



Women in suffering of poverty, sex industry and forced labour

Burma (Myanmar) ratified the CEDAW to ensure the rights of women are fulfilled in terms of employment and available income. However the regime's Women Affairs Committee is unable to improve the situation of women. Additionally, the armed faction of the regime, Burmese Army has also forced the women in the rural areas to contribute their unpaid labour for the army owned infrastructures. Poverty has forced many women including under aged girls to sell sex in cities for income. Some pieces of information that highlight the situation of rural women in southern part of Burma are as below:

I. Poor women's hairs on sale

Under the economic hardship and unemployment among the Burmese and other non-Burmese ethnic women, some poor women in Mon State and Karen State, in southern part of Burma sell their hair to beauty business. A woman with long hair sticking in flowers is a traditional style of almost women in Burma and long hair women are praised in their groups.

Beauty business people from Rangoon, the capital of Burma, came to small towns and villages in Mon State and Karen State, in southern part of the country and tried to buy hairs from the women. The women who have the regular income did not sell their hairs, but many poor women who do not have employment and no regular income sell their hairs.

The price of hair are sold in weight. One viss (about 1.5 kilogram) weight of hair is bought with 200,000 Kyat (Burmese Currency), which is about 200 US Dollar. Many women in towns and villages who need money sell their hairs.

It is a difficult decision for almost women in Burma to sell their hairs, but they have no choice except to get money. The hair beauty people came upon their houses and buy their hairs.

Hair beauty businesses make various types of hair styles to use for women in wedding ceremony, in fashion shows, beauty contest and in many ceremonies that are arranged in Rangoon.

Beauty businesses and fashion businesses booms in Rangoon, they have needed a lot of raw materials to make various ready-made hairstyles, clothes and various gold- or silver-wares.

The selling of hairs have taken place since last year. Some poor women in towns started selling their hairs and later even the women in the rural villages involved in selling their hairs.



Message from

Woman and Child Rights Project
(Southern Part of Burma)

Woman and Child Right Project (WCRP) is an cooperative activity with Human Rights Foundation of Monland (HURFOM) and it has main activity in collecting the information related to the human rights violations of women and children in southern part of Burma (Myanmar). It also aims to get world community's awareness for the protection of the rights of women and children.

The Burma's military regime, State Peace and Development Council (SPDC), ratified the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1997 to guarantee the rights to women in Burma. Similarly the regime also ratified Convention on the Rights of the Child (CRC) in 1991 to guarantee the rights to children in Burma. However, the regime has failed in their implementation of the conventional rights and the human rights violations against women and children systematically.

WCRP is dedicated to inform the world community what happens to general women and children in Burma and plans to educate them to know about their rights as the following objectives.

1. To monitor and protect the woman and child rights, by collecting information about their real situation by referencing the CEDAW and CRC, and distribute information to world community.
2. To strengthen women and children community, by providing on their rights accordingly to CEDAW and CRC ratified by regime and encourage them to participate in the struggle in the protection of their own rights.

Most women want to put their hairs as long as possible because they would like to make their own hairstyle. However, the women have to sell their hairs for income.

Only men in all families mainly have to find works to have daily income and feed the whole families while many women do not have works and stay at homes.

Under economic management under the rule of military government in Burma, the percentage of unemployment in towns and villages have increased and thousands of young men and women migrate to the neighboring countries to seek works.

II. Poverty forced under-aged girls to involve in sex service

Daily income for a woman or girl in Burma (Myanmar) is just only about 200 Kyat (20 cents for US Dollar) even in towns and rural areas. On the other hand, the unemployment in the towns and rural areas created poverty in the communities.

After they have to choose to support their poor families and to have regular income, some young women in towns also involve in selling sex. Many under aged joined in towns or cities also work as sex workers to support their families, who almost jobless and have low income.

"This is the best way for us to have available income for our families" said two under aged sex workers from Moulmein, the capital of Mon State.

The brothel service with under-aged girls in Moulmein have gradually increased confirmed by the local resident. Although the sex service is illegal and prohibited by laws, however, the brothel owners bribed to the local police station and military intelligent and operate their service.

