

Gender, disabilities and displacement in Kachin State

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Introduction

Clashes in June 2011 between the Myanmar armed forces, known as the Tatmadaw, and the armed wing of the Kachin Independence Organisation (KIO) re-ignited the armed conflict in Kachin State, ending a 17-year ceasefire.¹ The conflict has led to the deaths of thousands of civilians, and civilians have suffered from conflict-related sexual violence, forced recruitment (including of minors) and exposure to landmines (Human Rights Watch 2012). In December 2020, approximately 97,000 civilians in Kachin State were registered as internally displaced persons (IDPs), both in government-controlled and KIO-controlled areas (Myanmar Information Management Unit 2020; for gender dynamics in Kachin State, see also Cardenas, this volume). The February 1, 2021 coup d'état has escalated the fighting, leading to further casualties and displacement in the state. This chapter examines a grim legacy of this armed violence, namely the civilians and former combatants living with disabilities caused by the war. Furthermore, we also examine the impacts of war and displacement on people with non-conflict related disabilities. We do this by drawing on data collected in Kachin State in 2018 (Lawn and Naujoks 2018), and analyse the findings from a gender perspective. We thereby highlight the experiences of people who have often been left out or marginalized in the processes of transformation in Myanmar as well as in the narratives about it. While the opening up of new political spaces created avenues for civil society actors to advocate for gender-related issues both nationally and sub-nationally (as discussed in the chapters by Faxon and Aye Thiri Kyaw in this volume), the intersections of gender, disability

1 On the breakdown of the ceasefire, see Sadan (ed.) 2016.

and conflict have received comparatively little attention. The voices of both displaced persons and persons with disabilities themselves have often been largely absent from these debates.

This chapter is structured as follows. After a brief overview of the research methodology and the state of research on gender and disabilities, we discuss the various concerns raised by our interviewees, as well as giving an overview of services available to persons living with disabilities. We then discuss the gendered dimensions of disabilities in Kachin State and end with conclusions.

Gender, Disability and Conflict

This chapter is based on qualitative research conducted in September–October 2018, consisting of 161 interviews and six focus group discussions (FGDs). Our respondents were primarily men and women with mobility-related and visual disabilities. In addition, we conducted 19 key stakeholder interviews in government- and KIO-controlled areas,² including in IDPs camps (Lawn and Naujoks 2018). Of the interviewees, 45 per cent (64 respondents) were women and 55 per cent (77 respondents) were men. Most were internally displaced persons, including veterans of the Kachin Independence Army (KIA). Additional interviews were conducted for comparison with persons living with disabilities in Laiza and Myitkyina, who had not been displaced. Many of the disabilities in KIO-controlled areas were conflict-related, incurred through landmines, conflict violence, while fleeing from fighting, or due to lack of timely medical support. In the government-controlled areas, most of the respondents reported that their disabilities were congenital or stemming from accidents. The issues covered included safety and security; livelihoods; stigmatization and discrimination; services available to persons living with disabilities in Kachin State; and gendered expectations and changes.

While much of the research on the various armed conflicts in Myanmar continues to be gender-blind, there is a growing body of both academic and ‘grey’ literature on women and girls in conflict (see also chapters by

2 Key stakeholders included ethnic and community-based organizations, faith-based organizations, national organizations focused on supporting people living with disabilities, camp management structures and relevant local authorities on both the government and the KIO sides.

Pepper, Zin Mar Phyo and Mi Sue Pwint and Hedström, Olivius and Zin Mar Phyo in this volume). The gendered experiences of civilian of men and boys in conflict have been far less researched in Myanmar (Naujoks and Myat Thandar Ko 2018). In the case of the Kachin conflict, Jenny Hedström (2016a, 2016b and 2020) and Nhkum Bu Lu (2016) have studied women active in the KIO and its armed wing, the KIA. The impacts of the conflict on displaced women, and on civilian women more broadly, have been documented by various non-governmental organizations (NGOs) and humanitarian agencies, and to a lesser extent in academic research (for example Gender Equality Network and Kachin Women's Peace Network 2013; Gender in Humanitarian Action Workstream 2020; Johnston and Lingham 2020; McLaughlin and Seng 2018; Pistor 2017).

Globally, and in the Myanmar context as well, the interplay of gender and disability in contexts of displacement and conflict has remained understudied. Much of the existing literature on gender and disability draws on research in the Global North, in non-conflict and non-displacement situations (Grech and Pisani 2015; Mohamed and Shefer 2015; Shuttleworth, Wedgwood and Wilson 2012). Examining what literature is available on gender, conflict, displacement and disability, we do however see key similarities between Kachin State and other conflict contexts. These similarities include the need to differentiate between congenital/disease-related and conflict-/accident-related disabilities and how these impact gender (Shuttleworth, Wedgwood and Wilson 2012); the differential impacts of conflict-related disabilities on civilians and former combatants (Hartley 2013); and the need to approach the interplay of gender, disabilities and displacement as dynamic rather than static (Muhanna-Matar 2020).

