

The Plight

OF WOMEN AND CHILDREN IN BURMA

Woman and Child Rights Project (Southern Burma)

Issue No. 3/ 2006, September 2006

Report: 1

Women and Malaria on the Thai-Burma Border

I. Introduction

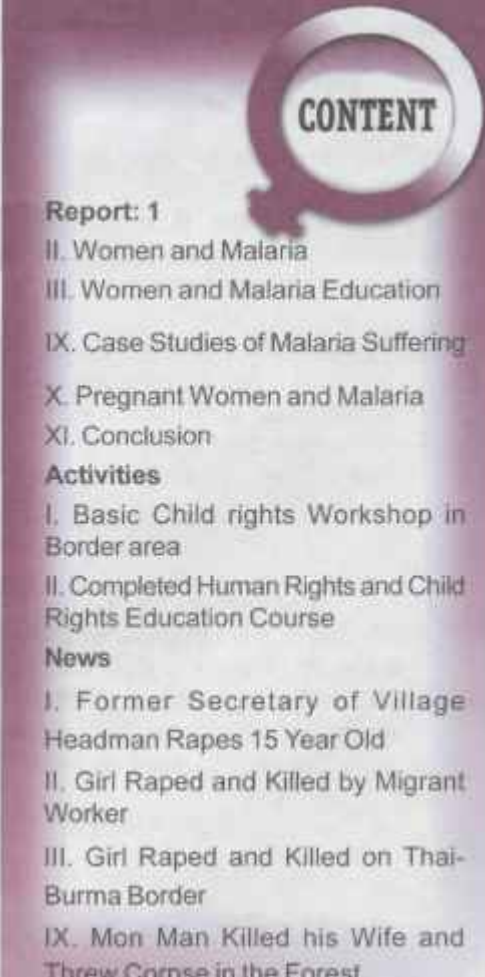
Malaria is a very serious disease affecting people along Thai-Burma border, where there are thick forests as well as many thousands of refugees and IDPs (Internally Displaced Persons). It is especially problematic in Three Pagodas Pass, the border area in eastern Karen State where many Mon people live (See map).

The rainy season-May, June, July and August-is the worst time for Malaria in this area. In June, malaria is at its most severe along the border. There are approximately 300 million people currently affected by malaria worldwide. Between 1 and 1.5 million people die from malaria every year. Asia, Africa and Latin America suffer more than other countries because of inadequate health structures and poor socio-economic conditions. (*Microbiology Notes: Malaria*) In 2004, Burma reported over 700,000 cases of malaria, the majority of which were the most dangerous type, *Plasmodium falciparum* (PF). (A Report by the Center for Public Health and Human Rights Department of Epidemiology Johns Hopkins Bloomberg School of Public Health)

This report focuses on women who have suffered from malaria at three New Mon State Party (NMSPP)-controlled hospitals in Three Pagoda Pass Township. Between May and August 2006, approximately 150 women were treated for malaria in these hospitals, including seven pregnant women. According to the clinics' reports, no women died from the malaria. However, most of them were in very serious condition.

The three hospitals to which Woman and Child Rights Project (WCRP) members have access are Paling-japan Hospital, Halockhani Hospital and Ta-dein clinic. Paling-japan Hospital is very close to Three Pagoda Pass town. Often patients come from Paling-japan village, Three Pagoda Pass town, Jaw-haplu, Ta-dein and Ku-pao villages. In Ta-dein clinic, patients from Thet-kae, Kyauk-guu, Apalon, Mae-za-lee, Tae-thone-lone and Yale come to receive treatment. Halockhani hospital is for patients from Halockhani village, Baleh-donephai village and a Karen village called 'Htee-wa-doe.'

Over the past ten years, Medicines Sans Frontiers (MSF)-a French medical NGO-provided a variety of basic health care services to patients and conducted mobile clinics in less accessible areas along



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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.

the border. MSF donated medical supplies, infrastructure in hospitals and clinics, basic medical training for workers and supplementary food rations to medical staff.

