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* Front Page Photo: Karenni Refugees Arriving in Karenni Camp 2, Mae Hong Son on 4 March 2000.

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I. Executive Summary

The Women's League of Burma, an umbrella organization comprised of representatives from 12 women's organizations on the Thai, Bangladesh and Indian borders, produced this report in conjunction with the NCGUB's Women's Affairs Desk. It has been submitted to the APDC to be included in their regional presentation on the status of women in South East Asia at the United Nations' Beijing +5 meeting in New York in June 5-9 2000. This report focuses on access to basic needs, family planning and violence against women as they relate to women in and from conflict areas in Burma.

Burma's ruling military regime, the State Peace and Development Council (SPDC), in its various incarnations, has controlled the country since 1962. One of the SPDC's chief preoccupations since it seized power has been to maintain "national unity and solidarity," which it has attempted to accomplish through force. In the absence of a popular mandate, the SPDC has had to sink disproportionate amounts of scarce cash into its swelling military in order to maintain control. This budgetary misappropriation, coupled with the long-term civil war, has resulted in a grossly inadequate public infrastructure with approximately half of the country without access to safe water or sanitation, sub-standard health care and education systems and widespread poverty. Furthermore, the highly militarized nature of Burmese society has exacerbated the deeply ingrained gender stereotypes about women's subordinate status, and the SPDC has failed to provide leadership to reverse such attitudes.

Basic Needs

Access to food, safe water and sanitation is essential to maintain health and life, however in conflict areas they are difficult or not impossible to secure. While the SPDC's Ministry for the Development of the Border Areas and National Races advertises its programs of road and building construction, most people living in these areas do not have access to basic amenities, healthcare facilities or education programs. Malnutrition and starvation are common as widespread food insecurity results from environmental degradation and widespread human rights abuses. SPDC forced relocation programs, under the pretext of 'development projects' or the '4-cuts' military strategy, sever women and their families from their land, the only secure source of food.

Alternatives open to women and their families forced off their land are to hide in forests as IDP's, move to barren forced relocation sites, become refugees or migrate to neighboring countries. The uprooting of families impacts women most significantly through increased workloads for women, increased numbers of women as single heads of house and increased psychological and physical health problems. None of these alternatives offer women long term security of basic needs. Thus women are forced into cycles of migration fraught with dangers of violence and exploitation.

Family Planning

Family planning is essentially nonexistent in conflict areas while Burma's maternal and infant morbidity and mortality rates are amongst the highest in the world. Botched abortion is considered the single biggest cause of maternal death nationwide. Exceedingly high maternal death in conflict areas are due to little or no access to emergency obstetric services, poor maternal health and complications from repeated pregnancies. Most maternal deaths and morbidity can be prevented through family planning programs.

Significant barriers exist to women's access to family planning including conflict, traditional ideas about childbirth, lack of education and male community leader's control over access. In the absence of family planning services, most women in Burma still consider their options for controlling unwanted pregnancies to be traditional herbal medicines, abortion which is illegal and unsafe, and sterilization which is both intrusive and cost prohibitive. Where modern contraceptives are available, incomplete and/or incorrect information frequently results in illness or pregnancy.

Violence Against Women

While violence against women exists at all levels of society in Burma, this report focuses on two aspects: rape as directly perpetrated by the SPDC army and the trafficking of women. Both are made possible by the impoverished and militarized character of modern Burmese society.

SPDC officers and troops frequently rape ethnic women in conflict areas with impunity. Rape is used as a tool to demoralize and destroy ethnic communities, and serves as a continuation of civil warfare off the battlefield. Attempts to seek justice by the survivors and their communities are either ignored or retaliated against, which heightens the terror induced by the crimes. The trafficking of women is also exacerbated by civil war. The SPDC's fiscal policy, to expand the army at the cost of the development, has led to widespread poverty. Women and girls, left with few employment opportunities, are either desperate to work or become commodities who will bring much-needed cash to their families or brokers.

Migrant women in Thailand, because of their illegal status, continue to be vulnerable to rape and sexual abuse by Thai authorities, employers and civilians. Violence against women from Burma in Thailand is more opportunistic than systematic as in Burma but remains a serious constraint on women's movement as arrest, deportation and rape by Thai authorities is an eminent risk. Deeply entrenched systems of patronage in the government, police and army offer effective legal and social protection to rapists.

Conclusion

The barriers to women's equality in Burma are directly linked to the ongoing civil war and the allocation of national resources predominantly to military interests. The State must demonstrate a commitment to fundamental human rights for women before women can hope to advance. Effective work towards the genuine empowerment of women is not possible under the current political conditions in Burma. Therefore, the SPDC must cease armed conflict and engage in tripartite dialogue with the legitimately elected government and the ethnic groups in preparation for the transfer of political power. Until such time, appropriate measures to address women's fundamental health, educational, and economic needs will be empty gestures.

II. Introduction

Overview

This report was prepared and written by a writing committee comprised of representatives of the Women's League of Burma (WLB) in the conjunction with the Women's Affair Division of the National Coalition Government of the Union of Burma. The WLB, an umbrella organization of 12 women's groups of Burma, was formed in December 1999. This Beijing Plus 5 report will be submitted to the United Nation General Assembly in June through the Asia Pacific Development Center. Representatives of the league have also prepared and submitted a report on the situation of women in Burma to the CEDAW Committee at its 22nd Session in January 2000. In Burma, the plight of women is greatly affected by gross human rights violations committed by the military government of Burma, State Peace Development Council (SPDC). Many women are forced to leave the country due to state violence, which comes in many forms: forced labour, forced relocations, abuses, rape and even murder with impunity. Women of the ethnic minorities usually receive the worst treatment. In the armed conflict areas, relocation sites, women have no access to basic health care, food and water scarcity and there is no proper sanitation system. Women have no choice but to obey the military, whilst also suffering domestic violence which plagues all countries.

The idea of migrating to another place of greater opportunity may seem an attractive option for women, despite the risk and hardships. However, many hundreds of thousands of migrant women workers in Thailand from Burma are doing the "three D" jobs: dirty, difficult and dangerous, which Thai workers are unwilling to do. Even though, they contribute significantly to the Thai economy, they are considered illegal migrants. Consequently they enjoy no rights or legal protection. For these reasons, the report highlights the situation of women in the armed conflict areas, relocation sites and refugee camps, and the plights of the internally displaced people and migrant workers, as their problems need immediate national and international responses.

The report focuses on three areas of concern:

1. Basic needs, (food, water and sanitation)
2. Women's health, (family planning)
3. Violence against women; (state violence)

Historical Overview

Burma gained independence from Britain in 1948. Despite a devastating civil war, which broke out shortly after independence, the country remained fertile and rich in resources, and its future promising. In the 1950s, Burma was still one of the richest countries in Southeast Asia. However, the military takeover in March 1962 brought that prosperity to an end - along with the country's parliamentary democracy and attempts to find a political solution to the ethnic issue. After twenty-five years of neglect and mismanagement by Gen. Ne Win's military government, Burma had become one of the poorest countries in the world. In 1987, Burma had to apply for least-developed country (LDC) status with the United Nations.

A year later, resentment with Ne Win's regime boiled over into massive street demonstrations across the country. In nearly every city, town and major village in all states and divisions, millions of people marched for an end to the old regime and a

restoration of democracy. The military responded brutally. Soldiers fired into crowds of unarmed demonstrators. Thousands were killed, tortured and put into prison. The international community came to realize that the Burmese military regime was one of the most brutal in the world. Human rights abuses by the military, however, did not start in 1988. Severe human-rights violations have occurred since the 1950s, especially in the frontier areas where the minorities live.

Since 1962, successive military governments have ruled Burma and the situation has gradually worsened. In 1988, the first military government, which had practiced the "Burmese Way to Socialism", an ideology promoted by General Ne Win, leader of the 1962 coup, re-configured itself as the State Law and Order Restoration Council (SLORC). Due to international pressure on SLORC, elections were held in 1990 and resulted in a landslide victory for the National League for Democracy led by Aung San Suu Kyi, later to become Nobel peace laureate. However, the regime refused to honour the results of the elections and maintains tight military control over the country.

Since its take-over in 1988, the SLORC tried to seek cease-fire agreements with armed ethnic groups while expanding its military forces up to 450,000 troops.¹ Forced relocation conducted by the military contributes greatly to the exodus of refugees to neighboring countries. Although the actual numbers of refugees is not known, it is estimated that at least a million people have left the country since 1988. The Burma Border Consortium (BBC), the largest relief organization assisting refugees from Burma estimates that the total of internally displaced persons (IDPs) has reached over a million.² It is impossible to estimate the total number of undocumented migrant workers from Burma, though the Thai government estimates as many as 850 000 in Thailand alone.

Women in and from Conflict Areas

Conflict in Burma affects women from all social and economic statuses, cultures and religions. By far the greatest majority of those women affected are from rural and remote villages in ethnic areas. As a consequence of conflict, women find themselves in a variety of adverse situations, thematically linked by vulnerability to abuse, barriers to accessing basic needs, health care and education and courageous resilience. Women commonly migrate through different circumstance in constant efforts to survive. Women's plights are compounded by low education, social and economic status and result in women's continued marginalization from processes of empowerment, control and decision making.

Conflict Areas

The term "conflict area" encompasses a great diversity of situations. Urban townships, villages, remote villages, rural highlands, and lowlands experience civil war. Political and military control over these areas by SPDC or armed opposition groups is uncertain or unstable. Front lines change monthly and sometimes weekly. Guerrilla warfare tactics make the time and form of conflict uncertain.

¹ Maung Aung Myoe, "Building the Tatmadaw", Australian National University, Canberra, 1998, p.27.

² Norwegian Refugee Council, "IDP's in Myanmar (Burma)", <[tornado.jstechno.ch/sites/idpsurvey.nsf/wChapterCountry/Myanmar+\(Burma\)Population+Profile+and+Figures](http://tornado.jstechno.ch/sites/idpsurvey.nsf/wChapterCountry/Myanmar+(Burma)Population+Profile+and+Figures)>, 12 December 1999.

Cease-fire zones are non-Burman ethnic areas with a history of conflict where, in recent years, the SPDC and the local ethnic army have signed a cease-fire treaty. The conditions of cease-fires vary markedly from treaty to treaty. Who politically controls a particular cease-fire area is often uncertain: the local insurgency group, the SPDC, or degrees of both. In some areas, treaties remain solid, while in others, the situation is on the verge of dissolution. In many cases, the cease-fire agreements have broken down and fighting resumed even though the government publicly claims cease-fire conditions are maintained. This is the case with the Karenni National Progressive Party (KNPP) in Karenni State, and the Shan State Army in central Shan State.

Forced Relocation Zones

Forced Relocation Zones are large tracts of land within ethnic civil war zones where the SPDC employs counterinsurgency tactics designed to separate insurgency groups from their civilian base. Known as the "Four Cuts" Strategy, the SPDC aims to cut insurgents off from their supplies of (1) food, (2) funds, (3) intelligence, and (4) recruits by forcibly relocating entire tracts of villagers into army designated relocation sites. Many internally displaced people (IDPs) remain hiding in the jungles rather than move to relocation sites, often for months at a time or sometimes permanently.

In "black areas," people seen by patrolling SPDC troops can be shot on sight. On several occasions in Shan State during 1997, SPDC troops massacred large groups of people including women attempting to return to their original villages.³ When enforcing the relocation program, the SPDC violates "The Guiding Principles Of Internal Displacement" drawn up by the Representative of the UN Secretary General on Internally Displaced Persons.⁴

Forced relocation also occurs where local SPDC troops confiscate land from people without compensation for their own income generation purposes. Additionally, people are also forcibly relocated from areas the SPDC designates for 'development' projects, such as the Yadana gas pipeline in Karen State.

Internally displaced

In the eastern part of Burma in Karen State, it is estimated that the number of IDPs has reached between 10 - 20 thousand, approximately 30% of total Karen population. In Rakhine State, western Burma in, due to religious persecution, state-perpetrated violence and extreme oppression, an estimated 25,000 Rohingya people fled to Bangladesh between 1991 and 1992. In Chin State, northwestern Burma, an estimated 40 - 50 thousand fled to Mizorrum State in India. In 1994 alone, 67,000 Kachins become IDPs because their lands were confiscated by the SPDC after the Kachin Independent Army (KIA), an armed ethnic group entered a cease-fire agreement with the SPDC.⁵

Refugees

Until recently, Karen and Karenni people were permitted to enter refugee camps set up in Thailand along the Thai Burma Border. There are currently approximately 117 000

³ Shan Human Rights Foundation, "Displacement in Shan State" (Thailand: Shan Human Rights Foundation, April 1999), p. 5.

