



The Trauma Lasts for Life

Persuant to Commission on Human Rights resolutions and Tadeusz Mazowiecki, Special Rapporteur on the situation of human rights in the territory of the former Yugoslavia requested a team of medical experts to investigate reports regarding the widespread occurrence of rape. The team was composed of four experts: Dr Greta Forster (Genitourinary specialist, UK), Dr Perran Moroy (Obstetrician/Gynaecologist, Turkey), Dr Elizabeth Murphy (Psychiatrist, USA) and Dr Shana Swiss (Women's health and human rights, USA). Mrs Chafika Meslem, Director of the United Nations Division for the Advancement of Women, accompanied the team during the mission which was carried out from 12 to 23 January, 1993. The team spent four days in Croatia (Zagreb and surrounding areas, including Karlovac). Half of the team then went to the Federal Republic of Yugoslavia (Belgrade and surrounding areas, including Loznica) and the other half spent two more days in Zagreb and four days in Bosnia and Herzegovina (Sarajevo and Zenica).

Rashed Mahmud Titumir of The Daily Star compiled the excerpts from their submitted report for 'Women on the Move'.

RAPE has been used since the beginning of the conflict on a large scale, as a means of implementing the strategy of ethnic cleansing and to increase inter-ethnic hatred.

Paramilitary groups are said to be responsible in most cases. The victims are mainly Muslim but also Serb and Croat women.

Known pregnancies resulting from rape in 1992

Through interviews with physicians and a review of medical records from six major medical centres in Zagreb, Sarajevo, Zenica and Belgrade, the team of experts was able to identify 119 pregnancies resulting from rape during 1992.

Croatia: In one major hospital in Zagreb, 28 pregnant women refugees from Bosnia and Herzegovina (6 from Priedor, one of them 15-year-old) personally stated that they had been raped; 25 of them were admitted to the hospital for early abortions. One late abortion was performed. Two victims delivered babies. In the second hospital visited by the team of experts in Zagreb, there were seven known pregnancies resulting from rape. Two women delivered babies; four are expected to give birth in early 1993, one had had an abortion (term unknown).

Bosnia and Herzegovina: In Zagreb, medical information was obtained regarding a hospital in Tuzla, where, in 1992, 45 pregnancies were known to

have resulted from rape. In 41 cases, abortions were performed up to 20 weeks of pregnancy. Four women were more than 20 weeks pregnant due to rape and did not receive abortions.

In the largest gynaecological clinic in Sarajevo, the number of known pregnancies due to rape in 1992 was 15; 14 of these were terminated through late abortions, while one resulted in delivery.

At the gynaecology clinic in Zenica, 19 pregnancies were known to be the result of rapes.

Federal Republic of Yugoslavia: At one specialist maternity hospital in Belgrade,

there were five recorded cases of pregnancy due to rape.

General abortion and delivery data

Croatia: According to data obtained in one of the two major hospitals visited in Zagreb, 6,521 infants were delivered and 4,615 abortions performed in 1992. In the second hospital, 4,039 infants were delivered and 4,100 abortions performed in 1992 (as compared to 3,103 deliveries and 3,000 abortions in 1991). In both hospitals, the total number of abortions and deliveries increased in 1992. However, the ratio of abortions to deliveries remained approximately

the same as in 1991, according to the physicians in charge of both hospitals' gynaecology departments.

Bosnia and Herzegovina: In 1992, the number of abortions performed at the clinic visited by the team of experts in Sarajevo had doubled in September, October and November (400-500/month) compared to pre-war rates (approximately 200/month). At the same time, the number of patient visits decreased by half. This means that there were effectively four times the number of abortions in those months compared to pre-war rates. Doctors noted an increase in late terminations of

pregnancy beginning in September 1992.

Spontaneous abortions (miscarriages) also increased in Sarajevo. This was thought to be due both to lack of availability of food as well as to psychological trauma. In the clinic visited in Zenica, 1,489 early abortions were performed in 1991, 2,106 in 1992. There were 632 abortions performed in the first half of 1992 and more than twice as many abortions in the second half of the year, 1,474, with 712 abortions performed in December, 1992.

In Zenica, there were 4,300 deliveries in 1991. In 1992, there were 3,900 deliveries. In

the former Yugoslavia women historically deliver in hospitals, and Zenica is a referral hospital for a large area in Bosnia and Herzegovina that includes 2.5 million people, from Doboj and Knjevo to Bugojno and Kupres, Zenica, which had a population of approximately 145,000 people according to the 1991 census, has received an influx of 230,000 refugees since the war began.

