Women Refugees in International Perspectives
Second Volume, 1991-1999
An Annotated Bibliography

Research Resource Division for Refugees
RRDR is a Research Centre at Carleton University (Ottawa, Canada). Established in 1985, it specializes in research and publishing on the settlement, adaptation, and integration of refugees and immigrants in Canada.

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In Memory of Gertrud Neuwirth (1926-2006)
Preface

Completing this second volume of *Women Refugees in International Perspectives: An Annotated Bibliography* was Gertrud Neuwirth’s last accomplishment before she passed away in April of 2006. After publishing the first volume in 1997, Gertrud spent long years to compose the second volume. It is thus incumbent upon us to publish her last piece of work posthumously.

Covering the period 1991-1999 with 624 documents, this volume is substantially larger than the first volume, which included 385 documents from the period 1980-1990. In addition to the four chapters which made up the first volume (“General Concerns,” “Country of Origin Conditions,” “Asylum,” and “Countries of Resettlement: Refugees’ Special Needs”), the current volume also has a fifth chapter (“Repatriation”). Each of the five chapters is organized in sections, which present the documents according to the year in which they have been published or written in descending order, beginning with 1999 and ending with 1991.

Many people contributed to the production of this volume. We would like to thank Barbara Grant in particular for her involvement in editing and layout design. We are also grateful to Citizenship and Immigration Canada for funding the project.

Adnan Türegün
Acting Director
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**Chapter 1**  
**General Concerns**

a. *Universal Issues and Problems*


INDEX TERMS: civil war, ethnic conflict, international assistance, peace building, repatriation, reconciliation, social relationships, project evaluation.

GEOGRAPHICAL TERMS: Burundi, Tajikistan.

This book about how aid and conflict interact is based on broad experience of providing international assistance in conflict settings. The purpose is to answer the question as to how humanitarian or development assistance can be given in conflict situation in ways that help local people to disengage from conflict and establish alternative systems for dealing with the problems that underlie the conflict. The first part of the book presents lessons learned from experience concluding with an analytical framework offered as a practical planning and evaluation tool for aid workers. The second part presents selected case studies of aid experiences in conflict situations that report lessons learned in specific places and times. The role of women is briefly included in the case studies of Burundi and Tajikistan.


INDEX TERMS: internal displacement, refugees, assistance, ethnic identity, alienation, geographical areas, ethnic conflict, political conflict, UN, Red Cross, IOM, coordination, international organizations, NGOs, regional organizations, guidelines, humanitarian assistance, human rights, development, legal protection, women, children, special needs, protection, returnees, reconstruction, research.

This book is based on the in-depth study *Masses in Flight: The Global Crisis of Internal Displacement* by Roberta Cohen and Francis M. Deng. It is intended as a more “user-friendly” text for the broader public, presenting the essential findings of the research and using photographs to further illustrate the experiences of the internally displaced. The introduction to the text highlights the discrepancies between the assistance available to refugees and the internally displaced. Crises of national identity and subsequent alienation are briefly discussed in Chapter One. Addressing the question: “Who are the internally displaced?” in Chapter Two, it is noted that there is “no universally agreed definition for
Chapter 1 General Concerns

those internally displaced who should be considered to be in need of assistance and protection by the international community.” A widely used 1992 UNHCR working definition is discussed as being too narrow. Chapter Three provides a brief survey of the geographical areas in which displacement is concentrated and the ethnic and political conflicts, which account for it. Assistance for the internally displaced, particularly the role of United Nations agencies, is examined in Chapter Four. Two organizations outside the UN framework are also profiled: the International Committee of the Red Cross, and the International Organization for Migration. In Chapter Five, the effectiveness of the structure of the United Nations assistance bodies is critically examined. Proposals for improvement include, among others, a coordination effort by all United Nations and other humanitarian agencies. Non-governmental and regional organizations concerned with humanitarian relief, development, and human rights advocacy are discussed in Chapter Six. Chapter Seven describes the legal gaps in the protection of the internally displaced. To fill the gaps, the 1998 Guiding Principles on Internal Displacement, included in the appendix, address the specific needs of the internally displaced. The question of what still needs to be done – strategies and solutions – is the subject of Chapter Eight. Issues of prevention, good governance, stronger legal protections, conflict prevention, as well as the integration of protection with assistance are explored. The special needs of women and children are briefly noted. Recasting sovereignty as a concept of responsibility is suggested in order to ensure that governments cannot refuse international humanitarian assistance. Providing protection upon the return of internally displaced persons, linking relief to development, conflict prevention through development-oriented programmes during conflict, and post-conflict reconstruction are discussed. The concluding chapter summarizes the issues raised throughout the text and refers the reader to the more comprehensive work of Cohen and Deng.


INDEX TERMS: female circumcision, infectious diseases, trauma, pregnancy, birth, customs and traditions, ethnic identity, marriage, international organizations, WHO, educational programmes, refugee status determination procedures, health education, dissemination of information, advocacy, policy, social change.

GEOGRAPHICAL TERMS: Africa, United States.

The authors emphasize the need for health educators to familiarize themselves with different types of female genital mutilation (FGM), potential complications, and reasons for the practice in order to assist in advocating support for programmes working towards its eradication. The types of FGM and procedures used are discussed, followed by a review of
the immediate and long-term health consequences that include shock, HIV and urinary tract infections, septicaemia, haemorrhage, injury or trauma, menstrual problems, non-existent sexual pleasure, and complications in pregnancy and childbirth. According to 1994 estimates for continental Africa approximately 127 million women and girls were circumcized. Justifications for the practice vary by culture and ethnicity but commonly include religious/traditional beliefs, sexual control and preparation for marriage, cosmetic and curative effects, positive effects on childbirth or enhancement of tribal and social cohesion. The Inter-African Committee (IAC) on Traditional Practices was formed to implement WHO recommendations for governments to abolish FGM and to intensify educational programmes to inform the public about the harmfulness of FGM. IAC has sponsored workshops and its activities on the grassroots level assist efforts of individuals who educate women. The authors identify several roles for health educators such as education; the development and dissemination of information, education materials, and strategies to change this practice; and advocacy for policy-level changes as well as social and cultural changes in attitude and practices at the international level.

INDEX TERMS: refugee camps, gender groups, gender discrimination, gender-based persecution, emergency relief programmes, camp management, gender role, patriarchal societies, assistance programmes, sexual violence, rape, armed forces, prostitution, protection, persecution, receiving country, refugee status applications, UNHCR, guidelines, research.

In the Introduction, the author traces the focus on refugee women “as mandating specific policies and as a distinct topic of inquiry” back to the mid-1970s. Whereas efforts in the past ten years toward ‘engendering’ the refugee definition through a focus on women’s rights have influenced the legalistic discourse over individual women asylum-seekers, this approach has not yet permeated the analysis of the situation of refugee women self-settled or in refugee camps. This chapter seeks to demonstrate the gendered and sexual nature of the refugee experiences through a review primarily of available research “on the discrimination faced by refugee women in terms of access to international assistance, income and physical protection.” The author argues that “discrimination and violence against refugee women are politically determined and politically sanctioned, under the actions or influence of international, national and local actors, and therefore that the situation of many refugee women in camps amounts to persecution under the accepted definition.” The 1991 UNHCR Guidelines on the Protection of Refugee Women “recognize and highlight the serious shortcomings of existing (gender-biased) relief programmes and their implications for the lives of the refugee women and the community as a whole.”
However, empirical research found that the UNHCR Guidelines ignored or underestimated the political and power structures within the camp. Refugees’ survival strategies were addressed by promoting a variety of economic activities. Since the nature and scope of these activities differ sharply among men and women refugees, individual refugees’ adjustment and the process of social change within the refugee community as a whole entails a transformation of the gender division of labour which, in many cases, occurred at the expense of women thus highlighting the interrelationships between structure and human agency. Studies have demonstrated that refugee assistance programmes have failed to recognize that “the forces and mechanisms of subordination, domination and exclusion of refugee women are located in both the reproductive sphere of the household and the political and power structures of the camp which, in all cases, reinforce and strengthen the patriarchal tendency of the community.” However, refugee women and men do mediate or resist the effects of the camp as a device of power and control. Refugee women’s experiences before becoming refugees, in flight and during asylum can lead to empowerment through a process of politicization and self-awareness. The author notes that violence, one of the most common forms of suffering imposed on refugee women in camps, has been little researched. However, sexual violence does not end with the flight but becomes entangled with the making and functioning of the refugee camps. The obligations of the country of asylum are at best gender neutral but, in practice, this approach translates into gender discrimination and violence against women. Since sexual violence within the camp must also be understood in relation to the sexual and political power structures within the societies of origin and countries of asylum, rape of refugee women by border guards, policemen or soldiers are widely unreported. Prostitution and sexual favours within a camp emerge and develop as a result of the shortcomings of relief programmes, including the lack of physical protection. The few attempts by UNHCR to address these problems have met with some success. In the final section of the chapter, the author argues for a broader interpretation of gender-specific guidelines to include the sexual violence that refugee women experience in refugee camps as it amounts to persecution according to the accepted definition.

INDEX TERMS: refugees, internally displaced persons, reproductive health, family planning, emergency relief operations, violence against women, infectious diseases, international cooperation, meetings, rape, genocide, UNHCR, manuals, WHO, international organizations, NGOs, health personnel, case studies.

GEOGRAPHICAL TERMS: Yugoslavia, Rwanda, Tanzania.
This paper describes the introduction of emergency contraception into the reproductive health programmes of the International Rescue Committee. Since refugees and the internally displaced have much the same health, social, and economic needs, the term “refugee” is used to cover both groups. Many within and outside refugee service organizations have begun to question the assumption that refugee crises are short-term and thus require short-term solutions. Such an assumption leads to basic emergency care, which is necessary, but ongoing issues such as domestic violence, sexually transmitted diseases, family planning, and reproductive and maternal health are not adequately addressed. In the mid-to late 1990s, the international relief community began to recognize and address the refugees’ reproductive health needs. Largely due to the high visibility of sexual violence in the former Yugoslavia and, to some extent, in Rwanda, the need for emergency contraception (EC) was specifically addressed in reproductive health policy and service delivery. In 1996, the UNHCR developed a field manual, which proposes that a ‘minimum initial service package’ (MISP) for reproductive health, including EC, be implemented at the start of every refugee emergency. In 1997, the United Nations Population Fund assumed the cost of these MISP kits, thus increasing their availability. However, field staff must still order them and ensure they are delivered. To avoid this step, emergency contraception is now included in WHO’s New Emergency Health Kit which are delivered immediately to all emergency sites. Other collaborations among various agencies are also described, with a more detailed discussion of the International Rescue Committee (IRC) experience. IRC committee has increasingly incorporated reproductive health care services since 1992, and supports making EC available to refugee women with their informed consent. A March 1998 survey was sent to 14 IRC reproductive health project sites; EC is available in only four of the eight sites, which responded. Among the reasons cited for the lack of availability are: lack of demand, limited drug supplies, and insufficient knowledge or misinformation among staff. Also, most refugee women are not aware of the existence of EC or misinformed about its mode of action, or are prevented from seeking assistance due to cultural taboos. An IRC project in Tanzania is presented as a case study. This article concludes that raising awareness among refugee women of the services available to them is critical, as are improvement in service delivery and training of health staff to deliver sensitive counselling and to provide quality care to rape survivors.
This article analyzes the discourse of “UN humanism”. Tensions exist among notions of culture as shared humanity and culture as a basis of difference and diversity. These tensions are especially problematic in responses to humanitarian emergencies; the urgency to act may mask critical differences, particularly gender, among the people being assisted.

Specifically, this article assesses the language of the UNHCR, arguing that it is premised upon universal humanist subjects. The categories of ‘race’ and ‘woman’ within UN humanist discourse are examined focussing on UNHCR policies. The gap between the creation and implementation of gender-based initiatives is highlighted; the UNHCR’s uncritical construction of concepts such as ‘woman’ or ‘culture’ is discussed. The author notes that, although designed as a training tool for gender analysis and culturally-sensitive community planning, the ‘People-Oriented Planning Process’, or POP, “fixes gender relations and cultural identities by the very schemata and structuring procedures embedded in UNHCR’s routine work practices.” Thus the culture of the institution produces a profile of the external culture from its own perspective without linking it to local histories, cultures and conflicts. However, appropriate steps in this direction have been taken in the POP training of African women community workers who are encouraged to ‘interpret the planning framework within an appropriate cultural context.’ The article also points out the contradictory nature of listing certain groups of women refugees as ‘vulnerable’ requiring special assistance while other planning documents insist that women be equal partners in decision-making processes. Based on her field experience, the author discusses in some detail the Women Victims of Violence (WVV) project, which was designed to combat sexual violence in Dadaab Somali refugee camps in the North–east Province of Kenya. By focussing on vulnerable women, WVV contravened UNHCR’s own integrationist policy on refugee women. It also led to conflicts between the human rights/internationalist approach and the socially accepted culturally specific laws of the Somali refugees in the camps regarding the definition and punishment of rape. The article concludes with a discussion of the need to abandon universal, essentialized subjects; gender, culture and other differences in humanitarian emergencies demand operational guidelines that are subject to transformation on a situation-by-situation basis.

INDEX TERMS: reproductive health, manuals, international organizations, NGOs, family planning, fertility statistics, health services, abortion, emergency medical care, hospitals, WHO, guidelines, primary health care, refugee participation.

This item reports on controversy mounting over a reproductive health field manual for emergency settings jointly produced by UNHCR and the UN Fund for Population Activities (UNFPA). Health workers have complained about the manual’s lack of attention to quality
care. In Great Britain, both Oxfam and Save the Children removed their names from the manual, citing a bias toward population control. Possible health risks and side effects of contraceptive methods are downplayed in the manual, and the use of IUDs is recommended, despite the uncertainty that removal services will be available to women upon leaving the camp. Some critics have charged the manual reflects US concerns about high fertility rates in refugee camps, and that family planning agencies are seeking to extend their programmes into the camps. Although not opposed to the provision of abortion services, NGOs are also concerned as to whether their safe provision is possible considering the limited health facilities and minimally trained workers in emergency settings, recommending that women instead be transported to hospitals for abortions and related procedures. Although they have met with resistance, Oxfam and Save the Children are arguing for the inclusion of minimum safety standards in the manual. WHO guidelines for reproductive health during conflict and displacement have come under similar criticism. The situation is further complicated by the anti-abortion movement’s attacks on UN agencies. This article concludes that there is definitely a need for appropriate reproductive health care in refugee settings, but the situation must be closely monitored to ensure that interventions do not become a vehicle for population control and occur in cooperation with other health services, and not at the expense of other aspects of primary care. Finally, this article asks why refugee women themselves have not been adequately consulted about their needs.

INDEX TERMS: refugees, displaced persons, human rights violations, reproductive health, human rights instruments, refugee rights, refugee law, refugee camps, women-at-risk, violence against women, men, rape, medical treatment, pregnancy, preventive medicine, special needs, family planning, abortion, counselling, UNHCR, guidelines, CSR51, CSRP67, OAU, CDR84, civil and political rights, economic social and cultural rights, CEDAW79, treaty bodies, childrens rights, documents, womens rights, UDHR48, protection.

Refugee women face continued risk of human rights abuses following flight. As human rights abuses often involve women’s right to reproductive self-determination and health, this publication examines these rights through the lens of the international human rights legal framework and discusses the nexus of reproductive rights and refugee law. The vulnerabilities of women’s reproductive health in refugee conditions are described, including the limited protection in the initial stages of emergency because of the breakdown of traditional community and family structures; the risk of physical and sexual abuse which refugee women and girls face in conditions of dependence on male authorities; and the use of rape as a weapon of war. Health care services in refugee situations have focussed primarily on pregnant women, but comprehensive care addressing the needs of refugee and
displaced women is required. This may include, for instance, sex education; diagnosis, treatment, and prevention of STDs and AIDS; family planning and information on contraception; abortion services; counselling; and provision of supplies. Focussing on the legal and policy frameworks intended to protect refugees, the publication discusses the UN Convention of 1951 and the 1967 Protocol, the 1969 Organization of African Unity (OAU) Convention and the 1984 Cartagena Declaration. These should be analyzed within the broader larger context of international human rights standards and the problems of refugee and displaced person should be resolved in accordance with these standards. International recognition of reproductive rights was strengthened by the consensus reached at the 1994 United Nations International Conference on Population and Development (ICPD) Programme of Action and the 1995 Fourth World Conference on Women (FWCW).

Reproductive rights are characterized as “a composite of a number of separate human rights,” as defined by the ICPD Programme of Action. Since reproductive rights encompass civil, political, economic, social, and cultural rights, references to the reproductive rights in international legal instruments and conference documents are provided as they pertain to the following rights: to health, reproductive health, and family planning; to freedom from sexual assault and exploitation; and the right not to be subjected to torture or other cruel, inhuman, or degrading treatment or punishment. Since the right to reproductive self-determination and reproductive health is fundamental to the protection of refugee women, the publication concludes with a call upon governments to uphold and be accountable for their respective legal obligations regarding the reproductive rights of refugee women.

INDEX TERMS: meetings, emergency relief organizations, NGOs, donors, emergency relief programmes, project evaluation, refugee participation, gender groups, needs, emergency relief operations, coordination, assistance, policy making, sexual violence, reports.

This report provides summaries of one seminar and one workshop which focussed on the integration of gender into disaster and refugee assistance in order to contribute to the development of ‘best practices’ and assist representatives of member agencies and donors to share experience and lessons learned. The meetings, which were organized during 1998, represented joint efforts of three Inter-Action committees: the Commission on the Advancement of Women, the Committee on Migration and Refugee Affairs, and the Disaster Response Committee. Readers of this report are encouraged to use the report to create gender sensitive management and programming strategies. Part I, “Effective Gender Integration in Disaster and Refugee Assistance: An NGO-Donor Dialogue on Strategies that Work,” provides an overview of the participants’ contributions in this seminar, as well as
summaries of the “welcome” and keynote address. The central idea of this seminar is that crisis situations are not gender neutral, and that NGOs need to change their approach to such situations with a goal of better service provisions to meeting the differential needs of women and men. Small group discussions produced a number of examples of strategies and programmes, listed in the report, where gender integration has been successfully achieved. The programmes all combined two or more sectors in the provision of services to people faced with complex emergencies. Seminar participants also identified examples of challenges to gender integration, listed in the report. Rather than seeing the combination of sectors as an asset, their coordination was also seen as a constraint. The NGO-donor roundtable addressed organizational challenges to gender integration. The participants pledged to initiate activities in their respective organizations, which are outlined. The seminar highlighted the significant role of NGOs in crisis situations and the need for gender sensitive management of emergencies. Part II discusses a follow-up workshop, “Effective Initial Stage Response to Disaster and Refugee Assistance: Gender Programming Lessons from the Field”, which took place approximately two months after this seminar was held. The workshop provided an in-depth review of best practices from the field. The recommendations, which are summarized in the report, focus on three areas: 1) the goals of assistance, 2) the scope of the assistance, and 3) the design of the assistance. A number of lessons were discussed regarding gender programming, including: the tendency to allow urgency to dictate the response, thus leaving “no time” to incorporate gender issues; understanding differential needs of women and men; understanding the larger context of the crisis; meeting the needs of women in the initial stage of a crisis, including the prevention of sexual violence; lessons learned from women’s participation programmes; and preserving the self-esteem of women and men affected by crisis. The theme throughout this section is the recognition that taking time to incorporate gender into crisis responses will in the long run be a more efficient and effective approach.


INDEX TERMS: female circumcision, Africans, country of origin, receiving country, torture, CAT84, international customary law, ceremonies, gender role, customs and traditions, ICESR66, human rights violations, international law, international cooperation, law of asylum, CSR51, UNHCR, guidelines, gender-based persecution, assistance, NGOs, WHO, UNICEF, cultural sensitivity.

Beginning with a brief overview of some of the legal measures aimed at eradicating female genital mutilation (FGM) world-wide, this article asserts that the practice must be recognized as a form of torture; thus all states bound by customary international law must
neither consent nor acquiesce to it. Nations where FGM is practised are in violation of various international agreements. Section II presents some background information about FGM as a cultural rite and its justifications, such as gender roles, beliefs regarding health, superstitions and religious customs. However, FGM is not an innocuous cultural practice but must be condemned as “an extreme violation of basic human rights.” In section III the author argues that FGM may fit the definition of torture set forth in the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; and that, despite the international community’s desire for cultural sensitivity and respect for cultural differences, human rights cannot be culturally defined, since permitting FGM would appear to be in violation of the International Covenant on Economic, Social and Cultural Rights. The article’s final section discusses several issues with respect to ensuring observance of international law and the protection of women, including: difficulties in enforcing the laws; the need for international awareness and cooperation; the need to expand asylum laws, which would include women within the definition of refugee; further education and assistance to eliminate the practice of FGM; making aid conditional upon a nation’s efforts to eradicate the practice; and the importance of a culturally sensitive approach. Work in these areas, the author concludes, is essential to send “the clear and powerful message to all governments and immigrants,” that FGM cannot be tolerated and must be eradicated.


INDEX TERMS: female circumcision, human rights, womens rights, case law, economic social and cultural rights, gender-based persecution, guidelines, adverse health practices, national law, cultural sensitivity, patriarchal societies, customs and traditions, ceremonies, womens status, gender role, legislation, refugee status determination procedures, childrens rights, freedom of religion, criminal law, punishment, education, CRC89, CEDAW79, CSR51, UDHR48, WHO.

GEOGRAPHICAL TERMS: Africa, The Netherlands, United States, Europe, France, United Kingdom, Canada.

Part I of this article begins with a discussion of cultural self-determination and women’s rights in the context of international definitions and legislation pertaining to human rights, and examines aspects of the relationship between women’s rights and socio-cultural rights. Focussing on the dilemmas which surface in the international campaign against female circumcision, particularly the search for balance between cultural expression and the human rights of women, the author describes the anti-circumcision campaign in Africa and seeks to reconcile conflicting positions by outlining a middle course which gives priority to notions of individual autonomy and choice, thus recognizing the importance of cultural contexts.
Part II defines the forms of female circumcision and briefly discusses the debate over the nomenclature of African genital surgeries and potential health hazards. In Part III the author presents a comprehensive discussion of indigenous perspectives of female circumcision and regional initiation rites and beliefs and their variation within a sociological framework. This part also includes critiques of the patriarchal explanatory paradigm, the sexual control hypothesis, feminist criticism of the practice, and parallels with elective surgical procedures in the West. In Part IV, Quest for Change, the author discusses the ethical, legal, and moral considerations related to strategies for containing the practice of female circumcision. These strategies include international conventions, declarations, immigration practices, and legislation and proposals to prevent or regulate the practice in Africa, Europe, and North America. The author addresses the effectiveness of state intervention on issues related to bodily integrity, family, privacy, and religious freedom, and the consequences of criminalization of the practice. Part V discusses extra-legal alternatives for orchestrating change with regards to female circumcision: education measures; improvement of Africa’s deteriorating economic situation which contributes to wide gender disparity, as evidenced in the subordination of women’s health care needs; and clinicalization of female circumcision. Concluding, the author asserts in Part VI that in evaluating female circumcision, certain imperatives of culture have to be taken seriously. “Regulating female circumcision, even as an interim response, reconciles the need to protect women with a respect for embodied socio-cultural identities. It also underscores the relevance of claims of cultural specificity to overriding questions of justice, liberty, and diversity.” The argument for this “middle course” is neither an endorsement nor a condemnation of female circumcision, but “seeks to give a voice to perspectives that have heretofore remained unarticulated or muted.”

INDEX TERMS: convention refugees, gender groups, social groups, social group persecution, gender-based persecution, guidelines, well-founded fear of persecution, courts, legal decisions, national refugee law, case law, violence against women, non-discrimination, human rights violations, marital status, social status, political opinion, CSR51.

GEOGRAPHICAL TERMS: Canada, United States, Europe.

It is now accepted in contemporary jurisprudence that gender-based social groups fit within the meaning of the particular social group category for eligibility for Convention refugee protection. There is some confusion as to whether gender alone can constitute the basis of the group. The approach taken in the Canadian Gender Guidelines defines the group by reference to the nature of persecution feared, and suggests that the group is defined by
reference to gender and some other characteristic, such as common victimization or vulnerability. The author cites several Canadian court decisions, which have applied this approach. This approach is problematic because naming a particular harm feared deviates from the focus on immutability. The alternative is to define groups in terms of vulnerability in general, such as susceptibility to human rights violations, rather than by reference to the particular forms of victimization. The group then becomes defined by reference to intersecting grounds of claim comprising both gender and some other innate or fundamental characteristic, which could include age, race, marital or economic status, religion and political opinion.


INDEX TERMS: female circumcision, value systems, customs and traditions, adverse health practices, medical problems, psychological problems, medical personnel, ICCPR66, CEDAW79, CRC89, UDHR48, declarations, legislation, community organizations, health education, NGOs, traditional healers, womens status, adolescents, womens rights, health personnel, training programmes, reproductive health, UNICEF, WHO.

This joint statement on female genital mutilation (FGM) by the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), and the United Nations Population Fund (UNFPA) reiterates the organizations’ commitment to support efforts for the elimination of FGM. It embraces a dynamic concept of culture and holds that, since culture is seen not as being static but in constant flux, it is possible to give up harmful practices without giving up meaningful aspects of one’s culture. The statement is divided into five core sections. The first section defines and classifies types of FGM. The second section discusses the immediate and long-term complications, both physical and psychological, of FGM. WHO’s opposition to the medicalization of the practice is also discussed. The third section lists international human rights covenants which oblige United Nations Member States to ensure the protection and promotion of human rights and which make provisions for the promotion and protection of the health of girls and women. The fourth section concerning national and community action discusses several multi-disciplinary approaches to be taken against FGM. The fifth section concludes with a discussion of international approaches and actions aimed at eradicating the practice of FGM and preventing it from becoming institutionalized within the formal health system. Proposed actions by WHO, UNICEF, and UNFPA to eliminate FGM include: increasing knowledge and research; improving training of health workers; improving partnerships with NGOs, governments, and other agencies; raising awareness among affected communities; and promoting the issue among policy-makers to hasten the elimination of FGM.