Two under-aged sex workers: Ma O- M- (15 years old) and Ma T- A— (16 years old) are working in a brothel in Hlaing city ward of Moulmein, and said that their brothel owners have to bribe the local police, government authorities and military intelligent to safely operate the brothel.

As a sex worker, they could receive only 500 Kyat per day and it is a terrible works said by them. However, they could not get other works besides this work and it is a good income for women.

Accordingly to the source, not only the local women in Moulmein are involving in this sex service, women from other areas especially from Pegu Division, Rangoon Division and upper Burma also came to Moulmein and work in this service.

Trafficking of women also occurred in lower part of Burma, and some young aged girls are brought by traffickers from other areas, outside of Mon State. Some women and girls are brought to the border areas, bordering with Thailand, to work as sex workers in mushroomed illegal brothels. Most women and girls are brought by the traffickers.

In the border areas, where many traders are buying for sex, it is also a good business for the brothels. But brothels have to pay expensive bribes to the local authorities, police and military intelligent. Normally, the military intelligent has the highest power in towns and border areas.

III. Women are in the conscription of forced labour

Although International Labour Organization (ILO) has appealed to the Burma's military regime in Rangoon, State Peace and Development Council

(SPDC), to eradicate the practice of forced labour in Burma, which has taken roots for several years, however, the regime has 'no political will' to stop the use of forced labour. (See the order of the regime, which has information to eradicate the practice of forced labour.)

Burmese Army, the military wing of SPDC, deploys its troops in various parts of ethnic areas of Burma are still recruiting thousands of local civilians including all ages of women and even children under 16 years old to contribute their labour in road construction, dike and dam construction and orchid and rural plantations.

Although ILO opens its office in Rangoon to get information about the use of forced labour, however, the ILO personnels could not travel up to the areas where the local army battalions of Burmese Army used forced labour.

In the conscription of forced labour, when most are working in the fields or farms, the women who are remained at homes especially forced to work instead of men. The following instance shows how the majority of women in the rural areas of southern Burma are forced to be in forced labour.

SPDC's a military battalion, LIB No. 273 has forced the majority women in Yebyu Township in the construction of embankments for dikes in Yebyu Township area, Tenasserim Division, southern part of Burma.

LIB No. 273 which bases in Township also forced the villagers nearby to build an embankment that closing 'Ye-ngan' stream near Ye-ngan-gyi in Township ara. Lt. Col. Mee Sar from LIB No. 273 asked the village chairmen from 4 villages in the area to contribute the villagers' unpaid labour in the construction.

The conscription of forced labour took since July 20 and the soldiers took the

**Order Supplementing Order No. 1/99
The Government Of the union of Myanmar,
The Ministry of Home Affairs,**

Yangon, 1st Waxing of Tazaungmon 1362, M.E.

(27 October 2000)

Order supplementing Order No. 1/99

The Ministry of Home Affairs of the government of the union of Myanmar, under of the direction of the State Peace and Development Council, hereby directs that the following amendment shall be made to Order No. 1 /99 dated 14 May 1999 as requisition of forced labour is illegal and is an offence under the existing laws of the union of Myanmar.