MSF left the area in January 2006, after stock-piling medical supplies to last for a period of six months. By the end of July, medical workers had used up almost all of the medicines and supplies. Presently there are no NGOs providing assistance to these hospitals and clinics. To cover costs, the Mon Health Department, under the local government NMSP, stated that patients would have to start paying for half of their treatment starting on the 23rd of August, 2006. Many of the people who rely on these hospitals and clinics are very poor, and now face a big problem, as even half the cost of treatment is more than they can afford.

In the past, when a malaria patient was in very serious condition, Mon health workers could arrange to transfer them to a Thai hospital for better treatment. But ever since MSF left, they no longer have the financial resources to do this.

Mon people are not the only ones who need access to health care for malaria and other diseases. Karen, Burmese and other ethnic groups also need access to health care. In the border area, people have a variety of different livelihoods and living standards. Those involved in agricultural trade have more income and can maintain a reasonable standard of living in Three Pagoda Pass town. People living in NMSP-controlled areas are typically returned refugees and IDPs. Over 10,000 returned Mon refugees from Thailand's camps remain in NMSP areas and live in 'Halockhani resettlement sites'.

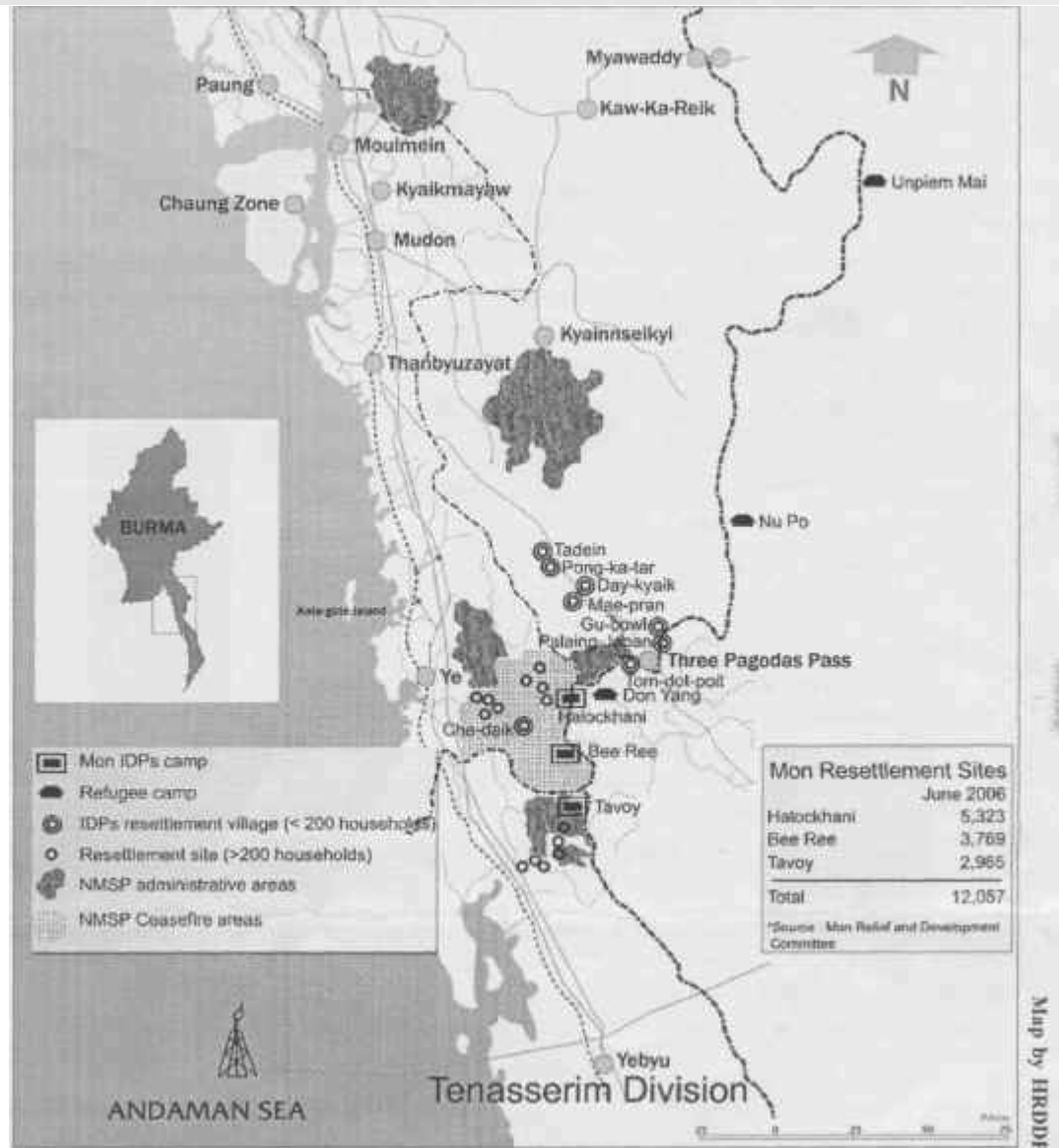
They have very limited access to agriculture lands. Many IDPs migrated from Burma and settled in NMSP areas after the SPDC and Burmese troops committed human rights violations against them. They do not have jobs or income to feed their families. Both returned refugees and IDPs receive some assistance from the Mon Relief and Development Committee (MRDC)-for example six months worth of rice a year—but the assistance is limited and especially insufficient for larger families.