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This second edition of Rebuilding A Future Together discusses UNHCR projects to protect or prevent sexual violence against refugee women and to assist them in post-conflict peace building. The first section describes the Bosnian Women’s Initiative, a special UNHCR fund, which began in 1996 to bring work opportunities to women in Bosnia and Herzegovina. This initiative helps women gain power to overcome war experiences and rebuild their lives; enables women’s associations and NGOs to broaden work in their community to include returning refugees; and injects some capital into training a new labour force and supporting small business ventures. Projects include micro-credit schemes to assist women in starting diverse small businesses such as dairy production, retail shops, and the greenhouse project in Kotor Varos. As well, a specially tailored education programme for women soldiers was introduced. Beginning with individual counselling session, the women are then encouraged to join job-training programmes, including skills development in computers, language, office management and accounting. Radio Zena, Zena meaning women, is a radio project focussing on conflict resolution and ethnic diverse programming. The second section describes rebuilding food distribution programmes by addressing UNHCR’s response in several countries to food and gender issues, particularly, protection for women and the incorporation of refugee women’s skills and roles in food management. The section also features a case study on the family group distribution system implemented among Rwandan and Burundian refugees in the Ngara district of Tanzania. The final section describes initiatives that seek to address the problem of sexual violence against refugee women and girls. It describes the Women Victims of Violence project to protect Somali female refugees in the Dadaab camps in Kenya; solutions to the sexual exploitation of young girls in Indonesia; support for a project in Somali refugee camps in Ethiopia to eradicate female genital mutilation; human rights education and protection regarding violence against indigenous Guatemalan refugee women living in camps in Chiapas, Mexico; and the system of refugee guardians in refugee camps in the Ngara district of Tanzania.
Chapter 1 General Concerns


INDEX TERMS: Yugoslavs, Vietnamese, Central Americans, Rwandans, Burundians, minors, displaced persons, rape, sexual violence, gender-based persecution, ethnic cleansing, abduction, prostitution, forced labour, mutilation, detention, human rights violations, flight, internal displacement, forcible return, psychological problems, pregnancy, AIDS, infectious diseases, suicide, flight, refugee camps, protection, receiving country, UNHCR, guidelines, safety of refugees, refugee participation, camp layout, assistance programmes.

This brief article reviews the persecution of refugee women and girls in the form of rape and other types of gender-based violence, such as abduction, sexual and physical abuse, prostitution, slavery and genital mutilation. Rape may cause physical injury, psychological harm, pregnancy, HIV infection, disease, and suicide. It is a violation of human rights and, along with other sexual violence, a major cause of flight and internal displacement. Rape has been used to accomplish ‘ethnic cleansing’, to intimidate women and men, to detain and torture them because of suspected political activities, to secure information about male relatives, and to punish women for nonconformity. During flight rape is perpetrated against women by bandits, border guards, police and others who exploit their vulnerability as refugees. Refugee camps do not offer the needed protection leaving women vulnerable to harassment and violence from men within their own communities. Arrival in a country of asylum often does not offer the safety and security hoped for, owing to women’s continuing vulnerability due to lack of proper documentation, language and cultural skills, resources, and changes in family roles. Since 1990 UNHCR has made the problems of refugee women and their protection an increasing priority. The 1991 UNHCR Guidelines acknowledge that protection and emergency assistance for refugee women are related. Although in refugee camps women’s involvement in programming is beneficial for the entire community, it has been difficult to establish in practice.


INDEX TERMS: female circumcision, geographical areas, history, Muslims, belief systems, customs and traditions, ceremonies, medical problems, medical treatment, psychological problems, national law, WHO, social change.

GEOGRAPHICAL TERMS: Africa, Middle East.
This article examines the historical practice, current status, and future outlook of female genital mutilation. Citing WHO estimates, between 85 and 114 million women and girls have undergone various forms of the practice. Although this ritualistic tradition exists mostly in northern Africa and the Middle East, there is growing concern that immigrants to the United States, Europe, and other Western countries continue to practise it. Historical aspects of the practice are presented, and the definition and types of female genital mutilation are described. The geographic distribution of the practice shows that it occurs in more than 20 African countries and in a number of other nations. An ancient tradition, FGM is practised almost exclusively in Muslim societies, even though there is no specific support for it in the Qur’an, nor is it practised in Saudi Arabia. Some of the rites of passage accompanying the procedure are described. The beliefs of cultures that practise female genital mutilation are considered, as are the social justifications commonly offered, including: tradition; rites of passage; fertility; personal hygiene and aesthetics; matrimonial opportunity for women; and the preservation of virginity. Medical complications due to female genital mutilation, also listed in tabular form, are discussed, including obstetrical and gynaecological problems and their surgical treatment. Psychological and sexual complications are noted. As the authors point out, although some governments have banned or attempted to ban circumcision, “the practice has continued but in greater secrecy.” The role of the WHO in affecting a gradual change of the practice is described and major factors that will lead to the abolition of the practice are suggested.


INDEX TERMS: reproductive health, refugee camps, birth statistics, pregnancy, maternal and child health care, pre-natal care, birth, emergency medical care, manuals, UNHCR, international organizations, traditional healers, traditional birth attendants, ethnomedicine, family planning, counselling, gender role, AIDS, violence against women, female circumcision, emergency relief organizations, widowed persons, elderly, men, adolescents, paramedical personnel, communities, refugee participation.

The health care needs of women refugees of childbearing age are the focus of this article. Approximately 22-27 per cent of refugees world-wide are women in their childbearing years, and it is estimated that 25 per cent of them are pregnant at any given time. The conditions of refugee life pose particular dangers for pregnant women. Fertility rates are often near record levels and refugee women have large numbers of children due to pressures from their leaders to rebuild populations, improvements in child survival rates, and the absence of fertility-regulating information or services. Closely spaced pregnancies are common and the majority of women would be considered at a very high obstetric risk. Increasingly, efforts are being made toward improving safe motherhood that requires pre-natal care, care at delivery, and post-natal care. Recent field manuals make this care a
Chapter 1 General Concerns

priority during both emergency and stabilization phases in refugee situations. Strategies to reduce maternal mortality include prevention of unwanted pregnancies by facilitating access to contraception, recognition of obstetric complications, and improved access to emergency obstetric care. Community participation needs to be recognized as important, though little has been done to incorporate traditional or local health care practices related to pregnancy and delivery. Staff needs to be sensitized to those practices and women refugees be encouraged to seek help when needed. However, the focus on safe motherhood alone may ignore women’s multiple roles and other aspects of reproductive health, such as HIV/AIDS transmission, sexual violence and female genital mutilation. A sidebar to the article points out that more available services does not necessarily mean better care for refugee women who may choose not to use these services due to staff insensitivity and cultural discomfort with the methods of maternal care and delivery.


INDEX TERMS: refugees, returnees, asylum seekers, internally displaced persons, stateless persons, forced relocation, state responsibility, refugee rights, internal conflict, return migration, reintegration, asylum, nationality, civil war, communal violence, persecution, armed conflict, humanitarian assistance, poverty, peace building, democracy, case studies.

This book offers a comprehensive examination of forced displacement and the people affected by it, including refugees, returnees, asylum seekers, internally displaced, and stateless populations. The introduction discusses new dimensions and dilemmas of forced displacement, the changing parameters of international interest, and human security and state responsibility. The following topics are covered in detailed chapters: the safeguarding of human security; the defense of refugee rights; internal conflict and displacement; return and reintegration; the asylum dilemma; and statelessness and citizenship. In each chapter, case studies and pertinent statistical information are incorporated to illustrate the challenges faced by refugees and to highlight the importance of humanitarian action. Positive changes achieved over the past decade are noted, but a number of disturbing trends have been evident in recent years. The scope of victimization due to civil war, communal conflict, and political persecution has prompted international calls for action. The book concludes with an agenda for action, including predictions of developments to be expected in the coming years and a political and economic agenda to achieve the objective of averting armed conflict and forced displacement.

19 TORTURE SURVIVOR - TRAUMA AND REHABILITATION, Jacobsen, Lone; Smidt-Nielsen, Knud. Copenhagen (DK): International Rehabilitation Council for
INDEX TERMS: torture victims, torture, trauma, torture victims treatment, medical rehabilitation, human rights violations, medical personnel, declarations, psychological problems, CAT84.

This book describes the torture and its methods refugees experienced, the survivors’ symptoms and its after-effects. It is aimed at social and health service providers who meet torture survivors through their daily work, but should also be of interest to people outside professional circles. Divided into eight chapters, chapter one discusses the history, prevalence, definition and aim of torture. Chapter two explores the ethical dimension of doctors’ participation in torture. Chapter three covers international conventions and declarations against torture which are directly concerned with the health professions, that is, the 1975 Declaration of Tokyo and the 1984 UN Convention against Torture, and includes ethical guidelines against torture for nurses and physiotherapists. Chapter four on torture methods describes the arrest and initial breaking-down phase, and covers physical and psychological torture methods, including beating, dental torture, suspension, electric torture, suffocation, sexual torture, pharmacological torture, mutilation, burning, deprivation and isolation, waiting/witnessing the torture of others, and threats and sham executions. The authors also devote chapters to the psychological and physical after-effects of torture, children in torture-exposed families, background on medical work against torture, and the establishment of the Rehabilitation and Research Centre for Torture Victims in 1982. This book explores many aspects of rehabilitation of torture survivors and their families, such as identification and examination of survivors, and treatment areas and methods (somatic, medical, surgical and dental treatment, physiotherapy, psychotherapy, and health education); the chapter on rehabilitation also addresses family-oriented work, cultural and social factors in treating torture survivors, and practical issues in service-delivery such as working with interpreters and meeting the needs of care givers and staff. The authors conclude their study with brief discussions of moral and economic rehabilitation for survivors of torture, and information on the IRCT’s documentation centre. Each chapter in Torture Survivor provides a list of references and suggestions for further reading on the subject under consideration.

INDEX TERMS: women’s rights, protection, gender discrimination, reproductive health, family planning, legal protection, gender-based persecution, refugee status determination procedures, sexual violence, prostitution, women’s networks, health services, special needs, food distribution, education, vocational training, UN, UNHCR, guidelines, statistical data.
This article discusses the 1996 UNHCR statistics showing the gender distribution of the refugee population and identifies the special needs of refugee women for possible programme intervention. The statistics cover 8.8 million refugees in 67 countries, which furnished the information. Broken down by age and sex, the data show that 53 per cent of the world’s refugees are women. The data also point to differences in the gender distribution. Women are often more numerous than men in refugee populations when men are heavily involved in war or civil strife, while men are more numerous when political refugees predominate. The author traces the evolution of policy to improve the situation of women refugees within UNHCR and UN agencies. As far as special needs are concerned, refugee women need protection and assistance that reflect their gender in areas such as legal protection; protection from physical violence; protection from sexual exploitation and prostitution; and better access to food, health and reproductive health care services, education, training and economic opportunities. The author concludes that, given the demographic differences of refugee populations across countries of asylum, not all refugee women find themselves in identical circumstances. Thus, different protection and assistance strategies may be necessary for each country of asylum.

INDEX TERMS: displaced persons, asylum seekers, internally displaced persons, migrants, children, religious institutions, forced migration, belief systems, protection, causes of flight, international armed conflict, landmines, violence, colonialism, prostitution, women workers, domestic work, ethnic conflict, population dynamics, environmental degradation, human rights violations, sexual violence, rape, trauma, persecution, mental health, health services, refugee experiences, racism, migration, CSR51.

This resource book has two main aims. One is to increase understanding of the causes and consequences of forced displacement and the other, to challenge churches to prophetic and practical responses that promote human dignity and sustainable communities. The introduction provides definitions of refugees, asylum seekers, displaced persons and migrants, on the one hand, and global movement and major trends, on the other. Chapter 2 is devoted to issues of theological reflection. The causes of forced displacement are outlined in Chapter 3 and the consequences of forced migration are considered in Chapter 4. Chapter 5 discusses awareness building in churches; peace making and peace building efforts; countering violence against women and children; banning landmines; resisting the global economic market; monitoring corruption; fighting racism; promoting multiculturalism and interfaith dialogue; and solidarity networking with and empowerment of uprooted people. The book concludes with a call to action to uphold life and human
dignity of uprooted people, to work for justice and peace, and to create community with the uprooted.


INDEX TERMS: Bosnians, Muslims, rape, sexual violence, protection, international law, ethnic cleansing, international tribunals, international humanitarian law, crimes against humanity, case law, Togolese, female circumcision, persecution, refugee status determination procedures, appeals, grant of asylum, social group persecution.

GEOGRAPHICAL TERMS: Yugoslavia, United States.

This essay examines the international response to the mass rapes in Bosnia, the case of In re Kasinga that was brought before the US Board of Immigration Appeals, and other developments within international law to discuss whether any progress has been made in the world’s response to sexual violence against women. The Final Report of the Commission of Experts for the Territory of the former Yugoslavia documented widespread and systematic rape and other forms of sexual assault committed for the purpose of ‘ethnic cleansing’. The Security Council established the International Tribunal for the former Yugoslavia to evaluate compliance with international humanitarian law. Although the Statute of the Tribunal lists rape among the crimes against humanity, in its articles, rape is not mentioned explicitly. The author identifies a number of deficiencies of human rights law, including the failure to recognize custodial rape as torture and a tendency to conceptualize rape of women always in reference to ethnic cleansing, thus clouding the treatment of mass rape of women as a crime without reference to ethnicity. She discusses some progressive legal developments in human rights law protecting women against gender-based violence, such as the U.N. Commission on Human Rights, the European Commission on Human Rights, the Statute of the International Tribunal of Rwanda, and the 1995 report of the Inter-American Commission on Human Rights in Haiti. The favourable decision of the US Board of Immigration Appeals is also discussed in the case of In re Kasinga, a Togolese women who sought asylum in the United States to avoid being forced to submit to female genital mutilation (FGM). This case demonstrates that FGM constitutes persecution and can be recognized as grounds for asylum. Given the long history of rape as a weapon in warfare and tool for oppression, the author concludes that gender violence needs to be addressed more explicitly in human rights documents and that women must be better represented on international lawmaking bodies.
This article examines two schools of thought regarding the status of women in the legal literature. The author begins by discussing violence against women within the context of the family, the community and at the state level; sexual assaults as acts of violence revealing the subordinate status of women in both public and private life; and rape during flight and in countries of asylum. Rape as an act of crime has only recently received international attention, particularly with the publication of the 1995 UNHCR Sexual Violence Against Refugees: Guidelines on Prevention and Response. The arguments of each school are then presented in detail. The first school argues that gender, or sex, should be included as a persecutory ground in the Convention refugee definition. Systematic discrimination against women begins with the language of masculine reference used in all international legal refugee instruments and the concept of political persecution described in the Convention refugee definition is more relevant for a man in a male-oriented society than for a woman. Because of the delegitimization of the female gender underlying the current refugee definition, the definition should be reformulated to include a well-founded fear of persecution based on gender to reflect the experience of women. If the Convention recognized persecution because of gender, individual women who opposed the rules and traditions of their societies and were persecuted because of it, would be protected. Assuming that society operates on two levels, the public and the private, the school argues, that it is harder for women to claim refugee status for gender oppression in the private sphere, since they have less access than men to the public sphere and activities forming the criteria for refugee status are drawn from the public sphere. The second school argues that a distinction must be drawn between a persecutory ground and a persecutory form in discussions of refugee status. Issues of sex and gender can be dealt with within the existing refugee definition by means of a different interpretation of the existing laws and conventions, which encompasses the experiences of women refugees. By rooting the oppression of women in sexuality and the private sphere, the bifurcated vision of society, promulgated by the first school, disregards the oppression experienced by women in non-domestic circumstances and in the inter-connections of the public and private spheres, thus creating a theoretical and rhetorical barrier between domestic and social culture. Following
the approach of the second school, Canadian authorities have attempted to reinterpret the existing principles of international refugee law and to develop guidelines, which acknowledge that women and men face different forms and patterns of persecution. Thus, the Canadian example illustrates that it is possible for a country unilaterally to expand the definition for itself by issuing guidelines and generating jurisprudence while still meeting the standard criteria outlined in the UNHCR Handbook. Hence, other countries can use this example without fearing that their determination process will be corrupted. Because gender is not included as a persecutory ground, the author concludes that the Geneva Convention does relegate it to a less important level than politics or race; however, at present, inclusion of gender is theoretically important but practically impossible.


INDEX TERMS: right to food, ICESR66, CEDAW79, human rights, protection, economic social and cultural rights, starvation, malnutrition, food aid, gender discrimination, flight, armed conflict, drought, refugee camps, vulnerable groups, children, pregnancy, breast feeding, food supply, repatriation, development, Cambodians, agricultural land, agricultural tools, resettlement.

The author uses the metaphor of home to examine the refugee issue; an issue of leaving home unwillingly, making a home in less than ideal circumstances, and eventually feeling at home or returning home. This construction places thinking about refugees in a local, grounded and gendered perspective pointing to place and locality, relations between people, a sense of bodily comfort and physical security, and sustenance as key concerns. The author examines how the rights of refugees intersect with other rights from a gendered perspective, with a particular focus on the right to food. The right to food cross-cuts human rights, gender and development, and refugee rights, thus contributing to the effort to view all human rights as mutually reinforcing. The right to food was one of the four rights specified under article 11 of the 1966 International Covenant on Economic, Social, and Cultural Rights (ICESCR). Yet the article has not been widely accepted, ratified or implemented. Although these rights are most often realized in homes through the efforts of women, the endorsement of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is seldom seen as a prerequisite for the realization of these rights, which assume the existence of state obligation. Refugees are not protected by any state, although their rights to food are protected by UNHCR. Food systems are culturally constructed but, according to the ICESCR definition, are not considered as part of cultural rights. Yet, according to the Geneva Convention of 1949 and the Protocols, prisoners of war have a right to specific foods that have cultural meaning to them. While international human rights
have little to say about the politics of hunger, media representations of hunger and “Live Aid” concerts highlight the dangers of decontextualizing and depoliticizing hunger. Although they evoke crisis intervention, they do not consider gender inequities and long-term strategies to alleviate the causes of hunger, thus removing food issues and famine from feminist critique. The author uses feminist theory to interpret the relationship between food and gender, the flight of refugees, camp culture, and refugee repatriation and resettlement. Each of these dimensions is discussed in detail, illustrating how through food women are both vulnerable and powerful, victimized and empowered. Although women are most likely to be responsible for feeding their families, they are least likely to be involved in policy formation as the movement of food at international, national, and regional level is controlled by men but they are the mediators of food at the individual, household, and community level. The metaphor of the home encompasses the hearth as the cultural center of the home where material products are transformed into cultural products or meals to sustain body and soul. Food preparation is thus a way of returning home. The author argues that women’s food experiences are ignored partly because of the false dichotomization of public and private, production and reproduction. She concludes that women’s food experiences need to inform food regimes or hunger will not be alleviated effectively.

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INDEX TERMS: womens rights, human rights violations, family, violence against women, national law, gender role, female circumcision, legislation, national law, asylum policy, patriarchal societies, sexual violence, imprisonment, discrimination, reproductive health, abortion, womens organizations, state, international instruments, UNHCR, NGOs.

Many human rights violations against women are committed in the private sphere and as such remain uncontested by human rights activists. Thus, the artificial distinction between the public and private spheres is reinforced and the inaction or discrimination of the state, which causes domestic violence, is not considered. Feminists human rights activists are questioning the political foundations on which the notion of ‘rights’ rests and are undermining the distinction between public and private, by arguing that a hidden and forgotten sexual contract is implicit to a public social contract. Their re-evaluation demands a reconsideration of the definition of ‘human rights’, of social contract theory, of theories of the family, and of the relationship between the state and the gendered citizen and, consequently, a transformation of the internationally contested terrain of human rights. Amnesty International is one organization incorporating this feminist argument by reworking its theoretical orientation that resulted in its 1995 report, Human Rights Are Women’s Rights with a fifteen-point platform of action. Focussing on this report, the author examines Amnesty International’s conflicting commitments to its original mandate on state-
initiated violence and to the recognition of violence in the private sphere, which underlie its ambivalent stance. It maintains the public/private split by viewing human rights as civil rights to be protected almost exclusively in the public sphere, paying insufficient attention to violations in the family and by private individuals, and failing to explore the extent to which the state adopts the standpoint of male power. Although abuses committed against women in the private sphere, including domestic violence, genital mutilation (FGM), forced prostitution, are mentioned in the report, they are not its focus. As well, the report takes no position against practices in which the privacy of the family merges with racist and sexist immigration laws in Western countries, laws that directly contribute to keeping women of colour in violent marriages. The report also fails to theorize reproductive rights as human rights, and thus Amnesty International ignores the relationship between the human right to reproductive rights and state population policies. Although the report recognizes the political action of women as independent agents, it still relies on an implicit model of a female gendered subject who is passive and dependent on paternal instances. The author concludes that the two opposing positions result from Amnesty International’s commitment to its original founding mandate for actions directed against governments committing human rights violation in the public sphere as against a realignment of this mandate in response to the feminist transformation of human rights. She urges that pressure should be exerted on Amnesty International to recognize the demands of grass roots movements and to continue rethinking the limitation its founding charter imposes on women’s human rights movement. What is at stake “is the articulation of new forms of knowledge and of politics for a more just and equitable society.”


GEOGRAPHICAL TERMS: United Kingdom, Australia, United States, Canada.

Due to increased immigration from Middle Eastern and African countries, female genital mutilation/circumcision has become a concern to Western governments. This Comment addresses the issue of cultural relativism as it relates to female circumcision in a national and international context. Part I describes the practice and procedures of female circumcision and traditional justifications for this practice. Part II examines the national responses to female circumcision in four Western States: Great Britain, Australia, Canada, and the United States, where many immigrants desire to continue this practice. Specific legislation criminalizing female circumcision has been passed in Great Britain and the
Australian State of New South Wales and it is a pending issue in the United States Senate
and House of Representatives. Canada has amended its asylum laws to offer protection to
females fearing circumcision for their daughters if deported. Other countries, including the
United States, are considering similar amendments to their immigration laws and
regulations. Part III discusses attempts to eradicate female circumcision in the international
context. Arguing that female circumcision is already a human rights violation under the
scope of several international human rights treaties and conventions, the author examines
the Declaration of the Rights of the Child (DRC), the right to health as stated in Articles
25(1) and (2) of the Universal Declaration of Human Rights, the Convention Against
Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CATCID), and
the Convention on the Elimination of All Forms of Discrimination Against Women
(CEDAW). However, given the international reluctance to address this practice, the use of
these international conventions must fail when the issue is framed by the debate of
universalism versus cultural relativism. Arguments by cultural relativists ensure that
international instruments will provide little protection for women who fear the practice. Part
IV argues that the question of universal values versus cultural relativism is at the heart of
the debate surrounding attempts to prohibit female circumcision, both in the national and
international context. In Part V, the author supports the successful and possibly only
realistic approach to the eradication of female circumcision used in a study by the U.N.
found that female circumcision, judged in its own context, had become increasingly
obsolete due to social and economic changes in the practising societies. Its report, published
in 1986, did not endorse either a universalist or cultural relativist position nor did it analyze
female circumcision as a possible human rights violation. The author concludes that this
approach, informed by cultural sensitivity, can best succeed in eradicating female
circumcision. The most successful approach will integrate legal requirements with
community education and outreach programmes aimed at changing the minds of the
proponents of female circumcision.

IRREVERSIBLE ERROR: THE POWER AND PREJUDICE OF FEMALE
GENITAL MUTILATION, Annas, Catherine L. Journal of Contemporary Health
University of America Press. ISSN 0882-1046. p. 325-353

INDEX TERMS: female circumcision, children, legal theory, international instruments,
Muslims, wounds and injuries, viral diseases, infectious diseases, infant mortality, fertility
statistics, customs and traditions, belief systems, gender role, women's status, alienation,
refugee status, convention refugees, well-founded fear of persecution, criminal law,
liability, medical personnel, organizations, legislation, human rights organizations, human
rights violations, ICCPR66, WHO, UDHR48, CRC89.

GEOGRAPHICAL TERMS: United States, Canada, France.
This article explains the medical procedures associated with female genital mutilation (FGM), explores the legal theories and problems raised by this practice, and offers recommendations to prohibit the continued practice of FGM. FGM is not a dying ritual: it is performed on an estimated two million girls each year. The health risks associated with the practice include severe pain and shock, exposure to HIV, and death due to infection and haemorrhaging. Rejecting tradition and religion as acceptable grounds for the practice, the author argues that its primary purpose is the sexual suppression and control of women, justified by social acceptance. Instances are presented as to how female circumcision has been adjudicated as grounds for refugee status or as a crime in the United States, Canada, and France. The author then discusses the practice in terms of jurisprudence in the United States concerning the rights of children and the rights of privacy and consent of adults. FGM is discussed as child abuse which parents cannot consent to and which the state has to prevent in the child’s best interest. For adults, the legal prohibition of reinfibulation raises potential problems, including whether such a restriction unconstitutionally limits a woman’s personal autonomy. Because of the high value Americans place on bodily autonomy and privacy, many non-therapeutic, invasive and dangerous operations are performed on adults; even tough some are socially condemned. Thus, education about the risks and rejection of the ‘benefits’ involved in reinfibulations may better serve to eradicate the practice than legal prohibitions. As far as proposed legislation to outlaw FGM is concerned, the author argues that education of parents would likely have a more positive impact than criminal punishment and that the medical community should actively discourage the practice. Guidelines for dealing with reinfibulation should be set within the medical community that should explain to physicians its medical consequences and harmful effects that require the physician to provide any patient requesting reinfibulation with such information. Internationally, the author describes how the medical profession, the World Health Organization, and other health organizations have denounced FGM, particularly since in the international forum FGM has been recognized as a human rights violation, discussing it in relation to the Universal Declaration of Human Rights and the Convention on the Rights of the Child. In conclusion, the author pleads for debate not on culture or nationalism but on the subjects of this practice: the young girls who are violated. The practice of FGM is illegal in the United States because it violates child abuse laws. Doctors who perform FGM are also not protected from criminal prosecution.
ethnomedicine, traditional healers, adverse health practices, alcoholism, drug addiction, trauma, torture, violence, torture victims treatment, rape.

This manual is intended to prepare relief workers, community workers, health care providers, educators and others who work with refugees and displaced persons in refugee camps. Divided into ten units, it provides broad guidelines that should be adapted as necessary to the local culture. The manual begins with a unit that includes a set of learning objectives and specific advice, examples, and exercises on how to become an effective helper and how to develop a treatment plan for persons in need of assistance. The second unit discusses how to understand and identify people under high levels of stress and how to deal with their stress, including group activities and relaxation exercises. The third unit describes the features of functional complaints, how to recognize underlying serious psychological or psychiatric disorders and how to help people with functional complaints. The fourth unit discussing common mental disorders includes information on identifying and managing mental illness such as depression, acute or chronic psychosis, emotional disturbances related to intense fear, worry, or poor sleep, and mental disorders caused by frightening events, beatings, or head injuries. The fifth unit provides guidance on how to recognize the mental health problems of refugee children and suggestions for child-rearing. By reading the sixth unit on traditional medicine, helpers will gain appreciation for, and recognition of, traditional practices. The seventh unit describes how to recognize and deal with alcohol and serious drug problems among refugees. The eighth unit presents ways to recognize and help people who have been subjected to severe forms of violence and torture. The ninth unit provides some facts about rape committed against refugee women and girls. It then describes how to identify and assist victims as well as to encourage the community to discuss rape and confront attitudes and behaviours towards rape victims. The final unit gives a few suggestions about how life in a refugee camp might be organized to take into account refugees’ mental as well as physical needs.


INDEX TERMS: rape, international armed conflict, sexual violence, armed conflict, violence against women, abduction, trauma, men, children, armed forces, cultural identity, human rights violations, genocide, peace, culture, social classes, pluralism, research.