⁴ *Ibid*, p.1.

⁵ Burma Ethnic Research Group, "Internal Displacement in Myanmar", (Thailand: July 1999).

refugees registered in these camps. Today, forced repatriation is becoming a serious concern for refugees in Burma, with precedents in the cases of the Mon in 1995 and the Rohingya in 1997.

In early 2000, the Thai army started to block asylum seekers entering refugee camps. There are presently 11 000 people subsisting in makeshift 'holding centers' awaiting the Thai Ministry of Interior's decision whether to deport them back to Burma or not. The serious concern is that people with legitimate claims to refugee status could be deported to Burma before the basic minimum standards for human security are met. Furthermore, the Thai government's prevention of genuine asylum seekers' access to protection in Thailand occurs as the numbers of IDPs in Burma continues to rise.

Undocumented migrants

Many ethnic nationalities fleeing SPDC human rights abuses, e.g. the Shan, are not permitted to establish refugee camps and survive as undocumented migrant workers. Migrant labourers from Burma also include Karen, Burman, Mon Tavoy, Chin, Karenni, Rakhine and other nationalities. Receiving countries include Thailand, India, Pakistan, China and Bangladesh. Women migrants are also trafficked further away to third countries such as Japan. According to the Thai Ministry of Labour and Social Welfare, there are an estimated 850 000 undocumented migrants from Burma in Thailand today. A significant proportion of these are women.⁶

In November 2000, the Thai government launched a campaign to deport undocumented migrant workers in Thailand. While the legitimacy of Thailand to deport undocumented migrants is not debated, the humanitarian standard with which the Thai authorities conducted the unmonitored deportation campaign was highly questionable. There is no recognition that several important industries in the Thai economy, including the agricultural industry, fishing and manufacturing and clothing sectors, were developed because of, and remain dependant on, the availability of cheap and exploitable labor from Burma.

Information and Methodology

Evidence used to write this report was derived from interviews conducted by the WLB's report writing committee and their organizational colleagues, human rights documentation groups, field experts, statistical information collected by NGOs, the internet and BurmaNet news service, well-known medical and legal experts, and the Committee members' own personal experiences in Burma.

The authors were unable to locate information released by the SPDC on the status of women specifically in the border and non-Burman ethnic areas. Information available from United Nations agencies such as UNDP, UNFP, UNICEF, UNAIDS, UNFPA, and UNESCO, while very useful, does not include data specifically from conflict areas.

Evidence and interviews for the report were collected over a six-month period. In February 2000, all members of the WLB's report writing committee first met for a period

⁶ Aung Myo Min, "Cycle of Suffering," Human Rights Documentation Unit and Burmese Women's Union, (Bangkok: January 2000), p.3.

of 2 weeks to discuss and write the report and met a second time in March to edit the report.

III. BASIC NEEDS

Introduction

In Burma, poverty is the greatest problem facing women and their families. Poverty manifests itself in a multitude of ways, but most obviously in the lack of access to basic needs. This report focuses on women's lack of access to three basic needs: food, safe and adequate water and sanitation. It attempts to explain how economical mismanagement, war and environmental abuse contribute to and result in, the extreme impoverishment of women from conflict areas, forcing hundreds of thousands into a precarious cycle of unrelenting migration in search of sustainable sources of these basic needs.

Isolationist policies and gross economic mismanagement of the Burmese economy for almost 50 years by army generals determined to build their military fighting capacity has resulted in a country-wide economic crisis. Furthermore, the military junta's preoccupation with maintaining "national unity" by force has provided them with a pretext for practices, such as forced relocation that increase and intensify the lack of access to basic needs already engendered by a poor economy.

When present, scarcity of basic needs affects all members of the community with malnutrition, hunger, disease and stress-related illnesses, and other hardships. Lack of access to basic needs may not obviously be perceived as an area of concern specifically for women. The authors argue however, that lack of access to basic needs is one of the most urgent issues that women face as both because they are women and as human beings. Without access to basic needs, women's right to life and that of their families is not guaranteed. This is the first concern. Secondly, the search for securing basic needs largely falls into the private domain of the home where traditionally women's duties lie. Pressure to achieve this security is felt first as a drastic increase in daily workloads, stress and a negative impact on health. It is also experienced more deeply as the failure to put a meal on the table or nurse a sick child to health. When this happens, women are not able to fulfill these vital roles for their family, themselves and broader society, nor work for the improvement of their circumstances. Nevertheless, women do not stop trying.

Underdevelopment in Conflict areas

The term 'development' is highly politicized in Burma and is used somewhat paradoxically. The SPDC claims to be developing the border areas - which include most conflict and politically insecure areas - according to its plan for the 'Development of the Border Areas and National Races'. In doing so, the SPDC is focussing on building roads, buildings and communication infrastructures. Rather than benefiting the economy for local and ethnic people, these 'developments' allow the SPDC to easily access and mobilize troops and apparatus to previously difficult and politically contested regions so as to establish tighter control. Thus the SPDC's 'development' strategies can be seen as another strategy to 'unify' ethnic areas by force.

The amenities and services fundamental to achieving and maintaining good health include access to safe and adequate water, sanitation (rubbish and effluent water management as well as toilets), basic education, particularly health care and hygiene, health care facilities and sustainable economic development to guarantee access to adequate income/food. Yet the SPDC's 'development' master plan is not concerned with the development of these basic amenities and services. While the SPDC claims it is

constructing hospitals, clinics and schools, the benefits are not extending to the local communities because these facilities are usually left un-operational due to lack of funding for trained staff, equipment or resources such as books or medicine. Additionally, the use of forced labour by local people to construct 'development' structures both contributes to people's poverty by depriving or impairing their right to work for their own living and further subjugating them under the domination of the SPDC.

For women living in their villages, lack of development, makes daily life laborious and hazardous. Most women in conflict areas struggle every day to secure their food and fight avoidable disease and accidents caused by unsafe living environments - without access to help providing facilities when additional problems strike. To the knowledge of the authors no adequate study has been conducted to assess the impact of underdevelopment on the population's access to basic needs.

Water

The SPDC does not ensure that villages and towns access to adequate supplies of safe drinking water all year round. Only 50% of people in rural areas (and 78% people in urban areas) have access to clean water.⁷ For villages and towns not situated directly next to water supplies there is no pipe system developed to bring adequate water supplies close to where people live. Seasons affect water supplies. While rainwater may be easily accessible during the wet season, in other seasons it is inconsistent and in the last 2 years many conflict areas have experienced severe drought.

People make many arrangements to source water depending on their environment and income. Bore water from wells are a common source of drinking water, however not all houses are able to dig their own wells due to poor soil and rocks. Wells frequently dry up or water levels drop significantly in the dry seasons. Those that do not have their own wells often must buy drinking water from those that do, adding to the household's economic burden. According to Sue Sue, a 25 year old teacher from southern Shan State, in Nan Zarm Town in 1997, people must buy water from people who own bore wells for 100 kyats for one large steel drum. If they cannot afford the water, they reduce their water consumption greatly.⁸

Very commonly, entire villages rely on a single water source, sometimes situated up to 1 hour's walk or more away. Water sources on which large numbers of people depend become polluted but people have no other alternatives other than to use them. Nang Kharm Nwe, 27, Nan Zarm Township, Southern Shan State, talked about one village in the Nan Zarm Township:

"Far from that village, there is a lake. The water is always red we call it the "red lake". All the villages in the area use that lake. Cows and livestock also drink at that lake. The villages use the water for drinking, washing, and other purposes, washing plates and bathing. If you look from the health side, I don't know how to say.... If you want to get clean water, you can go to a natural spring up in the forest, but you have to wake at 4.00 am so as to return by 1.00 pm. You can get there by ox cart and if there are

⁷ United Nations Conference on Trade and Development, "The Least Developed Countries 1998 Report", New York and Geneva, 1998.

⁸ Interview # 75

many people, you have to wait. If many people are taking the water, then the water dries up."⁹

Water shortages in some places can be extreme especially during the hot dry season. Where as it is common practice to use water economically, sometimes distance and shortage of water together force people to improvise with desperate measures. Water shortages in Narm Zarm Township are so severe in the hot season that "some people when they want to bath, they use the flesh of the marrow to rub on the skin."¹⁰

Sanitation

Sanitation includes access to hygienic toilets, rubbish disposal and control of stagnant water, vermin and vectors. In rural areas, it is estimated that 36% of the population don't have access to sanitation while access to sanitation in urban areas is estimated at 56%.¹¹ Interviews conducted by the authors indicate that most people in conflict areas do not have access to sanitation. Usually, people dig shallow pit-toilets, or use the nearby forest. These areas are breeding grounds for harmful bacteria, flies, insects and vermin, which spread lethal diseases such as diarrhea, dysentery and hepatitis. According to Mae Seh, 28, from a village of 1000 households in Loikraw Township, Karenni State:

"When they (village people) want to make a toilet they just dig a whole and over the hole they put two bamboo planks. This kind of toilet does not use water, and has no cover. There are many flies, always flies there. Heshion is sometimes used as a cover for the toilet. Nearly every household has a toilet like this. It is normal for all villages to do like this. In 1997, some Kayah people living in my village died from diarrhea."¹²

Lack of public health education and basic health education, especially of mothers, means that most people are unaware of the health dangers associated with a lack of sanitation. Government education programs rarely reach rural areas and almost never conflict and remote areas. As most mothers are not educated about hygiene practices, they cannot teach their children safe practices and often make misinformed decisions when caring for sick family members. Furthermore, deeply socialized beliefs about causes of illness often act as barriers to people's understanding and acceptance of modern hygiene practices. As such, unsanitary conditions are often considered an unpleasant but normal part of life and a low priority in the huge list of demands on the household coffers. As one woman living in Karen State commented:

"People often think that the toilets are not good, but do not think that it is important to change them.... Even to build a rudimentary bamboo pit toilet is often cost prohibitive, costing up to 1000 - 2000 kyat."¹³

Environmental Degradation

Environmental degradation in the ethnic border areas of Burma is a consequence of the unstable politics and conflict and directly decreases these regions' capacity to feed its population. Both the SPDC and ethnic opposition groups are responsible for excessive

⁹ Interview # 42

¹⁰ Interview # 42

¹¹ United Nations Conference on Trade and Development, "The Least Developed Countries 1998 Report", New York and Geneva, 1998.

¹² Interview # 74

¹³ Interview # 215

logging of hard woods in and near important water shed areas in eastern ethnic states to support political agendas. Badly designed and constructed dams are another cause of environmental destruction that negatively impacts farmer's access to sufficient water for growing food. Combined with practices of forced relocation and targeted destruction of food sources by SPDC troops, the impact of decreased paddy productivity has been devastating and caused widespread malnutrition and starvation.

In this past decade, environmental degradation throughout Burma has manifested itself in drought/flood cycles. Eastern border conflict areas have experienced droughts for two consecutive years and rising temperatures which has increased the demand for water. In 1998 in Karenni State alone, "almost all the farmers were unable to grow rice (causing) 75% of the Karenni population to face a crisis like starvation."¹⁴ To make desperate situations hopeless, farmers are frequently forced to compete with the SPDC for existing limited dammed water supplies. Invariably, SPDC requirement for electricity supplies are prioritized over farmers' needs to grow rice. However, with water supplies so low in Karenni State, everyone loses.

There are nearly 100 000 acres of farmlands in Loikaw and Dee Maw Soe township in Karenni state. This land relies on water from the Beluchoung river, the Ngwe Daung dam and Moe Byaw dam canals. The Beluchaung River is also the main supplier of water to the Lawpita hydro-electric station. SPDC places prohibitive restrictions on the use of water from dams, prioritizing water for the hydro-electric station over use for growing paddy.¹⁵ Now with the two year drought heading into its third year, there is no water for farming, electricity or general use. ¹⁶

Research by Karenni Evergreen claimed that the impact on the lack of rainfall included "starvation, malnutrition (especially for children), unusually high temperatures in Karenni, lack of clean water for both people and farming, lack of money for immunization, which will cause outbreaks of malaria, diarrhea dysentery, and respiratory diseases."¹⁷

Human Rights Abuses and Lack of Personal Security

Underlying the women's struggle against discrimination and for empowerment is the struggle for women's basic human rights. Human rights abuses and lack of personal security due to armed conflict are two significant factors which force women and their families off their land and out of their livelihoods. The impact of this, particularly on women, cannot be underestimated as the majority of Burma's rural population is agricultural and many are subsistence farmers. Removal from their land threatens access to all basic needs, and in particular, food security.

