

Children, the Main Victims of Ethnic Violence in Myanmar

Masumeh Saeidi¹, Abbas Bahreini², Zahra Emami Moghadam³, *Habibolah Taghizade Moghaddam⁴

¹Students Research Committee, Faculty of Medicine, Tehran University of Medical Sciences, Tehran, Iran.

²Department of Neurosurgery, Faculty of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.

³School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran.

⁴Department of Biochemistry, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

Dear Editor-in-chief,

The Republic of the Union of Myanmar – formerly known as Burma – is a small nation located in South East of Asia, on the border of Thailand, Laos, China and Bangladesh (**Figure.1**). According to a 2014 census, the country has a population of over 51 million people. The country is officially a Buddhist state, but with 135 recognized ethnic minorities, it boasts a big religious diversity as well. Based on the 2014 census, over two million of Myanmar's residents identified as Muslims. Myanmar has a total area of 262,000 square miles (678,500 km²), and consists of 14 stets and regions (1-3).

Many of Burma's indigenous Muslims live in Rakhine State, on the Western coast next to the border with Bangladesh. Rohingya are however considered to be stateless, because the Myanmar Government officially considers the ethnic minority to be illegal Bangladeshi immigrants. The persecution has forced nearly one million Rohingya to flee into Bangladesh since 1977, with many more seeking refuge in other countries. Other Muslim countries have opened their doors to the refugees, with some choosing to flee to India, Pakistan, Malaysia and Indonesia. The Rohingya face discrimination and barriers to health care (4, 5).

According to a 2016 study published in the medical journal "The Lancet", Rohingya children in Myanmar face low birth weight, malnutrition, diarrhea, and barriers to reproduction on reaching adulthood (4). Rohingya have a child mortality rate of up to 224 deaths per 1000 live births, more than 4 times the rate for the rest of Myanmar (52 per 1000 live births), and 3 times rate of rest non-Rohingya areas of Rakhine state (77 per 1000 live births) (4, 5). The paper also found that 40% of Rohingya children suffer from diarrhea in internally displaced persons camp within Myanmar at a rate five times that of diarrheal illness among children in the rest of Rakhine (4).

Key Words: Children, Muslims, Myanmar, Violence.

*Please cite this article as: Saeidi M, Bahreini A, Emami Moghadam Z, Taghizade Moghaddam H. Children, the Main Victims of Ethnic Violence in Myanmar. Int J Pediatr 2017; 5(11): 6173-78. DOI: **10.22038/ijp.2017.26317.2252**

*Corresponding Author:

Habibolah Taghizade Moghaddam, Ghaem Hospital, Mashhad University of Medical Sciences, Mashhad, Iran.

Email: taghizademh1@mums.ac.ir

Received date: Sep.03, 2017; Accepted date: Sep.12, 2017

Human rights are the basic standards that people need to live in dignity. In addition to the rights that are available to all people, there are rights that apply only to children. Children need special rights because of their unique needs; they need additional protection that adults don't. The United Nations Convention on the Rights of the Child is an international document that sets out all of the rights that children have – a child is defined in the Convention as any person under the age of 18 years (6).

Children's rights are the human rights of children with particular attention to the rights of special protection and care afforded to minors (7), including their right to association with both parents, human identity as well as the basic needs for food, universal state-paid education, health care and criminal laws appropriate for the age, and development of the child, equal protection of the child's civil rights, and freedom from discrimination on the basis of the child's race, gender, sexual

orientation, gender identity, national origin, religion, disability, color, ethnicity, or other characteristics (6-12).

Myanmar has a Buddhist majority (Table.1). The Muslim minority in Myanmar are the descendants of Muslim immigrants from India (including what is now Bangladesh), and China (the ancestors of Chinese Muslims in Myanmar came from the Yunnan province), as well as descendants of earlier Arab settlers and the recognized Kamein minority, and the Rohingya people, intermarried with local races of Myanmar. According to Human Rights Watch the Burmese government has denied citizenship to any Rohingya persons who cannot prove their ancestors settled in the country before 1823, the beginning of British occupation of what is now Rakhine State (also known as *Arakan*) (15-17).



Fig.1: The location of Myanmar, South East of Asia.

Table.1: Religion in Myanmar, South East of Asia (1).

