NGOs and CBOs such as BMWEC to enable the inclusion and integration of Burmese students into Thai schools, especially recent arrivals. Outside of Mae Sot many Thai schools have Karen students and in one school there is almost a 2:1 ratio of migrant to Thai students. There is seen to be no problem with this culturally or otherwise, as the families of these children have lived in Thailand for a long time.

**Non supportive parents**

Parents who are not supportive of their child’s education were often seen to be uneducated themselves with little knowledge about school and too busy working to learn more about this; some were seen to neglect their children and spend their money on alcohol and playing cards. Some parents see that there are few options for those who complete school, that education does not necessarily guarantee a better job and want their children to drop out of school and work. Teachers spoke of having to travel long distances to speak to parents about their school and to convince them of the need for their child to be educated. Teachers also spoke of their difficulties and frustrations trying to keep children in
class and in some cases had to personally collect children from their home and bring them to the learning centre.

Besides teachers working to encourage parents, organisations such as World Education (WE) work with parents on parenting skills and on how to help and support their child to get a decent education. Parents are encouraged to visit the school and to help out if they wish, however this can be difficult if they work seven days a week. WE also go out with the MTC community health team to deliver education messages and check children’s nutrition.

**No access to school**

A CBO leader felt that Mae Sot itself has enough learning centres and the education shortfall is occurring in outside areas, such as the agricultural sites in Phop Phra. Here, 30 to 200 families may be living in a compound that is far from the main highway and where there are no schools. These workers have no documentation and are happy to stay in the compound for security reasons. Another situation relates to parents who are daily wage workers who frequently move around so their children cannot attend school on a regular basis or at all. A number of teachers mentioned that children in the above two situations often end up as child labourers.

A CBO leader mentioned that most children of factory workers go to the learning centre because it is close to their parent’s work. In the community survey the most frequently mentioned reasons for choosing a school was closeness to home (56.7%) and available transport (37.8%). Transportation is provided by some learning centres with others requesting a monthly fee. In a family with two children this could cost 160 THB a month which is a significant burden if only around 500 THB can be saved each month. Work and/or family commitments may prevent parents taking their children to school; whilst for others, school may be too far away from their home and cost and/or security issues can prevent attendance. Learning centres have acted in addressing the security situation by issuing student cards that are recognized by the authorities. Seasonal and environmental factors may also impact on the ability to attend classes. During the rainy season it may be difficult for the school car to traverse minor roads and fields and cross bridges to collect children. In addition heavy rains may affect the condition of a school and its surroundings and may force its temporary closure.

**Poverty and the pressure to work for their own and family’s survival**

Poverty is an underlying factor in the difficulty to receive an education and children’s lives are very much dependant on the fortunes of their parents and their situation. Consequently children may have to go out and find money for their own daily expenses and to contribute to the family income, at the expense of their education and their childhood. Teachers spoke of children studying during the day and going to work after school; this could be helping out at the market or in a factory peeling beans or peas for one to two hours. One high school girl in the study works in a sewing factory on Saturday morning and all day Sunday and earns from 20 to 80 THB for a whole day.

Children also spoke of the obligation they felt to go out to work as they watch their parents struggle to earn an income to support them. This pressure, along with the threat of being taken out of school, is a real worry for children who want to continue their studies. One of our child participants, a 15 year old girl who is the youngest in a family of seven children, desperately wanted to stay at school. Her mother wanted her to finish 9th grade and go and work in a sewing factory in Bangkok as “education will not give you enough rice and you need to learn a skill and manage your life.” When she was thinking of options of how she can continue at school she started crying as she does not know how she can manage on her own. Some schools and CBOs such as BMWEC support children from poor families so they can stay in school. WVFT also has a loan program for families.

Relatives can also put pressure on tired and struggling parents to send their teenage children out to work. For one high school girl who already works on the weekend, her Aunt is putting pressure on the family to send her to Bangkok.
One of my aunties came and told me to go to Bangkok and not to study anymore. Even if you study, what will you do?... It is still easy now to make a living. You don’t have a house and farm. If you work, you will have this. You will be able to live in Burma. It won’t be a problem. She told my father if I attend one and two grades it is enough. My father wants me to go, but my mother wants me to be educated …..if you get an education, we will be able to create a better life…. If we are not educated, we cannot do anything. What can I do? My parents have been looking after me for a long time, so if they want me to go, I should go. 17 year old girl attending learning centre High

When there are many mouths to feed, older siblings are usually taken out of school to supplement the family income. A CBO leader spoke of a family with seven children where both parents are collecting garbage. In the beginning all the children were going to school, however the parent’s income was not enough for all of them to eat and the eldest siblings had to drop out of school and also collect garbage. According to another CBO leader, most children who are out of school and helping their parents’ work ultimately end up becoming child labourers. In the community survey just over a quarter (26.1%) of children were working for money, some (12%) were helping their parents, usually in income generating activities or by looking after younger siblings. Children in work try to attend school but this can be difficult:

This boy has to do housechores, work as a cowherd, pick the peas, as well as attend school. He lives far from school and he does not attend class when there is work. He is only young but he must do so much work and struggle for his livelihood. He is so tired as he has to carry the heavy corn bags even though he is a child. He eats only a little and cannot attend school regularly so how can he develop physically and mentally? He is still in grade 1 and wants to go back and study kindergarten again. Boarding House

Caring for others
Some children lose out on school when they arrive in Thailand because they have to look after younger brothers and/or sisters while both parents find work and get established; therefore they have no time to study:

When I arrived, I felt sad because this is not our country. When I saw students going to school, I wanted to go to school also; I could not study that year because I had to take care of my little sister. When I saw other people going to school, I remembered my village and friends and cried. 12 year old boy attending learning centre

Some teachers allow students to bring younger siblings with them in order to keep them in class; however some parents also view this as a kind of babysitting service which schools do not have the resources to provide. Children may also be required to care for adults and one girl mentioned that she could only attend night school as she had to look after her grandmother during the day.

Delayed education and development
In Burma, economic difficulties and conflict can prevent children from attending school and interrupt their education. Children spoke of the difficulties and struggles of their early life in Burma and the impact on the family. One girl told of how a life of struggle in Burma excluded her attending school and delayed the start of her education:

My father came to Thailand to work and married another woman. Our relatives would not help us and we never received the money my father sent back for us. My mother sold taro root, raised pigs, made fishing nets, and distilled alcohol to support us. Three years later my father returned and my parents remarried. They then came to Thailand and I started school when I was 10 years old. Now I should be in 10th grade or college but my education was delayed. 17 year old girl attending learning centre High
Teachers spoke of 12 and 13 year old children starting school at nursery level in Thailand and not being embarrassed about this because they wanted to study. In Thailand, economic difficulties, family commitments, along with situations that have already been mentioned, can also interrupt or delay education. Teachers spoke of seeing children with delayed education who are behind in their development and feel that Burma too will be left behind when compared to countries like Thailand.

**Do not want to attend the learning centre**
A local community education leader commented that many children are not interested in education and would prefer to go out earning money. He sees around 40 Burmese street children collecting plastic and rubbish to sell under the Friendship Bridge every day. Children are seen to prefer working on the street as they do not get pocket money if they attend the learning centre and can earn 20 THB a day collecting and selling plastic.¹⁰⁹

Children rely on their parent’s encouragement and a lack of education is associated with a lifetime of low level jobs, working for others and increasing vulnerability to bad situations, such as being trafficked. Both CBO leaders and learning centre teachers are concerned that this is affecting the potential future leadership of Burma and that both parents and teachers need to motivate children to attend school.

Children’s lives are random, like balls thrown in the river. There’s no expectation for the future and no ambition or goals. Some will go into the sea; some will drown on the way. But we can save them if they are lucky. **CBO Leader**

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**Limited learning centres and resources**

Learning centres have been established by the Burmese community since the mid 1990s in response to the requirement for affordable and accessible education for migrant children. According to a migrant education leader, 54 learning centres with 417 teachers and more than 8000 students had submitted their details to the MOE at the end of 2007. As more families and children come across the

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¹⁰⁹ Saw Yan Naing; “Economic Crisis Fueling Child Labor, Trafficking”’ The Irrawaddy, 18 December, 2007
border there is increased pressure on existing resources. Some schools are better resourced than others with international donors supporting materials, teacher salaries and food; however most are restricted by the lack of funding. Support from the community is difficult as parents are daily wage workers on a low income who sometimes ask the school for financial assistance. Migrant teachers spoke of using their own salary to support students who are hungry, need clothing, or need to go back to Burma. They also share their salary with teachers who come and help out. One teacher mentioned that she had to ask for financial help from friends to feed the children in her school, until she was paid. The provision of a nutritious lunch is an incentive for parents to send their children to school, and teachers would like to offer this service to keep children in school and also to improve their nutritional status. Transport is another issue faced by schools; one student mentioned that children arrive at school very early as there is only one car that can only pick them up at a certain time. A number of organisations such as WE, Help without Frontiers (HWF), Child’s Dream, Taipei Overseas Peace Service (TOPS) and Children on The Edge (COTE), to name just a few, work directly or through sub-grants to CBOS to support learning centres. CBOS such as BMWEC, BLSO, BWU, SAW, and BMTA also provide support which can range from emergency support, infrastructure, transport costs and teacher stipends to materials, food support and provision of a nutritious lunch.

Teachers and boarding masters raised concerns about teacher shortages and attrition. In some schools there is only one teacher and if they are required to attend a meeting in Mae Sot then the school has to be closed. At another school, one teacher is responsible for teaching from nursery to grade 2 (60 students). One student commented on the situation at his school:

There are not enough teachers in my school......Teachers have to teach many classes, so they are tired.

Teacher attrition occurs due to resettlement abroad and it is difficult to find experienced replacements. Recruitment and retention of teachers in Mae Sot may also be difficult because of concern about the presence of junta spies or agents and the potential risk of family back in Burma being targeted. Teachers can also be lost through arrest and deportation, however new MOE regulations currently awaiting approval by Cabinet will include the registration and issuing of school ID cards that will help protect against this.

**Discipline and teaching quality issues**

In general most children in this study like to be in an environment that is conducive to learning – that is a classroom that is disciplined with a good teacher where students are attentive and polite. Some learning centre High students spoke of other students not following the teacher’s discipline and said the students were naughty because the teacher was not good. Children mentioned their annoyance with other students who were impolite, untidy, disrupted lessons and did not look after school property and said that more discipline was needed in their school. A number of children spoke of patient, skilled teachers who teach well and are interested in the students while others spoke of teachers who they felt do not teach with their “heart and soul” and are motivated by money. Some male teachers reportedly drank while on the job and were sleeping at home during school time. Students also gave suggestions to improve teaching; one learning centre High student suggested hiring educated teachers who have a broad knowledge. Another student requested that teachers make more effort to correct student’s mistakes and not to show anger as students lose interest and are not attracted to learn. One student spoke of the subject load and the learning difficulties faced by students with limited English skills if these are taught in English.

Schools have been using different curriculums and subjects; hence a uniform standard way of teaching is not in place. The Thai MOE has been working with partners such as WE and BMWEC to strengthen the learning centre curriculum. WE has reviewed and mapped learning centre curricula in the Mae Sot area, and in response to requests from MOE and BMWEC, is developing curricula for Math, Science, English, and Thai language for grades 1 to 6 which will be piloted by 28 schools in
2008. Thai teachers who teach in learning centres are trained by MOE and WE. Teachers from all learning centres in the Mae Sot area receive training and instructional coaching from WE with the support of BMWEC and MOE. WE, with Voluntary Service Overseas (VSO) and the IRC, undertakes advocacy to MOE for the development of migrant instructor (teacher) certification. TOPS, a Taiwanese NGO, works with BMWEC and supports migrant teacher-training, with a focus on child development at the pre-school, nursery, and kindergarten levels.

Restrictions on the operation of learning centres
Although Tak MOE is supportive of the right of Burmese migrant children to receive an education, learning centres are not always supported by authorities, such as MOI, who regard them and the teachers as illegal and a strong pull factor for children crossing the border. There are also concerns regarding curriculum content and national security. Local authority approval may also not be given for the establishment and operation of learning centres, as it tips the balance of Burmese and Thai schools in an area, and they can be closed down. This was demonstrated in February 2006 when district police ordered the closure of five Burmese learning centres with 480 students and 22 teachers in Phop Phra. The District permanent secretary ruled that the schools had opened without permission from the District Education department and also that the work of teaching is not allowed under migrant worker regulations. Eventually some of the learning centres reopened after merging or moving location.

The lack of legal status can also place schools and students in difficult situations. One teacher spoke of the learning centre he taught at which was shut down and left over 80 children out of school. When the centre opened the headmaster of the Thai high school nearby requested the details of the children attending. He was not given these, so a gang told the migrant teachers to close the centre; if they wanted to reopen they had to pay 500 THB per student. The teachers were told that they would be caught by the police and the children were told they had to attend another school, if they didn’t their parents would be asked to leave their place of residence. Only 15 students went to the Thai school with the rest dropping out. The teacher felt that this was done so Burmese children will be illiterate. According to migrant teachers, the community leader may not want a learning centre and complain to authorities and the school may be closed. There may also be complaints from the Thai community as the learning centre is seen to be better resourced, with Burmese children getting a better service than Thai children.