The cost of treatment is not the only obstacle facing those suffering from malaria in the border region. A patient needs to take anti-malaria medicine for many days to recover from the disease. Patients often do not seek treatment at hospitals because it means they will be away from work for several days, thereby losing necessary income to feed their families. They prefer to get injections and medicines quickly from private suppliers, who without proper medical training often mistreat the patients. 'Malaria resistance' in their blood goes up as a result. Further, the private clinics are more expensive than NMSP hospitals, making the overall cost greater.

'Malaria resistance' caused by improper treatment is a serious problem in itself. When patients do not recover from their

malaria they come to Mon hospitals. Unfortunately, the medics cannot save their lives because they do not know which anti-malaria medicines the patients took without blood tests.

Many people think that they must take an injection when they are sick, or they will not recover. This belief has been in communities for years. In various parts of Burma under government administration, doctors use injections even when it is unnecessary. Villagers or town residents who have little knowledge of health care have no reason to distrust them. Now these people will not go to Mon hospitals because they rarely give injections to patients whose conditions are not serious. Mon health workers are very upset about this, because they have been educated by foreign doctors and senior nurses, and are simply trying to avoid giving unnecessary injections.



Map of Three Pagodas Pass area, Thai- Burma border

Lack of health education is obviously a major problem. Mon medical workers rarely give health education to the community, especially without MSF support. Only when people go to hospitals do they have access to health education. Some hospitals, especially those working closely with Thai NGOs, extend their health education programs by going around to villages and explaining to the villagers that clean house surroundings, better sanitation, mosquito nets and driving mosquitoes away are effective methods of preventing disease. But overall, exposure to information about malaria is severely limited in the border area.

II. Women and Malaria

When women suffer from malaria, symptoms include headache, fever, muscle aches, fatigue, and flu-like symptoms, including chills, pain in the joints, shivering, cough, repeated vomiting, convulsions and sometimes coma. Women and men have the same symptoms for this disease. Pregnant women suffer from malaria 33% more often than other women because their immune systems are lower.

When pregnant women suffer from malaria they must be treated at a hospital or they may risk more serious problems. Medics encourage them to stay at the hospital for several days while they recover. After a pregnant woman takes malaria drugs, she must be checked on all the time because she is at a

higher risk than other women, and may cause damage to her unborn child. In some cases, pregnant women do not stay at the hospital throughout the course of taking the anti-malaria medicine. They take the drug for one or two days and then do stop, usually because they do not understand the consequences.

Malaria is caused by protozoan parasites of the genus *Plasmodium*. Four species of *Plasmodium* can produce the disease in its various forms. The forms are *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium ovale* and *Plasmodium malariae*. *P. falciparum* is the most widespread and dangerous of the four, and if untreated it can lead to fatal cerebral malaria. PF (*Plasmodium falciparum*) and PV (*Plasmodium vivax*) are common diseases in the border area.