Human rights abuses that sever women and their families from their land are well documented by human rights groups working on the Thai border regions and will not be

¹⁴ Karenni Evergreen, "Breifing Paper: Drought in Karenni State and its Impact on the Livelihoods of the Karenni People", Karenni Evergreen, November, 1998, p.6.

¹⁵ *Ibid.*, p.6.

¹⁶ *Ibid.*, p.4.

¹⁷ *Ibid.*, p.4.

discussed at length here.¹⁸ They include forced relocation by the SPDC due to the "4 cuts" military strategy¹⁹ and the SPDC's 'development' projects, excessive demands and fear of forced labour, arbitrary and summary execution, excessive and unrelenting extortion, paddy quotas or any combination of these. There is an emerging trend, particularly in Karen State, where refugees cite systematic rape by SPDC troops and officers as the major reason to flee to Thailand. According to the Karen Human Rights Group's December 1999 report:

"Rape and the threat of it is often the trigger for a mass exodus from the village, since fear quickly spreads to all women left unprotected, and because no family members are able to remain in safety any longer. The villagers are reluctant to leave their homes unattended because they know that soldiers will raid them, but many women would rather lose everything than face aggressive soldiers."²⁰

Denial of Economic Rights

All of these above mentioned factors combined together result in both the denial of economic rights and the lack of an enabling environment for women and their families to secure economic survival. Despite immense difficulties and health problems caused by inadequate and bad water, or food insecurity, villagers are often not willing to move in search of better conditions because of the fear and uncertainty created by the unstable and deteriorating political and economic situation. The lack of employment opportunities in other places makes the search for alternatives not an option. People do not think that they can possibly find improvement elsewhere. Nang Kharm Nwe, 27, Nan Zarm Township, Southern Shan State, talking to people in her drought affected area said:

"I asked some villagers, if it is difficult to get water, why don't you move to another place. They answered they don't want to move to another place because they don't know how to survive in other places."²¹

Alternatives for Women

Whether relocated as a part of the 4-Cuts strategy or to pave the way for military or development projects, their choices are the same: women and their families may move to the designated relocation site; move to another area; flee to a third country (usually Thailand); migrate or hide in the jungle and wait for the SPDC troops to pass.²² None of these choices is desirable. Once their land is confiscated, villagers find short-term access to food and long-term food security very difficult. Women and their families must choose between starvation in the towns and relocation sites or a life of constant peril in the black zones. For those who choose to leave Burma, they risk a dangerous and expensive journey across war zones to seek refuge in Thailand, where recently refugees have been

¹⁸ See reports released by the Karen Human Rights Groups, the Karen Information Center and the Shan Herald Agency for News.

¹⁹ The "4 Cuts" military strategy employed by the SPDC is aimed at insurgency groups by targeting civilian populations. It aims to cut food, ammunition, recruits and information from insurgency groups operating in a particular area by forcibly relocating all people living in that area to an SPDC controlled relocation site, usually near a big town, road or military barracks.

²⁰ Karen Human Rights Group, "Beyond All Endurance", Karen Human Rights Group, December 1999, p.32.

²¹ Interview # 42

²² Shan Human Rights Foundation, "Displacement in Shan State" (Thailand: Shan Human Rights Foundation, April 1999), p.5.

rejected entry by Thai troops along the border and forced back into conflict zones in Burma. The common experience for almost all women is a life of constant migration.

Forced relocation sites.

It is impossible for villagers to meet their short-term food needs in relocation sites, much less plan for long-term food security. Relocation sites are often far from water sources and have no sanitation. The SPDC soldiers do not provide food, land or building materials, do not allow the residents to travel far from the sites to farm their own land, and commonly forbid trading.²³ To make the situation worse, the soldiers also demand that villagers provide “voluntary” labor to carry military equipment, build roads, and dig ditches, among other physically arduous tasks.²⁴ The lack of income, food, water and land drives villagers to desperate measures.

"In our area people suffer from fever, coughing and diarrhea. The water there is not clear. They made a pump well for us but the water from that well makes your teeth and gums turn green if you drink it before purifying it. We dug our own well and it gives water that doesn't need to be purified before using it, but that well only has water in it during the rainy season. Most of the time we have to use water from their pump well and purify it in two steps, using sand pots, to make it clear. Fifty percent of the people there, including me, had goiters because of the water. People there are not healthy. They suffer from fatigue and dizziness but they have to stay that way because they have no way to solve the problem. There are no healthy looking people there, only skinny people."²⁵

Women who are used to growing and preparing their own food are forced suddenly to buy what they need. To do so, they must look for jobs as unskilled laborers on farms or construction sites, subsisting on 100-150 kyats per day, while the price of rice is 250-280 kyat per pyi.²⁶ Sometimes, women with children borrow and beg money.^{27, 28}

IDP's

Food insecurity is so acute that many decide to go to or return to the jungle to hide, preferring the risk of eminent attack by SPDC troops to certain hunger and starvation. Naw Sae Phaw, a Karen made this decision:

"At the relocation site, ...it was just a complete plain, which was not suitable grow food. We could not find any way to survive. Therefore, we decided to flee to a place where we can do agriculture. In the new place in the jungle, we tried hard to grow some crops and some vegetables while hiding from the SPDC troops."²⁹

²³ International Labour Organization Interview # 128 in International Labour Organization (ILO), *Forced Labour in Myanmar (Burma), Report of the Commission of Inquiry appointed under article 26 of the Constitution of the International Labour Organization to examine the observance by Myanmar of the Forced Labour Convention, 1930 (No.29)*, Geneva, 2 July 1998.

²⁴ Asian Human Rights Commission, "Voice of a Hungry Nation" (Asia: Asian Human Rights Commission, October 1999), p. 27.

²⁵ Death Squads and Displacement (Thailand: Karen Human Rights Group, 1999), p. 37.

²⁶ 1 pyi is equivalent to 8 condensed milk cans The Shan Human Rights Foundation Report, October, 1998, p.4.

²⁷ Interview #1.

²⁸ Karenni National Women's Organisation, Press Release, July 27, 1998.

²⁹ Interview # 172.

Growing food in the jungle is not always possible. Thus access to food and water can be perilous for those hiding from SPDC troops. It is to state the obvious that people living in these conditions have no adequate sanitation or shelter, especially in the rainy season from June to September. People avoid doing activities that may attract the attention of troops such as building adequate shelters or making fires. When this happens, it is difficult to boil water for drinking or cooking. The consequences are dire on the nutritional and general health of IDP's.

Refugee Women

Conditions of refugee camps in Thailand vary according to geographical site. While some sites have adequate water supplies and forests nearby, others, for example Ohn Phyan, have extremely limited basic resources. NGOs, such as the Burma Border Consortium, delivers rice and fuel to the camps. However, the provisions are never enough to feed increased numbers of refugees. Refugees in Thailand are not legally permitted to work outside the camps and must rely on growing vegetables to supplement their rice supplies. Water scarcity is often a matter of great concern in the camps, especially in summer.

"NGOs provided basic food rations such as rice, salt, chili, peas and charcoal. In winter, we received some blankets and in summer, mosquito nets. We had to live on such insufficient rations. If we did not have enough to eat, we tried to get a daily waged employment, which pays for 40 baths per day. Sometimes, we collected some [wood] outside of the camps for some additional income. Since our camp was burnt down by the SPDC in 1997 and 1998, we made ourselves ready to flee just in case of attack by the SPDC and DKBA troops. Because of such attacks, in August 1999, under a Thai and UN arrangement we were moved to a place called Ohn Phyan, about 80 km from Mae Sod. ...In the beginning, we faced many difficulties: no running water, no land to grow vegetables and no sanitation. We tried to grow rice and banana trees. However, they did not survive due to the very cold weather. It takes two hours to go to the jungle to get firewood and vegetables because our rations we receive from NGOs are not enough for our families. Children had to eat only rice, nothing else, not to mention school facilities."

Migration to Thailand

Women, single and with their families, migrate to neighboring countries such as Thailand to work in factories, houses, in farmlands, plantations, restaurants and entertainment places. Searching for work is a gamble, some find reasonable working conditions but hundreds of thousands do not. Limited to waged labour for their income, they work in the lowest waged positions and are paid less than half their Thai counterparts. Working and living conditions are extremely bad in many factories where factory owners sometimes refuse to pay captive workers their full salaries. Cases have been reported where, to avoid paying employees' salaries, factory owners have reported their own illegal workers to the police who then deport the migrants back to Burma. Ma Gyi, 38 year old, undocumented migrant in Mae Sot, Tak province, Thailand told how:

"We arrived Mae Sod in Thailand in 1995. My husband was hired as a gardener by a rich Thai man for 2000 baht- per-month. We shared a small room at the barrack owned by my husband's boss with another family for 500 baths per month. Still we had to pay for utilities. There were all together 40 people living in that barrack. We all shared one water-well and one toilet. We always had to struggle to get enough water for our families. Since it was a very shallow well, we had to get up early enough to get good drinking water. If we were late, we got only unclean water that we can use only for washing and cleaning. Some of us got allergies from using

that unclean water.... We literally lived in fear of police arrest all the time. My children are now old enough to go to school. Still, without any savings, I do not see any ways to send them to school... Going back to Burma is still impossible because the SPDC troops burnt my village."³⁰

Constant Migration

In all the interviews conducted by this report's authors, the constant themes in all testimonies was poverty, tragedy, poor health, family separation and disintegration and constant migration.³¹ Women rarely stay in one place for more than one or two years before they move. Women usually migrate several times inside Burma before they migrate to another country, most commonly Thailand. Women and girls in refugee camps also migrate in search of an income to support their family. Nang Lu, 25, is a farmer, widow and mother of two children, 3 and 5 years. However, her story reflects well the experience of thousands of other women from Burma:

Nang Lu lived in Kio Kang village, Kon Bu village tract in central Shan State with her parents, husband, younger brother, Sai Lu, and two children. Throughout 1995 and 1996, their family lived in constant fear of SPDC patrols which came through their village on average 5 times a month. During these times, the men fled to the forest to avoid arrest beatings, and being taken as porters. In May 1996, SPDC ordered her village to relocate within one day to a Keng Kam three miles from their village. They took all their possessions but gradually had to sell them off to survive because they could not generate an income any other way. In May 1997, she and her family were ordered to relocate again to the outskirts of the town of Kun Hing within 3 days. However, fearing how they would survive, they decided it would be better to hide in the jungle as IDPs. In November 1998, SPDC unexpectedly found their hiding spot. Nang Lu, her two children and Sai Lu managed to hide, but her parents and husband beaten to death. After 5 months, she found it impossible to survive in the jungle without her husband and father on whose incomes from selling forest products in nearby towns they depended. In March 1999, she and her children made a 15 day dangerous journey to Thailand, arriving in April 1999. Now they are living in a rice field in the fang district of northern Thailand, supported by the wages of Sai Lu, still facing hardships of getting enough food, security and providing basic needs and security for her children and unsure of how to survive in Thailand.³²

Effects Specific to Women

Effects of conflict specific to women include increased workloads, reproductive health problems including high maternal and infant mortality and morbidity rates and stress related problems. Women cope with problems with limited levels of education, including basic health education and limited or no access to health care services. Women as mothers, wives and primary carers, are expected to provide stability within the family during times of great economic, social and political instability.³³

Economic pressures are forcing women who previously worked only in the home into the workforce, predominantly in the informal work sector. Thus women are increasingly forced to fulfil dual roles workers and house-keepers while simultaneously managing the

³⁰ Interview #19

³¹ All interviews conducted by the authors, see appendix.

³² Interview #76

³³ Altsean, "Special Briefing: women's Report Card on Burma" Altsean, (Bangkok: April 2000), p.16.

constant stream of poverty related problems and without compensatory participation of men in domestic duties. Under conditions of extreme and prolonged stress, social problems such as domestic violence, community violence, substance abuse and divorce increase. Here again women bare the brunt. Prevalent social mores discriminating against women often victimize women as the cause of problems such as divorce. Women, single or separated from their husbands due to death, divorce or migration, either become dependant on other male relatives, either fend for themselves without necessary life skills. Often, because of the existing dire economic position of relatives, the former situation leads to the latter.

