

Violence and mortality in Rohingya migrants from the Northern Rakhine State, Myanmar



The plight of the Rohingya people represents one of the key humanitarian issues of our time. This population, the largest stateless group in the world, has been persecuted within Myanmar, with many fleeing across the border to Bangladesh and to other countries.¹ The study by Parveen Parmar and colleagues² is particularly prescient given that Bangladesh has planned to stop accepting Rohingya migrants.³ Numerous eye-witness and case reports have emerged describing the degree of violence faced by the Rohingya, yet accurate estimates of overall mortality are largely missing.^{1,4} In this respect, we commend Parmar and colleagues on carrying out this study on mortality and violence, which will be of great importance to help document what has happened to the Rohingya people.

The study² interviewed leaders of hamlets (akin to villages) across all village tracts in the Northern Rakhine State who had migrated to Bangladesh, documenting mortality, experiences of violence, and reasons for migrating. They found high levels of violence, mostly reported as being perpetrated by the Border Guard Police, the Myanmar military, and Rakhine extremists. The difficulties in carrying out data collection of this sort should not be underestimated. Simply getting access to the population is challenging. Soliciting information from a persecuted group, especially when that information might put the participants and staff in danger, brings with it enormous ethical and logistical problems.

Strong quantitative evidence of mortality, violence, and reasons for displacement, combined with information about reported perpetrators, could be important in future efforts for justice and accountability. However, to add to the existing evidence, the method and limitations must be robust. Although many of these limitations are acknowledged in the paper, their implications are not explicitly addressed. We would question whether interviewing one person per hamlet would produce full and reliable results, especially when attempting to capture and represent individual experiences. The reasons for an individual leaving an area, or the persecution they faced, are unlikely to be uniform across a population. A degree of self-selection

in the population sampled is also likely to have occurred (village tract administrators were only interviewed if they “deemed they had sufficient information to do so”) and not all who were interviewed were leaders.² Those interviewed were likely to have recall bias and it could be questioned how well an individual might know and represent a population of up to 8675 people. While acknowledged by the authors, to not interview women is a major limitation of the study. Men might not know, understand, or report the full extent of the experiences of women. Studies have been done⁵ in which women who have survived sexual violence in resource-limited settings have been interviewed, and including their voices in this research would have added to the validity of the findings.

With regards to data analysis and interpretation, sensitivity analyses providing a range of estimates based on alternative assumptions would have been useful to interpret the data. Mortality is usually expressed as a crude mortality rate.⁶ In this paper, it is defined as a ratio, with an unspecified time period included, making comparison with other data sources difficult. In addition, its use could be misleading because it has been applied to people who have not migrated—ie, their population demographics, characteristics, and experiences will differ. Populations who move have the resources to do so and will escape some forms of violence but encounter other forms on their journey; whereas vulnerable people, such as the elderly, might be left behind.⁷

Interviewing hamlet leaders is a good approach, but they could perhaps have been treated as key informant interviews, with the attendant flexibility for the interviewers to explore what they were being told and could be used alongside other methods. Corroboration of the results would have increased their reliability. For example, Parmar and colleagues mentioned that hamlet leaders “provided information on events in neighbouring hamlets” but they do not mention efforts to triangulate this information with that received from other hamlet leaders. Despite satellite imagery not being possible, interviews with the general population, even in a subset of hamlets, would have helped to corroborate the findings. Violent and non-violent deaths

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are considered but the concept of excess deaths due to the conflict is not used.⁶ The necessary information for calculating excess deaths—ie, the expected mortality had conflict or displacement not occurred—could have been estimated from the best available data. Considerable efforts have been made to estimate mortality and other consequences of violent conflict.⁸ A growing field of research puts these estimates into the framework of human rights violations,⁹ collecting information with the aim of identifying perpetrators.¹⁰ The data acquired during the interviews by Parmar and colleagues are certainly valuable, but the methods could have been improved to produce more accurate and reliable estimates and to be beneficial over other reports.

A breadth of data is essential to support corroboration of findings. Further qualitative work is also needed to understand the context, what the communities are facing, and some of the underlying reasons why. We would encourage more research on this important subject. Documenting the displaced population's experiences and deaths is clearly highly worthwhile for advocacy, to understand population needs, and also to ensure that those committing atrocity crimes are held accountable for their actions.¹¹

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- 1 Mahmood SS, Wroe E, Fuller A, Leaning J. The Rohingya people of Myanmar: health, human rights, and identity. *Lancet* 2017; **389**: 1841–50.
- 2 Parmar PK, Leigh J, Venters H, et al. Violence and mortality in the Northern Rakhine State of Myanmar, 2017: results of a quantitative survey of surviving community leaders in Bangladesh. *Lancet Planet Health* 2019; **3**: e144–53.
- 3 BBC News. Bangladesh will no longer take in Rohingya. BBC. March 1, 2019. <https://www.bbc.com/news/world-asia-47412704> (accessed March 6, 2019).
- 4 Wali N, Chen W, Rawal LB, Amanullah ASM, Renzaho AMN. Integrating human rights approaches into public health practices and policies to address health needs amongst Rohingya refugees in Bangladesh: a systematic review and meta-ethnographic analysis. *Arch Public Health* 2018; **76**: 59.
- 5 Ellsberg M, Heise L. Researching violence against women. Geneva: World Health Organization, Program for Appropriate Technology in Health, 2005. https://apps.who.int/iris/bitstream/handle/10665/42966/9241546476_eng.pdf;jsessionid=BA1CBEC90C08AAF64F1643305CCB9BA?sequence=1 (accessed March 6, 2019).
- 6 Checchi F, Roberts L. Interpreting and using mortality data in humanitarian emergencies. London: Humanitarian Practice Network, 2005. http://conflict.lshtm.ac.uk/media/HPN_Mort_data_in_emergs_Checchi_Roberts_HP_N_2005.pdf (accessed March 6, 2019).
- 7 Burton A, Breen C. Older refugees in humanitarian emergencies. *Lancet* 2002; **360**: s47–48.
- 8 Ratnayake R, Degomme O, Guha-Sapir D. Coming together to document mortality in conflict situations: proceedings of a symposium. *Confl Health* 2009; **3**: 2.
- 9 Potts A, Myer K, Roberts L. Measuring human rights violations in a conflict-affected country: results from a nationwide cluster survey in Central African Republic. *Confl Health* 2011; **5**: 4.
- 10 Davis WW, Mullany LC, Schissler M, Albert S, Beyrer C. Militarization, human rights violations and community responses as determinants of health in southeastern Myanmar: results of a cluster survey. *Confl Health* 2015; **9**: 32.
- 11 UN. Framework of analysis for atrocity crimes: a tool for prevention. New York, NY: United Nations, 2014. http://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.49_Framework%20of%20Analysis%20for%20Atrocity%20Crimes_EN.pdf (accessed March 6, 2019).