The concept of 'disability' has historically been understood in different ways. Dan Goodley (2017: 8–20) outlined several ways in which disability or impairment is framed. These include moral framings of disability as a form of punishment or retribution for past misdeeds; medical understandings focusing on disability as a condition to be addressed; social understanding of disabilities focusing on how society creates barriers; and the biopsychosocial model, which seeks to bridge the gap between the medical and social models.

For the purposes of our research, we sought to use a biopsychosocial approach. While not officially espoused by any service providers or faith leaders, nor directly endorsed by any respondents, our research did hint at echoes of a 'moral' framing of disability among some community members

and possibly some respondents as well (i.e. of it being a punishment for past bad deeds – see Goodley 2017), along with various forms of discrimination linked to superstitious beliefs. Service providers tended to take a medical approach, though increasingly also a social – or biopsychosocial – understanding of disabilities is beginning to take root as well, especially among CSOs. What is, however, often missing is a deeper gender analysis as well.

Key Concerns of Persons Living with Disabilities

Conflict and displacement expose people to the risks of direct violence, create livelihood-related concerns and concerns about a lack of control over one's life situation, as well as emotional and psychological stress. Furthermore, being displaced can become a source of social stigma. Some of these impacts take on particular gender dimensions. For example, women are expected to take care of both reproductive and productive labour, and face higher risks of various forms of sexual harassment, exploitation and abuse as well as of domestic and intimate partner violence, with little recourse to justice in such cases (Gender Equality Network and Kachin Women's Peace Network 2013; Hedström and Olivius 2020; Johnston and Lingham 2020; Pistor 2017). Men and boys may be more impacted by the frustrations associated with not being able to live up to expectations of being an economic provider; are more likely to come under suspicion of being a potential combatant; and also have higher rates of drug and alcohol abuse (Gender in Humanitarian Action Workstream 2020; McLaughlin and Seng 2018; Naujoks and Myat Thandar Ko 2018). Men, both in uniform and civilians, also form the majority of landmine victims in Myanmar, as they are more likely to be in combat or, in the case of civilians, to undertake activities that place them at higher risk, such as using heavy farming equipment in mine-contaminated areas (International Campaign to Ban Landmines 2014).

While displaced persons across the board face the above risks and vulnerabilities, they are often even more pronounced for those living with disabilities. These risks and vulnerabilities can extend to those caring for them, which tends to be women family members. In addition, the marginalization of those living with disabilities is compounded by physical barriers, stigma and discriminatory attitudes, including internalized stigma and fears of embarrassment or pity in public interactions (Naujoks and Lawn 2018). These both lead to and can be further exacerbated by reduced opportunities

to gain skills and education and to participate in the work force (Khaing Khaing Soe 2017).

The key concerns raised by our respondents related to safety and security; concerns related to livelihoods; and discrimination and stigmatization. We will next explore these and their gendered dimensions in more depth.

Safety and Security

The most direct impact of armed conflict on people's lives is their increased exposure to violence, injury and death. Gender is one of the main factors affecting people's scope for action and decision-making as well as their vulnerabilities in times of violent conflict. Many gendered risks and vulnerabilities are exacerbated for those living with disabilities. For example, security threats faced while fleeing from their villages are often heightened for those living with disabilities due to their limited mobility. In the IDP camps, many threats remain, particularly as camps have at times been targeted by shelling and aerial bombardment and as there are often landmines in the areas around the camps. In addition, it is often difficult to meet basic needs including food, safe drinking water and primary healthcare.

Key security risks for civilian men and boys in Myanmar's conflict zones include being targeted by armed groups, including the Tatmadaw, as suspected combatants. Men with physical impairments are often suspected of being former combatants and face frequent interrogation at military checkpoints. This was mentioned as being a major barrier preventing them from accessing medical and educational services.³

For women and girls, various forms of sexual and gender-based violence (SGBV), committed both by armed actors and civilians, are a major risk in conflict-affected areas. Survivors and their families may not want to make cases public and visible for fear of stigmatization, and camp management committees in Kachin and elsewhere in Myanmar have been known to suppress reporting (Gender in Humanitarian Action Workstream 2020). Young women and girls with disabilities are particularly vulnerable to harassment when their parents or carers go out of the camp to work as daily labourers. A mother of one such victim stated:

3 Interview in Shwe Zet IDP Camp (Myitkyina), 18 October 2018. 47-year-old man, paralysed due to lack of medical support.

It is a shameful thing to tell. A bad guy from the neighbourhood tried to harass [my daughter]. So she was quite afraid and ran around. But the neighbourhood kept saying that nothing had happened. It happened when my husband and I went outside the camp to work as daily waged labourers, and we left her with the younger children. We did not know how to express [what happened]. The neighbourhood blamed us instead. They said that nothing had happened, though it was just too obvious.⁴

Men and boys with disabilities, especially those who are mute or have cognitive disabilities, may also be targets of SGBV, as it is assumed that they cannot report incidents of abuse or that they will not be believed. Domestic violence, physical and verbal abuse of those with disabilities by other family or community members is a further risk faced by persons living with disabilities, regardless of gender. Our findings included a case of a man who kept violently attacking his stepfather despite the latter's disabilities, beating him and cutting his neck with a knife. The stepfather had to stay at a monastery for his safety.