Caught in the Middle of Tradition and Economic Change

Economic practices and social norms do not change at the same pace, nor necessarily in the same direction. In times of political, social and economic transition women and girls traditional roles are first to modify in order to cope with securing basic needs. Despite conditions of conflict, unchanging social expectations continue to exert strong pressures on women's behavior. Women and girls become caught between opposing pressures for economic survival and powerful social expectation. How women and girls resolve this internal conflict depends on their options. In the case of women from Burma, the solution is often to leave their home communities to places with higher concentrations of migrant women, both in Burma and Thailand. Consequently, family structures become splintered. Ye Bal Kar, 18, from Katka Rate, Karen State, resolved her problem by migrating to Thailand in 1998:

"(In Burma) I faced difficulties for survival. As a woman I do not dare to out and search for work. I was worried that someone could traffic (sell) me. As a women you can not move about freely, you might face problems or danger. Women do not have any security in our region. ... If your daughter was left alone at home, people ...would doubt her credibility, thinking she was a bad women. ... When our parents worked outside people make problems (for women who stay home alone). That is why we are here in Thailand in stead of staying in Burma. Here we can earn ourselves."³⁴

More women as single heads of households.

In conflict areas, men are often the first to leave the family. They are absent from the house for long periods, months to years at a time or permanently, leaving women solely responsible for all family responsibilities including raising children, earning money, housework and caring for elderly relatives. Men may leave because business takes them away, they migrate for work (sometimes not returning, taking other wives or not sending remittances home), are taken for forced labour or portering, recruited by SPDC and insurgents armies, flee recruitment, or have died for many types of reasons. Each circumstance entails grief of separation and loneliness.

In the absence of a husband or father, women's workload increases drastically, as they try to cope without anyone to share the responsibility. Women are forced to make drastic choices, for example to migrate or separate from their children, in order to search for work. Women become overworked, mental and physical stressed, and experience increased rates of psychological and physical illness that are often suffered silently. .

³⁴ Interview #11

Nang Um, 45 from Southern Shan State was forcibly relocated with her husband and two children in 1996 from their farm to a nearby town. Shortly afterwards, her husband was taken as a porter by SPDC troops and never returned, reportedly having died of an illness. After the death of her husband, Narn Um became overloaded trying to cope with household duties on her own. She tried to stay in the town but it was not possible to earn a living. So she left for the Thai border, with other villages who were migrating ... where they lived as IDP's in border areas, working as a farm hand on different farms. She entrusted her two children, a girl of 15 and a boy of 13, to a female Thai employer who promised to find them domestic work in Bangkok. The phone number the Thai women gave her to contact them was wrong. She has not heard from her children since and doesn't know their whereabouts.³⁵

Substance Abuse

Social problems linked to poverty and ongoing civil war, for example, high rates of illicit drug use, including intravenous drug use in Shan and Kachin States, alcohol and gambling addictions also cause women many problems. While the demand for illicit drugs in conflict areas is common, their abundant supply is inextricably linked to the SPDC's drug politics and ethnic civil war. Burma is currently the world's largest supplier of illegal opiates and the consequences of this for Burma is a disproportionately high rate of heroin addiction.

According to the SPDC's Drug Suppression Forces 6 monthly reports, the number of drug users in Burma is steadily increasing and the organization estimates that by 2000, the number of drug users will be over 300 000.³⁶ Cases of women addicts are documented, but the vast majority of addicts are male. Where high substance abuse rates amongst men and youth are accompanied by the absence of social welfare structures, the burden of social problems fall back to women. Women effectively become single heads of households, sole breadwinners and endure added grief, expenses and traumas of a male relative's addiction which they are often expected to solve. Substance abuse places a major role in poverty and contributes to families' inability to educate their children.

Conclusion

Basic needs are absolutely fundamental to maintaining health and life but in conflict areas in Burma they are difficult to meet if not impossible. On one hand the SPDC fails to meet its obligations in developing conflict areas so that people have access to basic needs such as safe and adequate water, water to grow food, and sanitation. On the other hand, in conflict areas, the SPDC both destroys people's existing food sources while forcing hundreds of thousands of people off their land and their only guarantee of food security. Environmental degradation through excess logging and badly designed hydro-electric dams schemes contribute significantly to people's lack of security for basic needs.

Lack of access to basic needs pushes women into constant cycles of migration in search of these prerequisites to physical survival. The alternative situations open to women do not offer any permanent solution to their securing food, water and a healthy living environment in the long term. Forced relocation sites are usually barren of employment opportunities, places to grow food, safe water and fuel. Many IDP's face similar conditions with the added threat of eminent SPDC attack. Refugee women have access to basic need to sustain them in the short term but not the long term, while migrant workers are subjected to a range of situations from good, limited to no access to basic needs at all.

³⁵ Interview # 216.

³⁶ Voice of Burma, Newsletter No. 223, 26 March 2000.

In patriarchal societies in Burma, women bare the largest portion of responsibility to securing the basic needs that are managed and administered within the home. Consequently, the lack of access to basic needs, and thus security of health and life, is amongst the most serious and silent of human rights violations. Yet most human rights reports concerning conflict areas in Burma do not mention its impact as most people interviewed for these reports are men, interviewed by men. Thus many more deaths and illnesses do to these human rights abuses remain undocumented.

Peace is the most important prerequisite to women's sustainable access to basic needs. Lack of development of basic amenities and economic malaise are significant underlying causes of the unacceptable level of poverty in Burma of which women bare a large part of the brunt in daily life. However, development of these amenities, which go a long way to secure basic needs, cannot be achieved in conflict areas until the conflict stops. Only then, can women's productive potential, essential for breaking the poverty cycle, can be released.

IV. FAMILY PLANNING

Introduction

The consequences for women of no widespread family planning programs are dire and directly contribute to high maternal and infant mortality and morbidity rates in Burma. Estimated maternal mortality rates for Burma reach approximately 517 per 100,000 live births, compared with 80 in Malaysia and 10 in Singapore.³⁷ Infant mortality rates are estimated at 105 per 1000 live births.³⁸ Due to the lack of health care facilities, the poor health and nutritional status of women, and the presence of civil war, maternal and infant mortality and morbidity is expected to be much higher for women in rural conflict areas. High maternal mortality rates indicate a plethora of unmet reproductive health needs, including family planning, throughout the country.

Because women in conflict areas do not have access to family planning, the following problems are common. Women, in remote areas have too many children and in many cases, complications at birth due to repeated pregnancy are a major cause of maternal mortality.³⁹ Women resort to abortion, which is illegal and therefore unsafe, and this is another major contributor to maternal mortality rates. Many children keep poor families in cycles of poverty, as families cannot to educate children or take care of them properly. Women are forced to be sterilized as their only option to prevent pregnancy when they feel they have had enough children. Most women, however, cannot afford sterilization, which also requires the husband's permission. Lastly, women do not have control over their bodies and choices about what they want.

Women in conflict areas, interviewed for this report have indicated that may choose to use family planning methods:

- to space children and control the number of children that they want
- To prevent pregnancies while living in unstable political situations with fighting around. They say that in unstable and insecure environments it is dangerous for pregnant woman and unsuitable to raise children
- Economically, they cannot afford to raise many children and would want to limit the number of pregnancies
- Family planning methods offer choices other than sterilization and abortion, both of which can be life threatening and exact unreasonable tolls on the woman's physical and psychological state.

The Beijing Platform for Action requires access to family planning services, a requirement unmet by the SPDC's current programs. Since family planning education programs, to the extent they exist in Burma, have had a negligible impact on more sophisticated urban populations, it is reasonable to conclude that their effect on rural women and women in conflict areas is even less significant.⁴⁰ Further confirming this proposition are interviews conducted by this report's authors, in which it was found that

³⁷ International Planned Parenthood Federation Country Profile, 1998, <www.ippf.org/regions/countries/mmr/index.htm>.

³⁸ United Nations Conference on Trade and Development, "The Least Developed Countries 1998 Report", New York and Geneva, 1998.

³⁹ Interview # 3.

⁴⁰ Interviews # 7-127.

most women interviewed had little or no knowledge of family planning, particularly when in Burma, and limited or no access to family planning methods except in refugee camps.

SPDC Policy and Programs on Family Planning

Available data concerning the SPDC's family planning policy and programs is scarce, as is research data on all areas of reproductive health for women in Burma. On paper, the SPDC representatives support birth spacing initiatives introduced by UN agencies such as the UNPF, UNDP and Family Planning International Alliance. However, the SPDC continue to follow a pro-natalist policy as evidenced by the lack of funding accorded to birth spacing services and education and the continued promotion of women's primary role as mothers "upholding and safeguarding the lineage, traditions and culture" of Myanmar.⁴¹ Contraceptives were legally introduced into Burma in 1991, and condoms in 1993, however abortion remains illegal. Women must have their husband's approval before being granted permission to be sterilized and hospital boards have limited annual quotas for granting sterilization. Vasectomies for men are illegal. Birth spacing programs introduced in Burma in the early 1990's had been held in 117 out of 324 townships by the end of 1998. This is only half of all townships and there is no evidence that this includes conflict areas.⁴²

Access to Family Planning

The majority of women in and from conflict areas have little or no knowledge of family planning nor access to family planning services and education. According to the authors' interviews with refugee and migrant women concerning their knowledge of family planning while in Burma, those who were aware of some form believed sterilization, abortion and traditional medicines were the only options to prevent unwanted pregnancies.⁴³ Some women reported that those who lived in or near towns on trading routes, or who knew women who had returned from a country where contraceptives are easily available, had limited knowledge of contraceptives such as the pill, injectables or condoms.⁴⁴ According to Pale Maw Ae, 34 years old Karenni woman from Wan Kong, 7 miles from Loi Kaw:

"I never heard of any health education programs in my area. To my knowledge, we had to buy medicine from shops in big township. Also, we need to go to hospitals in big townships for any treatment. We did not know about birth spacing."⁴⁵

Women living in rural and remote areas usually have not heard of family planning and often hold strong traditional and religious beliefs that child-bearing is natural and beyond artificial control.⁴⁶ According to a Karen medic from the Mae Sot area, parents need many children to help the family survive in difficult remote conditions and have many

⁴¹ U Win Mya, "Presentation by His Excellency U Win permanent Representative of the Union of Myanmar to the United Nations and leader of the Myanmar Delegation to the Twenty Second Session of the Committee on the Elimination of Discrimination Against Women (CEDAW)", New York, 21 January 2000, p.9.

⁴² *Ibid.*, p.6.

⁴³ Interviews # 128 – 212.

⁴⁴ Interview # 213.

⁴⁵ Interview # 184.

⁴⁶ Interview # 214.

children in the belief that only half will survive. Women commonly have up to 10 or more children very tightly spaced, heavily taxing the mother's reproductive health and increasing the risk of complications at birth.⁴⁷

When women from rural and remote villages in conflict areas flee SPDC persecution and become IDP's hiding in forests, they have no access to health care facilities at all. Because of the secrecy of their hiding places, even NGOs' mobile medical teams are not able to assist seriously ill people suffering from malaria, diarrhea and malnutrition. In these conditions many women give birth. Pregnant women often do not have assistance of TBA's, let alone medicines during delivery, therefore the maternal mortality rate for IDP women is said by mobile medics to be high.⁴⁸

In 1993 Summer, Naw Mathar 39 years-old died while giving birth to her 9th child in a hut near a stream while hiding from fighting. Since the umbilical cord was stuck inside, the midwife prepared traditional drinks for her. Then she pressed her stomach to "clean out old blood." Over-bleeding due to that press must have been the cause that had contributed to Naw Mathar's death. Also, before she got into the hut, she was working daily and looking for foods for her eight children and she was suffering from malnutrition. After she passed way, her two children died with high fever. Fortunately, the newborn survived. In the jungle, there were not any forms of transportation. We had to walk to the nearby hospital for days. We faced risk of being attack by the SPDC troops on our way. If we go by car, it would have take at least a day, but we have to go through many security check points where we are subjected to be searched by security officers. Therefore, many women chose not to go to the hospitals.⁴⁹

Ethnic women in Burma face multiple barriers to accessing the limited reproductive health services that are available where information of family planning may be sourced. Information materials are printed in Burmese language and distributed through government affiliated agencies which ethnic women, through their experience of conflict and persecution by the SPDC often do not approach. Again in the experience of Pale Maw Ae:

"There is a midwife working for a government run clinic. Her presence is not effective to the village because she only speaks Burmese. Therefore she got to know only Burmese-speaking Karennis. Her only work is to collect data regarding pregnant women and prepare annual report to the government."⁵⁰

Contraceptives and family planning services are generally not available in relocation sites, particularly those camps in rural areas not near towns. Occasionally there are health clinics, but they are poorly equipped usually with no nurses or medicines. Even before being forcibly relocated, people in the rural areas are already poor and have very limited choice of living, forced relocation makes life much harder. Under these difficult conditions, women desperately need the choice to control unwanted pregnancies, however, women are not aware of family planning, cannot afford contraceptives nor are they available.