1. Clause 5 of the said Order 1 /99 shall be substituted with the following.
 - (a) Responsible person including members for the local authorities, members of the armed forces, members of the police force, and public service personnel shall not requisition work or service notwithstanding anything contained sections 7(1) and (b) of the Towns Act, 1907, and sections 8(1) and 11(d) of the village Act, 1907.
 - (b) The above clause (a) shall not apply to the requisition of work or service when an emergency arises due to fire, flood, storm, earthquake, epidemic, disease, war, famine and epizootic disease that poses an imminent danger to the general public and the community.
2. When the responsible persons have to requisition work service for purposes mentioned in clause 1 (b) of this Supplementary Order the following shall be complied.
 - (a) The work or service shall not lay too heavy a burden population of the region.
 - (b) The work or service shall not entail the removal of workers from their place of habitual residence.
 - (c) The work or service shall be important and of direct interest for the community. It shall not be for the benefit of private individuals, companies or associations.
 - (d) It shall be in circumstances where it is impossible to obtain labour by the offer of usual rates of wages. In such circumstances, the people of the area who are participating shall be paid rates of wages not less favourable than those prevailing in the area.
 - (e) Schoolteachers and pupils shall be exempted from requisition of work or service.
 - (f) In the case of adult able-bodies men who are the main supporters of the necessities of food, clothing and shelter for the family and indispensable for social life, requisition shall not be made except only in unavoidable circumstances.
 - (g) The work or service shall be carried out during the normal working hours. The hours worked in excess of the normal working hours shall be remunerated at prevailing overtime rates.
 - (h) In case of accident, sickness or disability arising at the place of work, benefits shall be granted in accordance with the Workmen's Compensation Act.
 - (i) The work or service shall not be used for work underground in mines.
3. When the responsible persons have to requisition work or service for purposes mentioned in clause 1 (b) of this Supplementary Order, they shall do so only with the permission of the Deputy Commissioner of the General Administration Department who is also a member of the relevant District Peace and Development Council.
4. The State or Divisional Commissioner of the General Administration Department who is also a member of the relevant District Peace and Development Council shall supervise the responsible to abide by the No.1/99 and this Supplementary Order.
5. The phrase "Any person who fails to abide by this Order shall have action taken against him under the existing law" contained in clause 6 of the said Order No.1/99 means that any person including local authorities, members of the armed forces, members of the police force and other public service personnel shall have action taken against him under section 374 of the Penal Code or any other existing law..

(Signed) Col. Tin Hlaing
Minister
Ministry of Home: Affairs

SPDC's order to stop the conscription of forced labour

villagers from an half of the household numbers in the village from these 4 villages. The instruction was the villagers have to build three embankments by crossing a 100 feet width stream, each embankment must have width to be able for a truck in crossing on it.

When the majority of men are busy at their farms, women have to go and work the construction site and contribute their labour. The women from the villages of Sin-swe, Ye-ngan-gyi, Paya-thon-zu, and Sin-chaung are forced to construct the embankment.



Majority of women are suffered from the constant conscription of forced labour

Beside forced labour in the embankment construction, the battalion also took the cattle and other farming equipment from the villagers in cultivation of their farms. The villagers are also forced to work in their farms.

Similarly many hundreds of women were forced to work in the construction of a 15 miles long road from Kaw-bein village to Kyone-doe in March and April 2003. In this road construction, over 2000 families from over 30 villages in Kawkareik Township were forced to construct the road. When many men were busy in their farms, women are forced to work in the construction.

Under the self-reliance program, the battalions of Burmese Army involved in agriculture activities and local civilians are constantly forced

Burma, an underdeveloped country, have not much used machinery in almost construction and they have constantly used human manual labour.

IV. Sex for Survival in Moulmein

(Source: An article from Independent Mon News Agency)

A local young woman in inner suburb of Moulmein, capital city of Mon State married to two men as she is poor but took a risk to save children life. She kept two men at one home and one rides tri-shaw bike cycle at day-time while the later man cares a baby at home. She works independently on the corner of the street in late evening to take an order for herself. It is not food and drink order but it is an order for sex. "Waiting an order" is a term that commonly used in town to arrange sex for local prostitutes illegally in Moulmein city.

Both men knew her situation and she save money for selling her body to feed children. Two men ignored her private life. She only accept an order that makes her own deal through sex brokers and she does not behave like a sex worker.

"It is so amazing that one of her men rides trishaw bike and the later one cares baby at home while she does such thing," a neighborhood said.

Most poor women who live in inner suburb in Moulmein such as Zeyarthiri, Tharyaraye, Thirimyaing and Myaingtharyar work as private prostitutes via local sex brokers.