Livelihoods and Disabilities

Livelihoods are a major issue of concern across the board for internally displaced persons, but especially for men, whose sense of self-esteem and social standing in Myanmar is often linked to expectations of being the primary breadwinner, an expectation made all the more difficult to fulfil in a context of conflict and displacement (see also Naujoks and Myat Thandar Ko 2018). For women in families with members with disabilities, the loss of the male provider in a household often means that they face the burden of having to work more to sustaining the family economically, in addition to which they are often expected to care for the family member with disabilities (see also Johnston and Lingham 2020). Women with disabilities themselves may struggle to get help from other family members, as caring is seen as mainly a 'feminine task', which male household members may be unwilling to undertake:

The main problem in the households in the camp is when the primary breadwinner of the household gets ill or getting old. The family members have to look after him/her the whole time since he/she became disabled.

4 Interview, Padaukmyaing IDP Camp (Myitkyina), 16 October 2018. The young woman concerned was 19 years old and had polio-related disabilities.

In some households those living with disabilities are alone without any support from the relatives and neighbours.⁵

Displaced persons living with disabilities often face greater difficulty than other displaced peoples in finding livelihood opportunities, which can result in frustration, and this may then lead to negative coping mechanisms such as substance abuse,⁶ but also, potentially, to domestic violence. Substance abuse is more likely among men, given gender norms that proscribe women from drinking alcohol or using drugs, but are more lenient in relation to this among men (Gender in Humanitarian Action Workstream 2020).

The respondents' perceptions around disabilities and gender roles are closely linked to their ability to generate income and get married, which in turn affects their sense of self-worth and position in their communities. Men living with disabilities, in particular, felt more socially integrated when they could generate income and provide for the family. Answers to whether respondents saw themselves as 'being disabled' varied accordingly: those who were able to earn an income and generate a livelihood often did not self-identify as living with a disability, in spite of impairments such as missing limbs. Those who were unable to make a living were more likely to self-identify as living with a disability. In a focus group discussion with visually impaired respondents, men highlighted their ability to navigate through life and to learn and earn as evidence that they were not disabled.⁷ This is in line with expectations of strength, independence and being the breadwinner for Kachin men. Visually impaired women participants, meanwhile, talked less about how they saw themselves, and spoke more on behalf of blind children, in line with gendered expectations of being a caregiver. But even among women, the ability to contribute to the household income was a key indicator of social acceptance, with one woman living with a disability, for example, reporting problems with her in-laws until she started earning money, upon which she was respected by them.

Livelihood-related concerns were more acute among disabled respondents living in IDP camps. Apart from the monthly support that they receive from the camp leadership, they have little or no income and no job

5 Interview with service provider.

6 Methamphetamine and opiates are widely available in Kachin State.

7 Focus group discussion, Jan Mai Kawng School for the Blind (Myitkyina), 26 October 2018.

opportunities. Available jobs, which are mainly in banana, sugarcane and tea plantations, tend to be seasonal and temporary. Women are preferred as employees in tea plantations, mainly on the Chinese side, in order to pick tea leaves, as women have been socialized more to carry out monotonous work that requires attention to detail. In banana plantations, the main job is to carry banana bundles and spray pesticides, which is considered suitable for men due to the requirement for physical strength. Sugarcane plantations, on the other hand, mostly employ women. None of these jobs are easily accessible to persons living with disabilities. The jobs are physical and the terrain is hilly. A woman living in an IDP camp in Myitkyina related her struggles as a wife and mother, unable to get a permanent job even after living in the camp for seven years:

Initially we received 100% of our share of aid from the camp. Since I am now able to do temporary jobs they have cut our share down to 70%. Now I have to work to support my husband and children. Since my husband is a drug addict he is doing nothing. As he is likely to create more problems when he goes out, I convince him to stay at home. It is extremely difficult to get a job, even for other displaced persons, let alone for us. Though I have lived in the IDP camps for something like six or seven years, I still have not got a permanent job.⁸

A respondent using a prosthetic leg mentioned that it is extremely difficult to work more than 1.5 hours in the field as the sweat and heat make it extremely uncomfortable.⁹ Respondents also raised concerns about the health impacts of the pesticides and fertilisers used on the monoculture plantations.¹⁰

The armed conflict has also affected persons living with disabilities in areas not directly affected by armed conflict, such as in Myitkyina. The President of Myitkyina School for the Blind explained how the conflict has impacted on the school's fund-raising:

Due to the conflict the population of persons living with disabilities is increasing. Likewise, the volume of donations we received has dwindled; due to the conflict our music band cannot go out and do fundraising shows across the region.¹¹

8 Interview, Bethlehem IDP Camp (Myitkyina), 22 October 2018. 36-year-old woman with polio-related disabilities.

9 Ibid.

10 Interviews in Je Yang IDP Camps, 2018.

11 Interview, Myitkyina, 2018.

Thus, even beyond the direct impact of violence and displacement, as summed up by an NGO respondent, ‘the conflict has made disabled persons more disabled’, and has added new barriers to their livelihoods.¹²