III. Women and Malaria Education

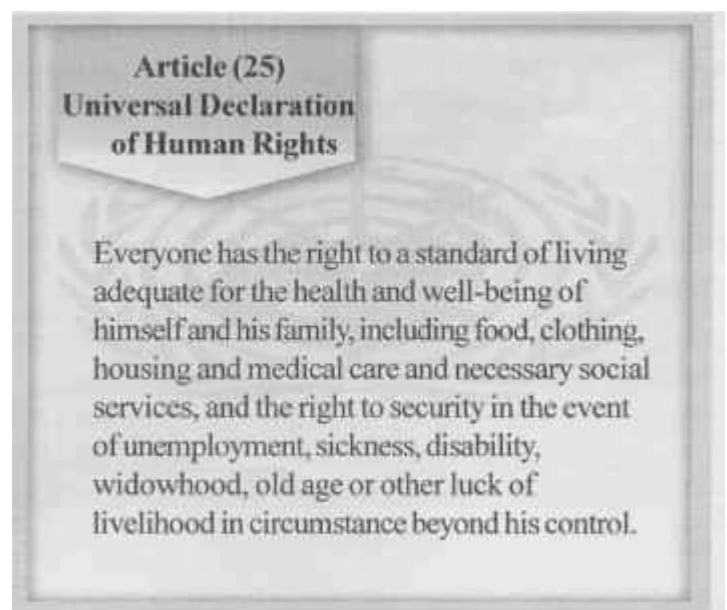
Generally women on the Thai-Burma border have less education than women in urban areas because they have been living here for a decade and do not have the chance to go to school. Only young girls have the opportunity to attend school and receive education. As a result, grown women do not know how to take care of themselves and their families.

Women sometimes receive health education from SPDC-controlled televisions and media inside Burma. In the border area, women do not have access to television, so they lose this source of information. In certain areas, they have access to Thai television, which contains educational programs about health care. Unfortunately, most people living in the border areas do not understand Thai. The only health education programs conducted in Mon are home visits by MNSP health workers and information given out at hospitals. Health workers have very little time to educate villagers, so women have limited knowledge of domestic and personal health care.

Lack of health education leads the women to mistakenly behave while they are at home, at work, during pregnancy and under a variety of other circumstances. Sometimes they buy the wrong medicines from private shops and take them without consulting medical workers.

In August 2006 when almost all of MSF's stock-piled medicines and medical supplies had been used, NMSP hospitals in the border area started charging patients half of the treatment costs. Since then, poor people in village communities have avoided treatment in hospitals and clinics because they do not have the money to pay. In many communities, people do not have enough clothes and mosquito nets to adequately protect them from mosquito bites. Sometimes patients who have been infected by malaria are bitten by an infected mosquito before they finish their previous course of treatment. Thus the process of suffering from malaria is ongoing.

People are often confused about why they continue to suffer from the disease even though they have been taking anti-malaria drugs from hospitals. They lose trust in hospitals and Mon health workers when their malaria does not go away. The local belief about injections being the only effective form of treatment is another problem. When patients have malaria, health workers are careful not to give an injection if it is not necessary. Because patients think they need an injection to get better, they do not go to hospitals for a blood test and instead get injections from private clinics. On



some occasions, people buy medicine from the local market, which is especially dangerous. People have been known to use drugs intended for animals to cure their malaria.

IX. Case Studies of Malaria Suffering

Case one:

In May 2006, a 50-year-old woman was suffering from malaria. This was the second time she had contracted the disease. She felt headache, fever, pain in the joints and had a cough. She used to go to the hospital when she was sick. Now she cannot afford to go.

"Before we didn't need to pay for treatment so I didn't know how much it cost. Now if I am sick I will not go to the hospital because I can not pay for the treatment. In the future I might face a huge problem. In our family we have 5 members and all of us had experience from suffered malaria. We don't know how to protect the malaria disease except taking the anti-malaria drug".

Case two:

In August 2006, a 37-year-old woman who had suffered from malaria many times contracted it again even though she was taking anti-malaria medicine already. This year alone she has suffered from malaria about 10 times.

"Whenever I go to the hospital when the health worker tests the blood they saw the malaria virus. When I had malaria I felt headache, pain in the joint, sneeze. Sometime when I got a serious fever I was coma. I couldn't eat anything. At that time I always went to the hospital to access the treatment. We didn't have to pay for the treatment before but now we have to

pay for half. Sometime I didn't go to take the drug because I didn't have enough money to get the treatment".