⁴⁷ Interview # 2.

⁴⁸ *Ibid.*

⁴⁹ Interview # 152.

⁵⁰ Interview # 184.

International NGO's providing health services to refugees in the Thai-Burma border all provide family planning services, including education programs and contraceptives. In addition, many women's organizations in refugee camps also provide family planning education. Family planning education in these programs include birth control methods, birth spacing and basic childcare. Volunteers are sometimes available to visit every household in the camps to educate about the use of different contraceptive methods.

Despite the availability of family planning services in refugee camps, barriers to the use of contraceptives remain. According to the Maternal and Child Health nurse for the International Rescue Committee in Karenni camps in Mae Hong Son Province, an estimated 16% of women use contraception even though the program has been operative since 1994.⁵¹ Major barriers to the use of family planning methods in refugee camps are said to be strong religious and traditional beliefs about child bearing which influential community leaders in the camps reinforce. Predominantly male central camp committees control decisions concerning family planning, including the contraceptive methods permitted into the camp community. Therefore, women's right to family planning knowledge and services in refugee camps remains dependent on the approval of a small group of political men.⁵²

Despite the work of NGO's and women's groups, beliefs women had before entering refugee camps often still prevail. Culturally, most refugee women do not feel comfortable speaking about their physical relationship with men in public. It is commonly believed that only married women should know and speak about reproductive health. Women will call for TBA's when giving birth, as many trust traditional methods and knowledge over new modern methods. According to Myint Myint San from Baan Zalar refugee camp, Mae Sot:

"NGOs play a key role on reproductive health education in refugee camps. Also, contraceptive pills and condoms are available in camp clinics. The clinics also help women who want to get sterilization. However, sterilization can be done only with husbands' permission. Sometimes women are too embarrassed to use condoms. They are also embarrassed to give birth in the hospitals. So, they gave birth with TBAs. If the newborn did not cry, they put lots of black pepper in the mouth. Sometimes, babies die because of such practices."⁵³

Migrant workers working in Thailand have varied access to contraceptives but generally little or no access to appropriate family planning information or education. Knowledge that women may gain about family planning is circumstantial and inconsistent, depending on a multitude of factors such as language barriers, wages, mobility and location. Language barriers aside, due to their illegality migrant workers live under constant fear of arrest from authorities and cannot risk actively seeking health care information. A few NGO's working in Thailand distribute family planning information printed and taped in various ethnic languages, however, again due to the illegality of workers and the limited access some employers will allow to their unregistered employees, distribution of these education materials remains restricted. Thus, migrant women also remain marginalized

⁵¹ Interview # 166.

⁵² Interview # 214 and 166.

⁵³ Interview #143.

from family planning education and services in Thailand. According to 'Myint San', a migrant worker living in Mae Sot:

"Both my husband and I worked in a factory in Mae Sod. I did not want to have children. I was told that Kaythy Pan, a traditional Burmese medicine, could be used as a contraceptive. I understand that other birth control methods are available out there. But I could not afford any of these contraceptives."⁵⁴

In the Absence of Family Planning

In Burma today, the three most common methods to control for or deal with unwanted pregnancies are untested traditional medicines, abortion, and sterilization. As well as being dangerous and intrusive to a woman's body, cost barriers and also legal exist. In the absence of family planning, maternal and infant morbidity and mortality rates are amongst the highest in the world. Causes of death and morbidity that could be prevented by the use of effective family planning methods include unsafe abortion, repeated pregnancies, poor maternal health largely due to malnutrition and giving birth in hazardous conditions of conflict. Family planning would dramatically decrease maternal and infant deaths and morbidity by giving women the choice to space pregnancies and to have children during times of economic and political stability.

Unsafe abortion

The high abortion rate of unwanted pregnancies is directly linked to lack of access to family planning. According to Burmese Penal Codes S312 and S315, induced abortion is illegal in Burma and can incur imprisonment terms of up to 7 or 10 years and/or fines, depending on the time of termination. Research indicates that these Penal Code sections are widely ignored. Studies of government hospitals have shown that abortion is a major cause of maternal deaths, accounting for between one-third and one-half of all maternal deaths.⁵⁵ UNICEF also estimated that 58 women per week died due to illegal abortion and that fifty percent of all maternal deaths result from illegal abortion.⁵⁶ Finally, according to hospital studies conducted in urban and semi-urban areas, up to one-third to one-half of maternal deaths in Burma are caused by induced abortions, largely conducted under unsanitary conditions.⁵⁷

It took 12 weeks for me to decide on whether or not to have the child. Finally, given the economic hardship we face today, I decided to do abortion. I went to a woman who claimed to be an "expert." It was a painful experience. She put her finger through me [cervix and to uterus] and took out the embryo. I was very sick the next day. At that time, I did not realize that I could die from abortion...If I have had a decent income, I would have kept the baby. I did not believe that the baby would want to come out and join me in this situation. I felt like the baby's hands grabbed my heart. It was not that I did not have a mother's heart. This

⁵⁴ Interview # 182.

⁵⁵ Ministry of Health, Union of Myanmar and United Nations Population Fund, "A Reproductive Health Needs Assessment in Myanmar" (Yangon: Ministry of Health, 1999), p. 10.

⁵⁶ UNICEF, *Possibilities for a United Nations Peace and Development Initiative for Myanmar* (Draft for Consultation) (New York: UNICEF, March 16, 1992).

⁵⁷ Ministry of Health, Union of Myanmar and United Nations Population Fund, "A Reproductive Health Needs Assessment in Myanmar" (Yangon: Ministry of Health, 1999), p. 11.

baby was my blood. There is a saying in Burmese that in time of chaos or when the whole world is on fire, there is no relation between even mother and son.⁵⁸

The various aforementioned studies indicate that illegal abortion is both widespread and deadly. Most available data collected on abortion has been derived from hospital records.⁵⁹ Because abortion is both illegal and largely inaccessible to women through basic health facilities, however, most women requiring abortions or suffering from complications from botched abortions do not present themselves to hospitals. Furthermore, strong social stigma inhibits many women from revealing their experiences of abortion. Therefore, the official estimates of abortion rates and resulting maternal deaths are likely underreported

Abortion is very common among women in the migrant community in Thailand. Because of their illegal status excludes them from Thailand's public health care system, only those who have little more money and can speak Thai go to hospital. Otherwise, women deal with their unwanted pregnancies in the most cost-effective way. Mae Tao clinic, a NGO medical clinic in Mae Sot assists hundreds of migrant women seeking help for abortion related complications. A medic at Mae Tao clinic told how:

"Two young women came to the clinicone was bleeding from abortion she had with help of a woman who claimed to be a traditional medical practitioner. The practitioner put a stick to the woman's cervix, then to ovary to abort the pregnancy. An hour later, the young woman started bleeding heavily. She was still bleeding when she arrived to our clinic. It cost 500 baht. She was married. Both her husband and she decided to have abortion because they could not afford to raise a child with earnings for daily-waged jobs."⁶⁰

Maternal Malnutrition

In times of food scarcity, women are usually the first to go without, giving food to their children and their husbands before feeding themselves with what food is left over. When living under these conditions for years, women become malnourished often before their children and husbands. Thus commonly, malnourished women become pregnant, they suffer complications prior to, during and after the birth. Malnutrition, causing anemia is said by medics at Mae Tao clinic in Mae Sot to be one of the major causes of maternal morbidity and mortality. With the absence of the knowledge and practices of pre-natal care for women, many complications go undetected. However, without access to basic needs that cause malnutrition in the first place, remedies are difficult to find.

While women in all situations in Burma may suffer malnutrition and anemia during pregnancy and after birth, internally displaced women hiding in forests are amongst those greatest at risk. Food sources are very insecure as often what is eaten depends on what can be collected or hunted that day. In the dry season, vegetables and roots become scarce and hunger and starvation common.

⁵⁸ Katherine Ba-Thike, "Abortion: A Public Health Problem in Myanmar," in *Reproductive Health Matters*, No. 9, (May 1997), p. 98.

⁵⁹ Ministry of Health, Union of Myanmar and United Nations Population Fund, "A Reproductive Health Needs Assessment in Myanmar" (Yangon: Ministry of Health, 1999), p. 4-5.

⁶⁰ Interview # 149.

"Since the whole village was on fleeing, pregnant women sometimes lost their babies due to miscarriage. There were days that we did not have any thing to eat even for pregnant women. Unfortunately, these are common incidents in conflict areas."⁶¹

Traditional medicine

There are many kinds of traditional herbal medicines both for the prevention of pregnancy and to induce abortion. Some methods are widely used throughout many parts of the country, for example the all purpose *kathyan*, and some herbal remedies are specific to particular areas. Knowledge of these methods is usually passed on by TBAs and close peers. Narng Thein, 40 years, mother of 3 children from Shan State said:

"If I didn't want to be pregnant, I would use a small plant – the leaves when boiled in water, or put close to the skin, it is very hot. If we want an abortion we would boil with water and drink. In our village there was no clinic or hospital, if they wanted to know something about maternal health, they would ask the TBA..."⁶²

Sterilization

The only legal option open to women who feel that they have had enough children and do not want more is sterilization. There are a number of technical and economic consideration constraints to women's access of sterilization including hospital quotas, hospital board approval, husband's permission and exorbitant cost. However the psychological and emotional pressure involved in making this decision, the irreversible nature and intrusive impact of the procedure are unreasonable demands to make of women when alternative methods are available. Pale Maw Ae, 34, Wan Kong village, 7 miles from Loi Kaw, Karenni State explained:

"Only birth control method we know was "sterilization". To be sterilized, we still need to apply and wait a year or so before we can get a permit to be sterilized at the hospital. During that period, women get pregnant again. Even with the permit, the cost sterilization exceeds ten thousand kyats. Therefore, it is impossible for women in my village to get sterilization."⁶³

Incorrect and Incomplete Knowledge of Modern Contraceptives.

Where modern contraceptive methods are available and women are willing to use them, information crucial to their correct usage is often absent. Instructions on contraceptive usage is learned mostly by word of mouth as labels are written in foreign languages such as Thai, Chinese or Hindi and sometimes Burmese, but never the local language. In this environment of mis-information, many women have bad experiences with modern contraceptives that deter them and others in the community from trusting new methods. Some modern chemical based contraceptives, many of which are untested and ineffective, cause women to have strong negative reactions as many women's bodies are unaccustomed to high levels of manufactured chemicals. This also leads women to reject modern contraceptives. In the absence of appropriate education and quality control of contraceptive products, women often are forced to make uninformed decisions that may be detrimental to their health or to reject all methods rather than finding a method that is appropriate for individual women. Sue Sue from Murg Nai Township, Southern Shan state described how:

⁶¹ Interview # 155.

⁶² Interview # 210.

⁶³ Interview # 129.

"... In my village, some women used IUD's and they left them in for a long time without checking. The woman who put in the IUD was not a trained nurse, but a local traditional medic. Later one of these women met a nurse traveling to the Nam Khum village clinic and was checked. She had felt something wrong for a long time, but not get it checked because she only wanted to see the woman who inserted the IUD in the first place. After a long time, the IUD grew into the uterus wall. So the nurse took the IUD out. She bled a lot and got infected. Later her uterus became diseased. The other women in the town got worried and had the IUD's taken out. They were also suffering many kinds of diseases. I know all these women myself. They are all between 30-42 years of age."⁶⁴

Obstacles to Family Planning

Traditional beliefs concerning childbearing are widespread, leading many women to reject contraception or family planning of any kind as unnatural. At most, traditional herbal medicines are used occasionally by those who feel they have had too many children and wish to prevent more.⁶⁵ Particularly rural women and women in conflict areas trust information passed down through generations over new information from outsiders who come and go. Many of these women believe that nature decrees the number and spacing of children, and that their responsibility is simply to feed them as they come.⁶⁶

Socially, there is strong dissent against women, especially unmarried women and girls, discussing issues directly related to sexuality and their bodies. "This greatly mitigates women's abilities to negotiate sexual behavior and issues such as contraceptive use with their partners."⁶⁷ Mothers and older female relatives may often pass information based on local traditional beliefs but rarely discuss the realities of sex. When sex is discussed, it is rarely with trained health care educators or practitioners, but amongst close peers, where again local myths and hearsay is often perpetuated. Negative social stigma attached to these issues creates fear strong enough to prevent women from seeking accurate information. Sue Sue, 26 from Murg Nai Township, Southern Shan state:

"My mother told me when I was about 17 years, just after I started to menstruate, no to sit on the same level as the men; if we sit together with a man or stay close, we will get pregnant. So I believed that, and I was afraid, and I didn't want to go outside the house. So during my period I used to stay inside the house. Also I was too shy to talk about this with anyone. My sister talked about this topic with her friends. But they didn't get information from their doctor, or trained nurse, but got it from each other."⁶⁸

Severe poverty and the unavailability of contraceptives also act as effective barriers to women's access to contraceptives in conflict areas. Additionally, there are insufficient health care facilities operating with trained staff to administer contraceptives where necessary. NGO's and women's groups distributing health and family planning education materials to women from rural and conflict areas in Burma say illiteracy remains a major obstacle to women's access of family planning.⁶⁹ The SPDC does not provide adequate health care education programs that includes family planning.