In this “experimental piece” the author examines rape in three sites not commonly considered together - in war, peacetime and cross-cultural contexts - to explore some critical ramifications of rape and to look at the politics, practices, and ontology of sexual violence across class, gender, conflict, and cultural zones. While rape is gendered, with women most often the victims, to understand the processes and impact of rape, we must not
focus solely on women; men and children are also raped. Although rape has been common to many armed conflicts world-wide, the author admits surprise at the attention particular situations have received, such as genocidal rape in Bosnia. Given cultural differences, the author asks why sexual violence has been seen as a common human rights abuse. The answer lies in part with the fact that rape cannot be seen solely as a sexual assault but is intended as an attack on the core constructions of identity and ontological security. The author is concerned with the culturally constituted ontology of rape in war, thereby linking the political and the personal. When rape is consciously used in war as a terror tactic to undermine resistance and enforce political acquiescence, it becomes political. When this tactic is based on threats to ontological security, it enters the cultural constructions of the human(e), becoming an assault on identity, security, self, and self-worth. In the context of peace, the author explores what relationship rape outside of war has to the politics of violence and what relationship exists between rape in war and rape in non-war settings. In cross-cultural contexts, the author examines who can legitimately write about whom and what that “speaking” entails. Research and theory can never be disentangled from power; if not done with care; studies can constitute a form of violence themselves.


INDEX TERMS: emergency relief programmes, guidelines, refugee-agency personnel, community development, refugee participation, family reunification, literacy, community organizations, children, unaccompanied minors, one-parent families, elderly, disabled persons, mental health, needs assessment, environmental protection, trauma, education, child care, protection, rape, breast feeding, health personnel, medical treatment, self-help projects, training programmes, voluntary repatriation, UNHCR, NGOs.

A revised edition of the 1991 guidelines published under the title Social Services in Refugee Emergencies, this manual describes practical guidelines for improving the planning and delivery of community-based services in refugee emergency situations. Part 1, emergency response, addresses the role of community services and provides guidance on conducting refugee needs and resource assessments that lead to decisions for action. The shock and stress refugees encounter can be alleviated by providing security and stability through a community-based approach that keeps them informed and involved from the beginning in the organization of all aspects of their life. Social welfare needs should use existing resources in the community; family reunification should be a priority; and refugees should be encouraged to re-establish cultural patterns. Part 2 discusses community-based mechanisms for the identification, registration, care, and follow-up of refugees at risk, that is, vulnerable groups, minorities, and isolated refugees; specifically, refugee children, unaccompanied children, refugee women, single-parent households, the elderly, the
disabled, and refugees with mental health needs. This part provides information on identifying refugees at risk, assessing their needs, approaches to outreach services, family reunification and protection issues. Part 3 discusses the role of community services in voluntary repatriation emphasizing the importance of refugee participation in the planning and coordination of the pre-departure, movement, and post-arrival phases. Part 4, organizing services, covers field level management and administration issues, including staff and volunteer selection and training. Each section provides a checklist of key questions and issues to consider. The annexes include tracing forms, foster care placement agreements, programme actions required for the care and protection of unaccompanied children in emergencies, assessment forms for persons considered at risk, and terms of reference for community services and staff in emergencies.

INDEX TERMS: urban refugees, communities, refugee participation, needs assessment, self-help projects, protection, refugee status determination procedures, counselling, culture, interpretation services, torture victims, torture, rape, sexual violence, one-parent families, children, elderly, disabled persons, AIDS, education, adaptation, refugee participation, cultural identity, vocational training, cultural sensitivity, self-employment, durable solutions, voluntary repatriation, local integration, resettlement, family reunification, settlement assistance, guidelines, UNHCR.

This manual for UNHCR field offices is a revised edition of Community Services for Urban Refugees, published in 1994. The manual describes practical guidelines to develop community services for refugees in urban areas by involving them in their needs assessment, by creating self-help activities accessible to all, and by utilizing the skills within the refugee community. Part I presents a profile of the urban refugee. Part II describes examples of assistance procedures, the importance of an integrated approach to the provision of assistance and related services, refugee participation in the planning and delivery of services, coordination of services, and self-help activities, directed at long-term durable solutions. This section also discusses protection and community services as well as counselling methods and skills and working with interpreters. Part III focusses on a community-based support system for special groups, namely victims of violence including torture, rape and sexual violence, women heads of households, children, the elderly, the physically and/or mentally disabled, and HIV/AIDS victims. Part IV, on formal and informal education and training, suggests programmes and services to facilitate physical and social well-being, and self-support and integration. Female participation in these programmes should be encouraged through community motivation programmes while respecting cultural traditions. Part V discusses planning and work towards durable solutions. Where voluntary repatriation as the preferred solution is unlikely, local
integration is the best solution involving education, training and counselling to help refugees adapt and integrate with the local population. The appendices include examples of job descriptions, terms of reference, counselling resources and forms, information on monitoring and reporting procedures, and codes of ethics for social workers.


In this chapter, the author highlights the reluctance to recognize in asylum claims rape as a gender-specific form of prosecution. This reluctance is attributable either to rape’s public perception as a private crime, which masks its authentically political nature, or to the perceived dichotomy between “women’s rights” and “human rights”. Thus, the chapter explores three issues. First the author argues that rape is perceived as a “less serious” human rights violation, because in many states, rape is socially accepted as “ordinary” or “inevitable”. This perception of rape in countries during times of peace contributes to its prevalence during armed conflict when it is seen as an inevitable result of war. Citing examples, the author argues that under the camouflage of socially acceptable random violence, increasingly women are being raped as a means of torture, of social control, and/or to promote a political/military agenda. The confusion between rape as an isolated act of criminal violence and rape as a politically motivated act leads to serious human rights violations for many women and impacts on the refugee determination process. The second issue focuses on when rape constitutes a serious violation of women’s basic human rights. The author argues that security of person is a fundamental human right. As such, the enjoyment of physical security for women implies a specific freedom from rape, including protection against standard threats of sexual assault. The third and final issue addressed is how the application of universal norms designed to protect the basic human rights of all persons has failed to address the use of sexual violence against women. The author examines how specific articles of the International Bill of Human Rights have been interpreted and applied in a way that denies women’s fundamental rights. However, there is the potential for a more inclusive legal interpretation and application of the norm regarding the human right to security of person, which would include women’s right to freedom from rape. “To achieve this goal, efforts are needed to document human rights abuses aimed specifically at women and the context in which such abuses occur.” In addition, states must be held accountable for systemic violations of women’s human rights. The failure to do so allows many governments and paramilitary groups to continue to take advantage of the
public perception of rape as an isolated criminal act and use this perception to disguise abuses designed to further socio-political ends. However, she warns that although theoretically women have attained equal entitlement to human rights, their actual opportunity to enjoy them remains unequal.


INDEX TERMS: rape, human rights violations, sexual violence, womens rights, womens status, violence against women, international law, war crimes, national law, punishment, torture, state responsibility, patriarchal societies, gender discrimination, womens organizations, education, NGOs, UN, UDHR48, CEDAW79, CAT84, treaties.

Divided into three parts, this article revisits the feasibility of establishing workable international standards for addressing the dehumanizing violence and discrimination that women suffer by virtue of their gender. In each part the author provides specific examples in support of her major arguments. Part I examines the nature of abuses against women qua women and looks critically at the United Nations’ response to these crises. Although the UN has placed gendered violence on the international agenda, its most comprehensive attempt to address gender bias, the Convention on the Elimination of All Forms of Discrimination Against Women, offers little more than a declaration of policy to advance greater equality and respect for women and thus fails due to its limited scope and weak enforcement. In Part II, the author discusses how the normative structure of international law and the political complexities of the real world fail to protect women from the kinds of abuse to which they are most vulnerable. As well, women are under-represented in the international sphere; UN’s documents define human rights from a Western imperialist perspective; international law bodies confront only those abuses which qualify as state action; and the public/private distinction is artificial and fallacious as there are no clear boundaries between laws that affect the public sphere and those that affect the private sphere. In Part III the author argues that, although international law is an important first step in securing formal rights for women, “patriarchy and gender prejudice will not succumb to law alone.” Thus, the constraints of the legal structure have to be acknowledged and the way in which public and private institutions view women needs to be revolutionized in order to move beyond the law in the quest to eradicate gender-based abuses. In conclusion, the author describes the types of institutions, which she envisions can accomplish this task. Lasting progress in the elimination of gender-based abuse and discrimination requires the use of local grassroots women’s groups which provide services that directly benefit women and which include an educational component, and of non-governmental watch groups which continue to address gender-based violence on a global level. She warns that truly heterogeneous global movements must inform and pressure others to improve the status of all women.
CONTROLLING STDs/HIV WITHIN DYNAMIC REFUGEE SETTINGS,

INDEX TERMS: bacterial diseases, viral diseases, AIDS, preventive medicine, disease control, morbidity statistics, country of origin, receiving country, infants, pregnancy, vulnerable groups, rape, value systems, refugee camps, adolescents, behaviour, prostitution, forced migration, rural-urban migration, emergency relief operations, primary health care, emergency relief programmes, emergency relief organizations, family planning, health personnel, refugee camps, medical drugs, refugee participation, clinics, guidelines, community health clinics, coordination, reproductive health, WHO.

This article presents some basic information about sexually transmitted diseases (STDs) and human immune deficiency syndrome (HIV) and discusses issues of STD/HIV control and prevention programmes in refugee settings. Reviewing the consequences of STDs/HIV on individuals, the authors point out that the major burden of complications and sequelae fall on women and their infants. Factors are discussed which place refugees at risk for STDs/HIV, such as conditions of poverty, powerlessness and social instability, and the disintegration of family and community values. While control and/or prevention may not feature prominently in emergency responses, it should be acted on appropriately at each point in the development of the emergency response, depending on the needs of the refugee population. The authors outline the components of the WHO model of STD/HIV control and prevention. While incorporating these components can be a challenge in a refugee setting, the setting may have the advantage of unemployed trained persons who can be brought into the effort to control STDs. The authors discuss approaches to STD diagnosis and some of their limitations, and the management of the problem.


INDEX TERMS: Bhutanese, Nepalese, Kurds, reproductive health, pregnancy, diseases, family planning, maternal and child health care, maternal mortality, health services, abortion, influx, social structure, community relations, population composition, vulnerable groups, refugee camps, flight, refoulement, receiving country, attitudes, refugee-assisting organizations, coordination, emergency relief operations, infant mortality, mass media, refugee participation, leadership, health personnel, safety of refugees, sexual violence, home delivery, NGOs, UNHCR, UN system.
In this article the author argues that the real issue in reproductive health care for refugees is how to reconcile the disparity between the services that should ideally be delivered with what is possible to deliver at any one time, in any one particular situation. The author lists and discusses several key factors which determine the needs, including the reproductive health needs, of refugees and the opportunities available to service providers to fulfill them. The factors mentioned include the numbers of refugees and the rate of their arrival in any emergency situation; how people organize themselves within their community and how secure that community is; the demographic composition; the state of their health when they left and when they arrived; the capacity of the host country to provide or coordinate relief resources; the degree of competence and coordination of relief efforts by agencies; and the length of time that a refugee camp has been established. Among the proposals the author makes for improving the provision of care are promoting an international code of conduct for agencies to ensure coordination, accountability and optimal resource use of resources; standardizing the approach to the prevention, management and treatment of common reproductive health conditions; acknowledging that specific reproductive health needs may be a priority and understanding the special needs of women and girls; and reaffirming the right to health for all. Concluding, he notes that the failure of governments, UN agencies and NGOs to adequately address refugees’ reproductive health needs is not technical but organizational.


INDEX TERMS: asylum seekers, Trinidadians, Grenadians, Muslims, violence against women, gender-based persecution, patriarchal societies, guidelines, refugee status determination procedures, racism, human rights violations, rape, literature review, colonialism, public opinion, media, sexual violence, legal decisions, womans status, female circumcision, protection.

GEOGRAPHICAL TERMS: Canada.

The author “begins by noting that in the First World, the refugee hearing is a profoundly racialized event,” since, “implicitly or explicitly, race is central to how decisions are made.” Because the territorial reach of racial hegemony is now global, racial domination can be perpetuated without any explicit reference to race. Thus, the racial subtext of immigration and asylum laws may not be obvious, particularly when women seek refuge from the violence of patriarchal societies. “The issue of patriarchal violence seems to eclipse racial domination, so that we see the former but not the latter.” For the first time in international law, the Guidelines on Gender-related Persecution, introduced by the Canadian Immigration and Refugee Board (IRB), recognize private violence against women, and the state’s complicity in failing to protect them, as an injustice from which the law can offer redress.
The author explores how gender persecution deployed in refugee discourse can function as a racialized concept because “it requires that Third World women speak of their realities of sexual violence at the expense of their realities as colonized people.” However, “when the histories of imperialism, colonialism, and racism are left out of sexual violence, we are unable to see how these systems of domination produce and maintain violence against women.” Western feminists must make sense of the interlocking systems of oppression that produces refugees, since the West, from imperialism and colonialism to neo-colonialism dominance, is thoroughly implicated in the production of the world’s refugees. Having situated the debate in feminist theory, the author proceeds with a two-part discussion on gender persecution: “who is the subject in Western feminist theory” and “who is the subject in the legal scholarship?” According to the author, the subject is a “culturally othered woman.” In this discourse, the author suggests that “imperial frames that reproduce the binary of the civilized west/the uncivilized east characterize much feminist and legal discussion about gender persecution”. Since women’s lives are decontextualized, in the case of gender persecution, it is difficult to see the totality of relations in women’s lives and the complicity of First World men and women in sustaining these conditions.

“Paradoxically, a focus on violence against women outside specific social contexts enabled public support for the Guidelines,” since by doing so “Canadians were able to feel morally superior as the savours of battered Third World Women.” The Guidelines do not add gender as an explicit ground for a well-founded fear of persecution, but as links claimants make between gender, feared persecution, and one or more of the definitions intended for members of the IRB. The Guidelines then elaborate how a gender-based claim can also be connected to other enumerated grounds and how to operationalize the concept of gender persecution. Exploring the tension between race and gender, the author discusses how the concept of gender persecution operates in several IRB decisions. Based on her analysis, she notes that the severity of family abuse, the state’s indifference, the absence of an internal flight alternative, and the absence of any other effective help determine the claimant’s vulnerability. Since domestic violence must still be tied to persecution and to an enumerated ground, country reports about state and community response to violence against women remain crucial in this respect. However, country reports do not adequately describe how the country’s social and economic conditions affect women’s capacity to resist violence. When an Indo-Caribbean and African-Caribbean women claimant cannot successfully present herself as a Third World supplicant or Exotic Female Other, the panel will more likely accept the “skeletal” country reports and reach a negative decision while Indian and continental African women are more easily perceived as exotic victims of exceptionally patriarchal societies. The author suggests that the country’s economic and social conditions as they affect a woman’s employment opportunities should be part of the assessment of vulnerability rather than cultural othering and inferiorizing; not a view of “First World saviours” and “Third World supplicants”. She concludes by noting that, at least at the level of the Canadian Guidelines on gender persecution, the matter of law has changed, but, despite this change, refugees “continue to be viewed as cultural others who for the most part want what we have.” To effect this change requires “an unmasking of the
trope of pity and compassion and a move towards a more political understanding of why women flee and what our responsibilities are to them.”


INDEX TERMS: Rwandans, Afghans, Pakistanis, Salvadorans, Guatemalans, displaced persons, refugee camps, reproductive health, maternal and child health care, family planning, traditional birth attendants, infectious diseases, abortion, malnutrition, parasitic diseases, pregnancy, abortion, maternal mortality, birth statistics, value systems, refugee participation, needs assessment, health services, research, NGOs, UNHCR.

GEOGRAPHICAL TERMS: Pakistan, Tanzania, Belize.

The author discusses the difficulties of providing adequate reproductive health services for refugees and displaced persons. Designed to meet refugees’ emergency needs, reproductive health services during this initial phase are usually limited to pregnant women. However, international organizations are now recommending that the long-term health needs of refugees and displaced persons be addressed by providing reproductive health services including family planning and prevention of sexually transmitted diseases. Yet, few relief workers are trained to provide family planning services and counselling; contraceptive supplies have to be anticipated for numbers of people in camps which can vary dramatically from day to day; and family planning may be new to many of the men and women. By restricting reproductive health care to pregnant women, a large number of women may be excluded and the broader spectrum of reproductive health needs ignored. The author refers to a report from the Women’s Commission for Refugee Women and Children which recommends that reproductive health care should include training for traditional birth attendants, clinical protocols for treatment of sexually transmitted diseases and incomplete abortions, and the provision of family planning services. High birth rates in many refugee and displaced persons camps have been attributed to lack of access to family planning, low contraceptive prevalence rates, rapes, boredom, and the desire to replace lost children. The author discusses studies of several refugee groups to show differences in attitudes toward family planning. Since each refugee group is unique, refugee women should be involved in the design and delivery of reproductive health services and needs assessment.

This article critiques the discourse on female genital mutilation (FGM) within an international human rights framework, arguing that responses to FGM do not consider the highly complex set of cultural practices and knowledge associated with it. The author offers brief discussions of the history and occurrence of FGM, definitions of the practice, and its adverse effects. As well, formal responses to FGM by Australia, Canada, Britain, and France are included. In particular, the author discusses the British Prohibition of Female Circumcision Act of 1985 and concern over criminalization of FGM in Britain. Using Australian policy as an example, he argues that efforts to outlaw FGM are consistently based on associated health risks. Article 25 of the UN Declaration of Human Rights recognizes FGM as violating the right of women and girls to control their bodies and depriving them of their sexuality. Furthermore, the author discusses a number of instruments under the UN Charter, which are supportive of the proposition that FGM transgresses universal human rights. However, the author holds that this discourse on rights is premised upon a Western political and philosophical tradition: The individual is emphasized over the family; rights, not duties, are the basis for securing human existence in society; and rights are secured through legalism. While proposing cultural relativism, the author points to its disadvantages if extended to FGM. As FGM may become a child protection issue, social workers and community-based workers need to be aware of not only the risks and human rights issues but also the negative effect of criminalization of FGM on women and children who may have to renounce their culture if they do not undergo it. As such, education and outreach programmes need to be in place to support the affected groups.

INDEX TERMS: female circumcision, human rights, national law, adverse health practices, resettlement country, international law, UDHR48, CRC89, CEDAW79, ICCPR66, CSR51, CSRP67, UN, refugee status determination procedures, women's rights, value systems, persecution, CAT84, economic social and cultural rights, children, education, social workers.

In the Introduction, the author points out that, globally, at least two million girls a year are at risk of genital mutilation and an estimated 130 million girls and women are genitally mutilated. Although the fight against FGM is not new, “(t)he time is right for communities to rise up and protest against female genital mutilation, without destroying their cultural integrity.” Recent international efforts, particularly by United Nations agencies, have
Chapter 1 General Concerns

successfully put FGM on women’s health and human rights agenda. At the national level, many governments and leaders have publicly denounced the practice but have not translated their concerns into laws prohibiting the practice or programmes to persuade people to abandon it. The Inter-African Committee Against Traditional Practices Affecting the Health of Women and Children (IAC), created by African women in 1984, is now an NGO based in Geneva, with members in most countries in which FGM occurs. Two NGOs, based in the United Kingdom and run by dedicated African women, were among the first organizations created by immigrant women. The author emphasizes that “(e)ffective programmes such as these respect cultural integrity and work within the context of women’s economic and social powerlessness. FGM must be understood within an economic and social framework; the financial value of marriage within traditional cultures and the ability of social and economic elites to define local customs are both key factors.” Despite FGM’s serious health implications, the efforts to stop it must concentrate on individual and social identity and on changing women’s consciousness. Though crucial at the international level, the human rights context is not appropriate for negotiating changes at the family level. At present, the weakest area of activity is at the national level where programmes must be organized. The organization, RAINB& (Research, Action and Information Network for the Bodily Integrity of Women), founded in June 1994, has launched the Global Action Against Female Genital Mutilation as a major project. It calls for peoples of all nations to create an environment “where people feel safe to change their old ways without threat to their dignity, independence and cultural integrity.” The following sections discuss FGM as ritualistic practices where actual cutting and removal of sexual organs takes place; the complications and effects of FGM; where and to what extent FGM is practised; and the different practitioners who perform FGM. In the section dealing with the question whether FGM is a religious practice, the author demonstrates that, although often strongly associated with Islam, it is not a religious practice as it preceded Islam in Africa. The section on the cultural significance of FGM outlines some of the reasons given for FGM and why many women defend the practice. The author notes that comparing FGM and cosmetic plastic surgery is not meant to trivialize FGM’s physical and psychological damage but to show the ways women suffer from false ideals of ‘femininity,’ “However, there is one very important difference between FGM and the ways in which women alter their bodies in other cultures: FGM is mainly performed on children with or without their consent.” Including the stories of two children, the section on FGM and Children’s Rights argues that more attention should be given to it as an abuse of children. The last section discusses Rainb&’s Global action Against Female Genital Mutilation, a joint efforts with Columbia University, School of Public Health. It calls for international human rights bodies to define FGM as a form of child abuse and for affected countries to take legal action by beginning a discussion as to where the line be drawn between parental rights over children and the state’s obligation to protect the children from harm. The United Kingdom and France are cited as countries in which FGM is criminalized to protect the children. Recommendations for action include international programmes, the involvement of professional associations, and national or community programmes.
Improving Gender Planning in Emergency Operations,
Oxford (UK): University of Oxford Refugee Studies Program. ISSN 0965-7460.
p. 13

INDEX TERMS: developing countries, economic conditions, social conditions, donors, womens status, employment, working conditions, health, nutrition, education, illiteracy, hours of work, culture, preventive medicine, emergency relief, planning, implementation, gender role, refugee-assisting organizations, household, food aid, food distribution, promotion, womens rights, NGOs, UN system.

This is a short excerpt from a forthcoming publication of the Refugee Studies Program. The author points out that the socio-economic situation for women in the South has worsened considerably since the adoption by donors of the Women in Development (WID) approach. In light of the failings of WID-informed projects, ‘Gender and Development’ (GAD) analysis was adopted to improve women’s condition through enhancing their socio-economic position in society. Moving beyond simple economic analysis and the restoration of the balance of material resources, GAD introduces the concept of social justice and improvement of the quality of life for men and women. In her view, the lack of conceptual clarity in the use of the concept of gender by both approaches is one of the main obstacles to improving social and gender-sensitive planning and implementation of humanitarian assistance to refugees in emergency situations. Since the concept of gender remains narrowly focussed on women, the commitment to GAD and to the position of women in a development way is marginal in that it addresses neither the interrelation of gender roles nor the socio-political context within which women are disempowered. Agencies, which take the position that women should be targeted in emergencies in order to help improve their overall position in society, should extend their commitment beyond food security to include concern with the relationship between men and women.

Geneva (Switzerland): World Health Organization. ISSN 0043-8502. p. 10-11

INDEX TERMS: child refugees, malnutrition, assistance programmes, birth statistics, infant mortality, mortality statistics, uprootedness, health services, education, information, family planning, pregnancy, infectious diseases, AIDS, sexual violence, vulnerable groups, gender discrimination, violence against women, adolescents, refugee participation, NGOs, exodus, refugee camps, refugee aid and development, country of first asylum, repatriation, WHO, UNHCR, UNICEF.

Refugee women and children face the same problems, as do poor women and children in developing countries, such as lack of food and drinking water, malnutrition, anaemia, high birth rates and high maternal, infant and child mortality. In addition, they also have to deal
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with problems associated with their uprootedness. Since one of WHO’s major reproductive health strategies is to address the needs of underprivileged groups, it is of fundamental importance to identify the reproductive health needs of refugee populations and to include measures for meeting them in refugee programmes. The author calls for a participatory approach that would bring together decision-makers, health care providers, women’s groups, non-governmental organizations, youth and child-to-child groups that are already working with refugees. Refugee women should be involved in the control of camp and community resources and in decision-making in order to decrease their dependence on external support and to reduce their vulnerability to exploitation and violence. Only by giving women a sense of ownership of reproductive health programmes will refugee women and their children and families regain their health, dignity and self-respect. The author acknowledges that this is a formidable task particularly for non-governmental organizations working in situations of extreme insecurity and continuous population displacement. Reproductive health, it is suggested, must be addressed as a long term issue through all four phases of the refugee experience: exodus from the home country, establishment of emergency camps, stabilization of camp situation and return to the country of origin.


INDEX TERMS: internally displaced persons, flight, refugee definitions, sexual violence, human rights, guidelines, rape, refugee camps, camp layout, food distribution, prostitution, health, reproductive health, mental health, counselling, education, vocational training, income-generating projects, one-parent families, protection, refugee participation, asylum, resettlement, NGOs, UNHCR, CSR51, UN.

This article reviews the status of refugee and internally displaced women and efforts to protect them. The end of the Cold War has produced greater ethnic tensions, rivalry, and hatred, thus leaving an increasing number of women as refugees vulnerable to sexual abuse, exploitation, and deprivation of their rights both during flight and in refugee camps. In 1995, UNHCR published guidelines on preventing and responding to sexual violence and to provide field workers with practical, non-specialist advice on the medical, psychological and legal ramifications of sexual violence. Measures to improve the camp layout and to move women to safe areas within camps are simple and effective means. Women’s specific health care needs are overlooked; reproductive health care services are severely lacking in most refugee settings; and mental health counselling is not widely available to traumatized refugees. Many refugee women, particularly heads of household, do not have sufficient income to support their families. Although access to education, skills training and income-generating programmes is especially important for women, the extent to which refugee women are potential earners has often been underestimated. Women are often overlooked.
in favour of men in the area of asylum and in resettlement in third countries. In order to improve the conditions of refugee women, in 1989 UNHCR appointed a Senior Coordinator for Refugee Women, a step that led to the 1990 Policy on Refugee Women and the 1991 Guidelines on the Protection of Refugee Women. The Guidelines contain an assessment of the protection problems faced by refugee women and propose solutions. When the Guidelines are implemented, the situation of refugee women clearly improves. However, their effectiveness requires trained personnel and implementation across the board. The author concludes with a discussion of the UN Draft Platform for Action, to be presented in its final form at the United Nations Fourth Conference on Women in Beijing. The document is an agenda for the twenty-first century that seeks to promote and protect all human rights and the fundamental freedom of all women and recognizes that women are particularly vulnerable during armed conflict and flight. The recommendations include improving protection, insuring equal treatment for women in granting asylum, and providing access to vocational and professional training.


INDEX TERMS: Afghans, South East Asians, Guatemalans, Rwandans, Somalis, refugee camps, special needs, rape, protection, unaccompanied minors, family planning, education, sexual violence, food distribution, health services, safety of refugees, training programmes, orphans, resettlement, integration, adaptation, public opinion, reproductive health, infectious diseases, AIDS, health education, traditional birth attendants, community health clinics, urban areas, vocational training, literacy, womens organizations, gender role, refugee-assisting organizations, NGOs, UNHCR.

GEOGRAPHICAL TERMS: Africa, Iran, Pakistan, Canada, Mexico.