Officially there is no cap on the opening of new learning centres but the MOE prefers that smaller centres amalgamate with larger ones so resources can be pooled and used more effectively. The development of an approved curriculum and the passing of regulations for the learning centres will improve their security. Over time the Tak provincial government has become more supportive of migrant education and has requested that the learning centres observe their place in Thailand by having the Thai flag and pictures of His Majesty the King in place and to teach the Thai language.

Difficulty accessing higher education
Access to higher education in Thailand is out of the reach of most migrant students as only one or two Thai higher education institutions may accept students without ID. Even though migrant learning centres offer up to grade 12 and there are post 10 programmes with scholarships available, students generally need to graduate and receive a certificate of attainment from the Thai school system to enter higher education in Thailand. There is a transfer curriculum to enter Thai school but very few students do this because their Thai language skills are not good. Children need to learn Thai, and in addition to the Burmese teachers who can teach this, there are now 26 Thai teachers teaching Thai in the learning centres. However, the cost of hiring these teachers is significantly higher than that for a migrant teacher. The MOE/WE developed curriculum will also work towards facilitating the cross over of learning centre students to the Thai education system.

In Mae Sot there is a Thai vocational college and Rajabhat University for those who graduate from the Thai school system. Other options for migrant students in Mae Sot are to gain a place on programmes such as the Intensive College Foundation Course in Chiang Mai or the Wide Horizons program that is supported by BMWEC and WE in Mae Sot, which equips migrant/refugee students with the skills they need to develop and sustain their organizations, CBOs, and communities. A school in Mae Sot is training students for the American General Educational Development exam (GED) which is accepted by a number of higher education institutes. Migrant/refugee students can also undertake distance learning through an Australian Open University programme. Some students also gain scholarships or are financed by family to go abroad to college in India or the Philippines. Vocational training is an area that needs to be strengthened for migrant students and some organisations are currently exploring this process with a view to directing students into secure employment.

5.10. BEING TRAFFICKED AND SOLD

The situation

Even though there are anti-trafficking laws and bodies in place in Burma, the junta’s lack of responsibility for missing or trafficked Burmese children and action against cross border trafficking gangs has resulted in Burma becoming a key country for child trafficking. This situation will continue and worsen as the junta continues to not fully comply with the minimum standards for the elimination of trafficking.\(^{111}\) According to exiled Burmese rights groups an increasing number of Burmese children are being trafficked each year with some ending up working in factories, sweat shops, the sex trade and begging.\(^{112}\) The main driver of trafficking is poverty with the victims primarily women and children. In 2007, the Mae Sot-based Burma Anti Child-Trafficking group documented about 70 cases of child trafficking and helped to repatriate four trafficked children from Mae Sot back to their homes in cooperation with other rights groups.\(^{113}\)

In the local Mae Sot migrant community people don’t refer directly to child trafficking as such, and say that children have gone missing. In our survey over half the respondents (58.4%) had heard of children who had gone missing; most of these being in the previous 12 months. Parents want to improve their poor economic situation and send their children with carries or on their own to find jobs; this is very risky for children as they may be forced into the worst forms of child labour, with many becoming beggars and sex workers.

<table>
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<th>In (town 2), trafficked children sell garlands for 10 to 15 THB each. They can earn 4,000 THB to 5,000 THB per day, but they are only given 10-20 THB pocket money. The traffickers send 1,000 THB to the children’s parents each month. The children cannot run away because the traffickers always keep an eye on the children. If they try and run away they catch them.</th>
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<td>NGO staff member</td>
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Both NGOs and Burmese CBOs work on anti-trafficking, education is given in some learning centres and an anti-trafficking day is held for children, however it can be difficult for community organizations to raise awareness of and prevent trafficking due to their legal status and the lack of a strong network. Workers can be physically threatened if they try and gain access to children and the children themselves are afraid to talk to outsiders as their lives may be in danger if they do so. Adults may be afraid to speak up because of payback by gangs and those involved in trafficking. To strengthen this work SAW, MTC, Thai immigration police, and Thai hospitals joined forces in 2006 to prevent child trafficking. WVFT also belongs to a health and protection team that consists of health and legal staff, immigration police, human security and social development groups and the Tak

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112 Saw Yan Naing; “Economic Crisis Fueling Child Labor, Trafficking”, The Irrawaddy, 18 December, 2007

113 ibid
Shelter for Family and Children. WVFT promotes anti-trafficking knowledge to women’s groups and trains community volunteers to promote anti-trafficking and community leaders to respond to trafficking cases. There is also a watchdog group which identifies and refers cases to WVFT for discussion and resolution. In 2006 WVFT assisted 104 persons, with the majority of cases children.

According to a NGO staff member, when children who have family in Burma are rescued or arrested by Thai authorities, the government Social Services Department in Burma are contacted. Once the child’s background is verified, they are repatriated to the Yangon Shelter and then to their home. If there is no home to go to, the child is placed in an orphanage in Burma. If the family is in Thailand the child is placed in a government shelter and the MSDHS in the relevant province trace and check the family and, if appropriate, reunite the child with them. There is no government shelter in Mae Sot so when a child needs to go to the Tak Shelter or to another province this can be difficult as the children have no ID and people are unwilling to take them. Two Burmese CBOs, New Light Centre and SAW, with the support of NGOs also help and take care of victims. Other CBOs who include trafficking in their work are Overseas Irrawaddyy Association (OIA), BWU, BMWEC, and BMA.

**Increased vulnerability to being trafficked**

Parents work long hours and children who are not in school and out on the streets or unsupervised are vulnerable to being trafficked, especially young girls. One headmaster interviewed two children who were arrested in Bangkok and sent back to Mae Sot by the police:

> They lived with their grandma and saw that they could earn money collecting garbage. They were not interested in going to school. While they out doing this, the traffickers were watching them. The traffickers bait the children and create a nice life for them; children are happy with this so it is easy for traffickers to trick and transport children.  

*Headmaster at learning centre*

There are a number of children who live on the no mans land between Thailand and Burma or come across from Myawaddy to hang around the border market. WVFT had an anti-trafficking project in three sub districts of Mae Sot around the Moei River and the Friendship Bridge which reached around 50 children. However, these activities had to be postponed due to objections from community leaders and soldiers. WVFT also has a drop-in centre near the market in Mae Sot where both homeless and non homeless children are taught about health, life skills, Thai and Burmese language, English, Mathematics, and Art.

Occasions such as festivals or celebrations where there are large numbers of people are targeted by traffickers. Children who hang around under the Thai-Myanmar Friendship Bridge are at high risk, especially during the Loy Krathong holiday when people come in trucks to sell clothes and lure children away by offering them a job in Bangkok. A learning centre headmaster told of a child that was lost during a school opening ceremony who was found two days later in a group with eight other children (five to eight years of age) waiting to be sold on. Sometimes a child is taken from a community in Mae Sot and found in Phop Phra district in a group with around 30 to 40 other children. The trafficker sells these children on to Bangkok where they are used to sell flowers or tissues.

Lack of awareness of trafficking, education and illiteracy are also risk factors. Many women and girls who were trafficked did not know that they would be sold to other people. They don’t have knowledge of Thailand, cannot speak Thai and are left with little choice but to do what the broker tells them. Consequently education is seen as an important factor in avoiding this type of situation. A teacher who had previously worked in Bangkok explained the increased vulnerability of those with little education to exploitation:

> I paid 700 THB to go to Bangkok, lived at the home of the Thai boss and could speak Thai after 3 months…. Another girl came who could not speak Thai well. The Thai boss threw things, like a cup, at her and also beat her…..This girl was not bright and the boss’s wife only gave her 15 days salary each month. She was cheated like that.  

*Learning centre Primary Teacher*
**Trafficking agents**

In Burma there is a growing industry in agents or people who make a living as brokers finding children work in Thailand, as the demand for cheap labour is high and children can be paid very low wages. Sometimes parents ask a *carry*, to help their children get jobs in Thailand. The *carry* may charge a fee or will deduct an amount from the child’s salary that can be equivalent to six months to a year’s pay, which the child then has to work to pay off. In addition, *carrys* can also receive a commission from the place that they send children to which may include the massage place and brothel. A CBO staff member spoke of meeting with two girls (Karen and Mon), aged just 13 and 14, who were working as sex workers. Their parents are poor and had sent them to Thailand with the *carry*:

> The carry took them to the place, said it was a nice job and took their salary and left. They thought that the work was domestic work but they had to have sex with clients. This was very difficult as they are children. The customers were old Thai and Burmese, some were very drunk. There was a male supervisor who beat them. When they cried he told them they would not be fed rice and he will ask the police to catch them. The girls were also afraid that someone would kill them. For two or three months, they were not given any money for personal use. After 8 months, when they had a chance to go to the market, they fled to the monastery. The monk gave them a little money for transportation to go back to Burma and they were accompanied by the monk’s female assistant.  
> CBO staff member

**Parents and relatives selling children**

Poverty, life difficulties, too many children and other situations drive parents to sell their children. Sometimes parents want to sell their children because they need money to go back home; because they cannot survive in Thailand; because the house owner or the factory owner won’t allow them to stay here; or because they are at risk of arrest. Children who are already working or of age were seen at greater risk of being sold; one CBO worker heard of 13 to 14 year old children who were sold by their parents as they had no money. During the community survey it was reported that many people living in one area of Mae Sot sold their children; some were sold to Bangkok for 1000-1500 THB and the parents received a monthly payment. Just over a third of adult respondents (37%) had heard of children being sold, mostly in the last 12 months. Parents may think that their child is going to a good situation but there is a real risk that the child could end up in a lifetime of servitude and hard labour. It was reported by CBO workers that some Thai people buy children and then put these and their own children to work. Baby selling was mentioned, especially in the case of single mothers, with a baby or young child fetching between 6,000-10,000 THB. According to a CBO leader, Thai people who want to adopt a baby prefer to buy directly from the mother without third party involvement. Burmese people who adopt also can pay money to the parent and to someone to assist with and document the handover of the child. A CBO manager told the author of a couple who came to register their baby who, it transpired, they had purchased. They produced a photo of them holding the baby next to a man who was the baby’s father, and a large amount of money. The village headman witnessed the handover and had taken the photo, presumably for a fee. A CBO worker spoke of the baby trade in Phop Phra where Thai Hmong buy and adopt children (boys are valued more than the girls) because they need to carry on the line of descendants as their ethnic population is decreasing. Recently the author heard of some foreigners who wanted to buy a baby goat and due to a language misunderstanding, were taken to a house in Mae Sot and offered a baby. It is therefore clear, that if one has the money, babies are available.

Organisations counsel parents not to sell their children and the dangers of doing this, but in reality parents need financial support in order not to do this. As one CBO leader illustrated:

> Some parents did birth registration at Mae Tao Clinic and then the mother tried to sell her child. People at the clinic would not buy the baby so she went to another organization. She told them that...
she had been captured by an armed group and needed money and asked for 100,000 (not sure if this was kyat or THB). We knew that this was not true but we gave her 500 THB to cover her transportation costs. Then she tried to sell her baby again but the price of the baby was no longer 100,000; she would sell the baby for what she could get. Some people who live near the airport bought this baby.

Relatives can also take children and sell them. An old woman was seen selling a child in the market saying that the child was her grandchild. Another case occurred where an organization intervened and the police took action:

An aunt took her niece from her parents saying that she would find a good job for her and then sold her. Some people from a CBO heard this in a teashop and they asked the aunt ‘where is your niece’- she told them where she was and asked for over 10,000 THB for the child… They agreed to this and even though another person made a bid against them she sold the niece to them…The aunt was arrested by Thai police and sent to jail… The girl is now in a Thai shelter.

In some instances the need for money can drive family members to take advantage of children with dire consequences. This includes selling them off into marriage:

My friend lived with her grandparents as her parents are separated and her mother works in Bangkok. When she was around 15 years old, her grandmother sold her into marriage with a 50 year old Thai man… When her mother heard of this she rushed back but it was too late as she had already slept with him. She then hid with her mother, but the man threatened them… They paid back the money and went to Bangkok. She is a good student and wanted to be a doctor, but her grandmother did not want her to study…. She now lives and works in her boss’s house in Bangkok…. She feels very ashamed and calls me up and encourages me to reach my goals.

Abduction
CBO staff and learning centre teachers spoke of children being abducted. The reasons mentioned for this included catering to Thai people wanting a baby, or extortion where people wanted to get back a debt from a child’s parents. It was mentioned that Thai and Burmese people were working together to
kidnap children and ask for money from the parents. In one case a Burmese CBO rescued the children from the kidnappers and the families moved to Myawaddy where they felt safer. Sometimes a parent will try and kidnap their child in a domestic dispute and CBOs or other responsible adults try and mediate when this happens.