⁶⁴ Interview # 74

⁶⁵ Interview # 4.

⁶⁶ *Ibid.*

⁶⁷ Images Asia, "Alternative Perspectives, Other Voices: Assessing Gender Equality in Burma", Images Asia, December 1999, p. 42.

⁶⁸ Interview 74

⁶⁹ Interview # 4 and 216.

Conclusion

In conflict areas in Burma, child-birth is still a life-threatening experience that is considered a woman's lot in life. Family planning for most women in conflict areas remains either unheard of or an enigma laced with danger. Yet there is an existing but unmet need for family planning as evidenced firstly by the demand of women for contraceptives where they have knowledge and access and secondly the unacceptably high maternal and infant mortality rates.

Despite its rhetoric, the SPDC has very little incentive to change this situation. Women's health is very low on the SPDC's list of national priorities, and family planning is low on the list of women's health. There is no official budget allocated to the MNCWA, the high-level ministerial, (but general dominated) body charged with implementing the National Plan for Action for women's issues. Instead, responsibility for family planning has been relegated to the *voluntary* member of the government affiliated Myanmar Maternal and Child Welfare Association (MMCWA).

For the SPDC, women's reproductive health needs are expendable as compared to "national security" concerns. The price of such indifference is paid largely by women, in the form of poor health status, few effective family planning programs, increased maternal morbidity and mortality, illegal and deadly abortions. These are the direct causes; the indirect consequences are that women's burden of caretaking is made heavier by their instability, their lack of food security, and their disrupted family structures. The SPDC must recognize the real cost of war to women's health, and reallocate its resources and priorities to acknowledge this reality.

V. VIOLENCE AGAINST WOMEN

Introduction

Violence against women is a significant impediment to women's full equality. This report concentrates on violence against women in conflict areas in Burma and in Thailand. The report makes the serious distinction between the widespread and systematic use of rape by the SPDC as a weapon of war inside Burma, which constitutes a war crime, and the opportunistic rape by Thais, including Thai officials, of migrant women from Burma.

In Burma and Thailand, violence against women unfortunately is present in all three realms of human society: the family, the community, and the State. In Burma, violence against women is exacerbated by the highly militarized nature of Burmese society and the ongoing civil war. In Thailand, violence against women from Burma is encouraged by negative attitudes against the Burmese and the pervasive belief that rape of undocumented women is acceptable because legal punishment is unlikely. In this report, we choose to focus on one direct and one indirect result of the armed conflict in the context of gender violence which bridges both sides of the Thai-Burma border. In the case of the former, rape perpetrated by the SPDC is an obvious consequence of warfare while rape by many Thai men of particularly vulnerable groups like migrant women flows directly from consequences of war. As for the latter, the internal conflict in Burma has led to a devastated economic environment, creating fertile conditions for the trafficking of women on a widespread basis. Thailand provides strong pull factors for women to be trafficked.

By focusing on State-sponsored violence in the forms of rape and trafficking in Burma and the vulnerability of migrant women in Thailand, this report's authors do not mean to suggest that domestic violence and other types of violence against women do not exist for women from Burma. Rather, we feel that State-sponsored violence, and its 'spill-over' effects into other countries is inextricably linked to the SPDC's policy of maintaining "civil order" through armed conflict. As such, until the civil war ceases, it is unlikely that this important barrier to women's equality will be eradicated. Additionally, violence against women is yet to be recognized as a war crime. Until this changes, women in Burma, particularly ethnic women will continue to be violated without just retribution.

Rape

SPDC Perpetrated Rape in Burma

Hundreds if not thousands of individual incidents of rape have been documented by SPDC soldiers against ethnic women in particular.⁷⁰ The rape is perpetrated by both officers and rank-and-file soldiers, all of whom commit these crimes with impunity. While rape targets women from the ethnic nationalities at war with the SPDC, including the Karen, Karenni, and Shan, it clearly demonstrates a lack of respect for all women. The rape is purposeful in many cases: it is intended to send a signal to the communities that the women inhabit, and that signal is that the SPDC is more powerful than the ethnic peoples. It is also intended to demoralize ethnic communities by terrifying the potential victims, and by leaving the entire communities to feel powerless in their ability to "protect" the women and girls.

⁷⁰ School for Rape: The Burmese Military and Sexual Violence (Thailand: EarthRights International, 1998), pp. 34-41.

In their ongoing war against those ethnic communities that refuse to capitulate and “enter the fold,” the SPDC army frequently resorts to brutal, impermissible attacks on civilian populations. A popular weapon in these violent encounters is rape against ethnic women. Through the numerous documented instances of rape, the SPDC soldiers seek to establish their dominance over all facets of the ethnic population, not just the men serving in the ethnic armies.

The frequency of the rapes against ethnic women suggests that these rapes must be perceived as more than random acts perpetrated by rogue soldiers. By committing such acts regularly, the SPDC army instills fear not only in the villages where women are actually raped, but also in all ethnic communities where women *might* be raped. This is particularly true because women are raped during their normal, daily activities. The message sent is that all ethnic women are at risk every day, and that it is impossible to avoid the circumstances under which the rape might occur.

On 10 April, 1999, Maj. Khin Maung Lay and troops of Company no. 1 of LIB 422 raped and killed a mother and daughter, Naang Thuay, 37, and Naang Awng, 19, near Kung Nyawng village, 3 miles north of Kun Mong in Central Shan State. They were going to work at their field when they met the troops who searched their bags, found their lunch rice and accused them of taking food to feed Shan State Army troops.⁷¹

Furthermore, multiple women are often raped at one time, confirming the theory that these crimes are not single, random acts committed against unlucky individuals.

On 1 January 999, 6 women from Nawng Kaw township in Central Shan State and tract were carrying rice from their farms back to their villages when they met a patrol of soldiers from Infantry Brigade no. 66. After accusing the women of supplying food to the Shan State Army, the unit commander took Nang Lang Sa, aged 15, aside, raped her, then shot her. When he had done, he announced that the patrol would rest for an hour and that they could do what they liked with the other women, except kill them. It is reported that Nang Ser, 22, Nang Peng, 27, Nang Ing, 30, and Mang Lu, 31, were raped repeatedly before the troops left and it was some time before the women could stand up and return to the village.⁷²

Not infrequently, the rapes involve physical mutilation, with the brutality directed toward the gender of the victims. This leads to a pervasive fear among women that the soldiers’ attention will be focused on them. The following are two examples that these crimes are specifically directed against women because of their gender:

On July 20, 1998, Aung Myint Sein from the LIB 230, Platoon 3, had reportedly raped Naw Paw Lulu, 16 years old, from Tapaw village in Belin Township, Mon State. And then, they shot her right into her vagina so that the bullet came right out of her head and she died.⁷³
And

⁷¹ Shan Human Rights Foundation Report (Thailand: Shan Human Rights Foundation, April 1999), p.1.

⁷² The Shan Herald Agency for News, Vol. 16, No. 2, March 1999, p. 51.

⁷³ Karen Information Center, Press Statement 19/98, July 26, 1998.

In 1998, the Shan Human Rights Foundation recorded the arbitrary execution of 76 women in forced relocation areas in central Shan State. Of these 76 women, 25 had been raped. In a case on May, 1998, 4 women were raped and killed by troops of SPDC LIB 225 and had their nipples sliced off.⁷⁴

The frequent rape of girls and young women is particularly demoralizing to ethnic communities, as it conveys the notion that the community is unable to protect even its most vulnerable members:

On July 26, 1999, Lieutenant Colonel Soe Win from LIB 100 and his troops reportedly raped Naw Dah Eh, 8 years old, and Naw Neh Naw, 19 years old, from Pway P'law and K'weh villages in Tanintharyi Township in Tanasserim Division, and they beat the two girls with bamboo to death. Similarly, Moe Kyaw, Kan Htay, and 41 other soldiers from Platoon 4 of the same LIB had also gang-raped Naw Pweh Say, 16 years, and Naw Thoo, 9 years old, and killed both girls.⁷⁵

The ever-present threat of rape by SPDC troops has culminated in some villages in Karen State, where men were predominantly absent, as the weapon effective to force people to flee as refugees. To protect themselves against troops intruding into their houses at night forced women to arm themselves with knives and employ barrack-like strategies. Thus they have become a front line of violent attack for SPDC in the absence of men. The Karen Human Rights Group interviewed 'Pu K'Ner, male aged 60, from Pah Klu village, T'Nay Hsah township, Karen state, in August 1999 about his village's experience:

"They tried to steal women to sleep with, so the women had to gather and sleep together in the same house at night. They had to close the door tightly and each of the women had their own big knives. They dared not sleep in their own houses because the Burmese were staying in them. Der! In the morning they would go back home. They asked my wife to have sex because she stayed with just one or two others, and she scolded and shouted at them. We dared not stay without many people. I cannot explain how great the fear was...Two or three years ago they did not do things like this, and my wife and I did not want to run too hastily... One time my wife visited me in the farm field hut and whispered, "We have to move. We dare not stay anymore because now at night we have to sleep in one big group with big knives." So people fled because they couldn't tolerate the Burmese treatment. Now they have all fled."⁷⁶

Another practice many villagers believe is intended to obliterate their ethnic minority societies is "Burmanization." In the view of ethnic villagers, Burmanization is principally achieved through rape and forced marriage. Under this theory, SPDC soldiers intentionally try to get ethnic women pregnant so they will bear "Burman babies" as a means of increasing the Burman majority population and preventing the women from bearing children whose parents are both from ethnic minority groups.⁷⁷

⁷⁴ Shan Human Rights Foundation, "Displacement in Shan State" (Thailand: Shan Human Rights Foundation, April 1999), p. 17.

⁷⁵ Karen Information Center, Press Statement 38/99 August 13, 1999.

⁷⁶ Karen Human Rights Group, "Beyond All Endurance", Karen Human Rights Group, December 1999, p.31.

⁷⁷ School for Rape: The Burmese Military and Sexual Violence (Thailand: EarthRights International, 1998), pp. 44-45.

Rape of Undocumented Migrants in Thailand

Rape of migrant workers in Thailand by Thai authorities, including police, immigration officials, and various branches of army officials is common. Although under Thai law, migrant women can place charges against rapists, they rarely do as their illegal status means that they also will be charged and deported. Thus, in Thailand their illegality acts as an effective barrier to legal protection, especially when the perpetrators themselves are their employers or administrators of the law. It is impossible for a woman without assistance and social support, to seek justice without endangering herself further and consequently, rape of migrant women goes mostly unreported. This reinforces a pervasive attitude that rape of migrant women is not considered a crime, either by the perpetrators or those around them. The following case was reported by a Chiang Mai based NGO to the UN Special Rapporteur on Migration:

On 12 July 1999, immigration officials took into custody 50 migrant workers in the Fang area of Chaing Mai Province, and handed them over to the local Thai army rangers near Ban Lan village to deport back to Burma. Sub-lieutenant Somrit Beekong, the officer in charge of the Thai army ranger unit, separated out 11 women from the group, and then ordered his men to take the rest of the migrants to the Nong Tao border point nearby. One man, the husband and brother of two of the women, begged the officer to spare these women. Somrit Beekong then hit the man, saying to him: "It is not only Burmese soldiers who can rape and torture Shan people, we can do it too." That night, he called each woman individually into his room in the government building, forced them to undress and put his hand into their vaginas. Afterwards, he chose two women, Kham, 18 from Southern Shan State and Kham, 19 from Central Shan State and raped them both within earshot of the other women standing outside.⁷⁸

As a follow up to this case, 3 women, including Kham, 19, were coerced, with death threats, by Army legal representatives into accepting out of court settlements. Only after public pressure from women's NGO's in Thailand did the Thai Army take action against Sub-lieutenant Somrit Beekong. He was found guilty of rape by an army disciplinary committee, put on probation for 1 year and had been transferred to another base. However, according to Thai law, rape by an official of someone in their care or protection is considered a serious offence and punishable by imprisonment.⁷⁹

Impunity for the Rapists

Impunity in Burma

That soldiers who rape are infrequently punished sends a further signal that the SPDC is indifferent to the problem of State-sponsored violence against women. Attempts by rape survivors, their families, and communities to seek justice from the SPDC army are generally ignored, at best, or met with retaliation, at worse. It is common for officers or commanders to claim either that their men have not committed a crime, or that their men cannot be controlled:

⁷⁸ Authors' personal communications with the NGO who filed the report with the Special Rapporteur on Migration. Due to the ongoing sensitivity of this case, the NGO's identity has been kept confidential.