Religious group	Population % 1973 ^[1]	Population % 1983 ^[1]	Population % 2014 ^[1]
Buddhism	88.8%	89.4%	87.9%
Christianity	4.6%	4.9%	6.2%
Hinduism	0.4%	0.5%	0.5%
Islam	3.9%	3.9%	4.3%
Not religious	n/a	n/a	0.1%
Other religions	0.1%	0.1%	0.2%
Tribal religions	2.2%	1.2%	0.8%

The issue of not recognizing this group of Muslims by the central government has caused insecurity, murder, looting and displacement of these individuals by extremist groups; and the continuation of this violence will cause mental and physical harm to high-risk groups such as children, adolescents and women (**Figures 2-6**). Let's not forget that children are weaker than defend themselves and cannot meet their needs. Children have the right to be fed, clothed, and protected until they reach adulthood. Children must have the

respect, to enjoy love and affection from their parents. Children have the right to education, etc. (15-18). We hope that the international community and the relevant mechanisms of the United Nations, including the Rukhingia Consultative Commission, will take urgent measures and measures to address the current turmoil and take substantive steps to end the serious concerns of the international community about the situation of the Rohingya people especially children and women.

**Fig.2:** Myanmar teenager with his parents on the border of Bangladesh.



Fig.3: Rohingya refugees stand in heavy rain as they are held by the Bangladesh border guard after illegally crossing the border, in Teknaf. Photograph: Mohammad Ponir Hossain/Reuters.



Fig.4: Rohingya people cross the border, taking shelter in no man's land in the Gundum area in Cox's Bazar. Photograph: Zakir Chowdhury/Barcroft Images, Reuters.



Fig.5: Rohingya people rest at a makeshift shelter across the border in Bangladesh. Photograph: Mohammad Ponir Hossain/Reuters.



Fig.6: Rohingya people rest at a makeshift shelter across the border in Bangladesh. Photograph: Mohammad Ponir Hossain/Reuters, Reuters.

REFERENCES

1. Department of Population Ministry of Labour, Immigration and Population MYANMAR (July 2016). The 2014 Myanmar Population and Housing Census Report Volume 2-C. Department of Population Ministry of Labour, Immigration and Population MYANMAR. pp. 12–15.
2. The 2014 Myanmar Population and Housing Census Highlights of the Main Results Census Report Volume 2 – A. Department of Population Ministry of Immigration and Population. 2015.
3. "The World Factbook – Burma". Cia.gov. Archived from the original on 4 November 2010. Retrieved 4 May 2016.
4. Mahmood SS, Wroe E, Fuller A, Leaning J. "The Rohingya people of Myanmar: health, human rights, and identity". *Lancet* 2016; 1–10. PMID 27916235. Doi: 10.1016/S0140-6736(16)00646-2.
5. "Rohingya Face Health Care Bias in Parts of Asia, Study Finds". *The New York Times*. 5 December 2016.
6. Convention on the Rights of the Child", United Nations, 1989. Retrieved 2/23/08.
7. "Children's Rights". Amnesty International. Retrieved 2/23/2008.
8. A. Arshed. Parent-Child Relationship in Islam. Retrieved 2015-09-21.
9. Saeidi M, Ajilian M, Farhangi H, Khodaei Gh. Rights of Children and Parents in Holy Quran. *Int J Pediatr*.2014; 2(3.2): 103-13.
10. Taghizade Moghaddam H, Khodae Gh, Ajilian Abbasi M, Saeidi M. Infant and Young Child Feeding: a Key area to Improve Child Health. *Int J Pediatr*. 2015; 3(6.1): 1083-92.
11. Hoseini BL, Emami Moghadam Z, Saeidi M, Rezaei Askarieh M, Khademi Gh. Child Malnutrition at Different World Regions in 1990-2013. *Int J Pediatr*. 2015; 3(5.1): 921-32.
12. Ajilian Abbasi M, Saeidi M, Khademi Gh, Hoseini BL, Emami Moghadam Z. Child Maltreatment in the World: A Review Article. *Int J Pediatr*. 2015; 3(1.1): 353-65.
13. Pew Research Center's Religion and Public Life Project: Burma. Pew Research Center. 2010. Available at: <http://www.globalreligiousfutures.org>.
14. Human Rights Watch. "The government could have stopped this", August 2012; p. 5.
16. Khodae Gh, Emami Moghadam Z, Khademi Gh, Saeidi M. Healthy Diet in Children: Facts and Keys. *Int J Pediatr*. 2015; 3(6.2): 1183-94.
17. Who Are the Rohingya?" About Education. 2014. Archived from the original on 18 November 2012. Retrieved 8 March 2015.
18. Rajabi H, Saeidi M, Khademi Gh. Emergency Management of Common Diseases in Children. *Int J Pediatr*. 2015; 3(4.1): 789-98.
19. Taghizadeh Moghaddam H, Sayedi SJ, Emami Moghadam Z, Bahrein A, Ajilian Abbasi M, Saeidi M. Refugees in the Eastern Mediterranean Region: Needs, Problems and Challenges. *Int J Pediatr*. 2017; 5(3): 4625-39.