Teachers are vigilant to the danger of children being abducted and trafficked and raise awareness of trafficking among students. Teachers reported monitoring children’s travel from school to home, even accompanying them, as they are concerned about traffickers. One teacher told of some Thai people who came to the school with a car and offered to help pick the children up.

I declined the offer as I was afraid that the children will be taken by a carry. When the school re-opened again I told the children “Please don’t take a car if the car is not from the school”. A Thai teacher said that maybe they just wanted to help but who knows? Learning centre Primary teacher

Mae Sot and the road to Bangkok and beyond

Mae Sot can be a source for trafficking, or the final destination for some children; while for others it is a transit point until they can get to Bangkok, Pattaya or other places in Thailand. Children can also be sent to other countries from Chiang Mai and Bangkok. Some children go directly to Bangkok or stay in Mae Sot until they are older, more employable and are recruited by brokers. The prospect of making more money in Bangkok is a strong pull factor for parents who let their children go with a broker. Brokers will also receive more money if they can take children to Bangkok. One man told a NGO worker of how he let a Thai man take his four daughters to Bangkok as he would receive 500THB per daughter a month. He has not seen his daughters for six years but receives 2000 THB a month. Because children don’t have identification, it can cost from five to ten thousand (THB) to cross the border and check points to send them to Bangkok. It is difficult for the Thai government to take effective action on this because of the existence of bribery and corruption between traffickers and authorities.

In Bangkok, children can be made to beg, pick up trash, sell flowers or tissues or carry bricks on construction sites. Some girls are promised good jobs but are sold to work as housemaids or sex workers (both girls and boys); it was reported by a CBO worker that Shan and Karen children are advertised in magazines that are printed in Bangkok. According to the same person, children in the sex trade cannot access medical treatment when they get a disease. Children cannot run away and have no choice but to serve out the debt taken by the broker; they have no money, nowhere to go and no-one to turn to. They can be badly treated and if paid, receive a very small salary.
5.11. VULNERABLE TO WORKING AT A YOUNG AGE

The situation

Child labour exists because of economic reasons for both employers and poor people. Bosses aren't concerned about the workers who are younger or older; they are only concerned for the profit of their business. Poor people are just concerned for their livelihood and they don’t know that their children are young and this is the time for them to go to school.

CBO Staff Member

With the disastrous economic conditions in Burma and the fact that sanctions and lack of development have resulted in increasing unemployment and very few jobs, more and more people are seeking work across the border to secure their basic needs and their family's survival. Considering that 42% of Burma’s population is aged 18 years and under it is highly likely that a high proportion of these job seekers will be children desperate to work and thus more vulnerable to unsafe working conditions and exploitation. Some children come to Thailand alone or with their families to look for work. The rapid development of Mae Sot as a manufacturing base and agricultural area has increased the demand for an easily accessible and cheap work force. A boarding house master told the story of a boy who came to Mae Sot to work because of family difficulties:

There is a 16 year old boy at my school. He attended school in Burma until grade 6 and was a good student. His mother passed away and he lived with his father. Because of financial problems his father could not feed the family. As he is the eldest son he quit school and came to Thailand when he was 13 with his adopted mother to seek work. He did any kind of job. Even though he was young, he worked in the bowl factory and fields and received a small salary. He couldn’t attend school for around two years but then got the chance to attend the learning centre because of good contacts. He has been in the boarding house for one year.

Boarding House Master

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Parents concentrate on the present and focus on working for their livelihood and to meet their basic needs. They have no concept that their children may have better opportunities in the future if they stay at school and that by sending them to work they may end up in a situation where they are badly treated and paid little money. The problem with child labour is that it is not seen as something bad by migrant families and Thai people, thus the support for encouraging children’s education and future planning is weak. Burmese groups such as Yaung Chi Oo Workers’ Association (YCOWA), Burma Labour Solidarity Organisation (BLSO) and FTUB, supported by ILO and NGOs such as MAP, along with Thai labour and legal groups work to raise the awareness of migrant workers of their rights and support workers.

**Family connections and business**

Jobs are usually found depending on family or personal connections: if family members or relatives work in a factory, then it is likely that the younger children will also work in the factory; if an elder brother collects rubbish, then the younger child will go out and collect rubbish with them. A CBO Leader spoke of how parents find jobs for their children:

This small clothing factory hires 26 people, including four children. The parents asked the owner to give their children a job and pay them just a small amount of money. The owner didn’t want to employ them but the parents are poor and she felt bad refusing them. The working day is from 8AM to 5PM and adults get paid 65 THB for one days work and children just get 30 THB. The owner knows that it is illegal to use children in this way but if she refuses that family will have nothing to eat. When the police come and check she says that the children are relatives of the adults who are working there.

CBO Leader

Children usually follow the lead of older siblings. A CBO worker spoke of a sister and brother who work here. When they reached grade 5 and 6 in Burma the school fees were too expensive so their older brother calls them “Hey! Don’t attend school anymore, just come and work here.” They came to Thailand and the elder brother found a job for them. Children can also be expected to carry on in a line of work that the family operates. For example when a teacher went to a house to see why the children are not in school, the children told him that they have to sell sticky rice. Their parents do this job, and in the past their grandparents did this so they also have to do it. Children may also help their parents sell things in the market and collect trash.

*Boy selling vegetables in Mae Sot*
Factory work
There are more than 200 factories in the Mae Sot area specializing in garment production, printing, furniture making and porcelain production, to name just a few. According to a CBO leader most factory workers are aged between 18 and 30 years of age. However, CBO staff reported that children are seen working in every factory, with the majority estimated to be between 15 and 18 years old. Most are working in garment factories and in one garment factory in Mae Sot half of the 30 people in one production line were seen to be less than 18 years old. Around 1% of child workers were estimated to be less than 15 years of age and doing jobs such as cutting threads, ironing or transporting clothes for 30-50 THB a day. The child’s income is used to cover household daily expenses so the adult’s income can be saved.

According to CBO staff, children are seen as attractive employment prospects as supervisors like strong young people, especially those who are around 15 to 17 years old, who are agile and active with good eyesight, obey instructions and who are happy to work for a low wage. It was mentioned that employers don’t like older people as they have experience and know their rights. Children are willing to work long hours and for some a 12 to 13 hour day is normal which is in violation of the labour law. Factory workers are entitled to have regular breaks and one to two days off a month but when orders are high there may be no break times and no time off allowed. In the community survey, 12 children employed in a factory were working more than 12 hours a day. They had 1 to 4 days off a month and wages varied from 1000 to 3000 THB a month with most earning between 1800 to 2100 THB. Some children are in jobs that involve heavy work; at the porcelain factory it was mentioned that children may be carrying trays of dolls that weigh 10 kilograms. Children can be threatened with expulsion if they don’t work hard, so they are afraid and work even harder. In an extensive study undertaken by the FTUB, it was found that many child factory workers could be accurately described as enduring the “worst forms of child labour,” prohibited by ILO Convention No. 182 which was ratified by the RTG in February, 2001.

Legally, children can be issued work permits once they have turned 15 but in reality this process can be overlooked by employers. The FTUB study found that 73.3% of child respondents working in factories were registered. The community survey revealed that only one out of 17 children over 15 years of age working in the factory, only one child was registered. Employers may be reluctant to register children as they have to inform the authorities when they have children between the age of 15 and less than 18 years on the premises, therefore some employers prefer to hire workers who have turned 18. According to a CBO leader, children who are 14 or 15 years old often say that they are 18 so they can be more easily accepted by the employer and to register and secure a work permit. Children without this have no workplace protection and their security and wellbeing are totally in the hands of the employer who can take this away at any time. Another CBO leader spoke of a situation where many child workers were evicted from a factory over a one month period due to a lack of work. The children were still living in the factory but they did not receive food, water supply and electricity. Finally the children were made to leave the factory and asked to come back in three months. This highlights the vulnerability and security concerns of children working in the factories, especially for those who do not have work permits.

Agriculture
There are many children working in the large scale agricultural sites which lie mainly around the Phop Phra area; in the 2005 registration of alien workers 2380 (19%) were children under 18 years of age. In research undertaken in Tak province it was found that just under half (46.4%) the children working in agriculture were less than 15 years of age, the youngest aged 7 years, with over half

116 ibid
Most children (91.3%) worked for more than 8 hours a day and 64% were subject to the worst forms of child labour, based on a criteria of aged less than 15 years, in full time employment, and exposure to chemicals. According to a CBO leader, most owners don’t want to use children but they like them as they are not lazy, follow instructions and are very happy to work. However, they are often fined if they make a mistake.

This 15 year old boy has to work with adults and if he finishes late, the owner scolds him and always checks on him. Sometimes they dig quickly so they can finish early. The owner checks if they missed any potatoes or not. If they miss any potatoes they are scolded and beaten by owner. The owner said if you just finish one potato row, you will get 20 THB, if you finish two potato rows, you will get 40 THB but now some potatoes are left, you didn’t work carefully. This boy has no parents and lives with his uncles.

CBO Leader

The work varies and some children stay at home and do light work such as grading tomatoes; others work alongside their parents picking roses, tomatoes, chillis, potatoes, and corn and spraying insecticide. They often work in family groups as it is more profitable and CBO staff spoke of young children around 6 years of age working alongside their parents pulling weeds and collecting potatoes. Children work the same hours as adults but are paid less, depending on their age, they receive 20-50 THB a day compared to the adult wage of around 80 THB. More children are seen working during the seasonal harvest and it was mentioned that when there are many orders and the work needs to be done quickly many children are tired and cry.

**Hospitality/entertainment/ sex work**

According to a CBO leader, young girls are particularly vulnerable to ending up in brothels or massage parlours as it is difficult for them to work legally. A CBO health worker commented that more brothels have appeared in Mae Sot over the last few years. According to this respondent, up until 2003 the girls who worked in these were at least 18 years old but in 2006, girls less than 14 years of age were seen. A high school girl spoke of “bad shops” in her community where 13 or 14 year old girls are sold by other people. Girls can be trafficked into this work; they may be brought by a carry to the establishment, or they may follow a person from the village that has been paid to procure girls by the owner. They may also be recruited when they are first entering Thailand:

There is an old woman, she lives beside the bridge and meets up with the new migrants coming to Mae Sot. She asks them 'do you want to get a job?' A person told me that she sells girls to the sex worker shop.

NGO staff member

Girls often do not know what the “good job” they have been offered involves. Two 17 year old girls told a CBO leader of how they were procured by a girl from their village who told them that she received 3000 THB a month for easy work. The actual work was serving beer and massaging the customers and was seen as a form of sex work. For this they received food and accommodation and a salary between 1500 and 1800 THB. When one of the girls was asked why she didn’t run away, she said “now I’ve done this kind of work, my life will not be different anymore.” In other words, job opportunities will be difficult as people will not employ them because of their past.

**Domestic work**

Young girls and women are also working as domestic workers in Mae Sot. Domestic workers are not protected by Thai labour law and therefore have little choice but to accept a small salary and in some cases abusive and restrictive working conditions. According to a CBO leader, the salary of a migrant

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118 ibid

domestic worker is very low; some just receive 300-500 THB a month with the maximum around 1000 THB. It is not uncommon for domestic workers to work in two homes; their owner’s house and the owner’s parent’s house therefore doubling their workload. Some also work in both the owner’s business and house, this involves long working hours.

A CBO leader told of one 16 year old girl from Mon state:

She was working both at the night market and in the owner’s house. Her aunty sent her to this job and took her first three months salary so she could return to Burma: the girl then had to work and pay it off. In the market they start work before 5pm and cook and sell food until between midnight and 2am. Then they have to wash the plates and pack the tables and chairs away.

CBO Leader

The lives of domestic workers are controlled by their employers or owners. Some employers don’t allow their workers to go outside as they don’t like them having a connection with other people and they also don’t want other people knowing about their house and their business. Workers can be prohibited from using the telephone, having visitors and may not get time off during holiday periods as they have to take care of the house. They can feel alone and sad if they see families together on special days and cannot join in with their community. According to a CBO leader, young women in domestic employment can be sexually abused and are forced to endure sexual advances of the employer’s husband and other males who visit the house as they are afraid to speak out in case the owner beats them and they lose their job. It is difficult for organisations to meet and support domestic workers and a CBO leader stressed the importance of joining with Thai organisations to reach employers.

Shop and restaurant work

Children, especially young girls, are also employed as waiters/ waitresses and dish washers in food shops, tea shops and restaurants with up to five to six girls working in one place. This is mainly seen in Mae Sot town itself and the night market. Advertisements are posted looking for girls to work and according to a CBO leader, if girls are young, pretty and active they will be hired. The starting monthly wage is around 1000 THB, and over time this can increase to around 1700-1800 THB a month. Children can also be seen in the evening market helping Thai shopkeepers to sell vegetables. After they help close the shop, the children are given the vegetables that were going to be thrown out; in some cases they are given 40 or 50 THB for their help. The shopkeepers procure children through connections to help them with their work.