For the majority of respondents, who have come from agricultural communities, access to land was central to their livelihoods and identity. Most of our respondents wanted to return to their home villages, but only if it was safe. As long as military troops remain stationed in the vicinity of their villages and landmine incidents continued, they did not dare to go back. Research on internally-displaced Kachin has shown differences between women and men in wanting to return or resettle (Gender Profile for Humanitarian Action 2020). Women were found to attribute more importance to living conditions, family cohesion, identity, education and health services, while for men fear of losing their land and houses in their place of origin was their main preoccupation. Respondents expressed concern that their land had been confiscated in their absence. This was echoed in our research as well. A displaced man with disabilities, for example, stated that he could no longer protect his property in the village, explaining how ethnicity intersects with his disability to shape the impact of the conflict on him:

Since I have acquired a disability I cannot go back and oversee our family’s land, while other people could occasionally go back and do short-term farming and come back. What made me despair most has been that I could not even go back and clear our family compound. [...]. As a result, some of my neighbours have confiscated some of our family land in our absence. Our neighbours did not need to flee. They are Tai Leng.¹³

Stigmatization and discrimination

Our research indicated that persons living with disabilities face different attitudes to different types of disabilities. There were, we found, traditional, positive attitudes to some types of disability, which are regarded as being auspicious or associated with good fortune. According to interviewees,

12 H. Nu Ra, 2018.

13 In multi-ethnic areas such as Tarlawgyi, ethnic Tai-Leng IDPs can return or did not need to flee, while ethnic Kachin IDPs face risks in returning home because they are more likely to be suspected of being KIA members or supporters, facing possible arrest. Interview in Shwe Zet IDP Camp (Myitkyina), 18 October 2018. 47-year-old man, paralysed due to lack of medical support

the presence of a child with autism or a cleft lip is sometimes considered auspicious for the family's wellbeing and wealth. However, stigma is attached to blind persons, to physically impaired persons, to deaf persons and to mentally- or intellectually-impaired persons. Persons with polio-related disabilities face discrimination due to unfounded fears of contagion. People with these kinds of disabilities are often considered inauspicious and are less valued as individuals, facing mocking and discrimination from others. There is also more stigma attached to congenital disabilities than to those caused by the conflict or an accident, while disabled veterans injured after 2011 are in some contexts perceived as heroes for having been injured in service.

Respondents recounted discrimination in the family, neighbourhood or community, the camps and the Church. A blind woman from Myitkyina School for the Blind recounted how she had been discriminated against by her family and neighbours:

My family members and people in the neighbourhood looked down upon me when I was uneducated. I was an object of mockery for the kids in the neighbourhood. Now that I am an educated person, I no longer face this kind of thing.¹⁴

Thus, targeted support can positively shift the perceptions of persons with disabilities in the community and thereby also their own self-perception and quality of life. Our research also indicated that disabilities can have multiple interconnected impacts, such as blindness causing exclusion from educational opportunities, which then causes further exclusion socially or in the labour market.

Churches, as key social institutions in Kachin, can play a vital role in enhancing inclusion and social contact for persons living with disabilities, or, conversely, can also act as sites for social exclusion. The blind woman quoted above explained her experiences within the church congregation:

I experienced discrimination while involved in the church activities. When I was a teenage girl I went to participate in the youth activities. While others were playing I had to stand alone doing nothing. I felt really small at that time.¹⁵

14 Interview, Jan Mai Kawng School for the Blind (Myitkyina), 26 October 2018. 34-year-old blind woman.

15 Ibid.

Another physically-impaired woman recounted how she had been looked down upon by the church members, explaining that ‘some kind-hearted people included me in the choir competition last year. But some protested and rebuked them for including a physically disabled person.’¹⁶ A displaced man with polio-related disabilities saw this discrimination as a fundamental failing of the congregation:

The primary purpose of the Church is to look after the poor and down-trodden people, [...], depressed people, widows and outcasts. But the Church has forsaken those people. They only care about the rich people. Then who will look after those helpless people?¹⁷

Discrimination is also entrenched in some of the criteria for obtaining jobs, both in government- and KIO-controlled areas. One of the formal criteria for the post of a schoolteacher is that the applicant has to be ‘a healthy person’, which has been used to discriminate against persons living with disabilities:

They do not want to give us jobs in the government sector. Just recently I asked a local school principal whether I could teach the children. He said no because he is afraid that the children will become like me. He is afraid that the children will imitate me. They do not want to employ us in any of the government jobs.¹⁸

Stigmatization does not only affect individuals directly, but can even lead to their children facing discrimination and harassment in the school and community. Some parents prevent their children from playing with the children of parents with disabilities. Children with disabilities are also discriminated against in other ways. For instance, blind children can study together with other students, but when they sit exams they have to sit under the stairs.¹⁹ The general school curriculum and the exam questions are not accessible to blind students, as the exam questions include diagrams without proper descriptions. This indicates structurally-anchored discrimination within the education system,²⁰ but it also indicates clear entry points for

16 Interview, Maina RC camp, 8 October 2018.

17 Personal interview, Hpum Lum Yang IDP Camp (Laiza), 20 September 2018. 30-year-old man.

18 Ibid.

19 Focus group discussion, Jan Mai Kawng School for the Blind, (Myitkyina), 26 October 2018.

20 Ibid.

small but strategic changes that could enable better inclusion of learners with disabilities in the education system.

