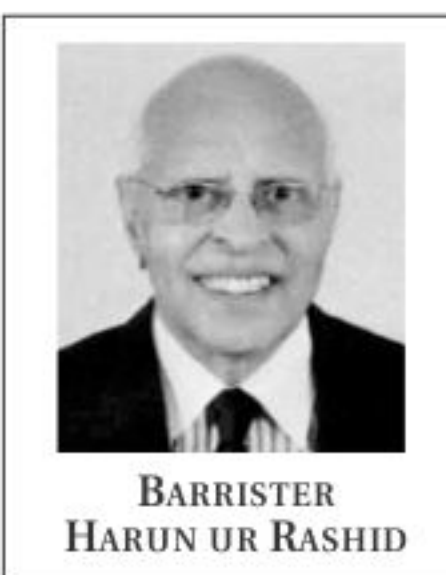


BOTTOM LINE

Turkey-Syria escalation: Regional war unlikely



BARRISTER HARUR RASHID

TENSIONS between Turkey and Syria are running high. The countries, which are neighbours and once close allies, have been exchanging artillery fire across the volatile border for days. The armed uprising in Syria has led Syrian refugees to take shelter in Turkey since last year.

The current situation was aptly summarised when Turkish Prime Minister Recep Tayyip Erdogan reportedly said: "Although Turkey does not want war, it is close to war."

Turkey's military chief Gen. Necdet Ozel vowed to respond with more force to any further shelling from Syria, keeping up the pressure on its southern neighbour, a day after Nato said it stood ready to defend Turkey. It has reinforced the 565-mile (910-kilometer) border with artillery and also deployed more fighter jets to an air base close to the border region.

The UN Secretary General warned on October 8 of a "dangerous" fallout from spiraling violence along the Syrian-Turkish border. The UN chief also raised concerns about arms supplies to both Assad's regime and rebel forces. The UN Security Council strongly condemned cross-border attacks by Syria and called for restraint between the two neighbours.

Khalid Bin Mohammad al-Attiah, Qatar's foreign minister, said in a recent interview: "If we leave Syria further, we will aggravate the situation more and more... Fanatics will emerge... We should not leave it until a stage where, God forbid, somebody calls for jihad, and then we cannot stop people coming from all directions."

On October 10, Turkish jets forced a Syrian passenger plane to land at Ankara airport on suspicion that it might be carrying weapons or other military equipment, amid heightened tensions between the two countries.

The Syrian Air jetliner, carrying 35 passengers, 17 of them Russian nationals, was traveling from Moscow when it was intercepted by F16 jets as it entered Turkish airspace and was escorted to the capital's Esenboga Airport, state-run TRT television reported. The plane was held nine hours at the airport before finally being allowed to resume its journey. But its suspicious cargo was confiscated.

Foreign Minister Ahmet Davutoglu reportedly said: "There are elements that are not legitimate in civilian

flights. We are determined to stop the flow of weapons to a regime that carries out such ruthless massacres. We cannot accept that our air space be used for such aims."

Hurriyet newspaper's website, citing unidentified intelligence officials, said communications equipment, wireless sets and jammers were found on board. NTV television reported that authorities found "missile parts." Russia, reportedly Syria's biggest arms supplier, furiously complained that Ankara had put the lives of passengers at risk by forcing it to land in the Turkish capital.

Washington acknowledged that Moscow had broken no rules in allowing the cargo on board the flight but

Turkey, on the other hand, does not have the political will to intervene militarily in Syria because that would adversely affect its economy. Furthermore, Turkey alone does not wish to embark on military intervention unless Nato and the US are willing to get involved militarily in Syria. Nato has learnt its lesson in Afghanistan and is no mood to intervene in Syria. The Obama administration does not wish to be caught up in another war in the Middle East.

Peace envoy Lakhdar Brahimi, the veteran Algerian diplomat, and German Foreign Minister Guido Westerwelle were in Istanbul for talks with Turkish leaders on October 13 as tensions soared between Damascus and Ankara. Brahimi, who is envoy of the United Nations and the Arab League, arrived in Istanbul for talks in Saudi Arabia.

German Foreign Minister Guido Westerwelle met with his Turkish counterpart Ahmet Davutoglu and praised Ankara for its measured response to Syrian shells that recently landed across the border on Turkish soil, including one that killed five civilians on October 3. He also reiterated Germany's solidarity with its Nato ally Turkey.

Meanwhile, it is reported that Russia came up with a proposal for a "Syrian-Turkish Security Committee" which would have the aim of establishing a mechanism for surveillance of the border while respecting national sovereignty. If both parties agree to the Russian suggestion, observers believe it would help to reduce tension on the border.

In a further sign of the growing tensions between the two neighbouring countries, Syria announced on October 13 that it was banning Turkish passenger flights from flying through its airspace. On the same day, the Turkish prime minister, in a speech at a conference in Istanbul, criticised the United Nations for its lack of action to stop the bloodshed in Syria.

Analysts say Syria is in the grip of a sectarian war between the "Sunni Crescent" and the "Shi'ite Crescent." Tensions between Sunnis and Shiites in Syria have already destabilised communities in northern Lebanon, Jordan and Iraq, according to US and Middle East strategists.