There were some people who also sold things close to the Thai shopkeepers. The Thai person told the person “I want a child who can help me with selling”. There were also some cases like “A Thai wants a person (worker) to sell things. You would get this amount of pocket money a day. If you come, they will give you something to cook curry with. Children go and sell things for Thais with this connection.

CBO staff member in Focus group

CBO staff and leaders spoke of children working the same number of hours as adults. If they work in the shop they usually have no holiday break, unless it is during a religious time such as Songkran (Thingyan), and then they usually get a shorter break. In the restaurants they have no holiday and they can take a rest only after closure. It was felt that those who work in the shops are more secure as the boss recognizes them as an employee.

Rubbish collection, carrying and begging

Rubbish collection for recycling is seen as a relatively easy way to a good income with 1 THB received per beer can. Some children who are in school do this for pocket money in their free time and one teacher told of ten students aged between 10 and 12 years who collect rubbish by pushing a cart after school finishes and on the weekend. However for some children rubbish collection is a full
time occupation where they can earn at least 20 THB a day. According to CBO staff, some parents force their children to do this, not allowing them to return home until they have made at least 30 THB. On average around 80 children, mostly boys, are seen doing this work everyday in groups around Mae Sot. Many of these boys are from large families in the Muslim community and have to go out and earn their livelihood. There is also a large rubbish dump just outside of Mae Sot that is worked by around 200 families where children help their parents sift through rubbish to find recyclables that can be sold.

![Boys collecting plastic in Mae Sot](image)

Children also do work that is physically beyond their ability. Half of the adults we surveyed (51%) had seen children carrying heavy loads, mostly on a daily basis, in places such as the construction site carrying bricks, sand or other materials; or generally carrying goods and other items, often with great difficulty. Recently a CBO worker saw a 13 year old child asked to carry a sack of rice in the market and when the child couldn’t carry it, they were shouted at. According to the NGO and CBO staff interviewed this type of situation is seen everyday. Children also wait in groups at the Friendship Bridge to carry baskets and packages for people for 20 to 30 THB pay. These loads are heavy and they often have to carry them in groups with some children seen dragging them along the ground.

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Saw Yan Naing; “Economic Crisis Fueling Child Labor, Trafficking”, The Irrawaddy December 18, 2007
Children may go out begging to survive, to supplement the family’s income, to earn pocket money or because they have been threatened by parents or other adults. This was witnessed by the author in Mae Sot where an alcoholic widowed father was sending his three young children out to beg on the streets. If they did not make enough money the father abused the 12 year old daughter who was also responsible for her two younger brothers, one of whom was only 3 years old. Adults were seen in the night market and on the streets instructing small children on how to beg, who to target and hitting the children when they are not active enough or don’t follow orders. It was mentioned by a CBO worker that the parents of most children who were out on the streets begging are in jail.

**Work related hazards and injury**

Children who work are exposed to a number of risks and hazards as job training and enforcement of safety standards, mandated by Thai law, are regularly ignored and workplace inspections are rare. In the FTUB study, more than two thirds of the children surveyed believed that they worked in an unsafe environment with the most common injuries reported as hand injuries, illness and repeated headaches. Children in the study also spoke of child workers facing physical hazards:

There are about over 10 children who are 15-17 years old working in the corn factory. They have to breathe in the dusty air and they get between 80-100 THB………These children can’t go to school…. They have to do what the owner orders them to do…. They sell beans and before that they have to grind, pack them by machine and weigh them. The beans are then put in the truck to go off to be sold…. Children have to carry the beans themselves…. They had to get in and out of the truck and slipped, fell down and bled.

Occasionally deaths in the workplace are reported with token compensation paid and little recourse for the family.

The boy was struck by a vehicle at work; both his legs were broken. His mother took him to hospital and his boss said nothing…Later his mother went to meet with the doctor who told her she should report it to the student and youth organization for investigation. If there is a case to report, the appropriate authorities will be informed that the boss does not look after his workers. The boss found out about this and said that he will look after him, but the boy died… The boss gave 10,000

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Children working in agriculture are exposed to health hazards from the elements and from chemicals such as fertilizers and pesticides. Some young children were seen to be carrying heavy containers of pesticide on their back to spray the crops. Children are at particular risk of chemical poisoning as they have a higher metabolism and lower body weight and are more likely to put their hands or other objects in to their mouths which may also be contaminated and can result in a greater uptake of toxic chemicals. In research in Tak province, it was found that almost half (40.9%) the children aged 13 and 18 years had been directly exposed to hazardous chemicals in their work. A CBO worker spoke of a girl who used to work in the agricultural area and was now sterile because she breathed in insecticide.

Children are still physically developing and may incur musculoskeletal damage and injuries from long periods of repetitive work or carrying heavy loads. For children sifting through and collecting trash the hazards are numerous, including cuts and scratches and also the risk of dog bite as Mae Sot has a considerable number of aggressive dogs who appear to take a strong dislike to rubbish collectors. Children who are working on the rubbish dump are also prone to burns from falling into burning piles of garbage, and gastrointestinal diseases associated with flies and vermin and the general unsanitary living conditions.

5.12. ENDING UP ON THE STREETS

Street children in Mae Sot


The main reason that children end up on the street is because of poverty. Some children on the streets have come to Mae Sot with their parents or relatives, some have come alone and others have run away from the refugee camp. Children who are out of school, or whose parents do not have the time to look after them, can also be seen roaming the streets. For those children who are on their own or separated from their parents it is hard to stay with friends as they are seen as another burden on an already poor household. NGO and CBO staff reported that many of the children who have come from the camp or from under the Friendship bridge stay with others in cheap poor quality housing in a particular part of Mae Sot. If these children are not accepted by an employer they are forced to make a living on the street where they can be seen collecting plastic or begging.

The actual number of children on the streets is not known, but CBO staff felt that this was increasing. WVFT estimated that 80% of children on the street have one or both parents. Most children are on the street during the day and return home to their parents at night or at least every two to three days; half of these children do some type of daily work. Of the third that go out at night, a number may be involved in transporting drugs or stealing. WVFT estimated that 30 children on the street in Mae Sot were homeless, meaning that there is no mother and father to take care of them and they have no house. These children sleep beside the road, in the market area or in disused buildings, monasteries, and churches.

A CBO staffer mentioned that some children may enjoy being out on the street as they are away from family conflict and are being active:

<table>
<thead>
<tr>
<th>On the way to my home, I saw one child around 12 years old who was lying in the rain. He had a fever and he smelt very bad. I took him to my home, changed his clothes and called the doctor. The doctor gave him some medicine; he ate some food and recovered. He has no mother and his father asks him to earn 70 THB per day. He said that “he daren’t go back home because he has not yet earned 70 THB for today”. He was picking up litter but did not feel well and fell asleep beside the road. I asked “will you come along with me. There are a lot of children at my house and I will give you 50 THB per day.” He answered that he cannot come with me because he wants to go here and there. He is happy on the street.</th>
<th>CBO staff</th>
</tr>
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</table>

Some children who spend their time on the street don’t listen to their parents and don’t want to go back home. Life on the streets can also alter a child’s moral character and they can turn to stealing:

<table>
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<tr>
<th>Some children only give their parents the amount of money they ask for and they spend the rest. In the day time they are picking up litter and bottles. While they are picking up things, their eyes are also working because they have plans to steal at night. They also look at the pocket which has a lot of money. Money is the essential thing for them.</th>
<th>Headmaster at a learning centre and a CBO staff</th>
</tr>
</thead>
</table>

CBO staff can see that it is difficult for children to break out of the pattern of being on the streets as they lack the knowledge to do so and are not supported by the community. However, some may be lucky and manage to get work in the factory or fields, or may be looked after by an organization or fostered. Both SAW and WVFT work to support children on the street, however the challenge is to try and prevent children from ending up on the street in the first place and from returning. WVFT have a school and drop in centre that street children can attend. SAW accommodate children in a safe house, offer counselling and support the children to attend the learning centre, if they wish to do so. Some other CBOS and faith based groups also include street children in their work.
Gangs
Children who are out of school and on the street can be recruited by gangs. Children can also be trafficked into gangs. There are two types of gang seen; those where older children with experience can control younger children, and gangs that are managed by adults, such as beggar gangs. Beggar gangs can be very ruthless and can range from the gang leader giving one cup to each child and telling them to go out and ask for money to gangs where children are mutilated so they can attract more money. Both a high school student and a headmaster spoke of gang leaders cutting off children’s hands or fingers. Beggar gangs also rent children on a daily or monthly basis and these can be seen in Mae Sot.124 According to a Mirror Foundation study that included Mae Sot, child beggars or their families can receive around 500-2000 THB a month.125 Children are sent to the Mae Sot market early in the morning, a rice pack is sent to them in the afternoon for their daily meal and in the evening they are picked up. The leader then takes the money they have earnt.

Criminal or black gangs can train children to go out and steal; there are also drug gangs who use children to transport drugs. One primary school headmaster related a story of how drug dealers cut children’s stomachs open and put drugs inside for transportation. A child also mentioned this and said that he heard of the bodies of some children being found on the Moei riverbank; it was not known if the children were murdered after or died from the drugs or the means used to carry them. Children who try and run away from the gang can be beaten or even killed. A migrant primary school teacher spoke of an incident in 2004 where three street boys were shot in what appeared to drug related killings. Gang members also threaten people who try to rescue children. Consequently, these cases are very difficult for organizations to deal with because of the risk to the safety of both children and staff. Occasionally children were released from the gang by the leader or rescued by the police. These children may end up in the rehabilitation centre and have some hope of learning a livelihood and getting a stable job.

5.13. SPECIAL NEEDS NOT BEING MET

There is a paucity of services available for migrant children who have special needs. The community survey respondents whose children had conditions that required special care had never heard of services for their children. Some parents asked our survey staff for assistance and were referred to the NGO community health volunteers on the team.

Children can have both physical and psychological problems that impact on their quality of life and future. They can be teased by others and feel dejected, some are even abandoned as parents are unable to care for them and/or because of the financial burden on the family. In the community survey 20 children were identified by parents as having a condition that requires special care. These conditions were mainly related to chronic illness, difficulties with movement and congenital problems with only four children receiving health worker, food or financial support. Health workers felt that the cause of special needs conditions, apart from congenital factors, were as a result of infections, sanitation problems, malnutrition, and parental neglect. A health worker reported that in some cases parents may not understand or accept medical advice even when a condition can be corrected, consequently the child can be left untreated. Barriers related to security and cost can prevent children with special needs accessing services that could improve their quality of life. A CBO worker spoke of how children in the Phop Phra area who had cataracts and leg problems used to come to MTC but have now stopped because there are now three checkpoints on the way. To pass the three checkpoint gates a parent may need to pay up to 500-600 THB as they are charged 200 THB if they do not have an ID card and 100 THB if they do not have a work permit at each gate.

124 Anan Paengnoy; “Beggar Kings are the real choosers”, The Nation. 18 February, 2007
125 ibid
Teachers mentioned a range of conditions seen in children at their schools such as muteness, deafness, mental health difficulties, brain abnormalities, mobility problems from deformities and the effects of polio, missing digits and blindness. They also mentioned students who had difficulty grasping basic concepts such as the alphabet and taking a few years to pass a grade. In an assessment of all learning centres undertaken by WE, 194 students were seen who are slow learners, deaf or have poor vision. Children may be kept out of school as parents may not see the point in sending them, but also because of the support that is required; this was demonstrated in the survey where around half the school age children with special needs were not in school. Of the five who were in school, four were receiving support from family, schools or teachers and CBOs. Special needs education is not widely available and learning centres have limited resources; one teacher talked about teaching a deaf mute student using body language. WE is addressing special needs services in the migrant community with a focus on inclusive education through working in the classroom assisting teachers to work with and support children who are slow learners or have social interaction issues. This will enable children to keep up with the other students or at least stay in the class and have socialization. WE are also starting to try to reach parents in the community to support their child with homework, but this can be difficult as parents are usually busy working. WE are working with VSO to establish centers where children with severe disabilities can receive support. Learning centres and organisations such as SAW, also serve children with special needs by taking them in and providing assistance.

5.14. COMING INTO CONTACT WITH THE LAW

As a consequence of the pressure placed on children to go out and find money, some children are turning to stealing. Unfortunately this has had the effect of labeling Burmese children as prime suspects if a crime has taken place. One teacher remarked that children who are collecting plastic nearby can be arrested if a theft takes place and the thief cannot be found.

As one community worker explained:

I think it is the big problem in Mae Sot. Every day more children become plastic collectors and beg. When they get 20,30,40,60 THB that is fine for them. Many people think that these children are dangerous; if they don’t have any plastic to collect, they will steal the electrical wiring. They are arrested by the police many times.