Article 34 of international Convention on the Rights of the Child

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in Particular take all appropriate national, bilateral and multilateral measures to prevent:

- (a) The inducement or coercion of a child to engage in any unlawful sexual activity;**
- (b) The exploitative use of children in prostitution or other unlawful sexual activity;**
- (c) The exploitative use of children in pornographic performances and materials.**

Brief Assessment to Health Situation in Mon Areas

I. Brief the current public health situation in Mon State

Ministry of Health and National Health Committee of Union of Myanmar, has planned to promote public health in the country and it is now campaigning widely in the community for a better health in nation wide. Ministry of Health has also implemented to State and Local Health Department to foster the campaign and service of public health. The military government has drawn a health project from 2001 -2006. According Health Report from Mon State, despite the military government has developed a health project since 2001, there is no sufficient improvement for the public health. The report said that health budget allocation is lacking from the government to the previous years. The Health Department could not employ sufficient health workers and medical doctors. Moreover, according to a doctor from one Township, the military government also could not pay regular salary to health employees. Despite the military government has received aid from overseas, the resources did not place to the public hospitals. Furthermore, the military government has built road construction and school buildings for the sole purpose of remaining in power with the community support but a health service is ignored by the Burmese military officials. The regime in Rangoon, State Peace and Development Council (SPDC), allocates less than 10% of State Budget for the Ministries of Health and Education. In the recent years, WHO also found the health care situation in Burma is worth if compared with many other countries in the world.

I. A. Current services and condition of public hospitals

Although the successive governments have operated Local Health and Medical Clinic in rural areas, the current military government could not provide or re-fill full medical equipment and other medical goods including medicines. The worse situation that almost all hospitals in Mon State could not use 24 hours electricity. Some hospitals pay an electricity bill to local private generators for emergency service. Most hospital only receive electricity up to 9:00 pm if they pay to private generators. A few hospitals have their own generators that were donated by individuals but the generators could not run for 24 hours as the raising patrol price. According a township local doctor, a particular patient must pay for the cost of the electricity bill if he/she had received emergency operation. Consequently, most poor people do not dare to visit hospital unless they felt serious pain.

I. B. Who and how the private clinics work?

Doctors who have employment from the public hospitals could open Private Clinic. Most patients now increasingly visit to the Private Clinic than public hospitals. A basic cost in the Private Clinic is at least Kyat 800-1000.00 for catching. (Kyat 1000.00 is about 1 US Dollar and the daily income for a woman in Burma is only about Kyat 500.00. - Editor's Note). Ordinary people mostly have no knowledge about health and medication but they eagerly listen to the doctors and easily accept for injection or medication. Therefore, doctors again mostly could not visit regularly to the public hospital while they earn more money at their own clinic. A few doctors also provide beds and accommodation to over night for patients with extra charge. There are a few private clinics such as "Zar Ni Aung, Taw Win", "Zar Ni Phwe", "A One" and "Popular" where patients pay highly expensive for a treatment.



A clinic in a displaced Mon community



The regime's clinic in Mon village

These clinics are stationed in Moulmein, the capital city of Mon State.

I. C. Prescription under corruption

The Ministry of Health is unable to provide sufficient medicines to the public hospitals. A local doctor said, despite the hospital staff is advised by persons from Non-Government Organizations (NGOs) that assistance will be arrived shortly after the meeting, in reality there is no source of assistances has been reached to them. The Ministry of Health has allocated medicines for one year ration but it is only last for one month, local doctors confirmed. According to a doctor from Mothers and Children Welfare Hospital, aspirin and tablets are not enough in the public hospitals. Management Board of the public hospitals have bought medicine from private pharmacy stores and re-sale them to in-patients for own benefit under the name of "Staff Saving Program" or other unofficial program for extra money in the hospitals. According to a return patient from the hospital, the price of medicine in the hospital is more expensive than at private pharmacy stores. Furthermore, only person who holds doctor's prescription is able to buy medicines at out door pharmacy stores.

Ordinary citizens are not given Blood Test unless they paid for a service fee to the hospitals, a local patient said. Socially, doctors and nurses are not properly deal or communicate with both in and out patients, a return-patient said. Patients are forcefully paid for unofficial loan or contribution on their arrival for registration before they could have a bed. There were a signboard that said "Free Treatment" in the hospital in the past but now the signboard has gone from the public's eye.