Federal Republic of Yugoslavia: Despite a decline in live births, numbers of early and late abortions remained relatively stable from 1984 to 1992 at one of two specialist maternity hospitals in Belgrade. The ratio of abortions to deliveries ranged between 0.5 and 0.7 between 1984 and 1992. A total of 4,200 early, and 438 late abortions were performed at this hospital in 1992. During the same year, 238 applications for late abortions were received by the Appeals Commission for the entire city.

Under-reporting

It is not possible to know precisely the actual number of rapes or the number of pregnancies due to rape that have occurred.

Nevertheless, because the under-reporting of rape is so profound and the source of documented cases was only six hospitals, the 119 documented cases suggest that the incidence of rape in the conflict in the former Yugoslavia has been widespread.

Testimony of an untold story

My name is S.K. I was born 11 July 1968, Nisic, municipality of Iljias. I was captured on 26 May 1992 in the forest near my house. I was with two other refugee girls from Visoko. — J and N.R. We were captured by ten men in camouflage uniforms; they had "tily" insignia on their caps. They put us in a truck and took in an unknown direction. They drove us to Breza camp. We were detained in a basement with small windows; it was a dirty, damp and cold place. They raped us immediately on arrival; groups of them raped and beat us. I remained there two days.

I was then moved to another building, another room where there were five women and girls: two Nadas, Rosa, Mira and Olja. I was in that room until our release on 15 August 1992.

We were tortured simply by taking us to watch other prisoners being tortured. Once, they forced a father to rape his daughter who was about 17 years old. They beat them but both father and daughter refused to do what they were told. It was only when they pressed a knife to his throat that his daughter cried and begged him to do so in order not to be killed. He eventually did it and I do not know whether he was killed later on, but anyone who leaves that prison is a living death.

We were fed by pieces of moldy bread or macaroni, probably leftovers, and a soup which was in fact slops.

We, girls and women occupying that room, could not talk to each other since we were never alone; there was always someone of them with us both when we worked and when we were in the room.

They constantly mentioned a name Kula, probably a alias. They kept asking themselves whether he would be satisfied by the way and how much they beat and raped us. They laughed as they did so.

Later on, when I returned home, I heard that Kula was the warden and that he was from Semizovci. I never saw him.

When I was freed, the five girls who were with me in the room were also released. Two of them committed suicide immediately after their release and the rest of them left the village with their parents. They set us free because we were pregnant and their purpose was to make up pregnant.

I am horrified of confined spaces and I wish to go back home as soon as possible.

Deposition made on 6 November 1992 at the Gynaecology-Obstetrics Clinic in Belgrade, 26 Vitegradska Street.

MOMENA A Barefoot Midwife

TO outsiders, 35-year-old Momena Haque is just another poor and landless woman. Like millions of other women in rural Bangladesh, Momena's life is one long struggle, relying on the uncertain wages her husband earns as a casual labourer and a little income from raising a few goats and hens or from selling vegetables. With no education herself, she tries to make a better life for her four daughters aged between 1 and 10 years.

In her own village of Bothetpara in Kurigram district, northern Bangladesh, Momena is someone special. As a dai or Traditional Birth Attendant, her services are much in demand when neighbouring village women are

and encourage them to attend antenatal clinics for check-ups. She is also present at birth to assist the mother and her female relatives. Most would-be mothers buy from Momena a special kit which RDRS has developed to ensure safe delivery. A total of 5,200 were used during 1992.

Training local dais in this way brings many benefits. Since she started, Momena has been present at over 100 births and is proud of the fact that no mother of baby which she treated has yet died. Since in Bangladesh, 6 mothers in every 1,000 die in childbirth and 85 babies in every 1,000 do not survive, it is clear that traditional birth attendants can make a vital difference. Along with her good work



about to give birth. Although dais have performed this role for centuries, nowadays they are vital actors in improving the health of the poor.

RDRS, the development programme of the Lutheran World Service in Bangladesh, has recognized the potential of this traditional health care network in the community. Since 1991, they have trained over 1,500 dais throughout the region to improve their service and help ensure the health of mother and child.

Momena has been a dai for 3 years, learning the basic skills from a neighbour. However, it was only when RDRS gave her a short intensive training about two years ago that she really began to make a useful contribution. Each year, RDRS trains about 1,100 traditional birth attendants — offering each a one-week course. Children at their most vulnerable time. During 1992, RDRS-trained dais attended 16,041 births.

Momena acts as barefoot midwife for her entire village of around 1,500 people. Her job is to visit pregnant mothers regularly, to advise them

in the village, formal training from RDRS has also helped earn Momena the respect of her community. Now she is welcome in every house. Like other dais, she is not paid for her services but she does accept meals or small gifts from grateful neighbours.