The local police are responsible for the protection of everyone in the Mae Sot area, including the Burmese community. According to police most juvenile cases in Mae Sot are concerned with stealing and destroying public property. Migrant children are under the protection of Thai juvenile law which protects all children less than 18 years of age. Procedures, as set out in Thai child and juvenile law, are followed for juvenile cases with the expense covered by the Thai government. Investigating officers may also have to pay some of these costs and can end up out of pocket as not all of these are reimbursable. For juvenile criminal cases, the preliminary investigations are done in Mae Sot, the child is then sent to the Family and Juvenile Court in Tak 80 kilometres away within 24 hours so the legal process can commence. A return trip to Tak costs 1500 THB so along with the officers who are involved with the case, if there are witnesses the cost increases as everyone has to go the Tak court. The average expense per case is around 5000 THB. If the charged offenders are under 18 they are sent to the Child and Juvenile Observation and Protection Rehabilitation Center which works together with the MSDHS. The offenders’ rights are protected, because they are considered as victims. However, it is difficult to grant full probation because children often do not have somebody to guarantee their care. WVFT works with the police and also provides assistance to children who have been arrested.

According to police, children are rarely arrested and deported on their own as it is seen to be too harsh. If juvenile offenders are with their parents and have no criminal case to answer they are deported together. In general, children are deported along with their unregistered parents or caregivers. The processing and transportation cost to deport one undocumented migrant is around 200 baht. Children can be arrested while working without documentation. In a community survey site a
The number of teenagers, some less than 15 years of age, working in a knitting factory had recently been taken away by the authorities with parents unaware of where their children had gone. Eventually they were located by a NGO in a rehabilitation centre learning vocational skills.

### 5.15. PSYCHOLOGICAL IMPACT

#### Character and Behavioural Problems

Character and behavioural problems were mentioned as a main concern by adults and are seen to reflect the hardship children have experienced in their young lives. As one boarding house master explained:

<table>
<thead>
<tr>
<th>Boarding House Master</th>
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<tbody>
<tr>
<td>At first, when they come here, they are so rude. They don’t know how to behave politely and how to speak in a polite way. Sometimes, they put plates and spoons down roughly, so I have to buy more plates every week. They also abuse and pull and punch each other. We need to understand their rough life.</td>
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</tbody>
</table>

Parental loss or separation from parents can cause children great sadness and affect their behaviour. In our study one 15 year old boy spoke of being left with his Aunt in Burma when his parents came to Thailand to work. His Aunt was strict and he became “naughty and developed bad characteristics” such as drinking toddy, arguing with teachers and breaking rules. Since coming to Thailand and living with his mother he said that he does not experience these problems any more. A girl spoke of a boy, who could not accept his stepfather and “became upset, hung out with bad friends and had sex, drank alcohol and smoked”.

Children, such as those on the streets, often cannot depend on parents for love and guidance and in general they are not treated with warmth or kindness by the community. This can impact on their behaviour and make it very difficult for them to turn their life around:

<table>
<thead>
<tr>
<th>Learning centre headmaster</th>
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<tr>
<td>They will earn money any way they can. In the day time they will look for the place where they can steal from at night. They have a spotted character as their life has been so difficult for them. We pity them and ask them to stay with us and attend school. However, we cannot control them. There is a difference between children who have attended school and children who have never attended school.</td>
</tr>
</tbody>
</table>

The adults we spoke to associated bad character with a lack of education and illiteracy. For children from families in difficulty, education is foregone as they carry out their parent’s wishes which usually relate to working and making money. Children want to please their parents and other adults as they are afraid of rejection and the consequences:

<table>
<thead>
<tr>
<th>CBO staff member</th>
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<tbody>
<tr>
<td>Children have to work at whatever adults order them to do and their education stops. Adults flatter children who follow what their parents say and they can't distinguish between good and bad. Children lose the characteristics of childhood, lose hope and become rough. They live among adults so their minds are like adults and later this becomes a problem.</td>
</tr>
</tbody>
</table>

When children come to Thailand they are entering a different society and are exposed to different situations and influences. Both parents may be working so parental supervision may be lax and children may become more difficult to manage both at home and at school. When children spoke of the bad things in their community they mentioned children fighting and abusing each other, smoking, drinking alcohol and playing truant from school. Young children were seen to learn bad habits from
adults that along with drinking alcohol and smoking, included playing cards and using drugs. Snooker places, nightclubs and shops that sell alcohol are seen by children as contributing to the bad moral behaviour of young people. A high school boy mentioned that some children know about sensual pleasure and night clubs were places where boys and girls meet, have sex and get diseases. Children felt that there is less respect for teachers and school in Thailand where some students being impolite to teachers, and also being untidy and not taking care of school property. According to the teachers we spoke to, learning centre and teaching staff are doing their best to try and address behavioural problems with kindness and understanding.

**Little happiness in their lives**

Children have witnessed bitterness and sadness as their family struggled in Burma. Consequently, because of this struggle, they have been uprooted from their communities, friends and family and are now concerned with surviving in Thailand where there is pressure to work while avoiding arrest and deportation. In some cases, parents stay in Burma and work to send money to their children in Thailand. One high school boy spoke of his parents and sadness:

| There are six children in my family and my parents are farmers. My parents are known for being hard workers and my mother is too thin from hard work. This year the paddy died and my parents do not send money, so I have difficulty for school. I will try and help my parents one day. Sometimes I cry at night thinking about my parents. | 18 (17) year old boy attending learning centre High |

Children reported feeling powerless as they are in another country where people look down on them; and they see their parents working long hours for little pay. They see the sacrifices that their parents have made for them and this weighs heavily on their minds. The stress on tired parents can lead to arguments, some even turn to drinking and gambling which quickly uses up what little money the family has. Children may have little time for leisure and recreation due to the need to work and help out at home.

The children in this study frequently mentioned being scolded or beaten by parents. This made most children sad or angry and they spoke of dealing with this in a number of ways. In general children said that they often went off somewhere alone to cry or think the situation over and calm themselves. Some go to a place where they feel happy and a number of children spoke of a favourite tree that they went and sat under. Children may also take their mind off things through reading, listening to music, watching TV or talking with and playing with friends.

| When my mother scolds me I am angry and I go and sit under the tree. I throw stones at the dog, sometimes I beat the chicken. I then go and visit my aunt's house to catch fish or go to the factory. Then I feel happy. | 12 year old boy attending learning centre |

Some children can experience stigma and discrimination from family members, relatives and other adults and children in the community which causes them unhappiness. This particularly applies to children whose parents are in jail due to drug related offences or other crimes, and who are already suffering from separation anxiety and sadness. Burmese children can also face difficulty living in Thai communities:

| When something was lost in the enclosure even something non-valuable like vegetables or fruit, they said it was the Burmese people's children.....Children lose confidence; when they go to school they have to go past the Thai house and stones were thrown at them and they were chased by dogs. | Learning centre Primary teacher |
When children experienced difficulties and unhappiness in their life they often turned to and consulted others, such as parents, siblings, friends, teachers and other trusted adults. Although parents were sources of difficulties, they were also a vital source of support and encouragement for children. The children we spoke to who have lost a parent or both parents through death or remarriage feel bereft and sad; in addition, when a parent remarries, the children may not accept or indeed be rejected by the parent’s new spouse. All children spoke of the importance of being together and living happily with their family; one 16 year old boy spoke of his grandpa who has bought him up:

<table>
<thead>
<tr>
<th>My grandpa is like a tree, he gives me shade and light. He is the thing that I can count on. If my grandfather passes away, my life will be lost.</th>
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<tr>
<td>16 year old boy attending learning centre</td>
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</table>

**Trauma, anxiety and fear**

A key anxiety for migrant children is being arrested by the immigration police and deported. As one teacher explained:

<table>
<thead>
<tr>
<th>They daren’t study their lessons loudly. They are so afraid of the police. When they go outside, if they forget to take their student card they are afraid of being arrested. That is the difference from Burma.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boarding House Master</td>
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</table>

Children over ten years of age, who are deported, can end up as forced labor and porters for the military regime for six months to one year. In our study, a teacher spoke of children as young as 7 and 8 years of age who worked as porters for the SPDC. Children are also concerned about the power of the SPDC in that they worry that the Thai government will be told to shut down the learning centres and that democratic change will not take place because other countries will support the SPDC. Anxiety and fear also comes from family separation. This is especially so for children from conflict areas who have lived in a state of fear and are traumatized from witnessing death and destruction. Boarding house masters spoke of children who are afraid to go outside. Children who have lost a parent or parents are particularly affected:

<table>
<thead>
<tr>
<th>At first this 14 year old girl doesn’t say anything and was afraid to have social dealings. We gradually encouraged her to speak. Her father was a Karen soldier who died in battle and her mother has remarried and lives in Burma. She was brought up by others and came here because of the civil war. Children live a life of fear so they daren’t speak up.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boarding House Master</td>
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</table>

Other concerns of the children in the study were seen as family disputes and hardship, losing their parents approval or love, failing their exam or being unable to continue at school. There are a number of fears and anxieties associated with living in Mae Sot; some children are worried about going outside, especially alone and at night as they are frightened of Thai police, drunks and gangs with knives. One child was concerned that he would lose his life and another was concerned that she will be caught by child traffickers. Teachers and Boarding House Masters support children who have been traumatized and facing difficulties. CBOS such as CPPCR and SAW are also contacted to assist in some cases. Over the last two years social welfare training has been given to selected CBO workers and a social work group established.
**Little hope for the future**

Many children, even those in school, face an uncertain future as their families focus on the short term to find work and make money. For many people going back to Burma is not an option as homes, property and possessions were confiscated and destroyed by the *Tatmadaw* or sold to come to Thailand. Parents who rely on their children to earn money often make decisions that are not in their best interests. As one teacher explained:

| Some girls are sent to Bangkok by their parents. Parents don’t understand that entering another person’s home can be like entering a jail; their daughters can be threatened and become a lesser wife (mistress). | Learning centre |
| Primary teacher |

Children feel an obligation to their parents who have made sacrifices so they can have a life and an education here and are prepared to follow their parent’s wishes to go out and work, even though they really would like to continue at school. Children see their future mapped out by adults and that they have little power or ability to change this:

| I am the youngest of seven children and my older brothers and sisters are married. My sisters married when they were in grade 8. My mother is old and eats what her children give her, she wants me to leave school when I pass grade 9 and work in sewing in Bangkok. I don’t want to leave school and sew, if I do this I will have to sew for my entire life. | 15 year old girl attending |
| learning centre High |

The legal status of migrants makes it difficult to rise above the level of low paid service jobs and to access higher education. However, the majority of parents in the community survey hope that their children will be educated (74%) will make money or own their own business (11%). Many children on the study wanted to be doctors or teachers; however for the majority, access to higher education is still a distant dream.
PART 6: CHILDREN’S THOUGHTS ON BURMA AND THAILAND

Around 60% of the children on this study felt that their community was in Burma and drew the natural scenery of their village, their family and people going about their lives. Some children included deceased family members in their drawings as when they were alive it was a happy time for them and also to remember them. One boy drew Mandalay palace as he wants the world to know about the culture, ancient heritage and beauty of Burma. Another drew scenery in Karen state and Karen flags with the sun symbolizing the Karen working to develop their people.

Those who felt they belonged to Thailand depicted scenes which often included their school as they felt that education was their link with their adopted country.

I think I belong to Burma, where I used to live. At the moment, if you view through education, I belong in Thailand.

16 year old boy attending learning centre

Thailand was associated with good things such as learning in a developed school where teachers keep discipline and children can become clever.

“This is my village in Burma. This is our house and this is my brother, sister and mother and father. My parents have passed away and we three children live with our Aunty. I felt happy when I drew this picture.”

12 year old child attending Learning centre Primary
Wherever children felt they belonged the important thing was being with their family, and a number of children spoke about this: living happily with their family is very important for children. Some students are happy to return to Burma in their holidays to visit relatives but also see the difficulties people are facing and their friends not in school. They see children begging for money and people unable to buy rice. One child spoke of how he liked living in Thailand as in Burma your house and land are confiscated. Some children spoke of their sadness when they thought about Burma in terms of the fighting and killing in their village, the state of the education system, the lack of opportunity and the impact on the moral behaviour of people and the drug problem. The military junta is seen as the cause of these problems and should not be in charge as the people are living in poverty. People in Burma have to come and work in another country because they don’t have any money for their daily needs.

People cannot stay in Burma because of the military junta’s oppression…. It is difficult to get enough food to eat; if you get money you eat it all in one day…. You can have your house and land taken and you are forced to pay taxes for military projects.

Children proposed solutions to improve Burma which included the need for democracy, human rights and for the government to negotiate with the people. Burma should not be sold off to other countries and investment is required to build factories and create jobs so people do not need to go to another country; salaries paid should be enough to allow families to live comfortably and children to look after their parents. The people of Burma need to unite and educated people are required to stay and help with the country’s development.

I believe that one day we must return to our country. In the evening at sunset, the birds must return to their place; one day we must also return to our place, our country. To improve our lives we temporarily stay in another country.