I. D. Women and the problems in child delivery

Officially, only Kyat 2500.00 is charged to "Give Birth" for motherhood but the actual cost is over Kyat 10000.00, a local patient confirmed. According a nurse from Mothers and Children Welfare Association, an official government body from Mudon, eight out of ten patients visit to local health clinic or traditional treatment because most poor people could not afford the cost in hospitals.

Due to the expensive cost in hospital, most poor rural women could not afford to pay for all costs of hospitalization. Therefore, most women in the rural villages deliver babies by traditional birth attendants in their villages. This also created high rate of death among women and new born babies. On the other hand, due to the difficulties in traveling and carrying the pregnant women, most women in the rural areas have no choice, but they have to deliver their babies in village by traditional birth attendants.

I. E. Pharmacy stores and its prices

Almost ordinary citizens especially poor people can afford to use medicines (traditional medicines) from the street shops. The worse scenario is that majority street shop owners do not have knowledge about medication and health. (They even do not hold a registration or a licence for selling medicines). Moreover, various kind of traditional drugs (tablets) are available at the street shops including at street stalls. Many traditional drugs have no legal trade - mark or technical laboratory in medical sciences schools. Ordinary citizens did not aware of an ingredience of traditional drug and its consequences as its contain over limited raw materials. Despite traditional drugs relief a short period of pain but in fact its could not terminate the root of disease.

According a patient, "we cannot afford to buy medicines in hospitals and its also too expensive for us, so we just use traditional drug because its have similar effectiveness." This is the root cause of the problems why many patients do not go to the hospital if their health situation not so serious. The patients went to the hospitals when they found they are too serious.

General public did not aware that lack of manutrition is a basic source for receiving diseases. They also have no health education and information by the Ministry of Health on regular base. As they learned nothing about health education, on the other hand they could not prevent temselves to various kinds of diseases.

Article 14 of Convention on the Elimination of all forms of Discrimination against Women

States Parties shall take appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of the equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the rights;

(a) To participate in the elaboration and implement of development planning at all levels;

(b) To have access to adequate health care facilities, including information, counselling and services in family planning;

(c) To benefit directly from social security programmes;

II. Symptoms of diseases

Most serious diseases that found in Mon State are:

1. Haemorrhage dengue fever
2. Malaria
3. tuberculosis
4. AIDS/HIV
5. Cholera
6. Diabetes
7. Hypertension
8. Skin Disease (leprosy)
9. Enteric fever (Typhoid)

II. A. Haemorrhage dengue fever

The haemorrhage dengue fever usually occurs in May and June each year during heavy raining season when mosquito bite to people, commonly in rural areas. When people have suffered this fever, they mostly could not have regular meal but often vomiting with blood. This fever easily could effect to other surrounding people and sometimes it also suddenly die in a short time. Especially, new born children may suffer until they reach at the age of 16.

People who lives in Rangoon Division has suffered than other places in 2002. According to Health Report released by Ministry of Health in 2001, there were 3422 patients who suffered this fever and killed 57 patients. The second area that people commonly have suffered this fever is in Moulmein, capital city of Mon State, the report said. It is a consequence of lack of public health education campaign and insufficient medicine in hospitals. Some parents cannot afford for emergency treatment when their children have suffered haemorrhage fever.

Case Study: Child died for late treatment

An eight months old child of Mr Nai Tin and Mrs Mi Tin Myaing from Kan-nee village in Kawkareik Township, Karen State has suffered haemorrhage fever (when date or month). They brought the child to Kyone-doe District Hospital at 3:00 am in the morning. The child was crying as she suffered a serious pain in her body. When Dr Tin Win saw the child was crying and said with a patronizing voice **"can't you bare the baby at home just for crying"**. The doctor just yelled to the child's parents. The doctor then gave only two paracetamol to relief a pain. The child parents then arranged to receive treatment at Moulmein General Hospital but it was late and the child died before arriving to hospital.

According to nurse from Mothers and Children Welfare Hospital, the haemorrhage dengue fever is a serious disease but they cannot knock every doors each home to educate public for prevention. They can only visit schools and provided information to students for prevention with a few poster and leaflets.