This issue focusses on problems and needs of refugee women world-wide. The first article addresses ways to meet the special needs of refugee women in camps from rape to the provision of sanitary protection. It discusses evaluations of UNHCR operations examining the participation and treatment of women with respect to distribution systems, women’s representation on refugee committees, access to female staff, measures to prevent sexual violence, and site planning and basic essentials. The second article is based on an interview with the first UNHCR Coordinator for Refugee Women and discusses the development and application of "people-oriented planning" (POP). The third article, on foster families in Rwanda, discusses a support programme developed by Food for the Hungry International (PHI). Incorporating some of the findings of a study on resettled South East Asian refugees in Canada, the fourth article describes the experiences of a Vietnamese refugee woman living in Montreal. The fifth article describes a reproductive health programme implemented in a Rwandan refugee camp in Tanzania by the International Rescue Committee (IRC). The sixth article discusses education and skills training for Afghan
refugee and returnee women who fled to Pakistan and Iran. The issue concludes with an article about how Guatemalan refugee women in Mexico gained self-esteem through training, health, education, and human rights projects introduced by Mama Manquin, UNHCR, and COMAR.

This review article examines the application of international human rights norms to protect women’s reproductive rights. Initially, the author examines the gap between refugee law and the actual practice of UNHCR and international donors in responding to women’s needs. Focussing on countries of asylum, she explores the applicability of other legal and policy frameworks for addressing sexual violence and reproductive health issues more generally. In its 1993 Conclusions, the Executive Committee of UNHCR related sexual violence to the violation of the fundamental human right to personal security as recognized in international human rights and humanitarian law and condemned persecution through sexual violence. The Conclusions called for equal access of women and men to refugee status determination procedures and all forms of personal documentation relevant to refugee freedom of movement, welfare, and civil status. States are encouraged to recognize as refugees those persons whose claims to refugee status are based on a well-founded fear of persecution through sexual violence on one of the five grounds. The author argues that a rights-based approach can be used effectively to protect refugee women from sexual abuse and that the 1995 Guidelines on the Prevention of and Response to Sexual Violence are an important first step in achieving it. As well, a rights-based approach can also be applied to promote the realization of refugee women’s economic, social, and cultural rights. She then discusses how human rights standards can be applied more effectively to achieve fuller realization of refugee women’s right to reproductive health and related human rights and the role UNHCR can play to ensure their implementation. Specifically, the following pertinent rights are discussed: the right to survival, liberty, and security; the right to be free from torture and other cruel, inhumane, or degrading treatment and punishment; the right to be free from all forms of discrimination; the right to health; freedom from sexual stereotypes; and the right to information and education. As far as enforcement of refugee
women’s economic and social rights are concerned, existing international mechanisms which hold States responsible for violating international norms are of limited value, since in most developing countries, UNHCR and its implementing partners provide health care and other social services. Hence, when refugee women are denied nondiscriminatory access to health care, it is not necessarily the State that should be held accountable. In light of the challenges UNHCR has faced in implementing the guidelines, especially, in developing countries where they provide refugee health and social services, UNHCR should consider some form of monitoring and enforcement mechanism to ensure that its policies and operating procedures are being followed by its field staff and implementing partners. The author offers several such models for UNHCR to consider as well as some general recommendations that could guide UNHCR and other intergovernmental and non-governmental agencies in their work.

SEXUAL VIOLENCE AGAINST REFUGEES: GUIDELINES ON PREVENTION AND RESPONSE, United Nations High Commissioner for Refugees. Geneva (Switzerland): UNHCR, 8 March 1995. 99 p.: annexes. (Also in French)

INDEX TERMS: guidelines, sexual violence, rape, human rights violations, vulnerable groups, refugee-agency personnel, refugee participation, refugee camps, location of camps, closed camps, family reunification, information, voluntary repatriation, protection, safety of refugees, pregnancy, violence against women, interviews, medical treatment, psychological problems, national law, customs and traditions, international law, international instruments, ACHPR81, ACHR69, ECHR50, international humanitarian law, refugee status determination procedures, media, WHO, female circumcision, UNHCR EXCOM

These guidelines are divided into five chapters with a set of annexes. The purpose of the guidelines is to promote more effective ways for all concerned parties to act and react to the global problem of sexual violence against refugees. Chapter one discusses the definition and nature of sexual violence, the groups of persons who are most vulnerable to sexual violence, and the situations where it may occur, its causes and effects. The true scale of sexual violence is under-reported and the reasons for this under-reporting are discussed. Chapter two discusses preventive measures involving refugee workers; human resources management; the host government; public information campaigns, education and training; and in the context of repatriation. Chapter three presents practical guidelines for responding to incidents of sexual violence with respect to protection, medical, and psycho-social areas. Chapter four deals with the legal aspects of sexual violence and practical steps to be taken with regard to national and international law. Chapter five discusses other related matters including how to deal with the media when either children or adults are involved in sexual violence; the World Health Organization’s (WHO) formal statement on its position regarding female genital mutilation and the address for obtaining their information kit; and
the symptoms of, and factors contributing to, staff trauma and burnout as well as preventive measures and care. The guidelines conclude with a set of six annexes giving a checklist for responding to an incident of sexual violence, a sample of a confidential sexual violence information form, a list of other training tools and sources, UNHCR Executive Committee Conclusion No. 73 (XLIV) - 1993 on refugee protection and sexual violence, a needs assessment and programme framework, and the Declaration on the Elimination of Violence against Women, adopted by the UN General Assembly in 1994.


INDEX TERMS: meetings, refugee-related declarations, displaced persons, internally displaced persons, armed conflict, human rights violations, protection, rape, war crimes, refugee status, sexual violence, gender-based persecution, CSR51, CSRP67, training, counselling, health services, fundraising, burden sharing, private sector, emergency relief, international assistance, food aid, NGOs, World Bank, UN system.

This brief article discusses some aspects of the Beijing ‘Platform for Action’ which was agreed at the United Nations 4th World Conference on Women in September 1995. Under the subsection on ‘armed conflict’, refugee women, other displaced women who need international protection, and internally displaced women form the focal point of the Platform for Action. Peace is linked with development and equality between men and women, and the human rights abuses are identified that often accompany armed conflict. The author sees a particular gain in the recognition of rape as a war crime. The Conference also recognized that women often experience difficulty in gaining refugee status when their claims for asylum are based on issues of sexual violence and other forms of gender-related persecution. Under ‘actions to be taken’, the equal treatment of men and women in granting asylum is emphasized. Thus, the delegates to the Conference sent a clear message about the need to address sexual violence and ensure the bodily integrity of refugee women, which includes the need to train personnel working in refugee situations to enable them to provide psycho-social support and related health care services for victims of gender-related violence. However, while the Platform for Action calls for new sources of funding - particularly from the private sector - it does not identify who or what these institutions might be, nor does it set targets for financial and other resources for emergency relief and other longer term assistance.

INDEX TERMS: legal protection, reproductive health, rape, human rights instruments, international refugee law, declarations, guidelines, refugee status, marriage, family, sexual violence, social group persecution, gender-based persecution, female circumcision, agents of persecution, refugee status determination procedures, safety of refugees, piracy, CEDAW79, CSR51, CSRP67, UNHCR Statute, UNHCR EXCOM Conclusions.

The author reviews the existing practice of legal protection of refugee women, “recognizing that the ‘universal and general’ language in which mainstream refugee issues are presented is not gender-neutral.” Rather, it has led to the de-legitimation of some themes, either by presenting them as women-specific and thus marginal, such as reproductive health, or by accepting them as ‘natural’ consequences of being a refugee and, as such, beyond legal regulation. The author points to the “near-total silence” of the most important international instruments on refugees with respect to women, who are referred to only in the ‘soft law’ of non-binding instruments such as declarations and guidelines. Following the model set by the Convention, most of the literature on refugee women focusses on the determination of refugee status, thus reflecting two assumptions: that the individualistic approach is adequate and that granting of refugee status would automatically provide protection. Yet neither assumption holds for the majority of women refugees, since in most developing countries, refugees arrive en masse and persecution may persist even after status is granted. The author argues that protection should be understood as comprising both determination of status and physical safety. Neither the UNHCR Statute nor the 1967 Protocol contain any articles applying specifically to refugee women. The debate on status determination revolves around two points: what constitutes persecution and the grounds for recognizing status. The author notes that when groups outside government control carry out sexual violence, there is a tendency to characterize it as strictly personal. Presenting them as universal, the grounds for recognition of status reflect predominantly male paradigms, thus marginalizing women’s experience of persecution. There are two positions on the question of whether persecution claims based on gender are valid grounds for refugee status: the inclusion of gender under the social group category and the explicit inclusion of gender as a separate ground of persecution. The author also notes that the physical safety of refugees in a wide sense has generally been dealt with by the international community as a matter of policy rather than of law. Concluding, the author argues that to make the international refugee legal system appropriate for women, the biases inherent in the structures and assumptions of the law will have to be made visible.

INDEX TERMS: internally displaced persons, protection, sexual abuse, rape, genocide, ethnic cleansing, law of armed conflict, sexual violence, human rights, women's rights, gender-based persecution, UNHCR EXCOM Conclusions, social group persecution, non-discrimination, war crimes, human rights instruments, CSR51, CEDAW79.

This article deals with selected legal issues related to the protection of refugee women. The specific abuses which displaced and refugee women face and from which they need protection have not received adequate attention. The author attributes this lack of attention to the absence of their voice at international fora and to the fact that, despite the link, refugee issues have tended to be separated from human rights. Specifically, the links he sees between the protection of refugee women on the one hand and the approach to women’s rights on the other are discussed in terms of the 1951 Convention relating to the Status of Refugees, the 1985 UNHCR Executive Committee Conclusion, the Convention on the Elimination of All Forms of Discrimination Against Women, the Committee on the Elimination of Discrimination Against Women, the Commission on the Status of Women, and the Yugoslav and Rwanda War Crimes Tribunals. According to the author, the challenge is to place the problem of the treatment and protection of refugee and displaced women firmly within the international legal framework for the protection of the human rights of women.


INDEX TERMS: Tigrayans, Afghans, Zairians, Burundians, Rwandans, displaced persons, men, household division of labour, emergency relief, refugee participation, gender role, refugee-agency personnel, physical planning, women's seclusion, reproductive health, malnutrition, food distribution, safety of refugees, health personnel, language barriers, guidelines, human rights, community relations, women's networks, CSR51, CSRP67, CEDAW79, CRC89, UNHCR EXCOM, UNHCR, Red Cross, NGOs.

GEOGRAPHICAL TERMS: Sudan, Pakistan, Somalia, Tanzania, Bangladesh.

This article emphasizes the importance of considering gender in responses to disaster emergencies. Some of the factors which contribute to the neglect of gender are discussed, such as different actors in large-scale relief programmes; priorities to be made in dealing with immediate and pressing needs; and the often short-term contracts of relief workers recruited for their technical expertise making it difficult to pass on lessons learned in one emergency situation to the next. Displacement will almost invariably mean reassigning traditional women’s responsibilities for the provision of food and shelter to men. Lack of private space can produce acute psychological distress for many women. Displacement also affects women’s reproductive health. Food scarcity impacts differentially on women and men, as malnourished pregnant or breast-feeding women are unable to supply needed
nutrients for their children to survive. Food may not be consistent with their dietary practices. Food distribution mechanisms have to be equitable, as women do not know their entitlements. Public spaces should be safe for women refugees; the design of shelters, the siting of water points and the provision of washing and sanitation facilities can contribute to women’s safety and well-being, or increase their vulnerability to abuse. Experience has shown that the main users of health facilities are often men. Women do not use the facilities because of their location, opening hours, lack of female health workers, and language problems. The author sees the change in discourse from meeting basic needs to meeting basic rights as a significant step forward in promoting the material conditions of women and also enhancing their status. “The key to more equitable programming must be the refugees’ participation in the planning of protection and assistance activities.” A model for a phased emergency response, proposed by a technical advisor of Oxfam is discussed as an example of such programming.


North York (Canada): York University. ISSN 0713-3235. p. 30-33 : ill., bibl. (Summary in French)

INDEX TERMS: men, country of origin, violence against women, child abuse, prostitution, female circumcision, social change, political activities, repression, persecution of family members, refugee camps, refugee experiences, one-parent families, imprisonment, sexual violence, trauma, exile, resettlement country, adaptation, language barriers, illiteracy, child care, family disunity, conflict of generations, employment opportunities, asylum seekers, cultural sensitivity, mental health.

GEOGRAPHICAL TERMS: Canada.

The author describes sets of life experiences of refugee women in an effort to help the women adapt and to facilitate a greater understanding of their needs by society. Even though women’s social rules and social expectations have dramatically evolved, they still face mentally and physically abusive practices and accusations of political activities by virtue of their relationship with males. In countries where women’s political involvement is currently in a transitional stage, women who opt to be politically active face negative responses from their families. The author then illustrates how women particularly suffer when family dislocation occurs under repressive circumstances in countries of origin. When their husbands are taken prisoner, many women are forced to enter refugee camps for protection where they face abuse, harassment, intimidation, and rape. Compared with men, women also experience added difficulties in adaptation in countries of refuge. Women refugees lead solitary lives; they are often unable to attend ESL courses and have less access than men to the host community and even the community of origin, particularly if they were sexually abused. Further stress occurs due to the different roles, values, and
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expectations each family member develops during family reunification and restructuring. In particular, women refugees’ increased labour-force participation, a result of their willingness to take up any job available, leads in many instances to family violence as a result of the conflict between newly empowered women and frustrated, disempowered men trying to regain their role within the family. As refugee claimants, women face long waiting periods, repeated unnecessary examinations, and staff attitudes that may trigger painful flashbacks. The author concludes that the quality and quantity of pressures of refugee women are a gender issue because they face different abuses than men and they respond differently to trauma. The author suggests in conclusion that a culture- and gender-specific approach be taken to women refugees’ healing process.


In this article the author traces the new emphasis on refugees’ reproductive health planning over the last two years. In 1993 The Lancet published an editorial deploring the neglect of family planning for refugees and, in 1994, the International Conference on Population and Development in Cairo concluded that ‘family planning needs of refugees have been totally ignored.’ The UN Women’s Conference in Beijing placed “reproductive health within a context of reproductive rights and within the overall framework of human rights,” and the UNHCR Guidelines on the protection of refugee women pointed out the lack of appropriate health care for women. The author discusses what she considered to be the five key elements of reproductive health care for refugees: safe motherhood practices; prevention of sexual violence and support of victims; family planning; abortion-related services; and prevention and treatment of sexually transmitted diseases. The importance of each of the elements is demonstrated by discussing the problems refugee women currently experience and how the implementation of the elements will improve reproductive health care.

Women Refugees in International Perspective

INDEX TERMS: Amerindians, Rwandans, Guatemalans, Ethiopians, Palestinians, Cambodians, ethnic and national groups, sexual violence, armed conflict, genocide, political violence, human rights violations, violence against women, involuntary repatriation, peace efforts, rape, exile, development, torture, mental health, refugee camps, refugee experiences, women’s status, health, abortion, family planning.

GEOGRAPHICAL TERMS: Mexico, Rwanda, Ethiopia, Zambia, Palestine, Myanmar, Cambodia, Philippines, Guatemala, United States.

This issue departs from the predominantly masculine and military war images by focussing on women and war. Ninety per cent of war-related casualties today are civilians and the majority are noncombatant women and children, casualties often lost to formal accounting. Another hidden casualty is the 100-150 million tribal people who died in the last century due to government domination and profiteers. As well, the physical and/or sexual assault of women in peaceful countries increases the number of casualties and brings into question the separation of war and peace time violence. Women are not hapless victims of political violence but rather resist oppression, forge conflict solution, and rebuild their societies. Although unrecognized by formal bodies, they publicly demand accounting for lost family members, government oppression, and human rights abuses; forge trade routes for scarce medicines, food, and resources; create unofficial news sources; form plans for treaties, demobilization, and solutions to political stalemates; and work as healers and teachers. This issue focusses on the brutalities women are subjected to and the resources they creatively employ to overcome them. The articles include, among others, brief notes updating the conditions in several countries; an examination of UN peacekeepers and cultures of violence; a discussion of the Revolutionary Law for Women in Chiapas; the application of feminist analysis to Rwanda; women in diaspora; war and domestic violence; women, war, and development in Ethiopia; coercion and torture in former Yugoslavia; indigenous women’s experiences in the context of the civil war in Burma; the story of survival of a Cambodian woman under Pol Pot and as refugee; and two articles on Mayan women.


INDEX TERMS: Islam, Muslims, society, human rights violations, marriage, divorce, child custody, women’s seclusion, family planning, polygamy, patriarchal societies, health, women’s status, gender discrimination, women’s rights.

The author draws attention to the discrepancies which exist between Qur’anic ideals and Muslim practice with regard to a number of women-related issues including marriage, divorce, child rearing and custody, polygamy, segregation and ‘purdah’ or ‘veiling’, and family planning. The article is intended to demonstrate that “in spite of the fact that the Qur’an is particularly solicitous about women’s well being and development, women have
been the targets of the most serious violations of human rights.” Some statements widely made in Muslim societies are also included to demonstrate that women are not equal to men. The author notes that the negative ideas and attitudes regarding women that have become incorporated into the Islamic tradition have had a profound impact on the physical, psychological and emotional health of Muslim women. She calls, therefore, for an urgent investigation of the relationship between the states of women’s health, including the way they perceive themselves and why so many have low self-esteem, and the theological framework within which they live their lives. She concludes the article by reporting on the United Nations Conference on Population and Development in Cairo in 1994. One of the most important issues at this conference was who controls women’s bodies—men, the state, the church, the community, or women themselves. While Muslim women forcefully challenged traditional views at the conference, the author argues that they must now shift from a reactive mind set, in which they assert their autonomy over their bodies in opposition to patriarchal structures, to a proactive mind set in which they begin “to speak of themselves as full and autonomous human beings who have not only a body, but also a mind and a spirit.” She urges Muslim women to reflect “what kind of model of self-actualization can be developed within the framework of normative Islam which takes account Qur’anic ideals as well as the realities of the contemporary Muslim world?”

INDEX TERMS: family, UN, UDHR48, ICCPR66, Geneva Conventions 1949, Geneva protocols 1977, family reunification, refugee rights, asylum policy, admission policy, UNHCR, advocacy, assistance, refugee participation, flight, marriage, ethnic identity, ethnic cleansing, Serbs, Muslims, Croatian minorities, unaccompanied minors, abduction, Sudanese, child refugees, Liberians, Togolese, one-parent families, Afghans, assistance programmes, NGOs, refugee experiences, Vietnamese, health services, maternal and child health care, family planning, Africans, cultural sensitivity, victims of conflict.

This issue of Refugees focuses on 1994 designated by the United Nations as the International Year of the Family, thus honouring a U.N. General Assembly Resolution, which calls the family “the foundation of human society and the source of human life.” However, as the first article points out, for millions of refugee families around the world, these foundations have been severely and sometimes irreparably shaken. Exposed to trauma, violence, separation, loss of home, belongings, and even identity, the refugee family is the most vulnerable of families. The most tragic victims are children who become separated from their families. Women with small children without male support are often expected to fend for themselves. Thus, UNHCR has made the family the basic planning unit for provision of assistance, shelter and other needs. The principle of family unity is set forth in the statement in both the Universal Declaration of Human Rights and the International
Covenant on Civil and Political Rights that “the family is the natural and fundamental unit of society and is entitled to protection by society and state.” The Geneva Convention calls on governments and parties to conflict to “facilitate ... the reunion of families dispersed as a result of armed conflict,” but, as the next article points out, the Convention and its 1967 Protocol do not address family unification as a right for refugees. Whether or not a refugee family can be reunited is determined by national asylum and admission criteria or immigration policies. While African countries have traditionally operated on an open-door policy, European countries restrict family reunification. Asylum seekers can only apply after they have been granted refugee status, a procedure that may take years. Family reunification is also sometimes conditional on the refugee having achieved financial self-sufficiency or secured adequate accommodation for his family, which can take more time. Thus, by the time, the two procedures are completed, family reunification may be impossible, when, in the meantime, family members have died or children passed the age limit. UNHCR approaches family reunification on two levels. The first is an advocacy role on the national level encouraging countries to adopt more liberal practices, to show more flexibility in requiring documentary evidence of family ties, reduce the time for processing applications, and impose fewer restrictions. The second line of approach is direct, practical assistance to refugees seeking reunion with their families. The remaining articles deal with different aspects of the family affecting refugees. Based on several cases in the former Yugoslavia, one article describes the traumatic experiences and uncertain future of ethnically mixed families who had to flee their home towns as victims of ethnic cleansing. Another article describes the distress and trauma experienced by unaccompanied children, including the abducted Sudanese boys sheltered in the Kakuma camp in Kenya. Excerpts are included from essays written by refugee children in Ghana for the International Year of the Family. Assistance and programmes for single-parent families are discussed in an article with examples of an Afghan widow with three children living in India and urban refugees in Moscow. Other topics include programmes designed to helping refugees help themselves and the refugee experiences described by the daughter of a Vietnamese family. Recognising the pivotal role of women regarding the health of the family, the development and expansion of health care services, such as Mother and Child Health Care (MCH) programmes, and the need for reproductive health care are discussed in two separate articles. The final article uses the example of the African refugee family to illustrate the need to understand refugee families in the context of their own socio-cultural background and thus to avoid gender and cultural conflicts.


INDEX TERMS: UNHCR, planning, refugee camps, causes of flight, value systems, family division of labour, gender role, one-parent families, unaccompanied minors, elderly, emergency relief, assistance programmes, repatriation, implementation, customs and
traditions, food distribution, housing, water supply, sanitation, health services, education, counselling, protection, employment, income-generating projects, refugee participation, self-help projects, sexual violence, durable solutions.

This handbook is a detailed guide for the effective use of the People-Oriented Planning (POP) tool in refugee situations. Section one describes why, how and when to use POP. Based on this information, Section two begins by discussing the information necessary to ascertain the refugee profile and the refugees’ socio-cultural background. It then describes the use of POP in programming for the sectors of food delivery, refugee shelter, water, sanitation, health services, education and training, and counselling. For each sector, the goals and information required for effective programme development and delivery are outlined as well as lessons learned from UNHCR experience. Sections three to six describe how POP can help in the design and implementation of programmes for refugee protection, refugee participation, employment and income-generation, and refugee self-reliance. Section seven discusses the use of POP and the relationship between emergency refugee assistance and long-term outcomes/durable solutions. Appendices include the tools for gathering information for conducting an activities analysis and a resources analysis as well as a protection framework for issues affecting people’s need for protection.

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INDEX TERMS: reproductive health, refugees, displaced persons, Liberians, Rwandans, Somalis, Afghans, Central Americans, Lao, Hmong, Vietnamese, Cambodians, family planning, CSR51, OAU, UNHCR, emergency relief organizations, development aid, health, birth statistics, pregnancy, widowed persons, one-parent families, illiteracy, infectious diseases, malnutrition, women-at-risk, guidelines, WHO, primary health care, maternal and child health care, traditional birth attendants, training, home delivery, adolescents, single persons, refugee participation, supplementary feeding, children, health services, project reports.

This report discusses the assessment, conducted in 1993 and early 1994, of the opportunities available to refugee and displaced women to plan their childbearing and ensure their reproductive health. Research involved a largely unproductive systematic bibliographic search for research studies and visits to refugee sites in six countries. Methodological problems encountered during the assessment’s research process are described. The report points out that its own evidence is, by necessity, primarily anecdotal, and that, owing to time constraints, the major perspective of the study is overwhelmingly from the viewpoint of health care providers, rather than the women refugees themselves. Of the issues raised in the report, the fertility and health of refugee women is discussed in some detail. If the WHO’s typology for assessing risk levels among pregnant women in
developing countries would be applied to refugee settings, most refugee women would be considered “high-risk” and in need of special maternal care. The WHO’s definition of maternal risk does not include women’s nutritional status. However, since the vast majority of refugee women suffer from severe levels of malnutrition, especially iron deficiency, large proportion of refugee by definition are at high risk from pregnancy and child birth. Although UNHCR’s 1982 Handbook for Emergencies emphasizes that family planning information should be available and contraceptives be provided on a voluntary basis, contraceptive services have not become an integral part of the primary health care services and maternal and child health (MCH) programmes. Traditional birth attendants (TBAs), who are trained to identify and refer high risk-women to better equipped hospitals or clinics at the time of delivery, play a crucial role in MCHs. However, this approach cannot succeed in saving lives, if medical facilities are not available or if women do not want to use them. Refugee women tend not to give birth at the clinics, even when accessible. The reasons for the preference for home births include modesty, discomfort with health professionals of a different gender or ethnicity; distance of clinics, restrictions on delivery position, and desire for familial support. However, the role of TBAs of encouraging women in refugee camps and outside the refugee setting to practice family planning is controversial; relying on payment for their role as birth attendants, TBAs would not want to reduce the number of births and thus future demand for their services. Suggestions for strengthening MCH programmes are outlined by discussing “lost opportunities for helping women.” Several reasons are discussed as to why family planning is a neglected health approach. The major conclusion of this assessment are that refugee women are having large numbers of pregnancies at closely spaced intervals, yet birth-spacing information and services are not available as part of the primary health care programme in most camps. The assessment also found that comprehensive reproductive health services designed to serve the broader needs of a wider refugee population, not just pregnant women, are completely absent from the health care system and services provided in refugee settings. Ten recommendations are “offered in the hope that some of the issues raised in this report (and their implications for women’s reproductive health) might be more widely addressed by the expert community of health planners and professionals.” Eight individual country reports follow the principal report: Liberian refugees in Côte d’Ivoire; the camps for the displaced populations of Rwanda; Somali refugees in Kenya; Afghan refugees in Pakistan; Central American asylum seekers in Belize; refugees on the Laos and Burma borders of Thailand; Vietnamese refugees in Detention Centres in Hong Kong; and conditions among returning refugees and the general population inside Cambodia.
INDEX TERMS: ECOSOC, peace efforts, Palestinians, women, political participation, human rights, CEDAW79, gender discrimination, violence, migrant workers, rape, violence against women, children, UDHR48, racism, employment services, informal sector, economic social and cultural rights, poverty, nutrition, health, urban areas, migration, AIDS, human rights violations, armed conflict.

GEOGRAPHICAL TERMS: Middle East, Yugoslavia.

This report on the thirty-eighth session of the Commission on the Status of Women provides the full text of the Commission’s recommendations to the Economic and Social Council. The recommendations include the adoption of three draft resolutions, one draft decision regarding the Commission’s Report on the Status of Women on its thirty-eighth session and provisional agenda and documentation for the Commission’s thirty-ninth session, and ten resolutions and two decisions brought to the attention of the Council. Concerns for refugee women are addressed in resolutions covering the integration of women in the Middle East peace process to ensure Palestinian women’s political development and participation; mainstreaming women’s human rights within human rights treaty bodies; elimination of violence against women; integration of women into the development process; inclusion of gender equality in population programmes; elimination of violence against women migrant workers; promotion of equal pay for work of equal value; and cessation of rape and abuse of women in areas of armed conflict in former Yugoslavia. Also of interest are the three themes the Commission views as priority areas.