⁷⁹ *Ibid.*

On March 11, 1999, SPDC official San Kyaw Oo and his troops from the Light Infantry Battalion. 54, Platoon 2, gang-raped Naw Lah Lah, 23 years old, and Naw Paw Wah, 25 years old, from Lo Kah village. Upon receiving several complaints, Battalion Commander Aung Myint Win told the villagers that his army has no law to punish the soldiers for such social problems and that rape was a social problem that could happen anywhere. He also said that soldiers were the sons of many mothers and it was not easy for him to control them at all. He also told the villagers not to come again with complaints and that they would be punished instead if they came back.⁸⁰

Repeated threats of retaliation by the army have rendered villagers afraid to report rape to SPDC officials:

On 4 April 1999, Lt Kyaw Soe from SPDC LIB 314 raped Nang Ae La, aged 19 in a forest near Wan Ten village, Muarng Laang tract, Kaeng-Tung Township. As soon as Kyaw Soe left the site, she ran back to the village and told her parents, and her parents complained to the village headman. But there was no one in the village who dared to press the case further against the SPDC soldier.⁸¹

If villagers fail to believe that authorities will punish the wrongdoers, and therefore refuse to report these crimes, the effect is to grant impunity to the rapists. If there is no legal deterrent to such action, soldiers are free to engage in repeated acts of violence against women without repercussion. It is the responsibility of the State both to prevent those acts that cause discrimination against women, and to punish those acts when they nonetheless happen. The SPDC is failing in both ways to treat violence against women, and is therefore sending a tacit signal to its soldiers and its civilian population that women deserve the treatment they receive.

Impunity in Thailand

Impunity for rapist of migrant workers in Thailand is tightly protected by existing deeply rooted systems of social patronage, particularly within government bodies and in rural areas. During the November 1999 Thai government deportation campaign, reports emerged of women from Burma being raped by the SPDC troops on one side of the border and Thai authorities and Thai male civilians on the other in the Mae Sod area.⁸² Despite drawing front-page media attention, no charges were brought against Thai authorities for these crimes.

Rape cases involving degrees of 'sensitivity' are difficult to charge as powerfully connected people, through systems of patronage, call on the favours and collaboration of a range of individuals and public institutions. In the process, women are isolated and threatened by authorities while information is withheld from the public. Yo Yo Lay, working in Mae Hong Son told how:

"In Mae Hong Son on 23 August 1999, a migrant Shan woman was knocked unconscious and gang-raped by 10 men, 5 Thai and 5 Shan near the airport. A Thai

⁸⁰ KNWO Newsletter (Thailand: KNWO, May 1999).

⁸¹ Shan Human Rights Foundation Report (Thailand: Shan Human Rights Foundation, April 1999), p. 2.

⁸² Win Min, "Burmese Migrant Workers – Pawns in Cross-Border Politics, The Nation, 28 November, 1999.

man found her lying on the ground and took her to the hospital. The following day an NGO worker (from Burma and who also had illegal status) went to the hospital to see her, but her bed was surrounded by many police and he did not dare talk to her. The following day when he returned to the hospital, she was gone. He was told that she and her family had already returned to Burma. After that, the details became confusing; not only was there no charge of rape, but the 2 Shan men brought in for questioning were identified by the woman as not her rapists. Hospital records also reported no sign of rape. Rumours circulated that she was a 'bad' girl and had a long-term disagreement with one of the men. Then the story was quickly hushed over. Two months later it emerged that the original story was true, that one of the rapists was the son of a high Mae Hong Son provincial official and that the 2 Shan men had actually been charged and sentenced to 2 years prison each."⁸³

Trafficking of Women

CEDAW Article 6 obligates the SPDC to “take all appropriate measures, including legislation, to suppress all forms of traffic in women....” While legislation does exist in Burma aimed at suppressing trafficking of women, including *The Suppression of Prostitution Act, 1949*, *The Law Amending the Suppression of Prostitution Act, 1949*, *The Child Law, 1993*, and *The Penal Code, 1860*, these laws are flawed for two reasons: they too frequently are directed toward those who are victimised by trafficking, and they are ineffective to stop the burgeoning sex industry in Burma. Furthermore, the laws may be overly restrictive; for example, unless immediate relatives sponsor the visits, young women are not allowed to travel outside the country. A young single woman reportedly under thirty years of age is not allowed to travel abroad with the purpose of getting employment. Studying abroad was not allowed until 1996. While these laws are intended, in theory, to curtail the trafficking trade, they instead impinge upon women’s right to travel.

The phenomenon of trafficking, common to many developing countries where economic development is uneven, is intensified in Burma by civil war. Attempts to introduce liberalising, open market policies by the government of Burma in 1988 have been counteracted by the SPDC’s action to nearly double the size of the armed forces over the past decade. The resulting economic crisis, in combination with the halt of international aid since the 1988 civil rights massacre and diversion of state funds away from the development of a social infrastructure, has forced the majority of the population to fend for themselves in whatever way they can. A thriving sex industry both in Burma and across the border in Thailand has presented many women with their only option for employment.

While it is impossible to calculate the number of women from Burma engaged in the sex industry, it is estimated as many as 40,000 are working as prostitutes in Thailand alone.⁸⁴ In some cases, women and girls know they will be working in the sex industry, but have little understanding of the consequences in terms of personal and social self worth, the physical conditions in which they will be working, or the health risks of STD's including HIV/AIDS. Pressure to provide for the family's financial well being and a dearth of

⁸³ Interview # 218.

⁸⁴ Open Society Institute, "Burma: Country in Crisis, Women", www.soros.org/burma/CRISIS/women.html, 11/1/00.

alternative employment opportunities overrides many women's strongly socialised tendency to protect her virginity from violation outside marriage.

In other cases, family members knowingly sell girls to trafficking agents for money. Doctors at Mae Tao clinic in the Mae Sot area, Thailand have noticed a change in this trend. The increased demand for virgin girls in Thai brothels has led to an increased number of young girls sold into these brothels by families for short periods of time for considerable amounts of money, until the “value of their virginity” has expired. After this time, the girls are often returned to their families in Burma.⁸⁵

Conclusion

Violence against women in the form of rape is a serious consideration of everyday life for women in conflict areas, including those living as IDP's and in relocation camps. While domestic and community based violence exist in conflict areas in Burma, a large proportion and the most serious crimes are committed by SPDC troops and officials and go acknowledged and unpunished by the Government of Burma. Well documented evidence of the intensity with which rape is committed by SPDC troops indicates that rape is used by the SPDC as a tool of war to attack women, terrify ethnic communities into submission and trigger flight of refugees. The seriousness of violence against women in ethnic areas demands immediate international attention through the recognition of rape by SPDC troops as a war crime.

Ongoing civil war is not officially recognised by the ruling military dictatorship, thus violence against women in conflict areas likewise goes unacknowledged by the State. Rather than providing appropriate measures to prevent violence against women and assist survivors, the SPDC blocks the design and implementation all appropriate corrective measures, including those initiated by NGO's.

Women who move away from conflict in Burma cannot move away from the sexual violence deeply engendered in society under pressure of poverty and uneven economic transition. Migrant women in Thailand, because of their illegal status, live under constant threat of arrest and sexual abuse from Thai authorities, employers and civilians. Rape is conducted with impunity as there only a few small NGO's based in Thailand prepared to support them if they wish to pursue charges.

⁸⁵ Interview # 3.

VI. CONCLUSION

Three factors essential for women's basic well being are access to basic needs, access to family planning and freedom from violence against women. These 3 prerequisites for maintaining good physical, psychological and emotional health must be met before women can work for empowering themselves to achieve equality within their societies. Yet, women in and from conflict areas in Burma do not enjoy secure access to these rights. Malnutrition is widespread, little or no knowledge or access to effective and safe family planning methods results in very high maternal mortality rates and women are targeted in conflict areas by the SPDC troops for rape and subject to multiple other forms of violence against women.

Underlying the root causes of women's rights violations are factors perpetuating armed conflict in Burma. The SPDC's determination to unify the country by military force redirects the national budget away from social infrastructure development into reinforcing military capacity, which in turn enables them to commit human rights abuses against civilians. Thus, in addition to the obvious hazards of war - landmines, forced relocation, land confiscation, death, injury, or rape by the army - women are also subject to less apparent dangers that result from too few funds allocated to non-military matters - an antiquated and inadequate healthcare system, poor or no schools, and few economic opportunities.

Women and their families, in search of securing basic needs and/or running from SPDC attack and rape, are thrust unprepared into cycles of migration. Women, depending on their circumstances, move from conflict areas to forced relocations sites, to become IDP's, refugees and migrant labourers. As long term food and personal security are not guaranteed in any of these situations, more migration follows. In these insecure situations, women remain particularly vulnerable to rape and sexual abuse by Burmese authorities and when in Thailand, by Thai authorities, employers and men for those migrated to Thailand. At precisely the times women need to expand their mobility, they come under greater risk of violence while doing so.

While NGO's supply refugee camps with education and sanitation, and food supplies for short-term survival, many refugees are raising a second generation under these conditions and experience serious social, economical and health problems. Migrant workers constitute the vast majority of women from Burma in Thailand. Their illegal status excludes them from access to adequate health care, workers rights, education, protection against violence as well as recourse for justice when their rights have been abused. The mass migration of undocumented migrant workers in the South East Asia is a phenomenon directly linked to uneven economic development and political transition in the region. The phenomenon affects numbers far greater than refugees, yet the issue remains ignored by the ASEAN and international community.

The inescapable conclusion is that it is very difficult to be a woman from a conflict zone in Burma. Compounding this difficulty is the fact that the SPDC, as indicated by its recent CEDAW Report, seems not to recognize the hardships women face. To the contrary, the SPDC claims that women live in Burma on a basis of equality with men. The extent to which the SPDC ignores women's reality with this contention is astonishing and disturbing.

How can the women of Burma hope to achieve the lives the SPDC claims they have? The first step is for the SPDC to recognize that equality for women in Burma does not exist. The SPDC must acknowledge the consequences of the internal conflict on women. They must accept the fact that so long as political power is based on military force, there will never be room for gender equality. They must understand that a highly militarized society such as Burma by its very nature excludes women from positions of leadership. They must recognize that a disproportionate allocation of the national budget to military matters will result in continued discrimination against women. They must comprehend that gender equality will always be at odds with civil war, with military force, and with an undemocratic regime. The authors of this report urge the SPDC to take the following necessary steps to make their claims about women's equality real.

VII. GAPS PERSISTENT ISSUES, EMERGING ISSUES AND FUTURE ACTIONS

GENERAL

Gaps

1. Lack of emphasis placed in Internally Displaced People and how to practically provide for their urgent needs during conflict;
2. Lack of well defined and acknowledged rights of all undocumented migrant women workers, including those who have legitimate claims to international protection and who are prevented from accessing UNHCR refugee status determination procedures;
3. The rights of stateless women from Burma, both inside and outside, particularly the Rohingya and increasingly the Shan;
4. Lack of mechanisms to monitor human rights abuses and to ensure governments to resolve the conflicts and render justice.
5. Lack of appropriate mechanisms to ensure the SPDC will implement necessary changes according to the norms and customary of international human rights law, its commitment to the Beijing +5 and obligations under CEDAW.