Back Packed medical teams' treatment in rural area

II. B. Malaria

Malaria is similar to haemorrhage dengue fever when it occurs after mosquitoes bite people. The malaria is commonly appear in tropical zones. It could spread the disease from one to one after the same mosquito has bitten to the later. The malaria is similar to haemorrhage fever that could kill patients in a short time. Southern part of Mon State is a common area that malaria disease is appeared.

Health Department of New Mon State Party also takes a serious measure to prevent malaria for local people under its controlled areas along the border area with Thailand. Most eastern part of Burma bordering with Thailand is in malaria zone, most health departments of resistance ethnic armed groups involved in preventing the malaria. Normally, the displaced families (because of fighting and fleeing from various types of human rights violations by the Burmese Army) have greatly suffered from this cerebral malaria and children died because of it. Resistance armed groups also formed 'Back-Packed' medical teams and tried to prevent malaria and other diseases that happen among the displaced persons.

Doctors and medical workers in cities and villages in the firm control of the regime have less knowledge in treating the malaria and so that some malaria patients died even in the town or city hospitals.

II. C. Tuberculosis (TB)

According a statistic in Mon State in 2001 ,the number of TB patients in different categories are as below:

Number of Patients	Categories
1180	patient with phlegm virus
148	returned patient with phlegm virus
605	tuberculosis patient without phlegm virus
100	over normal tuberculosis patient

This statistic is only applied those patients who have registered in hospitals. It is to be believed that there are other TB patients who have not been to the hospitals or have not registered for treatment to the hospital. Most patients in Burma have addicted on injection than taking tablets for basic treatment because they believe that injection is a better treatment. On the other hand, doctors are usually give injection to patients for extra cash income. As many patients are poor and the treatment cost is high, many patients could not take regular medicine for over two years and they have frequently stopped before the end of treatment schedule. Consequently, a few patients die for lack of medicine and proper health check.

III. D. HIV / AIDS

The Burmese military government has verbally said there is only a few HIV / AIDS patients in the country but no official or accurate information is accessible for health record. After the Burmese army confiscated lands of farmers, hundreds of thousands people from Mon State have no land to work but left to Thailand for employment. There are girls and women who were forced to work as sex workers without their consent. A few men and women returned home country with HIV/ AIDS diseases to Mon State without their own knowledge. Most partners do not / did not tell about their HIV / AIDS experiment to each other after they have knows the symptom.

According a Karen woman at Women Workshop, she just heard of here saying that 'AIDS' word but she doesn't know what it means or what disease. AIDS/HIV Education provided by some international NGOs have not so effective and they just put the posters in the corners of the cities. They have not really entered into the communities and arranged workshop or discussion with the people.

A doctor from Mudon Township (in Mon State), despite the government attempt to tackle for health education campaign in the country, the message does not reach to rural areas especially in ethnic areas.

(WCRP is still collecting information for other types of diseases to describe in its future publications - Editor.)

III. Conclusion:

Women and Child Rights Project (WCRP) is an independent program that runs under the program of Human Rights Foundation of Monland. As we provided accuracy information in this report, a further assessment is needed to be done in another years while we are seeking to develop women and child health in the community. It is our great concerns in regards to women and children's health in the community as the information has shown that the Burmese military government failed to tackle a basic health care to its citizens. Furthermore, after over fifty years civil war in Mon and Karen States, ordinary citizens have no place to find proper medical and health care in the last half century. After ceasefire process between the Burmese Army and Mon National Liberation Army, an armed force of the New Mon State Party reached in 1995, we have a little access to engage with community. Overall, as both national and international aid agencies are interested in engaging with local community works in Burma, we have determined to closely work with regional and international community agencies for a better future of women and children. As we are an emerging organization in Burma, a cooperation with other agencies is crucial to tackle women and children health and welfare in the future.

Hardship of displaced families in the rural area

In the course of five decades long civil war in Burma, that happens between the successive military governments and ethnic armed groups, thousands of civilians have to flee from their homes to escape from various type of racial persecution and serious gross human rights violations in the country.