The UN Security Council is paralysed by the divergent views of the five veto-wielding permanent members on Syria, and the global community is frustrated by the Council's ineffectiveness in maintaining international peace and security.

The writer is a former Bangladesh Ambassador to the UN, Geneva.

Despite escalation at the border, analysts say that neither side wants a regional war. The most important factor for Assad's regime is to prevent outside military intervention in the war-torn country and not to provide a pretext for Turkey to do so, knowing it would be catastrophic for Syria.



said it was morally reprehensible that it was maintaining its alliance with Assad's government. "We have no doubt that this was serious military equipment," said State Department spokeswoman Victoria Nuland.

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People's participation, people's development

MOHAMMAD MOHIUDDIN ABDULLAH

WITH 73% of the population living in rural areas and 62% of them having less than one hectare farm size, and nearly 40% unemployed, Bangladesh's socio-economic development efforts are linked with rural development. Evidence from numerous national and international experiments with policy and programme interventions in rural development suggest that weak interfacing of top-down government bureaucracies and intended beneficiaries impeded success of these interventions. This reveals a critical need to elicit and involve community participation for effective and sustained implementation of rural development as well as population programme.

Comprehensive scope of rural development spans many aspects of life and living conditions of the people. Thus, in the process of implementation, rural development efforts tend to influence many fertility related variables and create conditions conducive to fertility regulations. It is this linkage of rural development to fertility and its enormous potential of favourably influencing fertility/ development variables to the mutual benefit of both the population and development programmes that justifies mainstreaming fertility-responsive development interventions in rural development and community participation.

Largely as a response to the criticism of, and the difficulties faced by, development planners and community leaders, there is a growing awareness of the need to restructure programmes. In conformity with modern thinking on development strategy, more attention is now given to political and sociological factors, thereby broadening the perspective of the programmes.

The early programmes of population control were highly centralised and clinic-based, and catered almost exclusively for better educated, more literate and higher income urban groups. Such policies were defended on the grounds of cost-effectiveness and the need to establish programmes where they had the best chance of success. But the principal challenge today is to design and implement strategies that will reach the less privileged, rural and illiterate people who form the majority in Bangladesh. There is a great emphasis on so-called community-based programmes, in which established commercial channels should be used for supply distribution and local field workers for a whole range of extension services.

Development measured by GNP growth mostly benefits the few and bypasses the many, so the pattern of development is at least as important as its pace for fertility reduction. The best way to go about reducing fertility is by not distributing condoms, IUDS and other FP con-

traceptives and hoping for the best, but by giving people more income by involving the rural poor in rural development activities. Without involving the rural population in rural development activities, it is impossible to achieve balanced population in the society as well as overall development.

By creating opportunities for productive self-employment, income generating activities in both farm non-farm sectors, training and functional literacy, women's participation and infrastructure development (feeder roads/ dikes/ canals/ market etc), rural development programmes influence fertility variables both through income and distribution effects. These programme efforts may influence exposure variables (eg.

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age at marriage, consummation, pregnancy and birth intervals), intermediate variables (eg. family size norm, gender preference, opportunity cost of bearing and rearing children & use of contraceptive) and the outcome variables (eg. CBR, TFR and NRR).

Rural development efforts are constrained by deficiencies in rural institutions developed as extension of government bureaucracy and institutions controlled by rich as well as influential classes. The principal functions of these institutions are to distribute and utilise resources injected from outside, but such institutions lack peoples' participation and control and thus fail to provide a forum for collective decision making and sustained implementation. As a result, development process and its benefits bypassed the larger segment of its intended target groups -- small farmers, landless agricultural labourers and non-agri wage labourers. These constraints also dampen the potential fertility efforts of the development interventions. Thus, the fertility decline in Bangladesh over the last two decades was not driven by socioeconomic development but by the supply side interventions of family planning programmes.

Analysis of recent experiences with experimental designs of rural development suggest that careful and comprehensive planning and design of rural development with community participation can indeed reach the intended beneficiaries. Mainstreaming fertility --

responsive interventions within the policy and institutional framework of such development efforts -- has the potential of inducing and sustaining behavioural changes and societal family size norms to balance productivity with reproductivity. The process as well as the outcome of such development expose the beneficiaries to alternative life styles and demonstrate that those options/choices are achievable.

Rural development and community participation offer unprecedented potential for mutually reinforcing population and development goals. The primary target groups (marginal farmers, landless agri-labour and non-farm wage earners) and the principal programme objectives of alleviating poverty through increased gainful employment and income opportunities, increased access to information/services and resources with improved physical infrastructure, and promotion of women's participation in development are consistent with population programme goals. These policy objectives promise to create conducive environment for small family size, demand for contraception and decline in fertility.