The children who participated in the study reported different experiences of living in Thailand in terms of difficulties and restrictions. Generally Thailand is seen to be more developed, the quality of living was seen to be better and children can attend school, which does not cost as much as in Burma, and receive a good education. One girl felt that she could speak more openly in Thailand without criticism and that children have more rights here. However, some children felt that they have fewer rights in Thailand and there was more to be afraid of such as police, thugs and gangs. In Burma even though there are no rights you are free to go anywhere; you cannot do this in Thailand. One boy spoke of having no real freedom while learning and having to follow the Thai government’s rules such as
wearing uniforms like Thai students to school. Children also spoke of the difficulties that Burmese staying in Thailand face; they see people, including their parents, working in difficult jobs, being looked down on by others and oppressed. Children would like Burmese and Thai people to live together peacefully.
PART 7: CHILDREN’S FUTURE HOPES AND DREAMS

I want Burma to be a democratic, peaceful and developed country. My drawing shows a justice department and democracy federation.

Girl attending learning centre High

The children that we interviewed have experienced difficulties in their life and have seen many things which have served to develop their social consciousness. One girl drew a picture of a future democratic Burma that included a justice department that treated people compassionately and fairly. Children spoke of their desire to see Burma develop and be abreast with other countries. They want Burma to be a place where people can live peacefully and happily with their family, are able to work, have a fuller life and can get justice. Human rights will exist and people will be able to speak without fear and vote for their leader. People will not be forced to go to another country and work for others away from their family and loved ones. Others spoke of the advantages in a democratic Burma where:

17 year old girl attending learning centre High

There will be opportunity for everyone and their ambitions can be realized. There will be freedom of speech and people can live together and care for their parents. Their will be opportunities for travel and further education abroad.

Children spoke of the importance of being educated in terms of not feeling small, having more choice in life and to be in a better position to help and look after their parents and other family members. The majority of the students we worked with hope to be able to go back to Burma one day and put their education to good use to help the people and to participate in the development of their country. They spoke about working in education, opening clinics to give health care or looking after orphans and children. One girl wants to be a doctor as in her village in Burma many people died of disease because
they did not have the money to pay for treatment. Others want to teach poor children and open free schools, as they themselves were from poor villages and went to school in the forest.

One day I will return to my country and my village. I’ll open a small clinic and I will go around and help the people in the village. In the village there aren’t many medics and also no health training. I will go and give healthcare education village by village so they will know this and how to prevent illness. I want to stay in the forest with my parents in peace.

Two children specifically wanted to help with the development of Burma when they finish their education. One boy wanted to encourage those people abroad who are working for democracy in Burma and also to work to unify all Burmese ethnic groups to live in harmony. Some children also mentioned that they also wanted to help people in Thailand. A few children also talked about their ambitions which included being popular singers and football players; one boy wants to be an artist and support his learning centre through the sale of his paintings. Being educated was seen by many primary level children in the study as a way to achieve their dreams which include caring for and being with family.

I would like to become a teacher, an educated person and want to live with my family….I want to live happily in a big house with my younger sister and brother, also with my mother and father…I don’t want to separate from them.
If I pass the tenth standard, I will apply for a scholarship. I want to go and study in a foreign country then I will take care of my parents. My ambition is to be a doctor. If I become a doctor, I won’t live in another country; I will stay in my own country of Burma… I will help orphans and children who die (pay for funeral etc). When they get ill, I will call them to my clinic and give them medicine and injections… I won’t take their money. Now, I am in the hospital visiting the patients. I feel sad seeing the patients. There is not enough food in our country.

16 year old boy attending learning centre High
PART 8: RECOMMENDATIONS

For the international community and ASEAN

- That the international community and ASEAN members truly continue to put pressure on the SPDC junta to proceed to a true democratic process so as to protect and promote the rights of children.
- That the international community and ASEAN members insist that the SPDC upholds its commitment to improving the rights of children.
- That pressure is placed on the Burmese junta to take the required actions to sincerely address their commitment to children by reflecting the principles of non discrimination, the right to survival, development and full participation in society, and taking the best interests of the child into account, in legislation.
- That the Committee on the Rights of the Child insists that laws that relate to children in Burma are in full compliance with the CRC and international standards.

For the Royal Thai Government

- The RTG should consider recognising Burmese community organisations as providing an important and essential service for Thailand and ensure that workers who support health, welfare and education are registered and granted legal stay status.
- The RTG cabinet should consider signing off on the regulation to register the learning centres so students and teachers have more security and children are realising their right to education as per the “Education for All” policy.
- The RTG should ensure that the State Law on Child Protection is implemented for all children residing on Thai soil.
- The RTG should ensure that the Birth Registration process is implemented and available for all children born on Thai soil.

Ministry of Labour (MOL)

- The MOL should consider introducing a more flexible and accessible process for registration and application for the work permit and that a mechanism is put in place that protects those who are waiting to receive this. This will work towards increasing economic security, reducing mobility of parents and improving the care and protection of children, including access to education and healthcare.
- The MOL should consider broadening the range of occupations that are eligible for work permit application.
- The MOL should consider the appointment of a local body to monitor labour protection law compliance and workplace conditions for children in work aged between 15 and 18 years in all sectors, to ensure they comply with the requirements of the Thai labour law.
- The MOL should consider supporting and offering incentives to employers to register children in their employ who are aged between 15 and 18 years and eligible to work and obtain a work permit.
- The MOL should consider enforcing the law prohibiting children less than 15 years working and either look at providing vocational training for these children or liaising with MOE for them to receive education at a learning centre.
- The MOL should consider intensifying the education of employers on employee working conditions, rights to health and the minimum wage as demonstrated by the Labour Protection Act (1998) and make the provision of safety equipment by the employer compulsory and at no cost to workers.
- The MOL should consider establishing a job placement service in conjunction with employers for Burmese migrant workers that also assists with registration.
Ministry of Interior (MOI)
- The MOI should consider taking stronger action to smash trafficking and criminal gangs that exploit migrant children.

Ministry of Health (MOH)
- The MOH should consider including the dependants of registered workers who opt to join the 30 baht health care scheme on the same premium so children can receive health care coverage.
- The MOH should consider ensuring that all children born in Thailand receive delivery certificates, preferably before discharge, in accordance with the RTG directive.
- The MOH should consider working more closely with NGOs and also CBOs in the implementation of the new law for birth registration of all migrant children born in Thailand as per the new amendment to the “Civil Registration Act” which also complies with the Act for Registration of Inhabitants (1991) and Thailand’s commitment to the International Convention of Civil and Political Rights (ICCPR) Article 24.

Ministry of Education (MOE)
- The MOE should consider supporting the integration of young children into the Thai education system as a priority to increase their possible opportunities in the future.
- The MOE should consider increasing the proportion of funding for migrant students and improving the funding process so that the money follows migrant students in Thai schools and they can be more readily accepted for enrolment.

For NGOs, CBOs and migrant advocates in Mae Sot
- Form stronger networks between each other, and with other NGOs, and agencies such UNICEF outside of Mae Sot, and with Thai authorities with a aim to increase collaboration on specific issues related to children – such as trafficking, children on the street etc.
- Raise the awareness of communities about available services provided by NGOs, CBOs etc, and the means to access these.
- Increase awareness of child rights in the community, especially in schools and through community leaders.

Education
- Increase support for schools in the IDP areas inside Burma to keep children together with families and to decrease the flow of unaccompanied children and the burden being placed on resources in Mae Sot.
- Establish more day care centres, with some attached to schools or the workplace, and nursery schools so young children whose parents are in work are better supervised and also older children are not kept out of school to care for them.
- Look at the distribution of schools in agricultural areas and the feasiblity of establishing additional schools, or consider a mobile school or distance learning service for the children of workers and child workers.
- Place more emphasis on developing vocational training for young people with guaranteed employment upon completion.
- Look at establishing learning resource centres in factories and holding Thai language classes.

Health
- Establish a psychological health service for children with recruitment and training of appropriate staff. There is a need to understand children, to listen to them and to give psychological counselling to those who need it.
• Locate a source of secure funding to increase nutrition in schools. Explore options such as the establishment of school gardens to support this.

• In collaboration with NGOs and community leaders, roll out health education programs to reach parents and children in hard to reach communities; also to children on the streets and in the workplace.

• Increase community awareness and buy in regarding the use of alcohol and drugs through education and work with Thai authorities to monitor the situation.

• Increase the coverage of reproductive health and family planning services to reach parents and also young people in school, those who are out of school and in work and children on the streets.

**Protection**

• CBOs, NGOs and Thai authorities need to increase their collaboration on protection issues and groups that work for migrant children need to establish a presence at the Mae Sot child protection meetings which link in to the Child Protection Network meetings in Bangkok.

• Increase awareness of local health and community workers of changes in Thai Law and where applicable, work together and with Thai authorities in implementing these.

• Strengthen the social work network to identify parents in difficulty or who require temporary financial support and assistance in finding a job so that they will be less likely to abandon their children.

• Establish better support services including a shelter for rescued trafficked children/children in emergency situations in Mae Sot.

• Establish a stronger local network on anti-trafficking that includes Thai organizations, Thai authorities and community representation.

• Within the above network, strengthen rehabilitation and repatriation services for trafficked children and children who are on the street.

• Explore strategies to encourage attendance at school, reduce dropout and to reduce the risk of children being trafficked.

• Develop special needs services, including inclusive education, a residential/respite care facility, and support services for their parents.

• Increase awareness in the community on child protection and establish a monitoring and reporting mechanism.

• Establish a legal process for adoption.

• Establish more nursery schools, day care centres and more services to protect children.

• Consider vocationally training young people in protection work.

• Establish zero tolerance for violence against women and children and through a network undertake widespread education in the community and establish a mechanism where this is reported and acted on.
BIBLIOGRAPHY

Agence France-Presse, “Burma cyclone deaths, 40 per cent children” May 7, 2008


ALTSEAN Key issues - health, http://www.altsean.org/Key%20Issues/KeyIssuesHealth.htm

Amnesty International, Crimes against humanity in eastern Myanmar (AI Index: ASA 16/011/2008), June 2008

Amnesty International Thailand, The Plight of Burmese Migrant Workers, 2005

Anan Paengnoy, “Beggar Kings are the real choosers”, The Nation. 18 February, 2007


Aye Naing; “Mandalay residents claim troops are abducting children” Democratic Voice of Burma, September 14, 2007


Democratic Voice of Burma (DVB); “Thai authorities arrest 300 illegal Burmese migrants”. Jan 30 2008


Human Rights Center University of California, Berkeley, Center for Public Health and Human Rights
Johns Hopkins Bloomberg School of Public Health. The Gathering Storm, Infectious Diseases and
Human Rights in Burma, July 2007

Human Rights Documentation Unit, National Coalition Government of the Union of Burma, Burma
Human Rights Documentation Unit, National Coalition Government of the Union of Burma, Burma


www.hrw.org/english/docs/2004/06/04/burma8734.htm

Karen Human Rights Group, Easy Targets: The persecution of Muslims in Burma. May 2002

Kremb, Jurgen, The children of the Mae Sot Dump, Der Spiegel, November 5, 2007

Kritaya Archavanitkul, Submission to the Human Rights Committee regarding Article 24 of the
ICCPR. http://www.ibiblio.org/obl/docs3/Submission.doc

Macan-Markar, Marwaan, Ethnic Minorities Starved, Denied Medical Care, IJS News net, September
9, 2007

Mae Tao Clinic Annual Report 2007

Martin, Phillip, The Economic contribution of migrant workers to Thailand: towards policy
development. ILO Sub regional Office for East Asia. 2007

Maung Too, “Deadly fever kills record numbers of Rangoon children”, Democratic Voice of Burma,
July 2, 2007

Maung, C and Belton, S, Working Our Way Back Home: Fertility and Pregnancy Loss on the Thai-
Burma Border, 2004

Naw Say Phaw, “Deadly fever hits high numbers of children in Bassein”, Democratic Voice of
Burma, June 21, 2007

Naw Say Phaw; “Students forced to donate money to school”, Democratic Voice of Burma, January
30, 2008

Nongyao Naowarat, Executive Summary “Investigating the Worst Forms of Child Labour in
Agricultural Sector in Tak Province”. 2006

Parker, Clive. “Analysis – Burma’s children still struggling with beri-beri” Democratic Voice of
Burma, June 4, 2007

Press document: Committee on rights of child considers second periodic report of Myanmar 26/05/04
http://www2.unog.ch/news2/documents/newsen/crc04021e.htm

Rome statute of the International Criminal Court.
http://www.icc-cpi.ni/library/about/officialjournal/Rome_Statute_120704-EN.pdf


Sanitsuda Ekachai, “General Sonthi hits out at pregnant women” Bangkok Post, 21 November, 2007

Saw Kanyaw; “Thai authorities extend migrant registration period” DVB, 29 January 2008


Supamart Kasem, “Cost of providing health care for migrant workers hits B50m”, Bangkok Post, 23 August, 2007


The Nation, Stop the abuse of migrant workers, December 19, 2007

The Nation, “Editorial: Human rights issue not on Samak’s agenda”, May 1, 2008

The Shan Human Rights Foundation (SHRF) and The Shan Women’s Action Network (SWAN), Licence to Rape. The Burmese military regime’s use of sexual violence in the ongoing war in Shan State, May 2002

The Sydney Morning Herald; “New storm threatens Burmese survivors”, May 15, 2008

Turnell, Sean, “The Rape of Burma” burmadigest.info, April 29, 2008


ANNEXES

ANNEX 1: RESEARCH METHODOLOGY

Interview of leaders
- An advisory group (consisting of members of organizations interested in children’s issues) identified community leaders who were leaders of the migrant community who were knowledgeable about or interested in the situation of the migrant children.
- These leaders were contacted and all agreed to interview. The research staff visited the leaders’ organizations to obtain informed consent to conduct and record the interview.
- An English speaking technical advisor conducted interviews with a translator if necessary. All but one interview was conducted in Burmese. This interview was conducted in a mix of Burmese and Sgaw Karen. Some interviewers were fluent enough in English that translation was not necessary.
- All recorded interviews were transcribed (notes taken at the time of the interview were used to supplement recordings) and then translated into English (if necessary). For the two interviews whose recordings were lost, the notes taken at the time of the interview were used for the analysis.