The first theme concerns equal pay for work of equal value, including the appropriate measurement of pay inequities and growing female employment in the informal sector. The second theme consists of population, nutrition, and health issues concerning women in urban areas, such as migration, drug consumption, and AIDS. Finding measures to eradicate violence against women in the family and society, including the human rights abuses women are subjected to during armed conflicts, constitutes the third theme.

INDEX TERMS: declarations, violence against women, children, sexual abuse, rape, female circumcision, family, communities, prostitution, human rights, right to life, right to liberty and security, discrimination, equality before the law, equal opportunities, health, mental health, torture, inhuman treatment, state, customs and traditions, CEDAW79, protection, medical treatment, health services, social services, research, UN, coordination, guidelines.
This is the printed text of the Declaration on the Elimination of Violence against Women. Article one states the purpose of this declaration. Article two describes the three types of violence against women that the Declaration encompasses, but is not limited to: physical, sexual and psychological violence occurring in the family, within the family, and perpetrated or condoned by the State. Article three details the specific human rights and fundamental freedoms which women are entitled to in the political, social, cultural, and civil fields or any other field. Article four describes how States should pursue a policy to eliminate violence against women. Article five lists how the organs and specialized agencies of the United Nations system should contribute to the recognition and realization of the rights and principles set forth in the Declaration. Finally, article six states that nothing in the Declaration shall affect any provision that is more conducive to the elimination of violence against women.

INDEX TERMS: Cambodians, Kikuyu, Bosnians, Muslims, Ugandans, Mozambicans, Somalis, civil war, ethnic conflict, sexual abuse, rape, patriarchal societies, refugee camps, flight, trauma, psycho-social problems, suicide, ethnic conflict, AIDS, post-traumatic stress disorders, neurotic and personality disorders, suicide.

The author discusses cultural, ethnic, and political factors that may predispose certain groups of women to the risk of rape during national upheaval and civil war, factors which are often overlooked in terms of effective disaster management. Among the cultural factors to be considered is the fact that women, more than men, especially in certain male-dominated societies, are subjected to high levels of stress. In disasters, this stress leads often to maladaptive psycho-social reactions that provide a backdrop for escalating aggression, including rape. Using several examples, the author discusses the sexual abuse of Khmer girls and women, which was common in the former refugee camps and which lead to an increased risk of suicide attempts; rape as a threat by perpetrators to gain economic power during tribal clashes in Kenya; reported rape incidents associated with ethnic disputes in Bosnia-Herzegovina; the infection of raped women with AIDS in Uganda in the late 1980; and the rape of Mozambican women in Ukwimi camp in Zambia and of Somali women in Mogadishu. Post-traumatic stress, if unresolved, can produce depression ending in suicide. Although rape is one of the most violent forms of physical abuse, it is not yet considered an international crime or, in military situation, defined as a war crime. She emphasizes the need to address the psycho-social component of women’s vulnerabilities in disaster-stricken countries through measures of preparedness, protection, and security and to confront the whole issue of rape in such circumstances with tact and sympathy.
INDEX TERMS: violence against women, UN, resolutions, human rights, sexual violence, rape, pregnancy, AIDS, health, developing countries, industrial societies, value systems, mental health, somatic problems, alcoholism, suicide, non-political crimes, health services, health personnel, gender role, womens organizations, research, national law, policy making, international aid, literature review.

The authors point out that violence against women has been recognized by the United Nations as a fundamental abuse of women’s human rights but that historically little attention has been given to domestic violence as a significant public health issue in both industrialized and less developed nations. The authors describe the dimensions and health consequences of domestic and sexual violence against women. A table is included that summarizes key studies from less developed countries which document the extent of physical and sexual abuse by present or former partners. However, since each study defines abuse differently, most are not directly comparable. Regardless of the definition used, all surveys are likely to underestimate the level of abuse in intimate relationships as women consistently minimize the incidents of abuse for reasons of self-blame, shame, loyalty, fear, or culture. As well, the authors discuss the psychological and physical impacts of rape. Factors that perpetrate violence against women are presented under cultural, economic, legal, and political categories. The authors provide examples of the emergence of grass-roots and community-based responses, as well as of legal reforms, in a number of countries. Although the health sector is considered particularly well-placed to identify and refer victims of violence, few health workers have basic training in the nature or incidence of abuse and their treatment is, therefore, often insensitive and humiliating for the victims. On the international agenda, violence against women has become an issue due to grass-roots activism and linkages among anti-violence activists. It gained further credibility through increased awareness of the connections between gender abuse and high priority issues such as human rights, health, international development, and AIDS prevention. The authors also examine issues related to influencing the process of policy-making and promoting policy reform at the national level. According to the authors, “policy reform in response to gender violence will succeed in those settings where women’s organizations can exert political pressure.” Research questions are provided in order to demonstrate the role research can play at different stages in the policy making process. The authors conclude that researchers and workers in health and other sectors, policy makers, and international donors need to acknowledge the problem and assess their role in promoting appropriate intervention to free societies of violence against women.
As the guest editor of this special issue of Refuge points out, the unequal treatment of women in flight, exile, resettlement and repatriation has become an important, though still understudied focus of refugee research. The two-part issue will address resistance and social change among refugee women internationally. Part One discusses issues of policy and theory from a Canadian perspective. Part Two focusses on several regional case studies. As the editor notes, the papers challenge the traditional view of refugee women as passive ‘victims’ and demonstrate the need to give voice to women and the ways in which women have proactively taken voice.


In Part I of this article, the author argues that the definition of refugees in international law should be expanded to include those with a well-founded fear of persecution because of their gender. Part II surveys some customs and laws regarding women, which could be considered forms of persecution. The effects of legal systems based on Islamic law or Shar‘iah in the Middle East are discussed and the traditions embodied in the legal systems of Iran, a Shiite Muslim state, and Pakistan, a predominantly Sunni Muslim state, are more
closely examined. The effects of Hinduism on women in India focus on the marriage code and the practices, although illegal, derived from it, such as Sati, the self-immolation of the “ideal” wife upon the death of her husband, the giving of a dowry by the father of the bride to the groom and child marriage. In Africa, many traditional marriage laws consider women a type of property of her husband or family and the custom of female genital mutilation is prevalent. In Latin America gender assignment is justified under the stereotypes of machismo and marianismo. The author concludes that the treatment of women described in the article can be justified on religious grounds. Although the right to freely practice one’s religion is protected by many international agreements, they permit the state to restrict such practice in order to protect the rights of others, such as the International Covenant on Civil and Political Rights. The conflict between religious freedom and women’s rights raises the problem of which rights prevail in such a situation. Rights that have achieved the status of peremptory norms, that is, norms that have attained the status of customary international law from which no derogation is permitted, such as the prohibition of slavery or torture, must prevail over the right to manifest religion. Thus, some of the practices discussed in part II should be prohibited because they violate peremptory norms. Part III discusses current international agreements, which protect refugees. Including several examples, Part IV discusses the growing recognition of the need for broadening the refugee definition of refugees to include women fleeing gender-based persecution, since the social group category is used inconsistently in asylum cases. In Part V the author argues that the Convention definition of refugees should be expanded to include gender-based persecution. The persecution suffered by women, as illustrated in Part II, is consistent with the definition of persecution in the UNHCR’s Handbook on Procedures for Determining Refugee Status and with the international community’s commitment to promoting human rights and the rights of women, as expressed in various international agreements. However, she notes the reservations by several states to “many articles” of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) may indicate a systematic purpose not to be bound by the major goals of the treaty. In Part VI she presents reasons why a refugee definition which encompasses gender-based persecution would probably not result in a flood of refugees and discusses the special needs of such women refugees for protection and assistance.

REFUGEE WOMEN: THEIR PERSPECTIVES AND OUR RESPONSES,

INDEX TERMS: Eritreans, Guatemalans, Somalis, men, emergency relief programmes, refugee camps, UNHCR, guidelines, NGOs, policy making, refugee participation, gender role, water supply, project evaluation, agricultural tools, food crops, land tenure, education, food preparation, health, literacy, cultural identity, income-generating projects, womens centres, widowed persons, rape, counselling, mental health, research, needs assessment, special needs.
This article makes the case that, if women refugees’ perspectives are to be taken into account, the factors which prevent their voices from being heard have to be counteracted. This means addressing the lack of gender-sensitive staff and policy in aid agencies; undertaking relevant research; involving women in the planning and delivery of assistance; increasing their access to essential goods; working with their own organizations; and listening to them. Two case studies are presented to illustrate the costs and benefits related to women’s involvement in planning and decision-making. The first looks at the effects of disregarding women’s needs in water distribution. The second concerns refugee women’s involvement in land allocation and seed and tool distribution. Two further case studies are presented to illustrate the possibilities of targeting women directly and including them in education and training schemes, thus enabling them to make the best use of available resources. A final case study concerns a project involving Guatemalan women in Mexico City who were suffering physical and mental health problems common to refugees. A small group of women was established which began by looking at their lives trying to answer questions concerning their poor health and malnutrition. They moved to wider issues enabling women to see that their reactions were normal in an abnormal situation. They then decided to produce a booklet on ways to live in Mexico and on needed change in gender roles. The author concludes that, when women are consulted, issues that are largely overlooked in much refugee work, such as education, cultural identity and psychological health, are frequently stressed. Research is needed to device indicators for needs assessment to provide agencies with indicators they can use in an emergency in order to quickly assess women refugees’ basic needs. Refugees should not be seen as passive recipients of aid but as active participants.

RESETTLEMENT CRITERIA IN A CHANGING WORLD, Refugees. No. 94 (December 1993). Geneva (Switzerland): United Nations High Commissioner for Refugees. ISSN 0252-791x. p. 18-21 : ill. (Also in French)

INDEX TERMS: resettlement processing, resettlement programmes, resettlement selection criteria, receiving country, admission quotas, humanitarian cases, convention refugees, women-at-risk, sexual abuse, humanitarian cases, CSR51, CSRP67, UNHCR.

GEOGRAPHICAL TERMS: United States, Canada, Norway, Sweden, Australia.

This article discusses some of the criteria and policies for resettlement in the United States, the Nordic Countries, Canada, and Australia. The United States accepts refugees in whom they have a profound humanitarian interest, an interest that is partially determined whether there is a constituency for a particular group. However, the United States will expand their parameters for resettlement and expect to include larger numbers of UNHCR referred cases in the future. Nevertheless, the number of persons already being processed will influence placements. An overall ceiling for resettlement is set each year. In the Nordic countries, fixed annual resettlement quotas were recently replaced either with a budgetary allocation,
as in Sweden, or with a three-year quota, as in Norway, to provide more flexibility to resettlement programmes. Canada operates resettlement programmes under three categories; Convention refugees, designated classes, and those covered by special humanitarian measures. The latter two categories were developed to cover those persons who deserve international protection but do not fall under the refugee definition of the 1951 Convention Relating to the Status of Refugees. To be granted resettlement in Australia, refugees must meet the specific criteria of either the Refugee, Special Humanitarian or the Special Assistance components of the Government Humanitarian Programme as well as general requirements relating to health and character.

INDEX TERMS: students, counsellors, female circumcision, adverse health practices, womens status, psychological problems, counselling, trauma, patrilineal societies, grandparents, sexual abuse, cultural sensitivity.

This article discusses female circumcision and counselling approaches for women who have been affected by the practice and are dealing with the consequences in a foreign culture. The authors provide general information on the forms of female circumcision and resultant complications and the socio-cultural aspects of the practice. The authors assert that circumcision is a very traumatic experience resulting in a variety of physical, psychological, and sexual reactions including emotional and mental distress, loss of self-esteem, feelings of victimization, and depression associated with physical complications. As well, circumcised women may feel insecure, confused, and isolated as they question a practice that is not the norm in the country where they now live. The authors discuss counselling strategies for international student advisors or college counsellors, which include referral to a physician to address any immediate related physical problems and education concerning sexuality, female genital anatomy, and the effects of trauma due to circumcision. Due to how circumcision is viewed, these women may require sexual abuse or grief counselling, cognitive restructuring and correcting negative self-concept, and, if in a cross-cultural marriage, sexual counselling. Support groups are also suggested. Overall, counsellors need to consider cultural differences and how they may affect students’ adjustments to a different society.

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INDEX TERMS: students, counsellors, female circumcision, adverse health practices, womens status, psychological problems, counselling, trauma, patrilineal societies, grandparents, sexual abuse, cultural sensitivity.
Women Refugees in International Perspective

INDEX TERMS: South East Asians, Africans, Central Americans, UNHCR, flight, sexual violence, refugee camps, sexual abuse, mothers, supplementary feeding, infants, deficiency diseases, neurotic and personality disorders, resettlement, adaptation, economic adaptation, gender discrimination, occupations, vocational training, household division of labour, wages, informal sector, culture shock, violence against women, alienation, grief, family, elderly, maladjustment, health, customs and traditions, family planning, ethnomedicine, mental health, stress, working conditions, marital conflict, offspring, extended family, religious institutions, health services, gender role, cultural identity, womens status, literature review.

GEOGRAPHICAL TERMS: Canada, United States.

This review article deals with three phases of women’s refugee experiences: flight from their homeland, life in refugee camps, and resettlement. Fleeing the homeland is fraught with women’s psychological and emotional scars, pregnancies as a result of sexual abuse, and the reaction of the family and ethnic community to their experience. In refugee camps women face inequitable allocation of essential items, an overwhelming sense of loss through death or separation from family and home, deprivation of status and human rights, sickness and disease. Within the camps women expect to find security and safety but, lacking the support from male relatives, may be forced to trade sexual services for food or other necessities. Women are also exposed to more potential health problems. Pregnant and lactating women are given inadequate food and nutritional supplements, resulting in female and child malnutrition. The discussion of resettlement centres on economic, aging, health, family, gender asymmetry, and gender and ethnic identity issues. As studies have shown, the employment rate of women is variously related to length of residence, constraints of domestic and child care responsibilities, education, and work experience. Women are discriminated against in the workforce and in access to job-training programmes. Factors that have an impact on women’s economic adjustment include culture shock, depression, domestic violence, isolation, and loss of family and community assistance. The author discusses how older individuals accentuate their ethnic heritage to maintain order and meaning in response to social and cultural change. Factors which influence women’s physical and mental health in the adjustment process are traditional beliefs and practices about family planning and childbirth, and stressors related to the social and financial benefits of the work environment, women’s rights and responsibilities at work and at home, and the quality of marriage. Also discussed are the role of the family in the adjustment process, particularly the pivotal role of women in maintaining family stability; the gender asymmetry created with women’s role changes; and women’s important role in preserving key markers of ethnic distinction. In conclusion, the author comments on research gaps in our knowledge about the experiences of women refugees during their three phases of forced migration. For instance, the meaning of cultural bereavement and its implications for gender roles and women’s adjustment should be studied and more information on support networks is needed. The complexity of gender has to be acknowledged, since women do not form a homogeneous group but their experiences vary by age, ethnicity, work status, and...
country of resettlement. More research is also needed how the ideology and values of the host country shape women’s experience as refugees in order to better understand the relationship between individual change and cultural change.


INDEX TERMS: internally displaced persons, mothers, flight, victims of conflict, violence, gender role, family division of labour, exile, children, refugee camps, mental health, trauma, family disunity, stress, protection, flight hazards, sexual violence, violence against women, special needs, assistance, educational programmes, health services, pregnancy, breast feeding, pre-natal care, birth, food supply, nutrition, income-generating projects, psychological problems.

Although victims of violence, uprooted women (a term referring to refugees and internally displaced persons) are important resources for the future. According to the author, the problems uprooted women face and the resources they bring are evident when examining the roles they play in their families and communities. Women, as mothers, are devoted to ensuring the well-being of their children, husbands, and other relatives. They are responsible for the physical maintenance of the family and are the first providers of primary health care. They are responsible for transmitting cultural beliefs to the next generation, and for the education of their children. Women, particularly those who arrive without their husbands, have to assume heavier economic responsibilities to survive in exile than they would back at home. Although not recognized as such, women, as community organizers, play a central role in making and implementing decisions that affect the well-being of the community as a whole. Even though they have been largely outside the decision-making circles that produced the conflicts, women, as reconcilers, play a role in resolving them by instilling attitudes in their children which can either make future reconciliation more likely or nourish the desire for revenge. Turning to the problems of uprooted women, the author argues that it is increasingly recognized that their protection needs during and after flight are related to their assistance needs. Women are often the victims in the conflicts that produced the uprooting and are vulnerable at every state of their flight. Although it should be a priority, there are a few systematic studies about the consequences of the violence uprooted women experience, as the violence affects a woman’s relationship with husbands and children, parents and siblings. In the area of assistance, women’s specific needs for education, health, cultural support, and economic activities are often not considered in the planning of programmes and the provision of services. In concluding, the author calls on the international community to think creatively about how to respond to potentially violent conflicts before families and individuals are forced to flee.
Female genital mutilation (FGM) is a complex and painful issue that embraces aspects of sexuality, health, education, human rights, the rights of women and children, and the right to development. In Africa today, women are beginning the task of freeing themselves from customs that have no advantage and that risk their physical and psychological well-being. This report by the Minority Rights Group was produced to increase the awareness of FGM and to stimulate support for women and men working towards its eradication. Initially, the authors describe the procedure and the potential long and short-term physical and psychological complications. More than twenty countries in Africa practice FGM and the laws governing this practice are as varied there as they are in Western countries. The authors discuss the psycho-sexual, religious, sociological, hygienic, and aesthetic reasons for FGM and the attitudes of health professionals. The four issues of rights of women, rights of children, rights to good health, and rights to development are presented with a further look at the international involvement of the UN, the World Health Organization, the United Nations Children’s Fund, and the United Nations Educational, Scientific and Cultural Organization. Lastly, the authors explore FGM in East, West, and Northeast Africa, Sudan and the Horn of Africa as well in the Western World; specifically, the reasons for FGM, the attitudes about FGM, and the research and educational programmes targeted to help eradicate the practice. They conclude with some suggestions to promote change by providing more resources, more detailed planning, and more real sustained commitment from governments and international organizations.


INDEX TERMS: protection, children, UNHCR, UNHCR EXCOM, guidelines, rape, sexual violence, torture, one-parent families, food, firewood, water, prostitution, persecution, refugee status determination procedures, refugee camps, camp layout, camp management, food supply, health services, counselling, trauma.

Last year UNHCR’s Executive Committee called for a new set of guidelines for the protection of female refugees. The article discusses these guidelines which will be presented at this year’s Executive Committee meetings and which are designed for UNHCR staff and countries offering asylum to eliminate causes of abuse and help women victims.
Chapter 1 General Concerns

Women suffer the added disadvantage of being subjected to sexual abuse and harassment. Faced with unfamiliar roles as heads of households, women refugees have to feed, clothes and protect themselves and their children. Some women are forced to bribe guards with sex in order to obtain basic things like food, water and firewood, others resort to prostitution or choose to marry men with ration cards. The guidelines call for a sensitive approach to handling of interviews with women applying for refugee status, who may have been subjected to sexual torture, and the training of more female staff to conduct interviews. As well, organizations working with refugees should set up new channels for women’s voices to be heard. The guidelines discuss safer camp design with respect to improving basic physical features to increase security for women. As well, women must have equal access to food and be part of decisions concerning food distribution. UNHCR recommends that a higher priority be given to health concerns such as gynaecology and family planning, rape counselling, and the recruitment of more female health workers from the refugee populations, the host country staff, and women expatriates. Trauma identification and appropriate counselling of refugee children form another area of concern. The thrust of the guidelines is that refugee workers and related NGOs should be sensitive to the needs of women and gives them priority in refugee camp planning and management.

INDEX TERMS: children, internally displaced persons, CSR51, right to asylum, asylum policy, deportation, racism, rape, sexual violence, gender-based persecution, denial of refugee status, refugee camps, emergency relief organizations, compassion fatigue, food distribution, basic needs, malnutrition, infectious diseases, health, pregnancy, birth, AIDS, family planning, preventive medicine, maternal and child health care, health education, mental health, education, illiteracy, gender role, violence against women, repatriation, UNRWA, CSR51, OAUR69.

This brief article gives an overview of the world-wide situation of women refugees and children. The author discusses the limitations of the 1951 Convention; the absence of a universal right to asylum; the policies of Western countries which, in contrast to the expanded definition of refugees adopted by the Organization of African Unity, selectively choose the individuals and groups allowed to remain legally; the limited recognition of gender persecution as grounds for asylum; and the circumstances, often violent, of women refugees in flight and in camps. More than half the world’s refugees are totally dependent on relief agencies. Yet, because of donor fatigue, agencies have to cope with shrinking funds while malnutrition is the principal cause of death in refugee camps. Because women’s health needs are mainly addressed in the context of pregnancy, child birth and mothering, conditions, such as deficiency and infectious diseases, cancer, genital mutilation and other traumas, tend to be ignored. AIDS testing and health education and rape counselling are rarely to be found, and family planning services and female health workers are often
unavailable. The need for basic education for women and their children in camps is emphasized. Women refugees, who must fight for their legal identity, have little control over their future. Husbands may have been granted refugee status but the same status is not automatically granted to wives and children who come to join them. An illiterate woman refugee does not know if the documents issued to her are valid. Unable to fill out paperwork to apply for a job or a permanent status on her own, she is consigned to menial jobs, such as illegal sweatshops in the United States. The author is also critical of repatriation as a solution to the refugee problem. She also points at the difficulties refugees may face in trying to resume their old lives.


GEOGRAPHICAL TERMS: United States.

This Note establishes that, “while rape has not been treated as a method of torture, under certain circumstances it should be explicitly and unequivocally identified this way as such.” The author defines rape “to include any form of physical sexual assault on a woman resulting in the penetration or near-penetration of her body by any instrument or part of anatomy, which takes place either by force or coercion.” The Note focuses on rape committed by public officials, that is, instances “where a woman is either coerced ... to exchange sexual favours for certain entitlements for herself or her family or must engage in sexual intercourse because she fears for her safety.” In Part I the author examines how, historically, prohibitions on the use of torture and prohibitions of rape by public officials have developed independently of one another. As a result, international law human rights bodies have failed to link the two prohibitions, despite the fact that rape meets the definitions of torture in the 1975 Declaration Against Torture and the 1984 Convention against Torture and other Cruel, Inhuman or Degrading Treatment of Punishment. In Section II the failure of the international community to identify rape as a method of torture is addressed. Important factors in this failure include the tendency to address women’s issues in terms of discrimination rather than in terms of mainstream human rights abuse; the perception of torture and rape as separate offences; and the tendency to limit the context in which torture occurs to cases of detention. In Section III, the author demonstrates that rape is a method of torture by examining the elements of torture in Article I of the Convention Against Torture. According to Article I, a physical or mental assault constitutes torture when it causes severe physical or mental suffering; when it is committed for a purpose such as punishment, interrogation, intimidation or coercion or discrimination; and when it is
committed by a public official or a private individual with the acquiescence or consent of state authority. The author concludes that change is needed to eradicate not only the discrimination directed at women by their governments but also the segregation of women’s rights from mainstream human rights in the international system.


INDEX TERMS: refugees, income-generating projects, development aid, durable solutions, repatriation, local settlement, resettlement, economic self-sufficiency, receiving country, burden sharing, integration, country of origin, employment, barter, trade, small-scale enterprises, customs and traditions, UNRWA, UNHCR, UNDP, quick-impact projects, international organizations, refugee participation, project implementation, management, project evaluation.

GEOGRAPHICAL TERMS: Sudan, Palestine, Nicaragua.

This article examines the lessons to be derived from programme implementation to help refugee women attain greater economic self-reliance. Development-oriented programmes are thought to provide ways to reduce long-term assistance costs and to facilitate durable solutions of voluntary repatriation, settlement in a country of first asylum or resettlement in a third country. The projects have taken two major forms: small scale projects addressing refugee needs, such as health care, employment and education, and large scale projects to improve the infrastructure of the host country or country of origin. However, because of concerns that these programmes will result in de facto integration of refugees into the local society and possible competition between the local population and refugees for scarce resources, host countries have insisted on equitable burden-sharing between their country and the international community as well as additional assistance for refugees. The authors discuss ways for refugee women to become economically self-reliant including employment in the local economy or with assistance agencies, agricultural activities, bartering, the establishment of trades or small business, participation in skills training programmes, and formal income-generation projects. When deciding which economic strategy to pursue, refugees take into account the extent to which any activity will help them to obtain a secure source of income (in cash or in kind) enabling them to survive; their hopes and prospects for repatriation and resettlement, their education and skill levels, and cultural constraints. The authors describe in detail four income-generating projects which include both men and women: the ACORD project in Port Sudan, the UN Relief Works Administration (UNRWA) programme of grants for funding income-generating projects for Palestinian refugees, Save the Children Federation (SCF) in Sudan, and the Quick Impact Projects (QIP-FEMs) in Nicaragua. Few of the women’s projects, in particular, have led to long-term economic self-sufficiency for the women involved because of a lack of effective women’s refugee participation in the projects’ design and implementation; “little evidence of serious
commitment to ensure the long-term effectiveness of income-generating projects” by donors, governments and project implementers; and economic and legal constraints. Projects face economic restraints when implemented in countries facing their own economic crises, such as high levels of inflation, and higher transportation costs and local unemployment. Projects are faced with legal constraints when refugees do not qualify for work permits or business licences, are only allowed to rent from local residents land or standing structures; and may not receive travel documents to travel to local markets. Approaches of planning and implementation are discussed which appear to have contributed to the success of income-generating projects: clearly defined objectives, knowledge of the population, addressing cultural constraints, knowledge of the host country, and project implementation. The authors note that development-oriented and private agencies need to incorporate refugee populations into their projects but, with the new focus on development, UNDP, UNIFEM, the World Bank and the International Monetary Fund are also becoming involved. In conclusion, the authors provide a set of objectives needed to promote the self-reliance of refugee women.


INDEX TERMS: child refugees, government policy, guidelines, UNHCR, UNHCR EXCOM, policy making, international protection, sexual abuse, forced conscription, special needs, financing, resettlement programmes, country of first asylum, repatriation.

GEOGRAPHICAL TERMS: United States, South East Asia, Vietnam, Malawi, Zimbabwe, Pakistan.

This is the text of an address on US policy with regard to refugee women and children that the author, US Deputy Assistant Secretary for International Assistance, gave in July 1992 before the US Catholic Conference. As she pointed out, the United States has worked with other member governments of UNHCR’s Executive Committee to establish UNHCR policy on refugee women and children that resulted in the Guidelines for the Protection of Refugee Women and the earlier Guidelines for Refugee Children. The emphasis is now on effective implementation of both sets of guidelines by continuing to stress the need to focus on the beneficiaries of the programmes, developing a clearer link between the policies and UNHCR’s internal programming and budgeting, and designing and implementing programmes sensitive to the needs of refugee women and children. The United States has adopted the policy that refugee women and children should be ‘mainstreamed’ instead of being funded for special programmes. However, she notes that, combined with main streaming, special needs of refugee women and children as a result of severe protection problems, such as sexual abuse of a woman during flight and forced conscription of refugee children, have to be addressed also. In addition to some examples of US funds given
directly to NGOs and international organizations in South East Asia, Malawi, Zimbabwe and Pakistan, the author also touches on US resettlement of protection cases, and US and UNHCR procedures under which special protection cases can be considered for resettlement even when there is no family link in the United States.