Nowadays poor patients face serious problems when they get sick because they can't afford to miss work. They have only enough income to feed their families, and do not have extra to go to the hospital. They worry that:

"When we are sick how we can access the treatment if we don't have extra income. We don't know how we can protect the malaria. We know only take drug".

Case three:

In July 2006, a 52-year-old Mon woman contracted malaria. She lives in Ta-dein village. She went to the Mon hospital to test her blood and the medic confirmed she had malaria. They gave her anti-malaria drugs. This was before patients had to pay for treatment, but the woman didn't trust the drug alone. She bought medicines from outside the hospital and took an injection from a private clinic in Three Pagoda Pass. She had to borrow about 2000 Baht from her neighbors to pay for the treatments. Her job is making cake and selling it, which brings in only a very small income.

X. Pregnant Women and Malaria

Case one:

In May 2006, a 25-year-old Karen woman contracted malaria while she was 7 months pregnant, and had her baby prematurely. She had *Plasmodium falciparum* (PF), a very serious disease. She is from Apalon village which is in Kya-inn-seikyí Township. According to the medic from Ta-dine hospital:

"She gave birth at this hospital. After she gave birth, the (new born) baby couldn't breathe regularly and the child needed oxygen but the hospital didn't have oxygen and we couldn't help the child. Two days later, we sent the child to the Palaing-japan hospital. Unfortunately, at that hospital they also didn't have oxygen too. As for patient, they couldn't afford to go to the private clinic because they didn't have enough money to pay for treatment. So two days later the child died".

Case two:

In July 2006, a pregnant 33-year-old woman from Jaw-hapluu village in Three Pagoda Pass Township was suffering from malaria and in serious condition. She also had *Plasmodium falciparum*. According to the medic from the Palaing-japan hospital:

"She was giving birth 12 days early than normal. Before she was giving birth about 14 days she was suffering from malaria very serious. After she was giving birth her child didn't active and unhealthy. The child life is only 50% alive because he couldn't breathe regularly. So we gave a heat and blanket to him and 15 minutes later he cried. For the mother, she suffered more than normal people who were giving a birth. After she was given birth she wasn't well even she finished the anti-malaria drug. So we gave her vitamin for 7 days while she was at the clinic and when she back home we also gave vitamin for 15 days to have enough energy".



Pregnant woman suffering from malaria

injection. It cost about 500 Baht.

The private medic from Ta-dine village said "she had malaria disease. So he gave an injection to protect the malaria". Before she came to have a treatment she felt chills, heart attack and headache. She just took paracetamol. She bought the medicines from the market. According to her husband, he said that "she was sick for a month. Even they wanted to come to have a treatment they didn't have enough money."

The woman and her husband are very poor. They work on a highland farm cutting grass for growing the paddy. They have been married for one year and this is the first pregnancy for them.

XI. Conclusion

Before MSF left the Thai-Burma border, rural people had access to malaria treatment. They received free health care for a decade. Now that MSF is gone, and their stock-piled medicines and supplies have run out, patients must pay for half of their treatments. No NGOs are currently providing funding to NMSP. Many patients do not have extra money for health care. This is a big problem facing women, especially IDPs and refugees. Currently there is a small amount of funding for the treatment of malaria, AIDS, and TB available in Burma, but it has not yet arrived in the border area. We recommend that international parties concerned about the health of women refugees and IDPs provide funds to this area. They should also put pressure on the SPDC to stop violating the rights of ethnic people because this is what creates population displacement in the first place.

Activities

I. Basic Child Rights Workshop in Border area

In order to educate about the rights of their children, how to protect their children, and how to give children participation in the house and at the community level, the Woman and Child Rights Project (WCRP) arranged a 'Child rights Workshop' in the border area.

It was difficult for the participants to travel because of the rainy season, so the WCRP could only arrange a 3-day workshop that combined the rights of the child, rights of participation and some activities-games, questions, role-playing, drawing, etc. As the levels of education among the participants were different, the WCRP trainers, coordinator and her co-trainer had to select suitable techniques and activities to help them understand the concept fully.