The conflict- and displacement-related concerns raised by our respondents in this section do not operate separately; in fact, they often have a cumulative effect and can be mutually reinforcing. For example, stigma and discrimination can be obstacles to education and employment, contributing to poverty and increased vulnerability, which in turn further exacerbates stigma. Ideally, support services can help break these cycles, but, as we explore next, these services are often thin on the ground.

Lack of Support Services

According to the Guiding Principles on Internal Displacement (UN Office for the Coordination of Humanitarian Affairs 2001), IDPs with disabilities are ‘entitled to the protection and assistance required by their condition and to treatment which takes into account their special needs’ (Principle 4) and they are to ‘receive to the fullest extent practicable and with the least possible delay, the medical care and attention they require, [...] access to psychological and social services’ (Principle 19). Nonetheless, support for displaced persons with disabilities is limited in Kachin State, and is provided by a handful of non-specialized organizations, which are often unable to offer additional support beyond providing general assistive devices²¹ and monthly cash allocations.²² Individuals with disabilities may get additional support through one-off donations, often mediated through faith-based organizations. Civil society organizations (CSOs) such as the Kachin Baptist Convention (KBC), Karuna Myanmar Social Services and the Nyein Foundation provide cash support of 80,000 MMK (equivalent to about US\$51)²³ per person per month in government-controlled areas and 100,000 MMK (equivalent to about 64 USD) in KIO-controlled areas. The

21 These mostly consist of wheelchairs, tricycles, walking sticks and crutches, though availability depends on the location. For instance, eye protection glasses for the visually impaired or blind are only available in the government-controlled areas.

22 Interview, KBC Office Myitkyina, 15 October 2018 and interview, Nyein Foundation, Myitkyina, 12 October 2018. This was also mentioned by interviewees from Je Yang IDP camp, Myusha Hpyen Hpung (People’s Militia) (MHH) from Laiza and from Maina IDP Camp in Waimaw.

23 Exchange rate during the data analysis in 2018.

prevailing approach to disabilities tends to be a charity-based one drawing on a medical model, rather than one that sees disabilities as socially-constructed.

CSOs and the government use divergent criteria for defining disabilities and providing support. While the government only recognizes four categories of disability (physical, visual, hearing and intellectual/learning impairments), other CSOs use the six Washington criteria,²⁴ and yet others apply broader definitions, which include people with HIV/AIDS. This leads to multiple, divergent lists of people living with disabilities between IDP camp leaders and CSOs, causing complications when different organizations distribute cash and other support but use different sets of criteria. Some respondents stated that they received less than the supposed amount as the local camp leadership agreed to split the total funds received for a smaller list of recipients between all persons listed as disabled on their own, which is a more comprehensive list. Furthermore, people with impairments may be listed as having disabilities by camp leaders against their will, as they feel they can function and earn their livelihood well enough and reject the label of 'being disabled'.

Currently, there is no dedicated psycho-social support available for persons living with disabilities in Kachin State. This is a significant gap for people who have survived traumatic violence related to the conflict, including displacement and, for some, loss of limbs to landmines. From the researchers' observations, traumas seemed more evident in KIO-controlled areas. This may be because KIO areas have experienced more and more recent violence than government-controlled areas. More of the disabilities were recent, with people still traumatized and adjusting to them, whereas in government-controlled areas there was a higher ratio of people with congenital disabilities, who were more reconciled to their disabilities.

Some IDP camps in the KIO-controlled areas have community halls that provide a place for persons living with disabilities to socialize and interact together, which serves the basic function of mutual support through exchange with others, to reduce feelings of isolation and depression. The community halls to some extent replicate the tea shop functionality as hubs for exchange and socializing. However, this also seemed to replicate the

24 The Washington Group Short Set of Questions on Disability, available at www.washingtongroup-disability.com/wp-content/uploads/2016/01/The-Washington-Group-Short-Set-of-Questions-on-Disability.pdf.

gendered patterns of tea shop use, with mostly men rather than women with disabilities using them.

Although persons living with disabilities have access to general health services through the camp clinics in KIO-controlled areas, the health services available at the clinics cannot address major sicknesses. IDPs in camps under government control can access medical services at the General Hospital in Myitkyina, which has better facilities than the KIO's General Hospital.

As we have highlighted thus far, the impacts of living with disabilities, of conflict and displacement, and of engaging with service providers are highly gendered. Next, we examine to what degree this has reinforced gendered roles and expectations and/or led to shifts in these.

Gendered Expectations and Shifting Gender Roles

The conflict has made it more difficult for men and women living in IDP camps in general to perform conventionally-assigned gender roles within the family and the community (see also Johnston and Lingham 2020). It is particularly challenging for displaced men and women with disabilities, as underscored by our respondents. In Kachin society, a man is traditionally expected to be the head of the family, the primary breadwinner, as well as the protector of the family and the land. In contrast, a woman is expected to be the homemaker, the mother and the organizer of family members and relatives, including caring for the old, young and sick. Both men and women are expected to marry and have children to continue the clan. However, the challenges of living with disabilities in situations of displacement and in an armed conflict create significant barriers to achieving these expectations.