Interview of NGO staff
- An advisory group (consisting of members of organizations interested in children’s issues) identified NGOs who were working with, knowledgeable about or interested in the situation of the migrant children.
- These six NGOs were contacted and all agreed to interview. The research staff visited the NGOs to obtain informed consent to conduct and record the interview.
- An English speaking technical advisor conducted interviews with a translator if necessary. All but one interview was conducted in English. One interview was conducted in Burmese.
- All recorded interviews were transcribed (notes taken at the time of the interview were used to supplement recordings) and then one was translated into English. For the second part of one interview, notes were taken directly in English.

Interview of Thai Authorities
- An advisory group (consisting of members of organizations interested in children’s issues) identified key areas for migrant children where authorities were to be interviewed.
- These authorities were contacted and all agreed to interview. The research staff visited the authority’s organizations to obtain informed consent to conduct and record the interview.
- An English speaking technical advisor conducted one interview in English. The other two interviews were conducted in Thai by Thai speaking research staff.
- All recorded interviews were transcribed (notes taken at the time of the interview were used to supplement recordings). One was transcribed in Thai and translated to English and the other two were transcribed directly to English.

Short interviews with Boarding Masters and MTC staff for abandoned children
- The research team identified additional areas of enquiry for migrant children where boarding masters and senior staff at MTC were to be interviewed.
- Four boarding masters were contacted and all agreed to be interviewed. Three MTC staff were contacted and all agreed to be interviewed. The research staff visited the Boarding Houses and MTC to obtain informed consent to conduct and record the interview.
- An English speaking technical advisor conducted two interviews in English. The other interviews were conducted in Burmese by research staff.
- For the interviews at MTC direct notes were taken by 2 people and transcribed into English. For the Boarding Masters, recorded interviews were transcribed (notes taken at the time of the
interview were used to supplement recordings). Two were transcribed to Karen, translated to Burmese and English and two were transcribed in Burmese and translated into English.

**Focus groups with education and health care staff**
- The advisory group identified the various types of education and health care staff (e.g., migrant nursery school teachers, ARHN workers) that they recommended we collect information from.
- The project coordinator contacted the representatives of these groups (e.g., BMWEC, MTC departments, ARHN) and explained about our research project and our wish to conduct a focus group and get information from their staff. All representatives agreed.
- The actual participants were recruited in various ways: the project coordinator going to the department and explaining the project to the staff and seeking volunteers, the leader of the organization asking individuals, or the leader (BMWEC) contacting each school and asking them to send a teacher, etc.
- The focus groups were conducted at Mae Tao Clinic (health care staff) or at BMWEC (education staff).
- Once the participants arrived, the content of the consent form was explained and the participants signed the form. No one declined to sign the form.
- All but two focus groups were audio recorded. Those not recorded were due to one or more participants refusing to have audio recording.
- Most of the focus group participants spoke in Burmese, but there were a few who preferred to speak in Karen (both Sgaw and Poe). The groups were facilitated in Burmese. If the participants wanted to hear questions in Karen, most facilitators spoke Karen, or there was always at least one staff member present who spoke both Burmese and Karen.
- In a few focus groups conducted at BMVEC with learning centre teachers, the chairperson of the BMVEC was present in the room during the focus group. This may have affected what the participants were able to disclose.
- All recorded focus groups were transcribed (notes taken at the time of the focus groups were used to supplement recordings) and then translated into Burmese. For those interviews whose recordings were lost, the notes taken at the time of the interview were used for the analysis.

**Groups with children**
- With the input from the advisory group, various groups of children (e.g., high school, night school, factory) to collect information from were identified.
- For each group, a target age range was decided to narrow the age range of the children in a group (so the children will feel more comfortable with each other and can work together well), based on the common age of the children in the target group, balanced with the ages of children in other groups, etc.
- For high school and night schools, we contacted all migrant high schools and night schools. For primary schools, a number of schools were selected randomly.
- The technical advisor and project coordinator visited the schools and discussed the idea with the head of each school. All schools allowed us to meet with their students to discuss the research project.
- The technical advisor and project coordinator met with the children in the specified age range [see the ages of the children in the data set] and asked if they were interested. In all schools, most children were interested in participating. From those who were interested, children were randomly selected from each school so the total from all schools will be approximately 15 [check with data].
- During the selection of children for the high school group (the first group that we conducted), some children who were interested in participating were excluded from selection because of age. However, we later learned that in Burmese culture, ages were counted differently than in the west, and that these children should really have been included.
Once children were selected, the technical advisor and project coordinator visited the parents of these children to explain about the research project. The consent forms were signed if they approved of their children’s participation.

One child’s parents (from night school) refused to allow their child to participate, because they wanted the child to attend another school on the weekends. Another set of parents refused because they wanted their child to do extra study. However, after the child learned about the refusal, the child was sad and upset (crying), so later the parents allowed the child to participate.

How the groups were conducted:
1. High school: at BWU drop in center. The children stayed overnight from Friday evening to Sunday. The group was conducted on two weekends.
2. Elementary: at All Saints School. Children came to the school on Saturdays and Sundays, full day. The group was conducted on three weekends.
3. Night school: same as elementary, but conducted at downstairs space of the CPR office (at the time).

The data were collected through creative media such as drawing, photography, writing, discussions, and drama. The activities were flexible, in that if some children preferred to write about a topic rather than draw, they were allowed to do that. Many mixed drawing and writing. Fun games and free time were intermixed with data collection activities. Children were interviewed after drawing or photo activities, to clarify the content of their work.

Visual products were photographed, interviews were audio recorded, and dramas were videotaped. Permission was obtained from children for these recordings.

The common language of the children was Burmese, although some spoke Karen, and among night school students, a few spoke Thai as their first language. All staff spoke Karen, and all but one also spoke Karen. Some staff had basic understanding of Thai, but not fluent.

The interviews and audios from the videotapes were transcribed and translated and a summary document for each child (or group for group activities) was created together with visual records along with supplemental notes.

Data collection with working children (factory etc.): not conducted due to time constraints of the project.

Community Survey

Questionnaire was developed from input from research partners and findings from interviews, focus groups and activities with children. Similar questionnaires were used as a reference.

Reviewed by team and refined, then translated to Burmese. Circulated to team for input.

Staff trained in administering survey and piloted survey at MTC. Revisions made and finalized.

Questionnaire administered to respondents in the community who agreed to participate in the survey.
ANNEX 2: QUESTIONNAIRES

Participants:
- Leaders of the migrant community based organisations that were knowledgeable about or interested in the situation of migrant children and nominated by an advisory panel.
- NGO staff members with at least 5 years experience working with migrant issues
- Thai authorities working in the key areas of education, health and justice with at least 5 years experience of working in migrant issues.

1. NGO interview key questions

1. Please tell us about your organisation and what your organisation does in the migrant area?
2. Could you please tell us what is your position is in the organisation?
3. What is your role in the migrant area?
4. What is the area that you work in MS?
5. According to your role, what is the situation in the migrant area?
6. Do you have any data at your organisation? Any data?
7. What is Thai policy for both legal and illegal migrant people accessing services?
8. What issues for migrant children are you concerned about?
9. What is being/or can be done for these?
10. Anything else you would like to tell us?

2. Thai Authority interview key questions – Education example

1. What is your background and how long have you worked in the Mae Sot area?
2. What are some ways that your work relates with the Burmese (community)?
3. What is the situation concerning the education of children in the Burmese migrant community?
4. What are your concerns related to the education of children that you see in the Burmese community?
5. How are these different from what you see in the Thai community?
6. What is the Thai policy on the education of migrant children?
7. How is the policy working?
   *probe: if not well, what are the reasons that it is not working well?*
8. How much is the policy/law enforced?
   *probe: What are the barriers to enforcement?*
9. How much support is there among the government/ministry (locally, in BKK) to support education for migrant children in this area?
10. What are the difficulties/challenges in doing your work related to Burmese migrants?
11. What do you think can be done to improve the situation/help Burmese migrants more effectively?
12. How much do you think migrant families know about the law/policy on education?
13. Are there any new policies or actions in the works/coming up by your ministry related to migrant education?
14. What is your vision on the best scenario of how Burmese children can live and receive education in Thailand/Mae Sot area?
15. Do you have any data on migrant children education?

3. CBO Leader interview key questions

1. Can you tell me briefly what your organisation does?
2. What is your main activity in migrant area?
3. Could you tell me a little bit about what you do in the organisation?
4. Tell me about some of the reasons why people come from Burma to the Mae Sot area.
5. Could you tell me about, what life is like for migrant children in this community?
6. Which problem worries you the most?
7. And the next one?
8. What is the cause of the problems?
9. What can we do now in the migrant community to help these children?
10. What can we do so we won’t have these problems anymore?
11. Are there any organizations that are helping these children with these problems?
12. What does your organization do for the migrant area?
13. What do you think should be done to help these children?
14. Do you have any good ideas that may be effective?
15. Do you want to make recommendations about what others can do to change the situation?
16. To do your organization’s job effectively. What can other people can do that would be helpful?
17. Is there anything that I didn’t ask that you about that you want to add?

4. Additional questions for Boarding Masters
   1. Please tell us about yourself and how long you have been the Master of the boarding house.
   2. Can you tell us some stories of children who have crossed over from Burma and who entered your boarding house? Try and be detailed for 2-3 or more children.
       Please use the following as a guide.
       How old are they, gender?
       Where are they from in Burma - state/division/township
       Family background
       Why did the children come to Thailand and how?
       Did they come with someone or come alone?
       If alone, where are their parents?
       Any additional background details
       How are they - emotionally, physically?
       Has there been any support required for these children
       - medical, psychosocial etc
       - Education level when they came to the Thailand
   3. Can you tell us about the challenges you face in your work and what is needed to support these children?

5. MTC Staff - Abandoned Children
   1. CPR staff and staff meet to gather information.
   2. First, ask the group to identify all babies that were abandoned at RH IPD/Child OPD/Child IPD in 2006 to create a list. Have paper on the wall so you can write down the list in front of everybody. The babies can be identified by name, or description, or anything, just make sure they are all up on the list.
   3. Continue with babies who were abandoned in 2007 so far.
   4. Ask staff to identify which parents and babies were from Thailand.
   5. Then, one CPR staff pairs up with one staff member to tell the stories of the babies FROM THAILAND. Have the staff who knows each baby the best to tell his/her story. As a baby is taken (a staff tells the story of the baby), cross the baby off the list.
   6. The staff tell the story of the baby. Take notes. If not clear or enough information, probe (see the box below)
   7. Continue until all babies from Thailand are described. Schedule another meeting if necessary.
   8. Once in the office, immediately type each story on the computer and translate them. Do not include any identifying information – both in the hand written (black out immediately) and typed notes.
   9. Write down on a piece of paper the number of children identified from 2006 and 2007 and out of those, how many were from Thailand. Put the paper in the binder named “Abandoned children.” If names or other identifying information are on the paper, burn it.
When writing down the story, make sure the following information is included:

1. How did the parent(s) and the baby come? For delivery, for other reason?
2. If not for delivery, how old was the baby at the time?
3. How long did the parent stay?
4. How did the baby get abandoned?
5. How long did the baby stay at the Clinic after abandoned?
6. Where is the baby now?
ANNEX 3: FOCUS GROUPS

PARTICIPANTS

Teachers
- Primary school teachers outside Mae Sot at least 5 years of experience teaching in learning centres in Mae Sot area, 25-55 years old
- Primary school teachers inside Mae Sot at least 5 years of experience teaching in learning centres in Mae Sot area, 25-55 years old
- High/middle school teachers (inside Mae Sot only) at least 5 years of experience teaching in learning centres in Mae Sot area, 25-55 years old
- Night school teachers (inside Mae Sot only) 2 years teaching in migrant night schools in Mae Sot area, 25-55 years old
- Boarding masters (inside Mae Sot) 25-55 years old, no experience criteria
- Nursery school teachers 3 years of experience teaching in migrant nursery schools in Mae Sot area, 25-55 years old

Health workers
- Health workers with at least 5 years of experience working in migrant health in the Mae Sot area, 25-55 years old

Street Children, Child Labour, Trafficking
- NGO or CBO workers with at least 5 years of experience working in the Mae Sot area, 25-55 years old. Organisation is directly working in key area and/or participant has a focus interest in key area.