Rural development should have three major components -- development of physical infrastructure, irrigated agriculture, drainage and flood control works and production, as well as employment programme for the rural poor. These will emphasise greater importance of production and employment programmes. Although each of the above components offers opportunities to integrate fertility-responsive activities, the production and employment programme offers greater scope to elicit and involve community participation; foster private micro enterprises; promote joint ventures and community groups; maximise utilisation of public services; and mobilise local resources to sustain development efforts. NGOs demonstrated the positive impact of such efforts on people's perception of alternative life styles; age of marriage; social/psychological and physical mobility of the household; role and status of women; opportunity cost of child bearing and rearing and labour child. This, in turn, creates a conducive environment for small family size and demands for contraception.

Socio-economic development is the central factor in the solution of population and interrelated problems, and population factors are very important in development plans and strategies and have a major impact on the attainment of development objectives. The interrelationship between population, resources, environment and development is of paramount importance, and has to be taken into consideration in formulation of strategies for rural development.

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BIRTH CENTENARY

Tribute to Dr. Zohra Begum Kazi

MOHAMMAD MURAD LATIF

THE birth centenary of the first Bengalee Muslim lady doctor of the then undivided Bengal was observed on October 15.

Professor Dr. Zohra Begum Kazi was born in Ranjangaon, Madhya Pradesh, India. Her father, late Dr. Kazi Abdus Sattar was also a renowned physician and a political personality of the sub-continent, who hailed from the famous Kazi family of Gopalpur village under Kalkini Upazilla of Madaripur district. She was a close associate of Mahatma Gandhi, Maulana Abul Kalam Azad, Maulana Shawkat Ali, Jawaharlal Nehru, Bhalay Bhai Patel, Sher-e-Bangla A.K. Fazlul Haque and many other luminaries of that time.



Dr. Zohra Begum Kazi

Dr. Zohra Begum Kazi was married to late Razuuddin Bhuiyan M L C & MP, the only son of the Zaminder of Hatirdia under Raipur Upazilla of Narsingdi district. He was also a dedicated social worker and a renowned politician.

Dr. Zohra Begum Kazi passed the Matriculation exam with distinction from Muslim Girls Collegiate High School, Aligarh in 1928. After passing Intermediate with distinction from Aligarh Muslim University and College in 1930 she obtained MBBS degree in 1935 from Lady Harding Medical College for Women, Delhi. She stood First Class First and was awarded the Viceroy's Medal for her meritorious achievement in MBBS final examination.

She served in different hospitals of British India as assistant surgeon for thirteen years. After the partition in 1947 she came back to her ancestral home and joined Dhaka Medical College and Hospital in 1948 as resident surgeon and settled in Dhaka. She was a cyclist, and table tennis and badminton player. Other than her mother tongue, she could also read, write and speak Hindi, Urdu, Arabic and English fluently.

Dr. Zohra Begum Kazi was a brilliant student. She received stipends and full scholarships throughout her educational career up to post graduate studies in the UK, starting from primary school. She was awarded scholarship in 1955 and successfully obtained DRCOG degree from London, UK and completed her FCPS She also successfully obtained FRCOG & MRCOG degrees from London, and joined Dhaka Medical College and Hospital as professor and head of the Department of Obstetrics and Gynecology. During her long and illustrious career she served the noble profession as senior consultant of Holy Family Red Crescent Hospital and CMH, Dhaka Cantonment (with the rank of Honorary Colonel) and as Honorary Professor, Bangladesh Medical College.

During her long service in Dhaka Medical College and Hospital Dr. Zohra Begum Kazi was shocked and disturbed at the plight and sufferings of female patients who were ignorant about modern allopathic medicine and treatment. They were usually very shy and not accustomed to seeking outdoor medical assistance in male dominated hospitals. The mortality rate amongst female patients was extremely high during that time. To mitigate their sufferings she often visited female patients door to door and motivated them to leave behind age-old superstitions and encouraged them to come out of their houses to seek medical treatment and assistance to save both mother and child. This eventually yielded positive response from the long neglected women folk of the then backward society. She was a pioneer in women's education and emancipation, and played a pivotal role in substantially increasing the enrollment of girl students in MBBS course.

Dr. Zohra Begum Kazi was a dedicated physician who attained the highest degree of professional excellence. She was honest, sincere and devoted to her sacred duties, and was punctual in her noble profession. Her philosophy was "humane behaviour, benevolent approach, patience, friendly caring, devotion and dedicated service to mankind," which she professed, taught and maintained throughout her long professional life. She was awarded "Tamgha-e-Pakistan in 1964. The National Museum, Gynecology Society, Nagorik Shambardhana Parishad, Rotaract Club of Buriganga, Aligarh Old Boys Association and Madaripur District Association accorded her receptions. She was also awarded the Begum Rokeya Padak in 2002, Ekushay Padak in 2008, and BMA Sharnoo Padak.

A social reformer like Dr. Zohra Begum Kazi may not come often. She came like a ray of light to enlighten the backward Bengali nation in those dark days. By dint of her selfless devotion, and dedication and relentless effort she reached the pinnacle of her profession. She never ran after wealth, name and fame. She used to say to her medical pupils: "Don't run after money, money will run after you, and be sincere to your noble profession." She will be remembered by the nation for her unforgettable contribution. For her selfless and dedicated service to humanity she ought to have been called the "Florence Nightingale" of Bangladesh. May Almighty Allah grant her eternal peace.

The writer is a teacher and social activist.