For some, this has led to tensions in their relationships. A male respondent recounted how the conflict has upset the gender roles in the family, creating tensions for the couple:

Though I am a disabled person, before the war broke out I could help my wife in many ways. When the war broke out in 2011 we had to flee to our swidden field, and she had to carry me on her back while fleeing. After that I think she was totally disappointed with me [...] and we also lost all our family properties.²⁵

25 Interview, Woi Chyai Camp, Laiza.

He was unable to protect his family and lands, and while they were fleeing his wife ended up protecting him by carrying him, in a reversal of gender role expectations. When the man could not play the expected gender role, his partner stopped recognizing his role, resulting in a strained relationship. He was unable to repair the broken relationship with his wife, in his view mainly because he could not perform the expected gender role as the protector of the family and of their property.²⁶

In other cases, families with disabled members have accepted the shifts in conventional gender roles, but the disabled person's perception of themselves continues to be a challenge. Some men felt unable to live up to expectations as the primary breadwinners and heads of the family, even though other family members still viewed them as the head, resulting in stress, as this respondent said:

As a father, I feel really sad if I cannot fulfil or provide for their basic needs [...] I feel worried about not being able to help to improve my children's prospects. Because I am their father, I have the responsibility to support them to get better education, financial security and everything that they need. I do not want to think that I will not be able to support them in their lives in future because of being a disabled person.²⁷

For another male veteran, the inability to fulfil gender role expectations had led to frustrations:

I am the head of the family. But my wife is now taking on most of those responsibilities. [...] I am not like other men who can do different work, and that is why I cannot earn much. The community expects that a man should be a hard-working person on behalf of their family, should have good social skills with people and the community, and should have a big heart and contribute to the needs of the community. Also, he must possess good health – that is what the community thinks of a good man. So I cannot contribute in many ways and because of this situation I feel upset.²⁸

Especially among men, negative coping mechanisms may arise as a reaction to frustrations. While alcohol is banned in IDP camps, interviewees recounted male relatives smuggling in alcohol or drugs to men living with

26 Interview, Woi Chyai IDP Camp (Laiza), 18 September 2018. 51-year-old man with multiple disabilities, due to a bullet wound to his head in a battle before the ceasefire.

27 Older male veteran, Je Ying IDP camp, 15 September 2018.

28 Ibid.

disabilities, to alleviate depression and sadness. These efforts to help male family members can alleviate their symptoms, but they do not address real issues. There have also been cases of suicides, especially among disabled veterans. Some male respondents also recounted feeling anger due to their frustrations:

When my children are going to attend school, my wife has to support them. I only have a nominal status in the family. When things don't happen as expected, I feel like blaming everyone verbally. If I see someone walking along, I feel like getting angry with them [...] I feel I can't find the words to express myself. [...] I can't express anything. [...] I can only breathe and speak. [...] That's why I feel I am a useless person.²⁹

While male respondents often struggled with the loss of their status as main provider, women with disabilities struggled with living up to social and domestic obligations, feeling frustration and anger, and not wanting to be pitied:

When my mother is away travelling, all the family responsibilities are on my shoulders. Things like social events, parties and funerals are my responsibilities. [...] I feel embarrassed to wear clothes that are washed by my siblings. If I do these tasks, I face so many obstacles. I don't want to ask them to do them all the time. I don't want to give burdens to others because of me. I want to do things on my own. [...] As I am not equal to others and I can't go anywhere, they look down on me. [...] All the facial expressions of the neighbours [...] I feel like they are looking down on me. [...] As I am the eldest daughter in my family, they would have many hopes for me if I were not a disabled person. Being an impaired person, they may have less hope for me.³⁰

In some families, the impact of the conflict has been to exacerbate pre-existing issues of domestic violence. One woman with disabilities³¹ interviewed used to work as a trained midwife in her community of origin. When she was raped and became pregnant, social pressure forced her to marry the rapist. Her husband is a violent alcoholic, but in their village she was able to earn money for the family and her husband 'could not trouble

29 Man with mobility impairments, Je Yang IDP Camp, 15 September 2018.

30 Woman with disabilities, Maina IDP camp, 8 October 2018.

31 Interview, Maina RC Camp, 9 October 2018. 46-year-old woman with disabilities related to polio due to lack of medical support as a child.

her much'. Due to the conflict, they had to flee and her younger son incurred a disability due to lack of medical support while fleeing. In the IDP camp, she has been unable to go out and find a job to support her family as she has to look after her disabled child. Her husband is rude to the community and violent when drunk, causing direct harm to the family and increasing the family's ostracization by others.