The workshop went from July 28-30, and about 20 participants from Mon State and the Thai-Burma border attended. Among the participants were 9 men and 11 women. Their age range was between 16 and 35 years.

On the 1st day, the workshop started with introductions and the participants introduced each other to establish relationships among them and introduce human rights. In order to help the participants understand human rights, trainers



Child Rights workshop in Sangkhlaburi

also used posters with pictures and explained the principles of Human Rights. They talked about the situations in their homes, villages and experiences in their lives. Trainers also asked participants about their experience and knowledge acquired through hearing about human rights abuses in their community and asked them to draw pictures related to the abuses. They also drew pictures expressing their own experiences with abuse.

In the afternoon, the trainer introduced child rights with an ice breaker about the life of a child. At this time all participants were asked to remember their childhood. After that, the participants were divided

into 4 groups and discussed "What is a child? What is childhood? What is the ideal childhood? Who are the significant people in a child's life? What are the basic requirements for children?" Then they presented their experiences. The trainer drew a picture of a child and explained that the child is a human being, holder of all human rights, growing and developing, vulnerable, that the child has special rights, strengths and capacities as an individual, is an active member of society, is a solution not a problem, and that children are resources not burdens. The trainer explained that children grow intellectually, physically, emotionally, socially, spiritually and morally.

On the 2nd day, the trainer explained about the basic principle of child rights and CRC. They discussed the article and compared it with situations in their homes and communities. Then the participants were divided into 3 groups and discussed rights to education, including:

- Access to primary school
- Access to secondary school
- Early childhood education
- Drop-outs
- Rights to help
- Access to hospitals
- Immunizations
- Nutrition

- Mortality / sickness
- Rights to names and nationality
- ID cards, entitlement

The trainers explained the cycle of child participation and introduced activities to let them discuss the affects of child participation and what happens when they do not participate in their families and communities.

On the 3rd day, the trainer explained the definition of child labor, child work, and the ILO child labor report. They discussed how many children are working, where they work, and what the difference is between child work and child labor in their country. In the afternoon, the trainer showed a VDO called "No Childhood at All" and explained the situation of child soldiers and the countries that use child soldiers. Then she talked about what a child soldier is. After that, participants divided into four groups and discussed why children are involved in army conflicts, what kind of jobs they have, how they get involved, and who is involved.

On the last day, the trainers reviewed the main points of the training and tried to analyze how much the participants understood on the issues of child rights. Then they asked for feedback and commends from the participants. They said that they needed more training related to child rights and the protection of children, especially concerning child participation because in our communities we do not give children a chance to participate.

II. Completed Human Rights and Child Rights Education Course

The Human Rights and Children Rights Education course was two weeks long, and lasted for one hour every day from the 3rd to the 18th of July. The course was run by staff from the HURFOM Woman and Child Rights Project (WCRP) together with Robin Hewlett, an Artist in Residence from Baan Unrak School in Sangklaburi. The course educated grade six students (12-14 years old). Of the ten students, there were two boys and eight girls. Students came from Baan Unrak School, which began as a home and school for orphaned and destitute children in 1990. Now it accepts not only orphans but children from the rest of Sangklaburi. The student body represents Thai, Burmese, Karen and Mon ethnic groups.

The aim of this course was to help students understand their rights and to break down stereotypes. It also aimed at establishing bonds between different ethnic groups that would allow students to see the value of every individual and the need to work together to protect and respect human rights in the community.

To do this, the trainer had to search for new and creative ways to teach the students such as games, case studies, drawing, painting and writing songs using articles from the Convention on the Rights of the Child (CRC).

First, trainers and trainees introduced each other. Then ideas about human rights were introduced and key words were acted out to show their meaning.



Photo by WCRP

Human Rights and Child Rights workshop at Unrak School in Sangkhlaburi

Respect, trust, understanding, equality, Human Rights, anti-discrimination and dignity were all used. Students decorated their folders with the key words. We did an exercise called 'Blind Trust' and talked about how the students felt having to trust their friends. In this game they had to build trust in both themselves and others.