Emerging issues

Attention to be paid to all areas of basic needs, health and human rights of:

1. Undocumented migrant women workers;
2. Stateless women;

Future Actions:

The SPDC

1. Stop the Conflict - E.1 141 (a), (b), E.3 145 (a)
 - As genuine peace is the pre-requisite to sustainable development, the SPDC must enter dialogue with ethnic and democracy forces to reach a durable political solution to armed conflict with women in meaningful decision making roles
 - Embark on serious National Reconciliation programs, including women's participation at all levels, including meaningful decision-making positions. E.4 146 (a) – (d)
 - Fully respect the norms of international humanitarian law in armed conflict, taking all measures to ensure protection of women and children especially from rape and all other forms of sexual abuse. E.3 144 (b)
2. Implement gender-sensitive macro-economic reforms, with the inclusion of women decision-makers at all levels that include the revision of budget allocation. Severely decrease military expenditure, increasing budget to the development of social infrastructure, in particular the health and education systems and primary basic needs of water, sanitation and food security, especially in conflict areas. E.2 143(a)
3. Allow effective legal redress for survivors of these human rights abuses, ensuring that appropriate judicial bodies include women in as judges and lawyers and other officials and are capable of addressing gender issues – E.1 141 (c), E.2 143 (c)

4. Ensure women's long term access to basic needs through the development of conditions conducive to Women's Empowerment

- To demonstrate its serious commitment to the advancement of women, promote the National Committee for Women's Affairs to the status of a Ministry for Women's Affairs. Allocate this ministry adequate annual budgets and assign women experts independent of Government connections as its top decision makers – including the position of minister
- Revise the National Plan for Action to cover all 12 sectors of women's empowerment included in the Beijing Platform for Action, and revise the role of the NCWA's Subcommittee on culture to focus on women's empowerment rather than as a vehicle for SPDC's promotion of nationalism
- Conduct research into the status of women in the economy, society, education, employment health and politics, analyze data according to gender, age, ethnic distribution
- Publish and make widely available the government's Budgets allocated to women's issues, health and education, specifically, budget allocations directed at women and girls, and each state and division
- Implement Land reform policies that allow ownership of land by individuals, including women
- Universal primary school education, ensure education for all and introduce programs to enable impoverished families to keep children at school until the completion of primary school
- Promote the equal rights of non-Burman ethnic women in conflict areas by:
Develop poverty eradication programs for ethnic women available in native languages
- Allow access by the UN Special Rapporteur to Burma
- Implement the ILO's recommendations to cease Forced Labour and implement labour reforms
- Implement all recommendations made by the Committee on CEDAW at its 22nd Session, January 2000 to the Government of Burma

Thailand

- Ensure the human rights of women migrants A.1 58 (k)
 - Making accountable the behavior of Thai authorities who frequently abuse migrant women's rights
 - Developing and human rights based approach to its deportation and migrant labour registration policies
 - Develop and implement mechanism for the prevention of exploitation of migrant women by employers
- Allow entry to refugee camps of genuine asylum seekers and 1. not to block entry into Thai territory or deport back to people into conflict areas from which they have just fled or without UNHCR access and 2. ensure equal access to refugee determination process. E.5 147 (d), E.5 147 (h)
- Ensure the effective protection of refugees in campsites beyond the attacks of SPDC and SPDC affiliated troops. E.5 147 (c)
- Thailand Sign the 1951 Refugee Convention and its 1967 protocol to ensure that refugee women are entitled to basic needs. E.5 147 (h)

- Work with the international community and the UNHCR to find a comprehensive and effective approach to resolve the underlying conflict and internal and refugee displacement. E.5 147 (e)

UNHCR

1. Work practically and advocate strongly FOR THE PROTECTION of refugees in Thailand, Bangladesh and India. Advocate at the provincial, national and international levels. E.5 147 (c)
2. Advocate to the Royal Thai government that they ratify the 1951 Refugee convention and provide the full range of rights due to refugees, including access to basic needs and access for all women, regardless of ethnicity to refugee determination processes. E.5 147 (d), E.5 147 (h)
3. Implement the UNHCR guidelines on the protection of Refugee women and Evaluation and Care of Victims of Trauma and Violence E.5 148 (a)

VIOLENCE AGAINST WOMEN

Gaps:

Adequate attention to the needs of women in positions of internal displacement, refugees and undocumented migration with regards to violence against them, especially in terms of legal redress and mechanisms for justice.

Persistent Issues:

1. The high degree of militarization in Burmese society which enable violence against women, continues to structure society at all levels.
2. The SPDC continues to deny the existence of armed conflict in Burma and the extent to which violence against women exists at the family, community and state levels.
3. Associated with military presence is the culture of fear of violence and personal insecurity which restricts women's mobility and keeps them subordinate to men
4. Trafficking of women into exploitative work including the sex-industry
5. State perpetrated systematic rape as a weapon of war.
6. Rather than persisting, violence against the women of Burma in the form of military rape and trafficking has reached epidemic proportions.
7. Violence against women continues to occur at all levels of society, but most particularly perpetrated by the State, with impunity.

Future Actions:

The SPDC

1. Establish and enforce strict legislation criminalizing rape in every context, including by the military. D.1 124(b) (c).
2. Provide women victims of violence and their families, including women in conflict, rural and remote areas, access to legal redress and mechanisms of justice through the revision of national legislation and establishment of necessary legal organisations such as free legal aid. D.1 124 (h) (l)
3. Offer training to military officers and rank-and-file soldiers on the issue of violence against women. D.1 124 (n)

4. Punish severely any SPDC military officer who himself fails to punish known instances of rape by his own soldiers, under the principle of command responsibility;
5. Establish an impartial team of investigators to fully investigate all complaints of rape by the military. D.1 124 (o)
6. Research, collect and analyse data on the impact of violence against women in all levels of society, particularly in ethnic and conflict areas. D.2 129(a)
7. As a sending country, conduct a country-wide investigation on the prevalence and conditions leading to trafficking, and should be prepared to implement effective legislation to combat the sex industry. D.3 130
8. Reallocate some of its resources from military expenditures to effective job-training programs for women, particularly those in rural areas. D.1 124 (p)
9. Elimination of steryo-types that underlie and reinforce all patterns of discrimination against women through appropriately funded school, community and media programs. D.1 124(j), D.1 125(j)
10. Through education campaigns in schools, media and community, raise the awareness of that violence against women is a crime and violation of human rights. D.1 126(b)
11. Implement the CEDAW, including the Committee's General Recommendation no. 19 and concluding comments to the SPDC at its 22nd Session in January 2000. D.1 124(f)

International community, including the United Nations

Re-affirm that rape in the conduct of armed conflict is a war crime E.3 145 (c) (d) (e)

Thailand

1. Establish and enforce strict legislation criminalizing rape in every context, including by the military. D.1 124(b) (c).
2. Provide women victims of violence and their families, including women in conflict, rural and remote areas, access to legal redress and mechanisms of justice through the revision of national legislation and establishment of necessary legal organisations such as free legal aid. D.1 124 (h) (l)
3. Offer training to military officers and rank-and-file soldiers on the issue of violence against women. D.1 124 (n)
4. Punish severely any SPDC military officer who himself fails to punish known instances of rape by his own soldiers, under the principle of command responsibility;
5. Establish an impartial team of investigators to fully investigate all complaints of rape by the military. D.1 124 (o)
6. As a significant receiving country of women from Burma trafficked into sex-work, conduct a country-wide investigation on the prevalence and conditions leading to trafficking, and should be prepared to implement effective legislation to combat the sex industry. D.3 130

FAMILY PLANNING

Persistent issues:

1. Little awareness of family planning due to poor education among women as well as inadequate and misleading information provided by the authorities;
2. Illegal abortions which are carried out in a primitive and therefore dangerous environment;

3. Inadequate health facilities for the public;
4. People are poor and cannot afford even the very basic health care that is available;
5. No attempts to improve poor educational standards in the frontier areas;
6. A traditional belief that family planning is something that should concern only married women; everything else is taboo, such as pregnancy among young unmarried women as a result of sexual abuse and rape.

Future Actions:

1. The SPDC must spend less on the military and more on public health. E.2 143 (a)
2. Adequate public health care must become available even in remote parts of the country. C.1 106 (a) – (y)
3. Develop and make available to all women pre- and post-natal care and related educational programs for women. C.106 (e)
4. More doctors and health workers must be sent to clinics all over the country, and there should be special services for the health needs of women. C.1 106 (c)
5. Recognize that unsafe abortion is one of the highest causes of maternal mortality and a strong indicator of the high percentage of unwanted pregnancies in Burma, in particular conflict areas. In light of this, develop and promote effective family planning services and facilities that extends to all women including rural and conflict areas. Make these facilities free or affordable. C.1 106(j) (k).

BASIC NEEDS

Gaps:

- Recognition of internally displaced persons and their urgent needs
- Recognition of the needs and rights of women migrant workers in third countries not included in UNHCR and national mechanisms to be given refugee status

Persistent issues:

- Lack of development in conflict and unstable areas maintaining lack of access to basic needs
- Continued, widespread and serious human rights violations
- Denial of Economic rights
- Environmental Destruction through SPDC "development" projects (especially dams), excessive logging and mines.
- Lack of access to health care facilities due to lack of infrastructure and cost prohibitiveness
- Lack of access to education due to poverty and armed conflict with limit women's capacity to cope with adversity and health problems
- Lack of personal security due to close proximity to fighting and ubiquitous presence of SPDC troops

Future Actions:

1. a) Stop using war strategies to block people's barriers to accessing basic needs, including food and medicine. Food and medicine must not be used as tools for political pressure. E.3 145 (h)
 - land confiscation

- 4 cuts strategy of forced relocation
 - widespread and systematic rape by soldiers
 - extortion
 - forced labour demands
 - ethnic persecution and attack of civilians by SPDC troops
- b) Allow the return of displaced persons, including internally displaced people, refugees and migrants to return to their original lands and homes. E.5 147 (d)
2. Ensure and promote food security by implementing macro-economic reforms and programs to promote quality employment opportunities and improved nutritional status of women and girls A.1 58(a)-(q), F.2 166, C.1 106(w)
- abolition of paddy procurement policies
 - restructure of civil servant wages
 - in the short term, allocating adequate food and basic needs to the Tatmadaw, particularly in ethnic areas, in the long term, withdraw troops from these areas
 - develop and promote agricultural and fishing sectors to provide enough food for domestic use and effective distribution A.1 58 (e)
 - develop anti-poverty schemes, particularly in rural and conflict areas, for women and in particular widows
3. Revise the Ministry of Border Areas and Development of Ethnic Nationalities' Master Plan to be gender sensitive and focus on the development of basic needs facilities and services including:
- Water development and management projects to villages and towns C.1 106(x)
 - Prioritizing of water for irrigation systems over hydro-electric schemes for army use
 - development of adequate sanitation in towns and villages, including toilets, rubbish and chemical disposal and stagnant water C.1 106(x)
 - Promotion of community health and hygiene education programs, especially in rural, ethnic and conflict areas
 - Provision of free basic health services, including conflict areas, ensuring the constant availability of trained staff, medicines and equipment C.1 106(c) (e) (y)
4. Stop further environmental damage by:
- Stop excessive logging.
 - Develop programs for forest regeneration in environmentally damaged areas.
 - Stop the Salaween Dam project that will result in widespread environmental degradation and threaten the livelihood of hundreds of thousands of predominantly rural ethnic people.

VIII. TABLE OF INTERVIEWS

<u>Number*</u>	<u>Location</u>	<u>Date</u>
Interview # 1	Chiang Mai	5/11/99
Interview # 2	Chaing Mai	4/11/99
Interview # 3	Chaing Mai	12/12/99
Interview # 4	Chaing Mai	12/12/99
Interview # 5	Mae Hong Son	12/10/99
Interview #6	Chiang Mai	29/11/99
Interviews # 7-56	Rangoon	Sept.–Oct. 99
Interviews # 57-127	Thai/Burma Border	Sept.-Oct. 99
Interviews # 128 – 212	Thai Burma Border	Dec 1999- Feb 2000
Interview # 213	Mae Hong Son	12/4/2000
Interview # 214	Chiang Mai	4/3/2000
Interview # 215	Mae Hong Son	15/4/2000
Interview # 216	Chiang Mai	2/4/2000
Interview # 217	Chiang Mai	2/4/2000
Interview # 218	Mae Hong Son	17/3/2000

*All interviews were confidential, and interviewees' names remain anonymous for security purposes. Interviews remain on file with the Shadow Report Committee.

IX. Glossary of Terms

APDC	Asia Pacific Development Center
BBC	Burmese Border Consortium
CEDAW	The Convention on the Elimination of Discrimination Against Women
DKBA	Democratic Karen Buddhist Army
IDP	Internally displaced person
ILO	International Labour Organization
LDC	Least Developed Country
NCGUB	National Coalition of the Government of Burma
MMCWA	Myanmar Maternal and Child Welfare Association
MNCWA	Myanmar National Council for Women's Affairs
NGO	Non-government Organization
INGO	International Non-government Organization
SLORC	State Law and Order Restoration Council
SPDC	State Peace and Development Council
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
UN	United Nations
UNPF	United Nations Populations Fund
UNDP	United Nations Development Program
UNHCR	United Nations High Commission for Refugees
WLB	Women's League of Burma

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