In spite of the extreme challenges, in some cases respondents had overcome traditional gender expectations, and adapted successfully to the new situation. One physically impaired man explained how he reviewed his role in the family after the conflict, saying:

We no longer make any distinction between the husband's and the wife's family roles and responsibilities. I also help my wife in doing household chores.³²

The transcending of gendered divisions was key for some in dealing with the new situation, making family life more stable and harmonious, despite the lack of income opportunities and the challenges of displacement. In the best of cases, the changes in gender roles were accompanied by a generally supportive approach to the person with disabilities, in spite of community pressure:

I do experience some discrimination, such as people looking down on me; also, they bully my wife, as [the] wife of disabled husband. [...]. I appreciate my wife so much, there are some families with members living with disabilities that have broken up because of that. [...] We got married after I became a disabled person, but we knew each other before I became disabled [...] After I became disabled, [...] I explained to her that I was no longer able to do good business or to bring in income to the family, and that I was not even able any longer to take good care of our children, with my situation [...] she responded that it was okay, that it was not my fault, and finally we got married. [...] Even though she is a woman, she can take on men's responsibilities and things that are meant to be done by a man.³³

In terms of the interplay between gender, displacement and disabilities, our findings echoed those of Muhanna-Matar's (2020) research on Syrian male refugees, who found different ways of coping with what Shuttleworth,

32 Interview, Je Yang IDP Camp (Laiza), 16 September 2018. 48-year-old man.

33 Older male veteran, Woi Chyai camp (Laiza), 18 September 2018.

Wedgwood and Wilson (2012) call the ‘dilemma of disabled masculinity’. This dilemma arises from disability being ‘associated with being dependent and helpless whereas masculinity is associated with being powerful and autonomous’ (Shuttleworth, Wedgwood and Wilson 2012: 174). Echoing Gerschick and Miller (1994), some respondents continued to hold on to masculine ideals for their sense of self, for example by denying their disability status for as long as they could work. Some continued to struggle to reconcile their current life situation with their expectation that they should be a provider and the household head. Others, however, had reformulated their masculine self and their position in the household and the family. For women, many continued to live up to the expectation that they carry out household duties to the best of their ability, though often with deep frustration emanating from their physical limitations.

Conclusion

Our research sought to highlight the gendered experiences of conflict and displacement of persons living with disabilities in Kachin State. While Myanmar, pre-coup, was going through a major process of political and social transition, and in some areas through a post-conflict transition, most of our respondents were shut out of these processes. Especially for those in IDP camps, their lives are marked by economic precariousness and defined by constant exposure to armed conflict, violence and involuntary displacement. This displacement, intended to be temporary, has become a (semi-)permanent state of limbo, as some people have spent over a decade in the camps, including a younger generation, the members of which have been born, raised and spent the majority of their lives there. Even though they hope for a potential return to their home villages, many still fear being exposed to harassment by the military, to landmines and living in poverty. Displaced men struggle with their inability to live up to gendered expectations of being a provider and head of the family. As has also been discussed elsewhere (Hedström and Olivius 2020; Johnston and Lingham 2020), women in conflict zones, especially those who have been displaced, are burdened with multiple expectations of productive and reproductive labour.

While these gendered impacts affect all internally-displaced persons, the impacts are more acute and exacerbated for those with disabilities, whose lives and bodies will continue to be marked by the legacies of war even when

it does eventually come to an end. Persons living with disabilities and their families face stigmatization and discrimination, some of which has been internalized, leading to depression and despair. Women with disabilities are not necessarily exempt from these, and they face frustrations and discrimination for not being able to fulfil roles that are expected of them. Women also tend to be the ones caring for family members with disabilities, thereby increasing their workload and raising the risk of depletion.

Nonetheless, the research also had some positive findings, highlighting the inter-relatedness and importance of change and social participation. Those men and women who were able to accept and embrace changed gender roles fared best, especially if this was coupled to being able to participate in social, economic and educational activities with others. Earning an income and getting an education were mechanisms for both men and women with disabilities to prove themselves to their families, earning respect and a positive self-identity alongside the income.

Both persons living with disabilities and displaced persons on the whole have to date been largely sidelined both in the pre-coup processes of positive change in Myanmar and the narratives about it, but they have borne the brunt of many of the negative changes, such as renewed conflict and increased economic insecurity. Their voices and concerns have also been largely sidelined in discussions about Myanmar's future, including in relation to their possible return home from camps. This sidelining has been greater for women than men, and for those with disabilities it has been greater than for those without. Ensuring that they can participate actively, and that they are able to address the social and physical barriers that prevent them from doing so, will not only lead to better policies relating to displaced persons, women's rights or disabilities issues; it will also allow men and women with disabilities to feel themselves to be the fully-fledged citizens that they should be, rather than to be social embarrassments or passive objects of charity. The coup and the escalation in violence in its aftermath and the socio-economic crisis it has triggered, compounded by the COVID-19 pandemic, have all further exacerbated the vulnerabilities of persons with disabilities, and made addressing these issues all the more pressing.