Next we started a "Me and You" flower-drawing activity. This included a 'What makes me' writing exercise, during which students wrote their own biographies inside the parts of flower. We compared flowers in the group and considered how we are alike and different. In a big group we did an 'attribute activity' where we made a list of all the ways people are the same, and why we all deserve to be treated with respect.

The next activity was 'discrimination and anti-discrimination.' The children didn't understand these concepts at first. First we explained what discrimination is—unfair treatment of a person or group, usually based on prejudice about race, gender, ethnic group, age, religion, sexual orientation, etc. We talked about what causes discrimination—fear, lack of knowledge, misunderstanding, focus on gender roles, cultural stereotypes. Then we talked about when and where a person might encounter discrimination. For this activity we had students draw a picture of a time

when they felt discriminated against. They shared pictures, told their stories, and told stories they had heard from other people. In the discussion we asked, "How did these experiences make you feel? How does discrimination affect people and communities?" We also asked students to brainstorm, "How can you guard against discrimination in the Baan Unrak community?" As an example we suggested they make up a set of rules or guidelines for interacting without discrimination in the class room. They agreed to try and follow the rules but did not promise.

For the third part we explained a little about the United Nations, who they are, and why they drafted the UDHR (Universal

Declaration of Human Rights). We discussed the UDHR poster. For each article we gave some case study examples. While the trainer explained the articles, the students wrote down v/hat they understood. Afterwards, we let them create a play about an article and act it out in a small group. We asked them to write about a time they were discriminated against, and which article from UDHR was violated.

In the last part we introduced child rights discussing the following questions: How are human rights related to kids? Do you think there should be special rights for children? Working in small groups they made a list of children's needs, how they are different from those of adults and the rights that they think children should have. They shared the lists and compiled them into a set of children's rights to be observed by the class. We introduced the Convention on the Rights of the Child and discussed each article. We made up a song including the rights they'd decided were most important. We also discussed how we could protect our own rights and others' rights.

On the closing day the students shared what they had learned and explained the UDHR articles using the posters that they had drawn in class. Then together all the classes sang a song that they had created from the CEDAW articles.

**Invitation for Feedback to Our Publication
"The Plight"
of Women and Children in Southern Burma**

Dear Readers,

With objectives to monitor the situation of women and children in southern part of Burma and to empower them with the rights described in CEDAW and CRC, which are both ratified by the current military regime in Burma, our "Woman and Child Rights Project (Southern Burma)" came into existence since 2000.

Under this project, "The Plight" Newsletter is produced quarterly and this newsletter especially describe the general situation of women and children in Burma and how their human rights are violated by the ruling regime and its army.

In a plan to evaluate our publication, we wish to get the FEEDBACK of our readers. Hence, you can kindly send your feedback. If you know anyone who would like to receive the newsletter or if you wish to send your feedback, please feel free to contact the following mailing and e-mail address.

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With regards,
Project Coordinator
Woman and Child Rights Project - Southern Burma

News

I. Former Secretary of Village Headman Rapes 15 Year Old

IMNA

August 22, 2006

A 15-year old girl who was repeatedly raped by the former secretary of the headman of Nainghlone village in Mudon Township, Mon State, became pregnant and gave birth to a child on June 21.

According to a villager who knows her, she was working in a rubber processing unit in Nai San Thin's house. At 4 a.m., she was coming to get some bowls to collect the liquid rubber. Nai San Thin, who was waiting there, raped her and told her not to tell anyone. He threatened that if she told anyone he would kill her and her family. She kept quiet about the incident.

Her family did not realize that she had become pregnant because she was too young to have a baby. They just thought she was getting fat, said a person who lives in front of her house.

After she had a baby, her family brought the incident to the notice of the head of the Village Committee. The girl then admitted that she was raped by Nai San Thin. But he denied it.

Nai San Thin's wife and the head of the Village Committee came to the girl's house and gave them money to hush up about the incident of rape but her family refused to accept it, said villagers.

To silence the rape, Nai San Thin spent a lot of money paying authorities and organizations that are connected with the government, like the Maternal and Child Welfare Association (AMCWA) and Myanmar National Committee for Women's Affairs, said villagers.

"Although the family approached the MMCWA it did not take action and just ignored it," said a villager.

The MMCWA is a voluntary organization dedicated to serving Myanmar (Burma) society in promoting the health and well being of mothers and children with the aim to improving the quality of life of the people.