INDEX TERMS: torture victims, Cambodians, South Africans, Africans, Eastern Europeans, Iranians, Argentinians, Chileans, Uruguayan, Paraguayan, political opposition, customs and traditions, trauma, torture victims treatment, exile, clinics, womens status, mothers, sexual violence, rape, political amnesty, dictatorship, self-help organizations, communities, womens organizations, cultural sensitivity.

**GEOGRAPHICAL TERMS:** United States.

This article discusses the treatment implications for a culturally diverse group of women who are survivors of torture. Due to their size and scope, the few studies on women survivors of torture generally overlook the cultural diversity of torture victims. The article is based on comments from women using the Centre for Victims of Torture, Minneapolis and women survivors of torture in the community. The author explores the definitions of torture describing its purpose as a means to control a population and eliminate all actual, potential or perceived opposition and dissent. The author presents examples of torture that, when viewed as a process rooted in the historical and societal antecedents of a country, involves the normalization of violence, the politicization of all systems, and the exaggeration and institutionalization of existing hatreds and tensions. The extensive use of sexual violence against women is illustrated by citing cases from Africa, Iran, South East Asia and Latin America, where rape is used as an act of violence and a form of social control. Women who suffer sexual violence and rape during torture are susceptible to future re-victimization. Amnesty and impunity for the torturers as well as the stigma attached to rape that silences the victims are briefly discussed. Therapeutic treatment approaches for women torture victims are addressed. The crucial issue in dealing with trauma is the capacity to take action, especially at the level of community groups. As the international support group, formed by the Centre in 1989, demonstrates, self-help and support groups “are a natural mechanism for many women.” The author concludes that, when providing healing strategies and facilitating the ‘re-making’ of the tortured women’s world, a concerted effort must be made to understand and utilize the strengths of the women’s gender and cultural contexts.

INDEX TERMS: protection, guidelines, international instruments, national law, refugee camps, emergency relief programmes, refugee participation, special needs, needs assessment, repatriation, sexual violence, flight, country of first asylum, prostitution, violence against women, refugee status determination procedures, legal protection, gender-based persecution, child abuse, camp layout, food distribution, water supply, firewood, health services, counselling, vocational training, education, income-generating projects, camp management, planning, CSR51, UDHR48, ICCPR66, ICESR66, CEDAW79, CRC89, UNHCR EXCOM.

These Guidelines, developed by UNHCR, follow the general framework outlined in the UNHCR Policy on Refugee Women, adopted by the forty-first Session of the Executive Committee. They are designed to assist UNHCR staff and its implementing partners to identify and address specific protection issues, problems, and risks facing refugee women. The introductory section provides general background information and the legal framework for the protection of refugee women. Section II comprises guidelines for assessing and planning the protection of refugee women. This section includes lists of assessment questions and key issues which need to be addressed in the emergency stage and long-term refugee situations, including circumstances of the movement, characteristics of the refugee population, local reception and attitudes, physical organization and location of camps, social organization, physical safety, access to assistance and services, legal status and access to legal systems, and women’s opportunities for participation in durable solutions. Section III details the possible problems/needs relating to physical security, such as physical and sexual attacks and abuse during flight, in countries of asylum and during repatriation; and legal procedures and criteria for the determination of refugee status and women’s problems/needs concerning refugee status, repatriation and local integration. The discussion of possible programme interventions emphasizes the involvement of refugee women in decisions affecting their security and the promotion of accepting gender-based persecution and sexual violence as forms of persecution in granting women refugee status. Section IV discusses further intervention activities for camp planners and assistance programme administrators to prevent abuses and enhance the protection of refugee women at borders; improve the design of camps; provide equal access to food and other distributed items; improve techniques for obtaining clear water and facilitate the collection of firewood; improve access to appropriate health care; and provide educational, skills training, and income generation activities. The final section describes follow-up and reporting actions to be undertaken once protection problems have been identified.


INDEX TERMS: internally displaced persons, children, orphans, widowed persons, flight, protection, rape, refugee camps, gender role, family, conflict of generations, refugee participation, water supply, food supply, country of first asylum, refugee status
determination procedures, CEDAW79, needs, health services, education, vocational training, income-generating projects, durable solutions, reconstruction, repatriation, local settlement, resettlement, women-at-risk, asylum seekers, receiving country, adaptation, integration, educational programmes, language barriers, mental disorders, exile, UN, UNHCR, NGOs.

With a preface by the UN High Commissioner for Refugees and an introduction by the Senior Co-ordinator of Refugee Women, this book examines the situation of refugee and displaced women by discussing their needs and the contributions they have made and continue to make. It also describes the steps taken by the United Nations, governments, and NGOs to respond more effectively to the presence of refugee women. Following a general introduction, Chapter 2 highlights the changing role of refugee and displaced women as they respond to new environments, new languages, new social and economic roles, new community structures, new familial relationships, and new problems while at the same time reconstructing, as much as it is possible, familiar life styles. Although in camps refugees generally face barriers preventing them from participating in refugee programming, these barriers are particularly pronounced for women. The next chapter focusses on the particular vulnerability of women and their dependents to physical security both during flight and after they have found refuge, and on the legal difficulties women face in obtaining refugee status. As the author points out, internally displaced women face many of the same protection problems. Since half of the world’s refugees are totally dependent on international assistance for their basic needs, the author dedicates Chapter 4 to assistance issues of food, shelter, water, health care, education, and skills training. Chapter 5 discusses economic activities such as income-generating projects that help women develop greater self-sufficiency. Chapters 6 and 7 discuss durable solutions. Chapter 6 examines this issue first by seeking solutions in developing countries, including repatriation and permanent settlement in countries of asylum. Chapter 7 discusses the needs and problems faced by refugee women in industrialized countries, who have either been resettled from countries of first asylum or are direct arrivals who request refugee status. In chapter 8, the author highlights the efforts to improve responses to refugee and displaced women both within the UN system as well as by NGOs. Throughout the book, the author makes recommendations and emphasizes the need to include women in decision-making and programme implementation. The annexes include suggestions for use, relevant UN documentation, and a list of international organizations.

b. **International Meetings/Workshops**

Women Refugees in International Perspectives


INDEX TERMS: youth, Islam, Hinduism, women's rights, human rights, development, CEDAW79, declarations, UDHR48, violence, women's status, poverty, equality before the law, discrimination, human rights instruments, social change, reproductive health, belief systems, patriarchal societies, national law, segregation, UN, NGOs, case studies.

GEOGRAPHICAL TERMS: Canada, Iran, Nepal.

This report of the 1996 International Development Symposium Series on Women’s Rights Are Human Rights includes addresses by two international speakers and symposia presentations. The introduction notes that, while policies such as the Universal Declaration of Human Rights, the International Bill of Human Rights and subsequent agreements should provide the foundation for policy and programme implementation; they are not being effectively realized. Problems and challenges continue. Therefore, women and men, both individually and collectively, continue to work for positive change in situations that affect women, including adequate child care, employment, education, and all forms of discrimination. The addresses by international speakers and the symposia presentation all discuss the progress achieved at the Fourth UN Conference on Women in Beijing, particularly the Beijing Platform for Action but stress the work that still needs to be done to ensure women’s equality in all spheres of life. Although the presenters discussing the role of youth appreciated that they were given the opportunity to attend the Beijing Conference or its parallel NGO forum in Beijing, they were critical that their potential role in fighting for women’s rights are not recognized. Presenters also discuss socio-political issues as they relate to women’s rights and case studies about women’s rights in Quebec, Iran, and Nepal. The final section of the report contains a description of World University Service of Canada projects in the context of women’s human rights, which are developed in Jordan, Peru, and Sri Lanka.


INDEX TERMS: Muslims, Iranians, Somalis, Tunisians, Malaysians, Bangladeshis, Islam, Christianity, Judaism, Shar’ah, women’s rights, fundamentalism, patriarchal societies, gender role, female circumcision, women’s status, family planning, education, labour market, marriage, family, kinship, reproductive health, fertility statistics, maternal mortality, pregnancy, infectious diseases, health education, testimonies, meetings.

GEOGRAPHICAL TERMS: Iran, Tunisia, Malaysia, Somalia, Bangladesh, Egypt.
This publication is addressed to women activists who gathered in Cairo in September 1994 for the International Conference on Population and Development. It begins with a statement from Women Living Under Muslim Laws, which expresses their concern with the growing strength of religious fundamentalism, noting that fundamentalist movements attack the autonomy of women, their human rights, and particularly their reproductive rights. The publication includes seven articles, previously published as articles or chapters in books, discussing the impact of Islam in Iran and Tunisia on reproductive choice as a function of the political context in which gender issues are defined; the development of population policy in post-revolutionary Iran and the strategies that led to the adoption of birth control and family planning; the social effects of the secular state and Islamic resurgence on Malay women, kinship, and identity; the evolution of the relationship between women and population questions through the major UN conferences; a review of epidemiological data in key areas of reproductive health; female genital mutilation as practice of culture, not religion; and a story about the experiences of circumcized Somali women who spent some time in the United States. Also included are testimonies of women from Bangladesh and Egypt. An extensive and country-by-country bibliography on reproductive rights is provided together with a directory of independent international networks, campaigns, groups, and national/local initiatives.

INDEX TERMS: special needs, protection, violence, sexual abuse, living conditions, employment, children, starvation, malnutrition, hygiene, camp management, refugee participation, polygamy, resettlement, prostitution, psychological problems, educational programmes, training, developing countries, financing, UN, UNHCR, UNHCR EXCOM, UN General Assembly, meetings, reports.

UN’s International Women’s Day, commemorated on 8 March, was dedicated to refugee women. This article summarizes the roundtable discussion, organized by the UNHCR’s senior coordinator for refugee women. The theme that emerged most clearly was the fear that grips women throughout their life as refugees, in addition to their difficult living conditions. A Cambodian refugee woman described how women’s inability to find work leads to emotional problems, as they cannot feed their hungry children. As far as women refugees’ protection is concerned, the UNHCR legal officer noted that the lot of refugee women could be improved immediately by making sure that a female UNHCR staff member always has a private conversation with refugee women, enabling them to explain their problems and needs, and allowing them an active part in programmes for their benefit. The High Commissioner noted that UNHCR has taken the essential steps necessary to ensure that its activities are tailored to the needs of women. Directives on women refugees...
were approved by the Executive Committee last October and then ratified by the United Nations General Assembly.

c. **International Refugee-Assisting Organizations**


INDEX TERMS: refugee camps, protection, sexual violence, special needs, refugee participation, camp layout, food distribution, health services, reproductive health, income-generating projects, humanitarian assistance, international law, national law, guidelines, manuals, UNHCR, female circumcision, gender-based persecution, international organizations, NGOs.

In the first section of this three-part report, the special protection needs of refugee women are discussed. It is argued that, in order for refugee women to be adequately protected, their special needs must be given the highest consideration. Such consideration may imply many changes in the design of refugee camps, the distribution of food, the provision of reproductive health care services and mental health counselling, and the improvement of income-generating projects. The second section describes in some detail the lobbying efforts of the NGO International Working Group on Refugee Women formed in 1985, the subsequent appointment of a Senior Coordinator for Refugee Women, the instrumental role which the Coordinator played in developing the 1990 Policy on Refugee Women and the 1991 Guidelines on the Protection of Refugee Women. The third section discusses some of the problems associated with implementing the 1991 Guidelines. The People-Oriented Planning (POP) programme is identified and discussed as a training tool that could be used in conjunction with the Guidelines. The report concludes by stressing the need to continue to implement the 1991 Guidelines and to update them to include issues of reproductive health, female genital mutilation, repatriation, gender-based persecution, and asylum claims.


INDEX TERMS: one-parent families, mothers, children, UNHCR, special needs, assistance, vulnerable groups, child care, refugee camps, urban refugees, emergency relief organizations, NGOs, self-help projects, organizations, income sources.
This article discusses the difficulties faced by single-parent refugee families, particularly by female-headed refugee households. Life for a single woman with children can be easier in a refugee camp, as other refugees are easily accessible. Urban refugees and single women with children, in particular, lack the support of friends, family, and community, and it can be difficult for UNHCR and other relief agencies to identify those refugees who are most in need. NGOs and community workers are often used to help identify at-risk families. Skilled people among the refugees are employed to assist in this effort. However, urban refugees still pose a major challenge. Community centres, usually run by NGOs with assistance from UNHCR, are considered an effective means of providing access to support, information, and meaningful friends. Community centres, which have a proven track record, are particularly helpful to single women with children. Women can learn useful skills from each other that they would not be able to do on the street. One of the most important aids for single mothers is to provide them with a job or home-based, income-generating activities to earn some money. The question of financial assistance continues to be problematic for UNHCR; hence, it must provide funds in a more sensitive, carefully targeted way rather than as small short term grants without consideration for families’ changing needs.

INDEX TERMS: planning, training programmes, refugee participation, needs, children, gender role, customs and traditions, belief systems, demography, country of origin, receiving country, protection, social role, men, elderly, adolescents, household division of labour, country of first asylum, durable solutions, society, literacy, teaching, health personnel, refugee camps, emergency relief programmes, food supply, medical treatment, refugee-agency personnel, UNHCR.

This document outlines a People-Oriented Planning (POP) training tool designed to assist refugee workers to improve refugee women’s participation in, and access to, all relief and development programmes. It aims to equip refugee workers with the skills necessary to target programmes more appropriately, ensure that programmes do not disadvantage women and girls, address the programme needs of children, and increase the opportunities for refugees to assume responsibility for their own management and programmes. The authors discuss the three components of the People-Oriented Analytical Framework: refugee population profile and context analysis, activities analysis, and use and control of resources analysis. The refugee population profile and context analysis trains workers to learn about specific refugee populations and examines the factors that shape the context within which they conduct their daily lives. The activities analysis explores what refugees
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were doing before and who carried out the activities, such as the production of goods and services, agricultural tasks, household work, social, political and religious activities. The same questions are asked to find out what people are doing or are able to do now in the refugee situation which is being planned, namely, entry, first asylum, and durable solutions. The analysis will provide an understanding of how the traditional activities of women, men, and children have been affected by their refugee status and help in identifying differences that could influence the refugees’ effective reintegration. The third step involves examining what resources refugees controlled and used both before flight and what resources they control and use now. This analysis helps to identify the resources lost, acquired, and most affected by resource shifts, and to assess which sub-groups have which needs and priorities for intervention. For emergency situations, this tool can provide a framework to protect refugees and establish systems for meeting their urgent needs of food, water, shelter, sanitation, and health care.

d. **Bibliographic and Other References**


INDEX TERMS: bibliographies, refugees, displaced persons, protection, womens rights, human rights violations, training, Chinese, family planning, Pakistanis, womens status, social classes, constitutions, Islam, legislation, Russians, gender discrimination, employment, sexual abuse, violence against women, government, UNHCR EXCOM

Conclusions, declarations, ratification, CEDAW79, PRW53, international instruments, literature reviews.

GEOGRAPHICAL TERMS: China, Pakistan, Russia.

This Special Issue of Refugee Survey Quarterly commemorates the Fourth World Conference on Women (Beijing, 4-15 September, 1995) by bringing together bibliographic references, reports, and documents that relate to the challenges confronting refugee and displaced women. The special focus of this issue is the Select Bibliography on Refugee Women. Documents, reports, and articles in English, French, and Spanish published since 1989 comprise the majority of the references which include the subject categories of protection concerns; special needs (health, family, education, assistance, and development); durable solutions; women’s rights; women’s rights violations; and training and reference materials. Each reference includes index terms and geographical terms where applicable. At the end of the bibliography is a subject index. This issue also includes Country Reports. The women in China section discusses Chinese family planning and the one-child policy, including the rewards and penalties regarding family size, practices of birth control and
Chapter 1 General Concerns

eugenics, and policies regarding non-compliance. Detailed comparisons of these practices in the rural, internal migrant, urban, and ethnic minority populations are examined. The section women in Pakistani society examines the status of women with respect to their social background, the region in which they live, and the social class to which they belong, and how this status has been shaped by the constitution and other relevant Islamic legal provisions. The last Country Report examines state discriminatory practices against women, particularly, in the areas of employment, domestic violence, and sexual assault that are condoned and tolerated by the Russian government. The Documents section traces policy steps taken regarding refugee women and sexual violence against women during sessions of the Executive Committee of the High Commissioner’s Program. Also reproduced is the UN Declaration on the Elimination of Violence Against Women. There is a section included on the status of ratifications to the 1979 Convention on the Elimination of All Forms of Discrimination Against Women and to the 1952 Convention On the Political Rights of Women as well as a list of international and regional instruments relating to women. Two book reviews as well as abstracts of literature from the bibliography are included. Contact information for organizations involved in issues concerning refugee and displaced women is provided in the Publishers/Distributors section.

INDEX TERMS: asylum seekers, refugee status determination procedures, guidelines, gender-based persecution, literature review, nationality, law, developing countries, Islam, Muslims, media, decisions on refugee status, gender role, sexual violence, human rights, value systems, bibliographies.

This article provides the titles of a bibliography derived from the author’s readings over the course of a yearlong fellowship, which she devoted to examining the effectiveness of the 1993 Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution of Canada’s Immigration and Refugee Board. In her selections she gave priorities to feminist literature on citizenship, the state, and the law, and to literature by women and men of the South on their realities. Her selection emphasized post-modern literature, since postmodernists challenge commonly held meanings. Because of the negative media reporting on Islamic states and Muslims in Canada and abroad, the readings were contextualized by focussing on gender, women and Islam. The bibliography is organized under four themes: feminist theories; women and gender with a focus on women in and from Muslim countries; the politics of sexual violence and human rights; and gender and cultural colonization.
This dossier is a compilation of articles that provide information about the lives, struggles, and strategies of women living in diverse Muslim communities and countries. It begins with the story of a Pakistani American lesbian woman living between two cultures. This theme is then explored in a powerful short story written and banned fifty years ago. A study of mut’a (temporary marriages) in a Shi’ite Lebanese American Muslim community presents the Islamic legalistic and diverse community views regarding this practice. The overall consensus is a dislike of the practice deeming it against religion. However, proponents of the practice see it as a way to legitimately fulfill their sexual desires, evidence of how religious edicts pulled out of Iranian Shia Islamic frameworks are applied in an alien diasporic context to facilitate “cultural accommodation”. Another author recounts the atrocities inflicted on Algerian women, primarily by fundamentalist violence. She examines the ideology and movements that have motivated these crimes and thereby attempts to understand how this internal conflict will affect the plight of women in their struggle for equality and human rights. In Sudan, another example of fundamentalists’ policies, one author explores politics and Islamisation during the 1980s. The Islamisation movement is discussed as part of a cultural-national construction of identity that is class-interested and culturally nationalist in the service of those class interests, but verges on essentializing Islam. Women’s behaviour in the name of the ideal women is presented as central to the ideal family but ideologically manipulated by male-controlled religio-political institutions. A Sudanese feminist addresses the issue of violence against women under the new laws passed since the 1989 coup. She surveys cases of women who were victims of violence and of female prison inmates to demonstrate that some of the newly adopted laws reflect violence, abuse and gendered power relations that are affecting Sudanese women’s citizenship and human rights. The third article on Sudan recounts the execution of Ustadh
Mahmoud Mohamed Taha, a progressive interpreter of the Qur'an, in 1985 to show how Islam and the law can be manipulated to achieve a political objective. His books remain banned. The political use of Islam is also illustrated in the article on rape in Pakistan denouncing the assimilation of rape to fornication and adultery. The closing article discusses customary practices among Muslims in Bihar, one of the most socially and economically backward states in India. Based on the interviews conducted with 12 women who were either Sunnis or Ansaris, the authors found that the women’s practices regarding marriage, divorce, inheritance, guardianship, and family planning were either invalid according to classical Muslim law or alien to Muslim beliefs. Included in the annexes are news briefs; summaries of organizations and projects; reviews and sources of pertinent references; and listings of announcements, campaigns, and events.

INDEX TERMS: female circumcision, adverse health practices, ethnic and national groups, children, belief systems, Islam, women’s status, medical personnel, midwives, bacterial diseases, birth, death, alienation, psychology, customs and traditions, value systems, cultural sensitivity, patriarchal societies, history, testimonies.

The author’s purpose is to transform the reader’s relationship to female genital mutilation (FGM) from shock, shame or acceptance into a “proactive stance of compassionate accountability.” Based on available literature, the article provides a brief history of FGM and discusses, along with the personal account of a young girl’s experience, its practice across ethnic, national and religious groups and its physical, sexual, and psychological consequences. Although WHO reports that it is associated with poverty, illiteracy and low status of women, female circumcision is performed among all levels and classes of practising societies. Common justifications for continuing the practice today are framed in terms of religious and socio-cultural beliefs. According to the author, attempts to frame the practice as culturally appropriate allow us to circumvent our knowing of the child’s pain. The immediate accountability for such pain lies with the generation that abuses the next generation, which implies women’s denial of their own memories of pain. Rather than suffering through her own pain alone, the adult enlists cultural justifications and relieves her pain through the suffering of the child. The author proposes that the answer to the problem of being “culturally sensitive while moving against oppression” is through a “compassionate accountability” for self and others; “compassion for the courage it takes to be in relationship to one’s own pain and to that which the culture carries for us.”

TALAQ-I-TAFWID: THE MUSLIM WOMAN’S CONTRACTUAL ACCESS TO DIVORCE, Carroll, Lucy (ed.); Kapoor, Harsh (ed.). Grabels (France) and
In Muslim countries, Family Codes and Personal Status laws are discriminatory against women. Women are deprived of the right to initiate divorce, thus exposing them to repudiation, unilateral extra judicial divorce by the husband, legal insecurity, and total absence of control over their matrimonial situation. Women have had to fight for their autonomy and develop strategies to do so. Recognizing the lack of information concerning the rights which Muslim law confers upon women, this information kit focusses on a procedure recognized by Islam, talaq-i-tafwid or the contractual delegation to the wife of the right to pronounce talaq (divorce) on behalf of her husband in regard to her own marriage. By exploring this strategy, women can effectively equalize the access of spouses to divorce. The editors quote discussions of talaq-i-tafwid from the Qur'an and various texts. The practice of talaq-i-tafwid in South Asia is discussed in some detail through case studies, editorial comments, brief articles, extracts from reports, and marriage contracts, since the women’s experience may suggest a useful strategy capable of being adopted by women elsewhere in the Muslim world. Articles also comment upon talaq-i-tafwid in the Middle East, North Africa, South East Asia, and the United Kingdom. A special “Stop Press” section includes reports and comments on a recent court decision on mataa (maintenance/provision for divorced Muslim women) in Bangladesh.


INDEX TERMS: rape, human rights, regional organizations, gender discrimination, international law, international humanitarian law, UDHR48, ICCPR66, ICESR66, CAT84, CEDAW79, PPCG48, human rights violations, Geneva conventions 1949, prosecution, international tribunals, crimes against humanity, European Court of Human Rights, regional treaties, Council of Europe, European Union, OSCE, Inter-American Court on Human Rights, OAS, Inter-American Commission on Human Rights, ethnic cleansing, trauma, counselling, indigenous groups, armed forces.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Guatemala.
This Comment maintains that regional human rights organizations provide “crucial bridges for linking international and domestic efforts to promote respect for the human rights of women.” Thus, the Comment highlights the difficulties regional organizations have protecting the human rights of women and the problems inherent in addressing gender bias in international law and organizational policies. Part one discusses two separate sources for treating rape as a crime: international human rights law which seeks to protect individuals by creating legal obligations for states to respect the human rights of their citizens and humanitarian law which creates procedures and standards for protecting both combatants and civilians during armed conflict. The author discusses “the most widely recognized protections for the human rights of women,” such as the Universal Declaration of Human Rights, the UN Covenants, and the Conventions designed to protect the human rights of women. Humanitarian law, according to the author, should offer advantages for punishing crimes committed against women, particularly since the Geneva Conventions, as the basic documents underpinning this body of law, have been generally accepted and ratified. However, the limited scope of customary protections for civilian women and recurring instances of systematic rape throughout the twentieth century has led to a consensus in several human rights organizations to regard sexual abuse of women during warfare as a crime in international law that must be punished. The author states that human rights law should be integrated not only with humanitarian law but also with refugee and development law to provide broadly focussed protection for the human rights of women. Part two presents a feminist critique of international humanitarian and human rights law for protecting the human rights of women, which encourages a change in the international community’s approach to these rights by adding legal protection and by transforming social values. In Part three the author argues that, because of commonalities based on language, culture and geographic proximity, regional organizations have the greatest potential for changing cultural attitudes toward rape and the human rights of women. The European system for the protection of human rights and the Inter-American human rights system are discussed in detail to address the dynamics of the respective human rights institutions. The author notes that “[t]he availability of functioning human rights courts and regional involvement in social and economic policy provides realistic opportunities to address the feminist criticisms of international legal institutions.” Part four analyzes the failure of international organizations to prevent the systematic rape in Bosnia and Guatemala and assesses the potential for using regional systems to deter future human rights abuses of women. The case of Bosnia provides an indicator of the status of women in international law; whereas the case of Guatemala demonstrates the difficulty in promoting legal recognition of the human rights of women without concurrent political and economic pressure.
INDEX TERMS: women's rights, abduction, rape, terrorists, ethnic and national groups, female circumcision, civil and political rights, legislation, gender discrimination, Catholics, professional workers, Islam, Palestinians, Shari’ah, ethnic identity, women's status, fundamentalism, state, reproductive health, family planning, patriarchal societies, social movements, rights to justice, economic social and cultural rights.

GEOGRAPHICAL TERMS: Algeria, India, Middle East, South Africa, Indonesia, Malaysia, Germany, Bangladesh, Turkey.

This dossier highlights the debate on women’s human rights in Muslim countries and communities. It begins with accounts from young Algerian girls kidnapped and raped by Islamic armed groups. It is followed by testimony on the practice of female genital mutilation among Bohra Muslims in India. The next essay assesses one aspect of the implications of the cultural relativist argument: appeals to what might be called “Islamic particularism” to justify the denial of civil and political rights to Middle Eastern Muslim women. An article from South Africa discusses the issue of including Muslim personal laws in the ambit of the final constitution and in accord with the provisions of the bill of rights of the interim constitution, which outlaws discrimination on the basis of sex in South Africa. Constitutional provisions relating to women in a number of Muslim countries are also discussed. This dossier includes a plenary speech given to the Non-Governmental Forum at the Fourth World Conference on Women in Beijing, 1955, which discusses women’s struggles against Catholic religious conservatism. An article on the veil examines the rise of an intensely religious class of professionals in Indonesia and Malaysia and the contrasts and paradoxes between contemporary trends and reclaimed or imported traditions of women, which have risen along with it. Focussing on Islam and Shari’ah in the construction of national and ethnic identity, a case study on Muslim Palestinians in Berlin shows that the ethnicity of migrant groups cannot be reified; it is plural, complexly structured and subject to constant change, while at the same time operating within historical boundaries. Women’s subordination and resistance to it, dissent, and protest are discussed by examining the position and status of women in Bangladesh in relation to the interplay of religion and politics. The limited success of the feminist movement and the problematic alliance between religious fundamentalism and a weak state are described. The focus of the next article is the struggle of the women’s reproductive rights movement against the opposition by Islamic fundamentalists in Bangladesh, an opposition which appears to be based not on religious but on purely political considerations. An article discusses the rise of the new feminist movement in the 80’s in Turkey fighting for better legal, economic and social rights and the parallel rise of Islamic fundamentalism. The last paper, written by Salman Rushdie, gives examples of “Voices of Dissent”. In the cases cited, fundamentalists attacked the dissenters. The Resource Index includes, among others, a list of members of the Research Action Information Network for Bodily Integrity of Women (RAINBO) and the titles of recent books and papers.
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INDEX TERMS: developing countries, health, reproductive health, health services, discrimination, infant mortality, working conditions, maternal mortality, women's status, family planning, abortion, patriarchal societies, malnutrition, infectious diseases, AIDS, violence against women, rape, women's seclusion, female circumcision, adverse health practices, ethnomedicine, gender role.