QUESTIONS

EXAMPLE: Focus group questions for Child Labour Group

Explain the Consent Form and have them signed [10 minutes]

Introduction: [5 minutes]

1. Let’s do introductions. Please tell me your name, which organisation you work for, and how long you have worked/or have been interested in issues related to child labour.

2. Please tell us how you have had contact with child labour issues?
   *Probe for research, rescue, education etc*

3. How common is child labor in the Mae Sot area? In the local area that you work/live in, what percent of migrant workers are children under 18? Of these, what is the percentage less than 15 years old?

4. What are the reasons that children become child labourers?

5. Are children living with parents/relatives or alone?
   *If alone, why did they come to Thailand and how did they come?*

6. What kind of places do children work in?

7. How do they find jobs/work?
8. How much did children know beforehand what they will be doing, what their pay will be, what their conditions will be like?

9. What are their working conditions like?
   Probe for:
   a. Hours worked
   b. days off
   c. wages
   d. housing
   e. health care
   f. legal status (work permit, etc.)
   g. health/safety conditions, work hazards

10. What is being done already to help the children who are working or to stop child labor?

11. What are the difficulties to improving the situation?

12. What should be done to help children who are working?

13. Why does child labor continue to exist? Why does it not go away when it is against the law? What allows it to continue? What should be done to stop it?

14. We are planning to do a data collection with children - possibly focusing on children working in construction, shops/restaurants and massage/sex work. (Explain that research has already been done for factory and agricultural workers by ILO, domestic by Mahidol University)
   a. How can we reach these children?
   b. What method(s) should we use? Focus group? Face to face where children can tell stories? Etc. etc.
   c. Has anyone done any work with these groups?
   d. Could anyone help us with this work?

15. Through this focus group, we want to get information on how migrant children are becoming workers, what is being done about any problems or difficulties they experience, and ideas on what should be done about them in the future. Is there anything that we missed? Is there anything that you came wanting to say but didn’t have a chance to say?
ANNEX 4:  CHILD PARTICIPATORY ACTIVITIES OUTLINE

The goal of these sessions was to understand children's lives and their community and their views on these. To select the specific activities, the team studied literature, reports and local practice on participatory methodology. The team then spent about a month time brainstorming which activities would be appropriate to answer the specific questions and to develop the curriculum.

PARTICIPANTS

High School: 14 students attending Migrant High Schools in Mae Sot. 8 girls and 6 boys. Age range: 15 to 18 years of age.

Primary School: 16 students attending Migrant Primary Schools in Mae Sot. 8 girls and 8 boys. Age range: 7 to 12 years of age.

Night School: 15 students attending a migrant Night School in Mae Sot. Four girls and 11 boys. Age range: 10 to 14 years old. Children attended Burmese night school with the majority attending a faith based Thai or Burmese Islamic/Arabic school during the day. One boy attended a Thai government school during the day and another attended a Burmese learning centre.

PROGRAM

Week 1

Friday evening: 6pm-9pm
Topics:
• introduction to each other
• making rules for the group
• building trust with each other
• introduction to drawing
• Children’s sense of themselves
6:00 – 6:05 1. Welcome
6:05 - 6:30 2. Interviewing and welcoming game
6:30 - 6:40 3. Game (Magic stick)
6:40 – 7:00 4. Explain the objective of activity/research
7:00 – 7:20 5. Rules for the sessions
7:20 – 7:40 6. Trust building game (Blind leading)
7:40 – 8:40 7. Drawing themselves
8:40 – 9:00 8. Trust building game (Mirroring)

Saturday morning: 9am to 12 midday
Topic:
• children’s sense of belonging and their community

9:00 – 9:10 9. Game
9:10 – 9:20 10. Activity/games (freeze, position, action!)
9:10 – 12:00 11. Draw their “community”, where they feel they belong
When the first child finishes – 12:00
12. Activity/games
Saturday afternoon: 1pm to 4pm
Topics:
• children’s views on the best thing and worst thing about their lives
• How do they deal with it when there is a problem/when they’re sad/angry?

1:00 – 1:20  13. Activity/games (When I dance)
1:20 – 4:00  14. Drawing the best and worst things in their lives/ interview about what they do when there is a problem or when they’re sad/angry

When the first child finishes – 4:00
15. Activity/games

Saturday evening 6pm to 9pm
Topics:
• Daily schedule of children
• How do they deal with it when there is a problem/when they’re sad/angry (cont’d)

6:00 – 6:10  16. Game (What are you doing?)
6:10 – 7:50  17. Draw Timeline of the day

When the first child finishes – 7:50
18. Activity/games

7:50 – 8:50  19. Role play on problems
8:50 – 9:00  20. Activity/games

Sunday morning: 9am to 12 midday
Topic:
• Children’s life history

9:00 – 9:10  21. Activity/games
9:10 – 9:40  22. Magic carpet (for children to remember their lives)
9:40 – 12:00  23. Drawing of their lives from birth to now

When the first child finishes – 12:00
24. Activity/games

Sunday afternoon: 1pm to 4pm
Topics:
• Children’s source of strengths
• Instruction on taking photographs using disposable camera
• Wrapping up and saying good bye for one week

1:00 – 1:10  25. Games (making sculptures of feelings)

When the first child finishes – 3:35
27. Activity/games

3:35 – 3:50  28. Distribute disposable cameras to children, give instructions
3:50 – 4:00  29. Activity/games to end the week on a positive/fun note and to say good bye for one week
**Week 2**

**Friday evening: 6pm to 9pm**

**Topic:**
- Children’s hopes for their future.

6:00 – 6:30  
30. Game (hypnotic scarf)
6:30 – 7:30  
31. Essay (high school)/ Storytelling in pairs (primary)
7:30 – 8:30  
32. Discussion about school
8:30 – 9:00  
33. Activity/games

**Saturday morning: 9am to 12 midday**

**Topic:**
- How children came to Thailand (why, with whom, route, how etc.)

9:00 – 9:30  
34. Game (fishing)
9:30 – 12:00  
35. Drawing of how came to Thailand
When the first child finishes – 12:00
    36. Activity/games

**Saturday afternoon: 1pm to 4pm**

**Topics:**
- The good and bad things about their community
- Children’s ideas to improve the community, solve the community’s problems
- Children’s thoughts on going to Thai schools

1:00 - 1:10  
37. Games
1:10 – 3:00  
38a. Drawing posters of good and bad things in community
When the child finishes – 3:00
    38b. Activity/games
3:00 - 3:50  
38c. Presentation of posters
3:50 - 4:00  
39. Games

**Saturday evening: 6pm to 9pm**

**Topic:**
- Children’s living situations (living conditions, with whom, where, etc.)

6:00 - 6:10  
40. Games
6:10 - 7:50  
41a. Creating presentation with photos on their living situations
When the first child finishes – 7:50
    41b. Games
7:50-8:30  
41c. Presentation of photo poster
8:30 - 9:00  
42. Games

**Sunday morning: 9am to 12 midday**

**Topic:**
- Creating a drama on the problem in the community and the solution (Part I)

9:00 - 9:10  
43. Game (Yes, let’s)
9:10 – 9:20  
44a. Dividing into groups and selecting the problem (scenario)
9:20 – 9:45  
44b. Develop a story one sentence at a time about the problem
9:45 – 10:30  
44c. Brainstorming about the solution
10:30 – 10:50  
44d. Develop a story one sentence at a time about the solution
10:50 - 11:50  44e. Storyboarding
11:50 – 12:00  45. Game

**Sunday afternoon: 1pm to 4pm**

**Topics:**
- Creating a drama on the problem in the community and the solution
- What can children themselves do to improve the community?

1:00 – 1:10    46. Games (Making a frozen image)
1:10 – 2:40    47a. Creating Drama from your Story Board
2:40 – 3:30    47b. Presenting the drama
3:30 – 3:50    47c. Discussion – what can you do to improve the community?
3:50 – 4pm     48. Games, saying good-bye
ANNEX 5: COMMUNITY SURVEY

Area covered: Song Kwae Community
Bor Kun
Mae Tao Mai
Mae Tao Pet
Su Pote Chan

Maps of clusters in each area – divided into segments based on estimates of number of dwellings and these segments were randomly selected by drawing numbers out of a box until the sample size estimate was covered. If this number was not reached then another segment was randomly selected.

Sample size: 382. This was based on the number of migrant households in the Mae Sot area. For the purposes of this survey, a household is defined as a house, hut, apartment or room in which a family lives together. A family is defined as one or more persons living together and sharing meals under the same roof, this typically consists of parents and biological or adopted children but can include blood and relatives by marriage, friends their children, or lodgers. The household number was estimated at 56250 (based on a population estimate of 225000 which was the average of two estimates of 150,000 and 300,000 divided by an estimate by Burmese colleagues of an average household number of four) and a confidence interval of 5 and confidence level of 95%. It was mentioned that sometimes two families can be living in one household and if this was the case a representative from each family, if eligible would be interviewed.

Interviewing team: 8 persons made up the interviewing team – 5 staff and 3 volunteers from the NGOs who were working in the sites where the survey was done. The duration of the survey was over 9 days with 418 households approached and 390 responders who provided information.

Inclusion criteria:
1. Person is from Burma and lives in the house
2. Can speak Burmese or Karen
3. Have a biological or adopted child less than 18 years of age
4. Agree to be interviewed

Questionnaire – covered the following:


Biological and/or adopted children: 1. How many children, 2. How many under 18, 3. How old is each one (less than 18), FOR EACH CHILD 4. Where were they born, 5. Did you receive a delivery certificate, 6. Did you know about this, 7. Did you get a birth certificate, 8. Where did you get it from, 9. Did you know you could get this, 10. What ID do children have, 11. Where do your children live now. 12. In 2007 did you receive material/financial support, FOR CHILDREN BETWEEN 4 AND


**Children in the household with special needs:** 2. If yes, How many children, 3. How old, 4. What are their conditions, 5. If missing limb what was cause, 6. What kind of help do children receive, 7. Do children attend school, 8. In 2007 did you receive material/financial support, 9. In 2007 did you receive support for school / healthcare.

**Household facilities:** 1. What kind of house do you live in, 2. The main source of household drinking water, 3. Make water safer, 4. What do you do, 5. Do you have a toilet, 6. Do you share this with other families, 7. If yes, how many, 8. Do you have electricity, 9. If yes, how is it supplied, 10. How do you prevent mosquito bites.

**Respondent’s knowledge of resources:** 1. Where would you seek help from if you or someone in your family have a problem with A. illness, B. money or economics, C. violence by others, D. alcohol or drug use, E. Feelings/emotion/mind, F. Security or police, G. child’s education, 2. How do you learn about news/laws/regulations, 3. Any CBOs/NGOs in your community, 4. What kind of assistance did you receive from CBOs/NGOs.

**Issues in the community:** 1. What problems are you most concerned about, 2. Have you heard of child headed household, 3. Have you seen or heard of children being sold by parents/relatives, 4. When did you last see/hear of this, 5. Have you ever heard of children going missing or disappearing, 6. When did you last see/hear of this, 7. Have you ever heard of a child being raped, 8. When did you last hear of this, 9. Have you seen children carrying heavy loads/doing physical work, 10. If yes, describe 11. How often have you seen this.

**Respondent final:** 1. What is your ethnicity, 2. Which languages do you speak, 3. What is your religion, 4. What is highest education level completed, 5. What is the most difficult thing about raising your children in Thailand, 6. What is the best thing about raising your children in Thailand, 7. What is your hope for your children’s future.
ANNEX: 6  HEALTH

The 30 Baht Scheme Service schedule

1. Free services include general check-ups for adults and check-ups for children’s health (including vaccinations); ante-natal treatment for pregnant women; family planning services; provision of ARVs to HIV positive mothers to prevent transmission to children; and basic health education and counselling.

2. Services requiring a 30 THB payment each time they are accessed are: child-birth; check up, diagnoses, treatment and rehabilitation of illnesses throughout all stages of treatment; costs of hospital stays; dentistry; and purchases of medicines on the National Medical list.

3. Services which are not covered involve road accidents, mental illness, ARVs for purposes other than preventing mother-child transmission, and two catch-all categories – diagnosis and treatment above “standard procedures of medical practices” or treatment for the same disease/ailment unless additional complications or infections present themselves.