Now the family has drawn the attention of the Southeast Commander in Moulmein who controls Mon State. But no headway has been made at the moment because the girl is weak after the birth of the baby and is not able to answer questions.

According the villagers, Nai San Thin employs many workers for rubber processing and sawing. He has known to have raped other girl workers. They

were also threatened not to tell anyone. Some girls worried about the stigma that would come if they stayed in the village, so they went to Thailand as migrant workers.

Most of those raped are adult girls and have some knowledge of medicines to take to prevent pregnancy, so many incidents of rape have not come to light.

Military troops and people who are connected to the government have power and regularly rape girls in Mon State in Southern Burma, according to a report "Catwalk To The Barracks" published by the Human Rights Foundation of Monland in 2005.

II. Girl Raped and Killed by Migrant Worker

WCRP

A 5 year old child was raped and killed by a migrant worker in Mae Sot division on the Thai- Burma Border. Mi Wai Wai San, the daughter of a migrant worker, was raped and murdered by either Nai Aung Aung or A Kyaw on September 10. While she was staying with her father in the factory, Nai Aung Aung, who is her father's friend, brought her home on a bicycle. Then he raped her and killed her, said Nai Agga, from the Mon National League for Consolidation and Aiding.

"No safe for the children in this community. This is proof. Everybody has responsibility to protect

the children not to be the happened like that in the future," he added.

This is not the only incident like this one. Many accidents happen in migrant worker areas. These places are very dangerous for children. Not only that, but Burmese migrant workers are dangerous to the Thai children, too.

"Most of migrant worker, who were working in Thailand they called their children to stay with them but they did not have a time closely with their child. That situation is very easily to be danger for the children," said Nai Agga.

I. Girl Raped and Killed on Thai-Burma Border

IMNA

Thursday, July 20 2006

A young girl was raped and murdered by an army deserter in Three Pagodas Pass (TPP) Township near the Thai-Burma border. Local residents said Mi (—), who was 9 years old, went missing on July 17. Her body was found yesterday with wounds in the neck, said Nai Rot, a resident. Win Kha (not his real name), the alleged rapist and Aye Aye Htay lived in the same section. The girl's body was found in a canal, and the doctor said the girl was raped, Nai Rot added. Apparently

Win Kha admitted yesterday evening that he raped and killed the girl when he was interrogated in the police station. "I went to the police station this morning and the authorities said my husband may be sentenced for 10 years", said the second wife of Win Kha. She is currently pregnant and has one child with Win Kha since marrying him two years ago. "I do not want to have him as my husband anymore. I am often beaten up by him", she said. According to her, Win Kha is from Bago and used to be a soldier in Ye township, Mon State. He deserted Ye and has a background of stealing. He often moves from one place to another, she added.

IX. Mon Man Killed his Wife and Threw Corpse in the Forest

WCRP

On August 13, Nai Myint San, age 38, was living on the Mon side of Sangkhlaburi, road 3, when he asked for money (100,000 baht) and a motorbike from his wife. They argued with each other and then the man killed his wife. Afterwards, he put her corpse into the ice box and threw his wife's corpse into the Wijahtay forest.

"I violated the courts," he said yesterday in the police station. And then he showed his wife's corpse with wounds to the head and neck, said a source close to Thai police.

"On August 5, we hear they were fighting. After that we never saw Ma Hla for two or three days. So we informed her son and daughter who worked in Bangkok" said neighbors.

When the children asked where their mother was, the husband said that she had gone to Three Pagoda Pass with the motorbike. But the neighbors saw the motorbike in front of their house. The other people knew he lied. So he spoke with the court in the police station. Thai police arrested him and put in jail.

"Nai Myint San other love a fall. So they were always domestic violated in their family "

"Domestic violence is happening every place and every region. But not to kill their wife this case is very cruel. Women should be more educated," said Mi Nyane.

This case affects all women because when they have domestic violence in their houses the man often says to his wife, "Do you want to be like Ma Hla (who was killed by her husband)?" added Mi Nyane.

The community and women's organization organized a ceremony to pray for Mi Hla and also gave messages about domestic violence to the community.