GEOGRAPHICAL TERMS: South Asia, Africa, Latin America.

The author examines the health problems of women and girls in the Third World and the gender inequalities of health in these countries. The health problems identified are reproductive health, excess female mortality in childhood, violence against girls and women, occupational and environmental hazards, and cervical and breast cancer. In each of these areas the author reviews a selected sample of literature to illustrate the effects of sex role definition and expectations on women’s health. Due to the patriarchal structure of the traditional societies of Third World countries, women assume subordinate roles that limit their autonomy in decision making and lead to discrimination in health care utilization. The author further discusses the emphasis on childbearing roles of women, son preference, work roles of women in households, female seclusion, lack of autonomy by women, and early marriage ages as examples of gender inequality that directly affect women’s health. In conclusion, the author emphasizes the need for policy formulation to reflect women’s perspectives in order to reduce gender discrimination and inequality and thus improve the health status of women in Third World countries.


INDEX TERMS: victims of war, victims of conflict, country of origin conditions, resistance movements, Kashmiris, rural areas, urban areas, killings, men, rape, family, children, Russians, Korean minorities, Japanese, armed forces, ethnic cleansing, Muslims, Bosnians, Croatians, Serbs, NGOs, refugee camps, agents of persecution, war crimes, punishment.

GEOGRAPHICAL TERMS: Kashmir, Korea, Russia, Somalia, Croatia, Bosnia and Herzegovina, Serbia.

This special bulletin contains testimonies and accounts from women in war zones and conflict situations including Kashmir, Korea, Somalia, Russia, Croatia, Serbia, and Bosnia/Herzegovina. These accounts describe often in graphic detail women’s humiliation, harassment, molestation, and rape and subsequent struggle to survive the physical and
psychological trauma; and families’ experiences with crackdowns, raids, searches, looting, damage, and murder. It begins with women’s testimonies from Kashmir obtained during a visit of villages and towns by the Women’s Initiative. Since the Kashmiri freedom movement took to armed struggle in 1989, violence has completely destroyed the daily life of the people. Thirty thousand young men have died; members of the Indian army jawans killed people and gang-raped large numbers of women and young girls. The testimony of one Korean woman who, as a young girl, was forced to become a ‘comfort woman’ (sex slave) by the Japanese army vividly describes the suffering these women endured. Among the contributions, several accounts are included of the genocidal rape of non-Serbian women. According to a member of the Women in Black Against the War in Belgrade, a consensus was reached with feminists in other countries that war rapes should be explicitly made a war crime and that punishment for the perpetrators should be sought.


INDEX TERMS: Salvadorans, Filipinos, displaced persons, refugees, armed conflict, safety of refugees, gender role, family, rape, sexual violence, mothers, mental health, psycho-social problems, trauma, post-traumatic stress disorders, communities, community relations, gender role, gender discrimination, medical rehabilitation, research interviews, literature review.

GEOGRAPHICAL TERMS: Central America, Philippines.

Based on interviews primarily with women from Central America and the Philippines, this article examines the psycho-social effects of armed conflict and displacement on women. As other studies have shown, displaced women in settings of armed conflict display emotional responses to war trauma, including the symptoms of clinical Post-Traumatic Stress Disorder as well as other psychiatric complaints. Displacement results in the dissolution of community and family systems, which in turn affects gender roles. As well, sexual humiliation, threat of rape, and rape are common experiences. However, quoting several studies, the author argues that displacement can also lead to the establishment of new communities bringing about the empowerment of victims even in settings of armed conflict. Where a community breaks down, effective psycho-social intervention into war traumas begins and may end with community development. New social systems are established that do not reflect traditional power relationships of the past. Women are not relegated to support positions, but share with men programme initiatives and leadership. Grounded in their experience with each other, women in these communities develop a new sense of self in social relationship and socio-political context that results in reconstructed definitions of mothering and care. This new sense of self in turn leads to collective actions to confront injustice. Consciousness raising, which includes analysis of, and action against,
political and economic oppression and gender subordination, is an integral part of programming in these new communities.

This dossier commences with a declaration from the Women’s Action Forum apologizing to the women of Bangladesh for the violence used against them during the events of 1971 and a statement of rights from an independent Women’s Court held in Beirut, Lebanon. As well, the dossier presents three articles on Algeria. The first examines women’s weak and inadequate status as citizens; the second discusses the systematic execution of women and, particularly, of intellectuals by Muslim extremists to enforce Islamisation; and the third deplores the 1995 assassination of a well-known human rights activist pointing out that women have increasingly become the targets of violence. The next article examines the proposed amendments to the Muslim Family Laws Ordinance with respect to women’s rights in Bangladesh. This is followed by a paper discussing the implications of an Egyptian court decision ordering the divorce of a university professor from his wife on the grounds that he was an apostate because of the opinions contained in his published research. An article discusses how, with the consolidation of nationalism as the state ideology in Serbia, the propaganda directed against women grew stronger. The first phase, beginning in the early 1990, advocated maternal mobilization to save the nation from extinction and the second phase advocated patriotic mobilization, as sons are needed for the defense of the fatherland. Using instances of the mild punishments given by European courts to the parents of Muslim immigrants who murdered their daughters for transgressing traditions, an article raises the issue of cultural relativism, which should be condemned as it violates the universal rights of women. Another article discusses the campaign for women’s emancipation in an Ismaili Shia sect of Indian Muslims from 1929 to 1945. Examining the laws relating to inheritance, marriage and divorce, an article discusses the worsening conditions of women in Iran after the withdrawal of the few reforms introduced in 1968. Given the rising tide of Islamisation and the call for wider recognition of Shari’ah as the primary legal basis in Muslim nations, a case study examines women’s rights by discussing the status and rights of Muslim women within the private sphere of the family and the
public fora of work and public affairs. The final article discusses multi-fundamentalism in Mauritius. The resource index includes summaries of organizations and projects; written materials; audio-visual materials; and past conferences, campaigns, and alerts for action.

b. **Africa**


INDEX TERMS: Sudanese, Africans, Arabs, Muslims, Christians, political activities, famine, internally displaced persons, refugee camps, special needs, women, children, emergency relief programmes, peace efforts, civil war, killings, medical treatment, education, Shari’ah, food supply, one-parent families, water, gender discrimination, gender role, income sources, literacy, post-secondary education, health, reproductive health, female circumcision, protection, UN, international organizations, evaluation.

GEOGRAPHICAL TERMS: Sudan.

In Sudan, February 1999, the International Rescue Committee hosted a delegation of the Women’s Commission for Refugee Women and Children. One team visited Khartoum, where over two million displaced Sudanese currently live, and the government controlled southern garrison town of Wau, where most of the displaced were recent arrivals. The second team went to Yei and Kajo Keji, both controlled by the Sudan People’s Liberation Army in southern Sudan, and visited Sudanese refugees in Koboko, Uganda. Three main objectives informed the visit: to assess to what extent the needs of internally displaced women and children are being met by existing relief activities and encourage strategies to address the unique concerns of women and children; to support efforts by women and women’s organizations toward peace and reconciliation; and to review the impact of war on children, particularly regarding their access to health care and education. The delegates met with a cross-section of Sudanese women, including representatives from women’s groups and UN agencies, as well as local and international governmental organizations and officials. The introduction of Islamic law (Shari’ah) over the past twenty years has become a major point of contention and continues to be a complicating factor. The unrest has created the largest population of internally displaced people in the world, with over 4 million estimated in 1996 and another 400,000 having fled to other countries. Further, the civilian casualties far outnumber the military losses, with almost two million civilians killed during the current fighting. Exact statistics are unavailable, but the majority of the displaced are women and children. The delegates report that although basic education is a constitutional right in Sudan, very few children have access to school. Relief operations are
Chapter 2 Country of Origin Conditions

frequently disrupted by the war. Disruption of supply lines, the inability of farmers to reach their fields, and the loss of cattle exacerbate the precarious food situation. Women’s lives have been dramatically altered, with more than half of households in the south being headed by women. Many of them do not have secure access to clean water and cooking woods. Limited or no access to land and few opportunities for income makes their lives a struggle. If they are aware of services available to them, they may not be able to access them due to gender-based discrimination. The delegates contend that sustained international commitment is essential in working toward an end to the war. This report offers a number of recommendations to improve the situation in Sudan. It also provides some background to Sudan’s religious, ethnic and linguistic diversity contributing to the political/military conflict and the international response. Due to the loss of family, community, and sources of income, women have been forced to assume roles traditionally held by men. However, their participation in planning and decision-making remains limited. Without gender-sensitive programming, a mismatch between the needs of women and the limited programmes available to them is bound to occur. The report gives several examples of this mismatch and of two programmes that successfully involve women. Findings by sector are reported with respect to education, health and reproductive health, food security, protection, children and security, and local capacity-building. Community profiles of the sites visited are also presented. The report concludes with a description of women’s role in the peace process and a call for a concerted effort to end the conflict in Sudan.


INDEX TERMS: female circumcision, traditional healers, traditional birth attendants, nurses, midwives, medical personnel, women’s rights, children’s rights, declarations, meetings, criminal law, belief systems, family, superstition, social change, communities, training programmes, research, economic systems, education.

GEOGRAPHICAL TERMS: Africa, Sudan, Ghana.

In this editorial the author notes that female circumcision (FC) or female genital mutilation (FGM) is now only common in Africa, with an estimated number of about 100 to 130 million girls and women and an annual increase of about two million affected by it. Its prevalence, health consequences, and ethical issues notwithstanding, the African medical and research communities have been hesitant to become involved. The Faculty of Medicine in Khartoum conducted the first specialized survey on FC, followed by other FC related surveys. Sudan has also provided the majority of clinical studies documenting the physical complications of the practice. Recent issues of medical ethics and the involvement of health professionals at the international level are discussed but without any clear policy positions. However, women’s groups, African and international, have made FC/FGM an issue of women’s and children’s rights resulting in recommendations for actions in the declarations
of two world conferences. This editorial agrees FC/FGM should be considered a violation of human rights on the grounds of bodily integrity, but argues that calls for punishment of its proponents neglect the complexity of the issue. The author contends there is lack of violent intent by the family; the widespread nature of the practice could make legal measures impractical; and there are other contextual factors complicating a law’s effectiveness, including religion, superstition, and gender power structure. Without an effort for larger social change, criminalizing FC/FGM may only serve to drive the practice underground. The effectiveness of non-legal measures already in place has yet to be systematically studied. Efforts to stop FC/FGM must focus research less on clinical models of disease eradication and more on exploring and studying the process of social change.


INDEX TERMS: female circumcision, age groups, traditional healers, medical personnel, health, Muslims, Christians, women, educational background, men, rural areas, urban areas, surveys.

GEOGRAPHICAL TERMS: Central African Republic, Côte d’Ivoire, Egypt, Eritrea, Mali, Sudan, Yemen.

This item summarizes a report based on data from Demographic and Health Survey (DHS) surveys conducted between 1989 and 1996 in the Central African Republic, Côte d’Ivoire, Egypt, Eritrea, Mali, Sudan, and Yemen. Questions, which varied somewhat according to country, were added to the standard DHS questionnaire to collect information on female circumcision. Statistics are provided for prevalence and other aspects of the practice, including median age at which and by whom it is performed, health effects, religious groups, and circumcized women’s level of education. Data on women’s attitudes were collected in six countries, and men’s attitudes were collected in Eritrea. Findings concerning the support for circumcision depending on level of education, urban and rural residents, and religious affiliation as well as the reasons for supporting the practice are also presented. It is difficult to obtain accurate information as to the type of genital cutting performed on individual women without a physical examination, though some information regarding the extent of infibulation is included. Several trends regarding the prevalence of, and attitudes toward, genital cutting are highlighted, and survey data on the circumcision of daughters give some indication as to whether the practice may decrease in the near future.

WHEN MODERNITY CONFRONTS TRADITIONAL PRACTICES: FEMALE GENITAL CUTTING IN NORTHEAST AFRICA, Kassamali, Noor J. In Women in Muslim Societies: Diversity within Unity, Bodman, Herbert L. (ed.); Tohidi,
In this chapter, the author attempts to clarify some of the issues surrounding the practice of female genital cutting (FGC) and its alleged association with Islam. The focus is on northeast Africa, as the most severe type of female genital cutting is practised there. Her perspective is grounded in her East African upbringing and later medical training. The author describes the origins of the custom of FGC, which predate Islam by at least 2,500 years, and the justifications for FGC. She discusses inconsistencies and contradictory opinions in the interpretation of the Qur’an and the support of the practice. In her view, the opinion of religious leaders justifying the practice “is not only contrary to the Prophet’s teaching but also the Qur’an.” As more Muslim women gain access to both secular and Qur’anic education, male-dominated interpretations of the Qur’an will be increasingly challenged. The relationship between FGC and patrilineal/patriarchal societies is examined, as is FGC’s greater prevalence among rural people. The author counters Western analysis, which is dominated by two divergent approaches. Although detailed ethnographic studies may be useful, anthropologists adopt a culturally relativist position and discuss female circumcision within the framework of gender identity and as a rite of passage, both of which cannot be supported. The Africans have vehemently opposed the myopic approach by some Western feminists, which focuses exclusively on sexuality and the sexual oppression of women. To focus solely on FGC is counterproductive, as other factors contributing to the low status of women, including poverty, hunger, illiteracy, and unhygienic conditions, need to be addressed. The author argues that two factors will influence the pace of transformation. First, the changes will occur at a rate that is acceptable to people involved in this process. Second, in attempting to eradicate a deeply embedded practice, alternative customs are suggested, such as the ritual of just “nicking” the clitoris or labia without excising any tissue as a step toward the total eradication of the practice. The legislative efforts in Northeast Africa and in the West are discussed and some strategies for the eradication of female genital cutting, including recent efforts by international agencies, are suggested. The chapter concludes with a critique of Western “judgmental and colonial” attitudes that are prevalent even today. Although slow change may not be consistent with the goals of Western agencies advocating immediate eradication, a multi-disciplinary approach promoting awareness of the health consequences and increasing education and economic opportunities for women is more likely to be effective. Finally, religious leaders,
who reflect the diverse religious, ethnic and cultural backgrounds of the countries in which FGC is practised and who do not support the practice, can play a substantial role.


INDEX TERMS: Sudanese, Muslims, Christians, female circumcision, attitudes, mothers, youth, adverse health practices, customs and traditions, religious practice, education, social change, medical personnel, midwives, age groups, husbands, occupations, rural areas, urban areas, surveys, interviews, literature review.

GEOGRAPHICAL TERMS: Sudan.

This research examines behavioural and attitudinal data to investigate the perpetuation of female circumcision in Sudan. The authors begin by describing the types of female circumcision and the terminology associated with the practice. Based on a review of literature, hypotheses were derived to ascertain the parental characteristics, including religious beliefs and practices, exposure to education, and age, that are likely associated with changing attitudes toward the daughters’ circumcision. The research uses data from the 1989-1990 Sudan Demographic and Health Survey which, drawing on a self-weighting, multistage, stratified probability sample, included interviews with 5,868 women of reproductive age (15-49) from rural and urban areas in the northern and central parts of the country. Respondents were asked whether they had been circumcized and if so, in what form and who performed the procedure; whether they had their daughters circumcized or planned to; how they felt about the continuation of the practice; and what they thought their husbands’ views were on continuing the practice. One issue of concern, the authors point out, is that women often do not correctly identify the type of circumcision they have had. The independent variables are the respondent’s religion, education, and age, her own circumcision status, the husband’s view of the practice and occupation, and various other demographic characteristics. The two dependent variables, one behavioural and one attitudinal, are whether all daughters are or will be circumcized and whether respondents think female circumcision should continue and if so, in what form. Bivariate and multivariate analyses were employed in analyzing the data and the findings are discussed in detail. Close to 90 per cent of all women surveyed either had, or planned to have, all of their daughters circumcized, with about half of them favouring the most severe procedures. Women who themselves had been circumcized were more likely to report that they had their daughters circumcized or planned to, as were women who married early, had little or no schooling, and whose husbands had little or no schooling. Most Christians favoured stopping circumcision in general, whereas over 80 per cent of Muslims favoured continuing the practice with most women supporting the mild forms. While the behavioural data
Chapter 2 Country of Origin Conditions

indicate that younger women are more likely to oppose female circumcision, attitudinal data suggest that they continue to hold favourable attitudes toward the practice. The researchers suggest that the potential for change be through formal education.

INDEX TERMS: female circumcision, medical personnel, womens organizations, meetings, womens rights, reproductive health, CEDAW79, CRC89, gender-based persecution, grant of asylum, medical problems, patriarchal societies, belief systems, customs and traditions, social conditions, economic conditions, publicity, women, equal opportunities.

GEOGRAPHICAL TERMS: Africa, United States.

The author notes that health consequences of female circumcision were first brought to the attention of international organizations in the 1950s and 1960s by African activists and medical practitioners. Owing to the efforts of African women’s organizations, in 1984 the Inter-African Committee Against Harmful Traditional Practices (IAC) was formed. The involvement of women’s rights and legal justice groups has led to a shift of emphasis in discussions of female circumcision to encompass human and reproductive rights as well as their health. International conventions, such as CEDAW79 and CRC89 began to include language applicable to female circumcision. While activists and clinicians working directly with women in the community continued to refer to female circumcision, policy statements and other documents began to use the term “female genital mutilation”, a term also used by the Fourth World Conference on Women, held in Beijing in 1995. In the United States, the case of Fauziya Kassindja, who fled her homeland to avoid female circumcision, was instrumental in redefining the practice as gender-based violence that could be grounds for granting political asylum. The report notes that female circumcision is practised in at least 28 countries in Northern Africa and is not exclusive to any one religion. Estimates of prevalence are provided for a number of countries, and the types of genital excision are explained. Considering the many medical complications related to female circumcision, outlined in the report, the question of why the practice continues is important. A number of reasons are suggested, most relating to the social and economic conditions of women’s lives. Further, ignorance of this context is cited as a primary reason why eradication efforts have been unsuccessful. Many African women have perceived the condemnations of the practice and calls to action by Western feminists and human rights activists to be derogatory and condescending. As a result, new approaches are being explored, including community education, alternative rituals, and the use of drama to convey the consequences of female circumcision. The success of these efforts has yet to be evaluated. Prospects for the future are briefly considered. While some changes are noted, the article concludes that
the practice will not be abolished without efforts to address the larger social and economic inequalities confronting women.

This article examines the relationship between male and female circumcision in Africa. While there has been opposition to African female circumcision by missionaries, other foreigners, and the international women’s movement, until recently there has been no parallel concern about African male circumcision. Evidence that circumcised males are likely at less risk of infection by HIV and AIDS has generated renewed interest in the practice in sub-Saharan Africa. Male and female circumcisions have been treated separately in social and medical literature without relating them. More data on male circumcision are available, while information on female circumcision tends to come from anthropological reports and statements by contemporary informants. As a result, attempts at mapping female circumcision are often incomplete or inaccurate. However, some patterns are evident in Africa: north of the equator, with few exceptions, male circumcision is performed wherever female circumcision occurs. Male circumcision extends much further into Middle and Southern Africa than does female circumcision, but the major matrilineal belt, which crosses Africa south of the Equator from the Atlantic to the Indian Ocean, is one likely explanation as to why female circumcision is not being practised. The various forms of female circumcision are practised in different areas of Africa. Clitoridectomy or sunna is practised in most of Egypt, parts of Arabia, and by Muslims in sub-Saharan Africa. Infibulation is largely confined to Sudan, Eritrea, Somalia, parts of Mali, and a very small part of northern Nigeria. The authors conducted a study of Southwest Nigeria in 1994-95, and employed earlier studies for comparative purposes. An in-depth survey was used with 1749 males and 1976 females, 55 per cent of them in urban areas. The study covered male sexual behaviour, circumcision, and scarification and vaginal drying. Levels of male and female circumcision were 99 and 96 per cent respectively. Some differentials began to emerge with regard to female circumcision, with declining percentages in urban areas and differing levels depending on religious affiliation. Reasons given for both male and female circumcision include societal expectations/cultural norms; for male circumcision, enhancing male sexual performance or reproductive potential; and for female circumcision, traditional beliefs in the danger of the clitoris, the reduction of promiscuity or female sexuality, and the “distastefulness” of female genitalia. For both women and men, to be
uncircumcized is to be considered dirty. The most significant change noted is the medicalization of circumcision, with doctors performing almost 1/4 of both male and female circumcisions. There have been recent movements in Nigeria and other areas of Africa to eliminate female circumcision, including referring to it as female genital mutilation. Future policies may confront the anomaly of opposing all female circumcision while advocating male circumcision as a means of reducing risk of HIV infection.


INDEX TERMS: Rwandans, children, orphans, returnees, adolescents, social status, reintegration, education, street children, protection, refugee experiences, genocide, reconstruction, sexual violence, women’s status, land tenure, violence against women, housing, economic conditions, income-generating projects, reproductive health, women’s organizations, children’s centers, one-parent families, fostering, education, NGOs, UNICEF, UNHCR, UNDP.

GEOGRAPHICAL TERMS: Rwanda.

On a visit to Rwanda in September 1997, delegates of the Women’s Commission for Refugee Women and Children interviewed genocide survivors and returnee women, children, and adolescents as well as Rwandan Government, United Nations representatives, non-governmental organization staff, and other knowledgeable persons. The process of reintegration and rebuilding after the genocide in 1994 and the mass exodus and now return of refugees is long and challenging. In a country where customary law is biased against women, they struggle with the immediate need to obtain and, in some cases, build housing suitable to their needs. The longer range needs of building an infrastructure that is economically viable is complicated by poverty and a lack of land to support the large number of people. Programmes that lack coordination and good planning frustrate women. The reintegration process is bitter due to the survivor versus returnee friction, which requires programmes targeted on need, not background. There is also a concern for the implementation of a plan of action for separated and orphaned children living in centres, on the streets, in children headed households and in prisons. Despite elaborate tracing, not enough is being done for hard-to-place or hard-to-trace children. Another concern is a need to address the gap in service for the group of invisible children - those living in children-headed households, spontaneous foster care, street children, street girls, and adolescents. The authors provide a set of ten specific recommendations regarding Rwanda’s women returnees and survivors.

102 THE CHILDREN’S WAR: TOWARDS PEACE IN SIERRA LEONE: A FIELD REPORT ASSESSING THE PROTECTION AND ASSISTANCE NEEDS OF
Women Refugees in International Perspectives


INDEX TERMS: Sierra Leoneans, internally displaced persons, children, adolescents, unaccompanied minors, child soldiers, disabled persons, special needs, civil war, armed forces, country of origin conditions, return migration, rural areas, disabled persons, urban areas, schools, assistance programmes, orphanages, violence, rape, forced labour, education, reproductive health, prostitution, vocational training, refugee camps, refugee experiences, UNHCR, NGOs.

GEOGRAPHICAL TERMS: Sierra Leone, Guinea.

In 1997, during a three week field visit to Sierra Leone and the refugee camps of Koulomba and Fangamadou in Guinea, the Women’s Commission for Refugee Women and Children (WCRWC) identified the critical issues of concern for children and adolescents who have been uprooted by conflict in Sierra Leone, and suggested remedies for addressing their needs more effectively. As the prime targets and often the primary victims of the six-year war, children comprise half of the 10,000 Sierra Leoneans who lost their lives and 700,000 of the 1.8 million displaced persons. The majority of the up to 20 per cent of the population disabled by the war consist of children. Children between seven and 14 years of age make up 80 per cent of the rebel forces and escapees report a high proportion of young captive girls in the camps. After the peace accord was signed in November 1996, the sudden, spontaneous return of thousands of Sierra Leoneans to their villages “has left humanitarian organizations with very little institutional knowledge of the new situation in recently repopulated rural areas of Sierra Leone.” In order to address this dramatic change, the findings of the field research centre on three groups of Sierra Leonean children and adolescents who are receiving little or no assistance: those who have lived in the forest “bush camps”; unaccompanied minors, particularly girls who have been claimed by a variety of captors; and young boys working in mining camps. The author illustrates their problems by including stories from these children. In the panic following a rebel invasion into their villages, most Sierra Leoneans fled in the forests and set up “bush camps”. Precautions were taken to avoid notice by rebels. Since the collected food was inadequate, the weak and sick, including infants, were left behind when a camp had to be moved. Children had to play silently. Although many eventually turned up in adjoining towns, almost nothing is known about those who survived for extended periods in the bush camps. However, based on field interviews, their number could reach more than a million people. The experiences of “bush camp” and town life during the war affected children differently. While children who attended schools in IDP camps or in urban schools tended to be alert and confident, many bush camp children appear to have developed significant emotional and learning disabilities. Unaccompanied children are assisted by several programmes, which include orphanages, unaccompanied minor homes, and the process of tracing and reunifying children with their relatives. Yet, the support provided to the children is
seriously impaired by the infighting of the service providing organizations on several issues discussed in the report. The Women’s Commission also noted “one disturbing phenomenon - the absence of large numbers of girls in existing UAC (unaccompanied children) programmes.” With a ratio of boys to girls in existing institutions ranging between 2:1 and 3:1, many girls in need are not receiving assistance. Officials assume that many girls have been absorbed into families ‘according to the African tradition’, but evidence suggests that they are treated like commodities. Some who were raped in their villages or IDP camps became street beggars or prostitutes; others were taken into households by men who lost their wives or by families who needed domestic workers. Upon their return to the villages, boys began to work in diamond mines as it offered a chance to make a lot of money. Boys and young men, who qualify for training and other support in the demobilization program, also work in mines. Most of the child soldiers who received assistance in the Children Associated with the War (CAW) have been in the national army. The findings of the Commission’s field visit to refugee camps concentrate on two issues. The first concerns the high proportion of young women and women in the refugee population with an overall ratio of 2:1. Although schools are available in refugee camps, girls, particularly, are disadvantaged in completing their education, since refugees consider education a luxury. The second concerns the role UNHCR has played in failing to attend the concerns and needs of child and adolescent refugees. Criticism of UNHCR work performance includes the officials’ detachment from the plight of refugees and accusations of mismanagement and corruption. Considering the dramatic changes in the Sierra Leonean situation and continued difficulties in refugee programmes, the Women’s Commission calls for adjusting existing approaches to the pressing needs of children and adolescents, which are outlined in the recommendations.