Momena herself takes great pride in her work, and pleasure in being able to help poor women just like herself. "Children are a joy for the parents, so I feel I become part of that joy." She also gives advice to parents on diet, health and hygiene to help ensure her good work at birth is safeguarded as the infants grow up.

Momena can barely sign her own name. With her family, she lives a very modest life eking out a bare living. Yet Momena has skills and knowledge that can mean the difference between life and death for her neighbours and their children. As part of the community they serve, barefoot midwives like Momena are a vital part of RDRS's health efforts to improve life for the poor.

— RDRS Feature

BY the beginning of the 70s the world community, consisting mostly of educated males and a few of their enlightened fellow female citizens began to take more notice of the subordinate status and position of women in relation to men. This came to be reflected both nationally and internationally, in the formulation, adoption and gradual, though not always effective implementation of policies and programme of action intended to improve women's socio-economic condition. Thus the past two decades witnessed a surging number of studies, research reports, surveys, seminars, conferences, symposia, workshops, models, plans, action programme initiated and organised at the local, national or international level either by the governments concerned or the now well known NGOs or various international agencies.

Under the banner of the United Nations the world community celebrated 1975 as the international year of women and starting from that year the next ten years as the International Decade for Women, governments have come forward to take up special programme focusing on women as target groups; separate ministries were created with substantial funds at their disposal. Not to be left behind academic institutions all over the world set up new departments, faculties or schools for women's studies.

Last but not the least in the field. Women themselves, apart from working in collaboration with their male counterparts started forming their own groups, associations and organisations again at all three levels. And the process moves on towards more articulation and hopefully greater fulfilment.

This has been good as far as it goes. So much loud noise and publicity have succeeded to some extent at least in creating a degree of awareness of women's issues among our policy and decision makers the overwhelming majority of whom, make no mistake, are men. But the question remains — how much light this heat has generated? The reaction of men — particularly among the conscious section of society — has undergone some changes in recent years, but male attitudes have not changed enough to alter the picture significantly.

It may safely be said that despite some progress made in a number of fields, gender inequalities in the family, in the workplace, in government and politics — in short in society at large still persist. Many

Women in the Market Place

by Zaheda Ahmad

and varied are the ways in which women are still oppressed, maltreated and exploited.

Today we propose to take a brief look at our aspect of male behaviour towards women in Bangladesh. Since earning a profit lies at the root of all economic activities under a free market economy it is quite natural on the part of entrepreneurs to take recourse to questionable methods for the maximisation of their profits. This urge or compulsion, to be sure, has been such a characteristic feature of human behaviour since time immemorial so much so that it may safely be regarded almost as instinctive as any other basic human trait. Driven by this instinct our profit hunters have been indulging in the selling of women with incredible enthusiasm. Modern technology has vastly increased their ability, power and range. With the help of this improved technology they are in a position to manipulate the mass media at their will. Modern mass media affects not only urban women but all women as well as all men. In a society like ours with barely 25 per cent literacy rate the print media is quite reasonably much less powerful than the electronic media. And the danger lies there since ignorant people tend to be swayed more easily by the tremendous appeal of the electronic media.

In this way media is in a position to shape public opinion, personal beliefs, ideology and attitudes. Quite often most people forget that the press here as elsewhere is owned, with our or two exceptions, by private capitalists and the electronic media is wholly controlled by the ruling party between whom there exist visible and invisible linkages under the existing power structure. So in a deeply conservative and mostly ignorant society the views, prejudices and above all the class interests of the minority — the ruling classes — come to be accepted by the majority. Therefore, media often acts as a conservative force in society — a force which seeks to preserve the status quo and guard against major not to speak of radical changes, whether in relation to class or sex. Since name calling would be rather inappropriate we shall refrain from doing this but at least discerning section of the newspaper reading public is well aware of the particular roles played by the mass circu-

lation dailies and weeklies here.

The point media's use and abuse of women in their drive for sales promotion becomes much more blatant and aggressive on the part of the myriad of weeklies with which the market is now saturated. Barring a few, most of these are not worth the paper they are printed on. From cover design to content planning many of them exhibit a flagrant tendency to make capital out of

its by throwing away into the winds all consideration of art, taste, decency, decorum, realism or people's welfare. Capital in the hands of our film barons has turned into the monster that it often is. No wonder, the fate that our womenfolk suffers in their hands every day beggars description. Women in these films are presented as two familiar stereotypes — good or bad. The good women are depicted as ideal, suffering, self-denying, self-effacing



sensational or scandalous incidents lacking in news value.