References

- Gender Equality Network and Kachin Women's Peace Network. 2013. *Women's Needs Assessment in IDP Camps, Kachin State*. Yangon: Gender Equality Network and Kachin Women's Peace Network.
- Gender in Humanitarian Action Workstream. 2020. *Gender Profile for Humanitarian Action: Rakhine, Kachin and Northern Shan, Myanmar, March 2020*. Yangon: Gender in Humanitarian Action Workstream.
- Gerschick, Thomas and Adam Miller. 1994. 'Gender identities at the crossroads of masculinity and physical disability.' *Masculinities* 2: 34–55.
- Goodley, Dan. 2017. *Disability Studies: An Interdisciplinary Introduction*. Los Angeles: Sage Publishers. Second Edition.
- Grech, Shaun and Maria Pisani. 2015. 'Editorial: Towards a critical understanding of the disability/forced migration nexus.' *Disability and the Global South* 2 (1): 416–420.
- Hartley, Julie. 2013. 'War-wounds: Disability, memory and narratives of war in a Lebanese disability rehabilitation hospital.' In Kevin McSorley (ed.), *War and the Body: Militarisation, Practice and Experience*, pp. 181–193. Abingdon: Routledge.
- Hedström, Jenny. 2016a. "Before I joined the army I was like a child": Militarism and women's rights in Kachinland.' In Mandy Sadan (ed.), *War and Peace in the Borderlands of Myanmar: The Kachin Ceasefire, 1994–2011*, pp. 236–256. Copenhagen: NIAS Press.
- . 2016b. 'The political economy of the Kachin revolutionary household.' *The Pacific Review* 30 (4): 581–595. Available at: doi:10.1080/09512748.2016.1273254.
- . 2020. 'Militarized social reproduction: Women's labour and para-state armed conflict.' *Critical Military Studies* 8 (1): 58–76. Available at: 10.1080/23337486.2020.1715056.
- Hedström, Jenny and Elisabeth Olivius. 2020. 'Insecurity, dispossession, depletion: Women's experiences of post-war development in Myanmar.' *European Journal of Development Research* 32: 379–403.
- Human Rights Watch. 2012. *'Untold Miseries' – Wartime Abuses and Forced Displacement in Burma's Kachin State*. New York: Human Rights Watch.
- International Campaign to Ban Landmines. 2014. *Myanmar/Burma – Casualties and Victim Assistance, The Landmine and Cluster Munition Monitor 2014*. Geneva: International Campaign to Ban Landmines.
- Johnston, Melissa and Jayanthi Lingham. 2020. *Inclusive Economies, Enduring Peace in Myanmar and Sri Lanka: Field Report*. Melbourne/Warwick, Monash University/University of Warwick.

- Khaing Khaing Soe (2017). 'Disability Statistics in Myanmar: Highlight from 2014 Population and Housing Census provided in a presentation given at the United Nations Headquarters, New York, 9th March 2017.' Available at: unstats.un.org/unsd/statcom/48th-session/side-events/documents/20170309-2L-Khaing-Khaing-Soe.pdf
- Lawn, Dan Seng and Jana Naujoks. 2018. *Conflict Impacts on Gender and Masculinities Expectations on People with Disabilities in Kachin State*. Myitkyina/Yangon: Kachinland Research Centre and International Alert.
- McLaughlin, Rory and John Jeffrey Seng. 2018. *Exploring Complexity: A Systemic Analysis of Social Cohesion in Kachin State*. Yangon: RAFT Myanmar.
- Mohamed, Kharnita and Tamara Shefer. 2015. 'Gendering disability and disabling gender: Critical reflections on intersections of gender and disability.' *Agenda* 29 (2): 2–13.
- Muhanna-Matar, Aitemad. 2020. *Beyond the Binary Understanding of Masculinities: Displaced Syrian Refugee Men Living with Disability and Chronic Illness in Jordan*. Occasional Paper No. 24. Doha: Center for International and Regional Studies (CIRS) Georgetown University in Qatar.
- Myanmar Information Management Unit. 2020. *CCCM/ SHELTER/ NFI Cluster Analysis Report (CAR) – Kachin/ NSS, Myanmar. 1 Jan–29 Feb 2020*. Yangon: United Nations Myanmar Information Management Unit.
- Naujoks, Jana and Myat Thandar Ko. 2018. *Behind the Masks – Masculinities, Gender, Peace and Security in Myanmar*. Yangon: International Alert.
- Nhkum Bu Lu. 2016. 'A woman's life in war and peace.' In Mandy Sadan (ed.), *War and Peace in the Borderlands of Myanmar: The Kachin Ceasefire, 1994–2011*, pp. 291–307. Copenhagen: NIAS Press.
- Pistor, Nora. 2017. *Life on Hold: Experiences of Women Displaced by Conflict in Kachin State, Myanmar*. Yangon: Trócaire/Oxfam.
- Sadan, Mandy (ed.). 2016. *War and Peace in the Borderlands of Myanmar. The Kachin Ceasefire, 1994–2011*. Copenhagen: NIAS Press.
- Shuttleworth, Russell, Nikki Wedgwood and Nathan J. Wilson. 2012. 'The dilemma of disabled masculinity.' *Men and Masculinities* 15 (2): 174–194.
- UN Office for the Coordination of Humanitarian Affairs. (2001). *Guiding Principles on Internal Displacement*. Geneva: United Nations Office for the Coordination of Humanitarian Affairs.