Burmese Army, the armed force faction of the successive military governments, has attempted to uproot all military activities by the rebel armed forces. However, the rebellion activities have not really ceased and the current regime had called for ceasefire with the rebel groups since 1989 after it came into power. About 15 different armed forces have agreed for ceasefire with the regime, State Peace and Development Council - SPDC (which gave its name as State Law and Order Restoration Council - SLORC after it came into power in 1988 and later changed as SPDC.)



Displaced persons in southern part of Mon State

In Burma, due to lack of racial equality right and democratic political system, almost ethnic groups took arms and has fought for their rights by demanding the supports from their own people, in terms of food, information, recruits, etc. Because of the supports, the rebel armed groups have prolonged their armed struggle without laying their arms.

However, the local ethnic civilians in frontier areas where the armed conflict happens are seriously suffered from the suspicion of rebel-supporters. Accompanying with this suspicion, the civilians or the rural ethnic villagers are seriously badly treated by the soldiers of Burmese Army. Many people including women were killed if they suspected those villagers were supporting the rebels. The arbitrary arrest and detention for interrogation about the rebel armed groups was a serious abuses committed by the commanders of Burmese Army. Ethnic women are always suspected as wives of or daughters of or relatives of the rebel soldiers and so they have been suffered from rape or sexual violations by the Burmese (or government) soldiers. (Editor's note: the ethnic villagers calls all government soldiers as 'Burmese soldiers', because the Burmese Army uses Burmese language as a main language even many different few number of non-Burmese ethnic soldiers are in the army.)

In order to cut off food supplies and other supports to the rebel armed force, the Burmese Army also relocated thousands of ethnic inhabited villages in most ethnic areas. Relocation camps by the Burmese Army were also set up and they tried to put all ethnic villagers into these camps. The villagers who refused to be in the camp have to flee.

Foods are confiscated by the soldiers in farms or in villages in order to cut off foods from the ethnic civilians to the soldiers. Some foods are also destroyed by the Burmese soldiers.

The above-mentioned mistreatments against the ethnic villagers have forced thousands of them to leave from their homes and hide in forests, jungles, farmlands and orchid or rubber plantations. This is the main cause of the 'population displacement' problem in Burma, and accompanying with this problem, food shortage problems also followed. Among the displaced persons, women and children are greatly suffered from various hardship and difficulties.

According to by a relief agency, which conducted relief activities along Thailand-Burma, estimated there are 633,000 displaced persons in 2002. Among this number of displaced persons, about 268, 000 displaced persons are in hiding situation and the remaining 365, 000 villagers were forced to stay in the military government set relocation camps.

General Hardship During Displacement

1. Food-shortage Problems

Article 11 of International Covenant on Economic, Social and Cultural Rights

The States Parties to the present Covenant, recognizing the fundamental rights of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programmes, which are needed;

(a) To improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by developing of the principles of nutrition and by development or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources;

(b) Taking into account the problem of both food-importing and food-exporting countries, to ensure an equitable distribution of world food supplies in relation to need.

The Burmese Army always believes that the survival of the rebel armed forces is depending on the foods provided by the local ethnic villagers. Therefore, by destroying or taking the foods belonged to the civilians, their supports would not reach to the rebel soldiers. The soldiers also ordered the local villagers to not take any foods along with them during their travels and even when they go to their farms.

In Ye Township (in Mon State), Yebyu and Tavoy Townships (in Tenasserim Division), the battalions of local Burmese Army ordered the farmers to not take foods along with them when they traveled to their farms and are not allowed to stay at their farms at night time. Due to this movement restriction, the local farmers could not produce the sufficient foods for their families and communities.

When the people fled from and displaced to escape from the above-mentioned human rights violation and racial persecution, they could not bring a lot of foods along with them. If they are arrested with over amount of foods, they could be killed or arrested. During their hiding situation, they also could not find food easily.

During the displacement, if they try to contact their relatives in villages, they or their relatives could be arrested and tortured as the Burmese Army always suspected them that they are bringing foods for rebels.

Foods are not available for almost displaced communities. Markets also are also far and dangerous when they try to get access to there. The relatives at villages or in the Burmese Army's set relocations are not dared to support them, otherwise, they could be punished.