In this respect they are a very close cousin to the gutter press of the west known as the tabloid which thrive on the triple recipe of sex, sensation and sport. Illegally for us, some of these appear on the market as quickly as they vanish — here at least the laws of the market at a welcome restraint. But the mischief of the media does not end here. Who can deny that over august film industry stands head above shoulders over the print media so far as commercialisation of our womenfolk is concerned. No one can beat them in this game. With sickenening regularity our film industry is churning out the mad house of outrageous, fantastic yarns every year.

It is proof enough, if any more is needed, of the extent to which rampaging capitalism can go in search of quick prof-

mothers, wives, sisters or daughters who know no sacrifices as too dear to make for the welfare of their male relations.

The supreme ambition for such a good woman in marriage; the height of fulfillment is the birth of a son. This pattern is endlessly repeated the model of motherhood and wifehood, extolling the time-honoured virtues of the ideal Bengali woman who submits to the prescribed role and never becomes a rebel.

But the heroine would not pull a box office hit if she is not at the same time a sex symbol — hence the sex object role of women gets such prominence in these films. By perpetuating the stereotyped images of women, by trivialising and dehumanising them our films have done and are doing untold damage to our women-

FACTSHEET

Becoming pregnant before the age of 18, or after the age of 35, increases the health risks for both mother and child.

Every year over half a million women die from problems linked to pregnancy and childbirth, leaving behind over one million motherless children. Most of these deaths could be prevented by acting on today's knowledge about the importance of planning pregnancies.

For health reasons alone, no girl should become pregnant before the age of 18. A woman is not physically ready to begin bearing children until she is about eighteen years of age. Babies born to women younger than eighteen are more likely to be born too early and to weigh too little at birth. Such babies are much more likely to die in the first year of life. The risks to the mother's own health are also greater.

All girls should be allowed the time to become women before becoming mothers. In societies where many girls marry at an early age, couples should use family planning to delay the first pregnancy until at least the age of 18.

After the age of 35, the health risks of pregnancy and childbirth begin to increase again. If a woman is over the age of 35, and has had four or more previous pregnancies, then another pregnancy is a serious risk to her own health and that of her unborn child.

The risk of death for young children is increased by about 50% if the space between births is less than two years.

For the health of both mothers and children, parents should wait until their youngest child is at least two years old before having another baby.

Children born too close together do not usually develop as well, physically or mentally, as children born at least two years apart.

One of the greatest threats to the health and growth of a child under the age of two is the birth of a new baby. Breastfeeding stops too suddenly, and the mother has less time to prepare the special foods a young child needs. Also, she may not be able to give the older child the care and attention he or she needs, especially during illness. As a result, the child often fails to grow and develop properly.

A mother's body needs two years to recover fully from pregnancy and childbirth. The risk to the mother's health is therefore greater if the next birth follows too closely upon the last. The mother needs to give herself time to get her strength and energy back before she becomes pregnant again.

If a woman becomes pregnant before she is fully recovered from bearing a previous child, there is a higher chance that her new baby will be born too early and too light in weight. Low birth-weight babies are less likely to grow well, more likely to fall ill, and four times more likely to die in the first year of life than babies of normal weight.

acts, appliances, cosmetics or insecticide.

By looking at those commercials one tends to get the impression that women generally are busy with caring about their good looks and physical forms only. It is as if the characteristic features of "femininity" lies in glamour, coyness and fashionableness. To be a successful, real woman, one has to be a "glamour queen" capable of captivating her fellow citizens.

Sadly, it seems, our present-day leadership, particularly at the political level, is lending respectability to such a damaging motion of womanhood. A woman, irrespective of

To be a successful, real woman, one has to be a "glamour queen" capable of captivating her fellow citizens. Sadly, it seems, our present-day leadership, particularly at the political level, is lending respectability to such a damaging motion of womanhood. A woman, irrespective of her profession or occupation, is first of all a human being, a full person in her own right, no more no less than her fellow male citizens.

her profession or occupation, is first of all a human being, a full person in her own right, no more no less than her fellow male citizens.

And the role of the mass media is of tremendous importance in highlighting and establishing this fact. It is often said in defence of the media that it is but a mirror of the existing social realities obtaining in a particular society. But this is not entirely true. It is linked on a two-way relationship with society as it both affects and at the same time is affected by the society in question. It can explain and shape social realities by the way it chooses its fare and the methods it employs to present them. Also the media, as long as it is held captive in the grip of rapacious capital cannot play its role freely and judiciously in the interests of all women as well as of men.