Many restricted conditions created food-shortage problems to the displaced persons. They have to find the seasonal forest products to eat as foods. Banana, bamboo shoots, cassava, corns, papayas are available for foods during their displacement. However, as most ethnic people in Burma eat rice as their main foods, these fruits and forest products could not supplement them as main foods.

In some cases, the displaced families did not receive any rice at all and they need to eat forest products and vegetables. Then the displaced families tried to move to another place where they can get rice. Therefore, the displaced families have not stuck in one place for a long time, but move from one place to another gradually.

Sometimes, the displaced families receive small amounts of rice and then they mixed with other vegetables and forest products and use them as foods. These insufficient foods makes most women with small children and children under 18 years to be suffered from malnutrition problems.

2. Insufficient sheltering

The displaced families cannot select when they would flee from their native villages or when they would not. They might have to flee anytime if the situation is harm to their life.

Recently (*from 1988 to 1997*) the Burmese Army launched the military offensives only in the dry season and stopped its operations in the rainy season. But later, the Burmese Army, which planned to overrun all bases of the rebel forces also has launched the offensives in the rainy season.

Therefore, the displaced families also have to flee even in the rainy season. When the displaced families are fleeing from one place to another, they cannot build a proper shelter, huts or houses, they just build a temporary shelter. Normally these temporary shelters are built with leaves and bamboo and when they heard the news of Burmese Army's activities, they need to abandon these shelters and fled to another place.

Acronyms

CEDAW	Convention on the Elimination all forms of Discrimination Against Women
ILO	International Labour Organization
SPDC	State Peace and Development Council
NGOs	Non-Government Organizations
WCRP	Women and Child Rights Project
SLORC	State Law and Order Restoration Council

These shelters are not possible to prevent rainwater, snow, heat, wind and other natural disasters. The displaced families including many children with insufficient clothing have to stay in these shelters for many days and suffered from serious weather effects.

Women and children are mostly in bad health during their displacement. Most worst condition is in the rainy season and the displaced persons have to flee by crossing flooded streams and rivers, stay under the heavy rain and serious cold at night. Rainy season (of monsoon weather) in Burma takes about 6 months long, from June to October. After rainy season, the displaced families face serious cold in winter season that takes about 4 months, from November to February.

Under insufficient sheltering, the displaced women and children are suffering from both food-shortage problems but also worst weather conditions.

3. Serious health condition

Considerably, the displaced persons could receive various types of diseases during displacement in forests or in jungles. Food-shortages problems make the displaced persons to suffer from various types of diseases related to malnutrition. Especially the children are generally suffered from weight loss, cycle of infection, iron-deficiency anemia, Vitamin A deficiency. It also makes physical developmental delays to the children, who did not have sufficient foods.

Women are similarly suffered from various types of diseases that related to malnutrition. Weakness, weight loss, malaria, diarrhea, Vitamin A deficiency. Especially, the women of reproductive age are too dangerous during the displacement. Those women need sufficient foods and protein-energy. They are in risk during pregnancy and lactation.

Most displaced persons in eastern part of Burma's border are always suffering from malaria, because the areas are totally in malaria zone, recognized by the health agencies, which work along the border.

Medicines and medical treatments are also not accessible for the displaced persons. They could not travel and treat in government hospitals or clinics because they can be arrested by the Burmese Army. Most of them use traditional herbal medicines in forests and treated by themselves for survival. However, many displaced persons, especially children died because of malnutrition or malaria.

Some bag packs medical groups formed with health workers trained by rebel armed forces also helped these displaced persons in some areas in eastern part of Burma, but they also could not provide sufficient medicines and treatment to all displaced persons.

Conclusion:

'The population displacement' is a forgotten problem in Burma. While many people are talking 'negotiation' and 'national reconciliation', but there is no real solution how to stop the displacement in the country. It is also a serious issue which is necessary to consider.

However, the population displacement always relates to war, and so that it is needed to stop war if we want to stop the population displacement problems.

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The Plight
of women and children in Burma

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