INDEX TERMS: genocide, Hutu, Tutsi, killings, ethnic cleansing, rape, sexual violence, pregnancy, birth, customs and traditions, reproductive health, AIDS, neurotic and personality disorders, trauma, widowed persons, children, orphans, government, development projects, gender discrimination, human rights monitors, peace efforts, women's organizations, international organizations.

GEOGRAPHICAL TERMS: Rwanda.

This article is based on information gathered by two Isis-WICCE Exchange Programme participants. A brief background to the genocide and warfare is provided, noting the longstanding tensions between Hutus and Tutsis. The genocide was a concerted effort by extremist Hutus to eliminate the Tutsis; fighting and killings between the two ethnic groups continue. Women and children comprise most of the survivors. Rape and other forms of sexual violence were widespread during the genocide. Rape was systematic and used for ethnic cleansing, but the exact number of rape survivors is unknown. Women remain silent
because of shame and customs in Rwanda, and the authorities never questioned others about the gender-related crimes they experienced. Official government estimates suggest there were 5,000 rape-induced pregnancies during the genocide, but this does not include the many women who did not become pregnant due to rape or those who were raped and then killed. Many survivors suffered serious injuries to their reproductive systems; contracted sexually transmitted diseases, including HIV/AIDS; and, coping with the birth of unwanted children, suffer from depression. Yet women have fought back against oppression and exclusion, and have taken an important role in the peace process. The government has slowly implemented programmes to integrate women into socio-economic development, but has been resistant to acknowledge the gender-specific crimes committed during the conflict or to include gender-specific statutes in legislation. One of the major issues facing post-conflict Rwanda is the issue of land rights for women. Historically, women have not been able to inherit or own land; since most of the population is female and many of them are heads of household, the issue of inheritance rights for women is crucial. Rwanda’s traditional society is based on gender discrimination limiting women’s accessibility to knowledge, education, and resources. Women have formed several associations and non-governmental organizations, briefly discussed in the article. Since women constitute 70 per cent of the population, they can be the key to rebuilding the society but need the support of government and the international community.


GEOGRAPHICAL TERMS: Algeria.
particularly at risk. Young girls are forced into temporary marriages involving abduction, torture, rape, and sometimes deliberate impregnation. Upon their release, these girls and women are considered impure by their families who reject them. Other groups at risks include, among others, intellectuals, writers, teachers, trade unionists, and political and human rights leaders and activists who are accused of criticizing armed Islamists’ actions and collaboration with the government. In response, the state has continued its counter-militant operations, imposed curfews and legal sanctions, passed an amnesty law for ‘repentants’, called up reservists, and appointed communal guards. However, security forces still commit human rights violations and the media continue to be censored. Several sources referred to by the paper agree that a solution must be found through dialogue and democratization.


**INDEX TERMS:** Chadians, ethnic and national groups, patrilineal societies, Catholics, Protestants, rural areas, urban areas, female circumcision, ceremonies, religious leaders, leadership, history, mothers, educational background, polygamy, medical drugs, wounds and injuries, infectious diseases, offspring, customs and traditions, value systems, cultural identity, UNICEF, WHO, research interviews, information storage and retrieval, surveys, literature review.

**GEOGRAPHICAL TERMS:** Chad.

This paper examines female circumcision as it is practised by the Sara, one of Chad’s largest ethnic groups, in a non-Islamic, sub-Saharan African setting. Citing a dearth of information about the practice among the Sara, the author first presents her sources of data, which include a questionnaire administered to a cross-sectional population survey sample of urban Sara women aged 15 years or older, in-depth interviews with key informants, and archival research. Female circumcision is situated in the broader cultural and historical context of the initiation ceremony that serves as a rite of passage from childhood to adulthood for Sara girls. Although a fairly recent phenomenon dating back to the mid 19th century, ritual circumcision has become an intrinsic part of the transition to adulthood for contemporary Sara. The author describes the three phases of the initiation ceremony, followed by a discussion of the findings of her survey research on women’s attitudes and practices regarding circumcision. Of the 129 women interviewed, 81 per cent had been circumcised with similar proportions indicating that their mothers and sisters, too, had been circumcised. With an average age of 12 at the time of circumcision, most were circumcised on the outskirts of their natal village. The women’s sponsor or ‘mother of the initiation’ was most commonly a paternal aunt, who provided care following their circumcision. Of the respondents, 13 per cent reported complications from hemorrhaging and 8 per cent from
infection, high fever or complication other than hemorrhage. Seventy-four of the 129 women had daughters of their own. Ten of these women reported that all of their daughters had been circumcized and the majority of mothers had one or more daughters who had not yet been circumcized. When these mothers and mothers who currently had no daughters were asked about their future intentions, 61 said that they would have their daughters circumcized, 46 said they would not, and 12 were undecided. Of the 71 women whose daughters had been or likely would be circumcized and of mothers-to-be, 80 per cent supported the practice for reasons of inter-generational continuity and observance of tradition. Women also described “extraordinary social pressures”, both to be circumcized and to have the operation performed on their daughters. Reasons given by the 46 women opposing circumcision for their daughters included adherence to the injunction of the local Protestant church, members of families or ethnic subgroups which had not adopted the practice, and health concerns. The author concludes that, although a recent acquisition, female circumcision plays a clear and essential role in the transmission of group values. Therefore, efforts to reduce or eradicate it must identify suitable alternatives that facilitate the transmission without compromising women’s health and well-being.


INDEX TERMS: Kenyans, working class, female circumcision, womens rights, history, womens organizations, customs and traditions, ceremonies, adverse health practices, colonialism, gender role, political activities, peasants, marketing, economic self-sufficiency, field research.

GEOGRAPHICAL TERMS: Kenya.

In the outrage over female genital mutilation (FGM) by the US media and feminists, the knowledge regarding cross-cultural understanding is being ignored or undermined. In an effort to illustrate the changing cultural context of FGM that must be understood in order to weaken its prevalence in any society, this article focusses on central Kenyans women traders in the Nairobi area with strong rural ties and peasant roots. During fourteen months of fieldwork from 1987 to 1988, the author consulted written sources, conducted structured and unstructured interviews, performed participant observation, and collected survey data. From the 1920s to 1990 women’s collective efforts shifted from a patriarchally sanctioned organization concerned with controlling sexuality and fertility to a more class-based solidarity promoting their economic activities, as part of an overall shift within Kenyan society linked to class formation. The old form of Kikuyu women’s organization centred on their age-sets and a solidarity induced by their common initiation ritual, which FGM, in the form of clitoridectomy, was a part of. The author focusses on the organizational implications of the female age-grade system established at initiation, as they are the key to
the strength of the older women’s organizations. The perpetuation of clitoridectomy as an exclusively female ceremony perpetuated patriarchal values as well as defined women’s sphere and forbade male entry. It also provided strong reinforcement of female solidarity among age-sets and an introduction to, and respect for, a hierarchy of women in which the senior age-grades wielded significant authority over junior women, thus defining women’s sphere. The period from the 1930s to 1950s saw a decline in the importance of initiation and age-sets in favour of women’s groups based on different forms of economic solidarity with various more specialized functions. Women resorted to action because of economic issues. In addition to an increased workload, women did much of the forced labour on roads and farms, yet the British ignored their authority structures. The practice of FGM declined due to health concerns, expense, and lack of operators. Yet, in the late 1940s and 1950s membership in women’s groups was rising as groups were formed or modified for new purposes, including cooperatives. After independence in 1963, women’s groups reorganized and developed new functions. They formed rotating savings associations, which are mainly focussed on income generation, and market associations. “In the process, initiation with its associated clitoridectomy is disappearing, along with the gerontocratic authority that upheld it.” As the author notes, “in the market it is survival skills, not age, that matters most” for an underclass whose survival may be assured by cooperation and flexibility.


INDEX TERMS: pregnancy, refugee camps, humanitarian assistance, maternal and child health care, health services, supplementary feeding, parasitic diseases, malnutrition, UNICEF, guidelines, diseases.

GEOGRAPHICAL TERMS: Rwanda.

In this study, a British military medical team deployed to Rwanda used UNICEF and International Dispensary Association guidelines to determine the most effective interventions for pregnant refugees, particularly iron and folic acid supplementation. The study involved a prospective review of the haemoglobin levels of 100 consecutive patients, out of a population of 556, at an ante-natal clinic at the Kibeho refugee camp. The mean age of the population was 28.9 years and mean parity, 2.9. The results indicated that the sample’s mean haemoglobin level was 110g/L with a standard deviation of 19.4. Using this level as an indication of anaemia in pregnancy, the study identified 48 per cent of the population as anaemic. Although this study lacked resources to examine the etiological factors of anaemia in Rwanda, other studies have identified malaria, iron deficiency, and folate deficiency as its main causes. The article concludes by suggesting that, given the high prevalence of anaemia, it would seem appropriate to use a blanket policy to treat the most likely causes, as trying to make specific diagnoses would result in delayed and inefficient
treatment. Therefore, it is suggested that health care professionals working with pregnant women in Rwanda supplement their diets with iron and folate and provide chloroquine to reduce any malaria parasitaemia.


INDEX TERMS: Sudanese, ethnic and national groups, Muslims, female circumcision, birth statistics, diseases, value systems, social classes, social groups, ethnic communities, midwives, men, gender role, government policy, health education, political movements, ideologies, medical personnel, teachers, belief systems, customs and traditions, cultural identity, field research.

GEOGRAPHICAL TERMS: Sudan.

The author critiques the medical ecological interpretation of female circumcision as a “maladaptive cultural pattern” and presents a political-economic analysis of the factors contributing to the endurance of the practice in Sudan and the prospects for change. While some critics argue that the procedure is maladaptive for individual physical health and fertility, based on her 1989 field research with the Kenana and Zabarma practising different types of female circumcision, the author concludes that female circumcision did not seriously imperil group fertility and that the community as a whole is in no danger of dying out. Although female circumcision and its complications are certainly a factor in death rates, their contribution to premature death is not as significant as malaria and diarrheal diseases. She explores the question ‘Who benefits’ by this procedure with a focus on differences in the procedure’s social effects by gender, ethnicity, and social class groups. Men have an interest in infibulation, as it is believed to result in greater male sexual pleasure and is related to control over women to promote family honour. Also related to family well-being is the economic control of women’s labour, including their tasks in biological reproduction, social reproduction, and other economic work. The practice of pharaonic circumcision also serves ethnic group and class superiority because it functions as an ideological marker of superior morality and propriety for dominant groups. Rural midwives have an interest because part of their income depends on performing circumcision and its related functions. Although men are benefited by infibulation and women and girls’ health is seriously harmed, the practice is not simply a matter of male exploitation of subordinated women. Because of the dynamic nature of, and the differing opinions and disagreements about, cultural patterns, how various interest groups conceptualize and justify the practice must be understood. The discussion of infibulation needs to be contextualized politically because of the power struggles in Sudanese communities. Cultural debates now raging in the Sudan revolve around health
education/health policy; ethnicity and social class relations; sexuality; and religion. In this context, the growing influence of the Islamic movement, which denounced pharaonic circumcision but insists on restricting women’s life, and the ensuing ideological struggle are discussed. The author illustrates the manifestations of, and variations in, the political and cultural struggles by presenting examples from the two villages where she carried out her research in central Sudan and from interviews with women conducted in the capital of Gezira province. She joins with others who argue that it is not the knowledge of outsiders about the existence of the practice that will bring about change, but the women who practise it.


INDEX TERMS: Algerians, Berbers, Muslims, Islam, civil war, political parties, killings, political violence, professional workers, arbitrary arrest and detention, armed forces, courts, human rights violations, rape, torture, extralegal executions, womens seclusion, state of emergency, schools, freedom of expression.

GEOGRAPHICAL TERMS: Algeria.

This paper examines the effects of the current undeclared civil war between the Islamist groups and the military-run government. The escalating political violence is characterized by attacks on the civilian population by armed Islamist groups and by the attempts by government forces to root out Islamist elements. The paper provides background on the rise of Islamism as it attempts to bring political, economic, social, and cultural spheres in line with Islamic laws. The main Islamist Groups are reviewed, including the Islamic Salvation Front (FIS), the Movement of Islamic Society (Hamas), the Movement of the Islamic Renaissance (En-Nahda), the Armed Islamic Movement (MIA), the Islamic Salvation Army (AIS), and the Armed Islamic Group GIA). The FIS, Hamas and En-Nahda represent the Islamist movement’s political and ideological component, while the AIS, the MIA and the GIA represent its armed militants. Since Islamist groups exercise varying degrees of control on daily life throughout the country, groups that are considered to pose a threat to the Islamic cause are at risk of armed Islamist attacks. Those persons threatened include army and police personnel, media personnel, civil servants, foreigners, and women. Women are subject to threats, harassment, rape, and sometimes death because of their dress, their professions, their refusal to enter a ‘temporary’ or ‘pleasure marriage’, and their position as wives of targeted people. Other groups at risk include intellectuals, writers, artists, trade unionists, lawyers and political and human rights activists. Following the cancellation of the January 1992 general election and in response to clashes between Islamists and government security forces, the state has declared a state of emergency and imposed legal sanctions. Special courts have been set up to try individuals charged with terrorism or subversion.
However, since the civil war erupted in early 1992, human rights violations, such as extrajudicial execution, arbitrary arrest, detention without trial and torture, have been committed by security forces that reportedly support death squads, and there have been limitations on freedom of expression. The current conflict has had repercussions on Algeria’s Berber population and in the international arena, as well as raising questions about the country’s political future.

INDEX TERMS: Algerians, women’s status, Islam, fundamentalism, democracy, political participation, women’s organizations, elections, women’s rights, political parties, education, Shari’ah, religious practice, violence, surveys.

GEOGRAPHICAL TERMS: Algeria.

In exploring the issues of political choice for Algerian women with the difficult transition to democracy and of equality between women and men, particularly, in the private sphere, the author draws on the results of a survey, which she conducted in 1994 using a representative sample of 833 women and 466 men. The survey found a low political participation of women in the election of 1991, even though for the first time men no longer had an “automatic” right to vote for their wives but were required to provide the wives’ written agreement to the local authorities. The youngest women, those aged between 20 and 29, and women with the best education were most often involved in political activities. Just 23 per cent of the women surveyed supported the idea of an Islamic model of society, compared with 44 per cent of the men. These results were influenced not only by sex but also strongly by level of education; the higher the education, the less support for this model. Women who are educated or work are particularly aware of the threats an Islamic society would pose to their rights. With respect to the granting of rights denied by the Shari’ah, no less than 67 per cent of the women, compared with 20 per cent of the men, favoured this emancipation. Findings suggest that respondents do not necessarily question religion or religious practices but rather the public character of religious norms that constrain behaviour. Women’s widespread indifference to politics is ascribed to two reasons. Women commonly see politics, particularly a multi-party system as likely to give rise to conflict for which they are ill-equipped, and their lack of interest is related to the link which they may be making between the rise of pluralist politics in Algeria and widespread violence and terrorism. More women supported the democratic parties and the National Liberation Front whereas more men supported the Islamic fundamentalist parties.
INDEX TERMS: Dinka, Nuer, culture, behaviour, displaced persons, one-parent families, infants, fathers, living conditions, malnutrition, men, violation of cultural norms, marriage, patrilineal societies, customs and traditions, kinship, economic systems, livestock, agriculture, trade, fisheries, militias, natural disasters, refugee camps, prostitution, food distribution, emergency relief organizations, social problems, self-determination, economic self-sufficiency, illiteracy, AIDS, field research.

GEOGRAPHICAL TERMS: Sudan.

The author, who grew up in the Dinka culture, returned to conduct fieldwork in a village in southwest Sudan after a decade abroad. He discusses the cultural changes in the aftermath of the 12 years of civil war, which affected women particularly. When he asked Dinka men to what they attributed “the conditions of those women who sleep under trees in the rain, with small malnourished children in their arms,” the answer was always that it was the fault of the victims as they had violated cultural norms. The norms, which the ‘bad’ women in the eyes of men had violated are explained in terms of a tradition which allows a family to maintain its name and thus its lineage from generation to generation through ‘ghost marriages’. The Dinka institution of levirate compels the wife of a long-absent or deceased husband to remarry a relative of the husband. The Dinka believe that, by strengthening family networks and political relationships with other groups, this system has seen them through crises. However, it is also a system that rested on a strong local economy, which has been torn by raids and natural disasters, leaving behind loose social networks and weak support systems. As a result many women with absent husbands have had to survive with little help from their communities. When a woman fails to comply with the traditional system of reproduction for economic reasons, such as failure of the man who fathers her children to provide for them, she is pressured into a camp for displaced persons. Because of poor conditions in the camps, she may be pressured into what the author calls ‘forced prostitution’ for food. If pregnant, she does not have relatives in the camp to help her, nor would the husband’s or her own family have any interest in her. Relief agencies have also brought changes to Dinka culture, such as staged-managed changes in attitudes and behaviours in the interest of obtaining relief supplies. The author learned from ‘inside’ how food relief threatens people’s self-reliance. An aspect of this is the targeting mechanisms used by relief workers, causing animosity between individuals who receive aide and those who do not. He calls for people concerned with equality to try to understand “this new world - where cattle herders wear World Food Programme T-shirts…98 per cent of women are illiterate…STD/HIV/AIDS awareness is zero, (and) poverty has consumed the dignity of the Dinka.”

INDEX TERMS: Sudanese, displaced persons, widowed persons, one-parent families, living conditions, housing, nutrition, stress, neurotic and personality disorders, latrines, hygiene, NGOs, health education, parasitic diseases, intestinal infectious diseases, diet, food supply, food crops, animal husbandry, food distribution, malnutrition, emergency relief supplies, food preparation, firewood, social networks, self-help organizations, income-generating projects, non-formal education, start-up loans, questionnaires, research interviews.

GEOGRAPHICAL TERMS: Sudan.

This article discusses the findings of a study of the health status and food habits of displaced women from the south of Sudan living in the Jebel Aulia settlement camps at Khartoum. The study consisted of a questionnaire administered through interviews to a random selection of 50 women. Most were heads of households between 20-30 years of age. The majority live in single rooms made of old carton and sacks. The average household consists of eight to ten persons. Few gained any reasonable income. Their difficult circumstances were destroying their self-esteem and confidence. They felt discriminated against and not socially recognized; and were suffering from depression, stress, loneliness, chronic anxiety, and withdrawal, without the energy to care for their children. Their health status was low due to factors such as lack of nutritious food, non-hygienic conditions, and the fact that women did not seem to be targeted by agencies working with the displaced people. Few of the women were involved in health education programmes, and those few were not able to bring about change. Among the more commonly reported diseases were malaria and dysentery. Chest pain, nose bleeding, anaemia, and skin disease were also frequent complaints. All but a few of the respondents had to change their food habits since they no longer had the balanced diet they once had in the rural areas they came from. In the camps people had to eat once a day, or got nothing to eat for the day. Food distribution was irregular; 62 per cent of the respondents said food was distributed to them twice a year; and sometimes, due to corruption, some women did not get any relief food. Most of the displaced women have become heads of household due to war. Economic need forced some women into marginal, low-paying activities, such as selling food and alcohol, prostitution, and working as domestic servants. Since survival has become so hard, the women have become demoralized and have lost hope for a better life in the future. Just over half the respondents were widows, and had to struggle daily to feed their families. The author suggests that they could organize themselves into groups to start businesses like restaurants, hair dressing and sewing, but they would first need training in business skills. They also need a leader or trained personnel to act as a bridge to agencies concerned with women’s development programmes and revolving funds.

INDEX TERMS: Sudanese, internally displaced persons, refugees, civil war, killings, Islam, female circumcision, children, armed forces, government, political movements, forced labour, rape, sexual violence, pregnancy, racism.

GEOGRAPHICAL TERMS: Sudan.

The author, a refugee and member of the Sudanese Women’s Organization, describes the human suffering of Southern Sudanese women belonging to one of three internally displaced groups: those displaced to Northern Sudan, those displaced into government controlled towns in South Sudan, and those displaced into areas controlled by the Sudanese People Liberation Army (SPLA). Women in the first two groups are forced to convert to Islam and submit to genital mutilation in order to survive. Children are separated from their parents and younger women from older women. Women and children died in a group murder in the town of Juba in June or July of 1992. Women displaced in SPLA areas live under constant threat of death and lack of food. Southern Sudanese women and children, captured by the army as loot, are sold on slave markets in Northern Sudan. In government controlled towns girls are taken as sexual slaves and breeders. According to the author: “(t)he racially discriminatory element of Arabism and the relentless drive by the Sudanese government to create a monolithic Islamic state have caused immeasurable human suffering which perhaps can never be fully documented.”

INDEX TERMS: genocide, Hutu, armed forces, militias, rape, abduction, torture, Tutsi, men, women, children, pregnancy, victims, belief systems, health services, counselling, somatic problems, psychological problems, testimonies.

GEOGRAPHICAL TERMS: Rwanda.

This article, an excerpt from the authors’ book Rwanda: Death, Despair and Defiance, describes the extensive torture and rape of thousands of Tutsi women and girls by Hutu extremists during the 1994 genocide in Rwanda. Thousands of Tutsi women were raped with educated women and girls the primary target. “Systematic rape was a form of terrorism against the Tutsi community; intended to intimidate, humiliate and degrade the Tutsi woman and others affected by her suffering.” Soldiers and militiamen (interahamwe) raided homes, hospitals, churches, and camps for the displaced and abducted women and girls; girls as young as five were raped; some women were macheted and then raped immediately afterwards; others were raped, beaten and then thrown half dead into pits full of corpses; and many were gang raped. Stories of women are presented to illustrate the horrors endured by the women of Rwanda. These personal accounts describe machete attacks, repeated rapes and gang rapes, women’s further humiliation of knowing their attackers, the fear of pregnancy and disease, being taken as ‘wives’ by abductors, and other terrifying situations.
These accounts notwithstanding, cultural, religious, and social norms discourage women from talking openly about rape because, in Rwanda as elsewhere, victims of rape are stigmatized and often ostracized. As a result, they are reluctant to seek medical care and counselling for their physical and psychosomatic symptoms. This article concludes that women who have been raped need to be reintegrated into the decimated Tutsi community in Rwanda.

INDEX TERMS: Hutus, Tutsi, Rwandans, internally displaced persons, returnees, widowed persons, orphans, unaccompanied minors, refugee camps, NGOs, emergency relief organizations, UN system, massacres, genocide, health services, AIDS, human rights violations, housing, water supply, rape, prostitution, right to property, kinship, diseases, medical treatment, emergency relief supplies, vulnerable groups, safety of refugees, camp management, repatriation, nutrition, food supply, reintegration, guidelines, protection, UNICEF, UNHCR.

GEOGRAPHICAL TERMS: Rwanda, Zaire, United Republic of Tanzania.

This report provides information and recommendations obtained, in January 1995, from visits to refugee camps in Zaire and Tanzania, as well as from meetings with officials from Rwandan and international NGOs, UN agencies, US government, international donor governments, and the Rwandan government in Kigali. The author first describes the situation in Rwanda, a country struggling to get on its feet after brutal genocidal massacres of Tutsis and moderate Hutus by Hutu extremists. In addition to assistance from the international community to help the Rwandan Government rehabilitate the country’s infrastructure, the author details the immediate needs for re-establishing the nation’s institutions: the justice system, the education system, the health system, security, the economic system, and housing. One group of people in particular need is women and children. An estimated 10,000 orphaned or unaccompanied children need fostering or help in tracing relatives; some young people are now heads of households but have no means of support. As for the thousands of women brutally raped, the fate of their babies is in question, since they are seen as the children of fathers who murdered their families. The property rights of the large number of widows are of concern. Since property rights pass through male members of the household, widows without sons risk losing their properties to their brothers-in-law or deceased husband’s relatives but their ability to fight for these rights is often impaired due to trauma. In the camps, theoretically under UNHCR jurisdiction but run by Hutu extremists, Rwandan exiles are held as virtual captives, as human rights conditions are abysmal. The author includes a list of problems that need to be addressed concerning camps inside Rwanda, in Zaire, and Tanzania. As far as the possibility of repatriation is concerned, the author notes that UNHCR supports the
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repatriation in 1995 of refugees on the Zairian border and avoids any sense of permanence to the encampments. It also plans to work with the Zairian government to move the thousands of Hutus who have refused repatriation further inland. In Tanzania, however, UNHCR has not communicated any sense of repatriation and field officers seemed more concerned with the day-to-day camp operations. Women complained of shortages of materials for menstrual needs, food, and post-natal high protein supplements. The Tanzanian government identified land where refugees could be moved for long-term settlement but camp leaders refused, preferring to continue subsisting on international assistance close to the Rwandan border. As for the Rwandan camps for the almost 300,000 internally displaced, the government has decided to close them down. The author’s recommendations to the international community include that it support the re-establishment of government services, support the closure of internally displaced camps inside Rwanda, remove control of internationally supported camps from those who arranged the massacres, address the needs of widows and orphaned and unaccompanied children, and assist with the safe repatriation and reintegration in Rwanda.


INDEX TERMS: Ethiopians, Eritreans, Somalis, sexual violence, refugee camps, women, rural areas, nomads, extended family, refugees, gender groups, protection of camps, vulnerable groups, international instruments, gender-based persecution, CEDAW79, CSR51, CSRP67, prostitution, desertion (marriage), trauma, abortion, culture, female circumcision, rape, pregnancy, infectious diseases, assistance programmes, development, income-generating projects, gender role, UNHCR, international organizations.

GEOGRAPHICAL TERMS: Djibouti, Sudan.

This article examines the issue of rape of women in refugee camps in Djibouti and Sudan. In most African societies, women receive traditional protection from the family and community but their lives and choices are controlled, thus keeping them in a position of inferiority. In refugee situations, women lose their traditional male protection, “but their gender is the most important variable.” In refugee camps, women lack adequate protection, as soldiers, police officers, border guards, camp workers, and other local authorities are likely to abuse their positions of power, exploiting refugee women instead of protecting them; international instruments do not recognize the gender-specific nature of persecution; and women face difficult economic conditions in temporary refugee situations. Women’s vulnerability is compounded by the powerlessness and statelessness associated with the refugee status. As a result, sexual violence against women refugees is reported to be common, but women suffer in silence because they are afraid to humiliate their families and be ostracized by their communities. Two case studies of Sudan and Djibouti are presented.
to demonstrate the minimal legal protection of women. Both countries have not ratified the Convention on the Elimination of All Forms of Discrimination Against Women, although they are signatories to the 1951 Convention and the 1967 Protocol on Refugees. Sudan has a high concentration of refugees, mostly Ethiopians and Eritreans. Lack of employment opportunities for women forces many to resort to prostitution. Abandonment by husbands leads women to enter into marriages of convenience. Repeated rapes and prostitution have led to increased and repeated abortions, which endangers the health of these women.

Djiboutí’s refugee population is approximately 100,000, mainly from Ethiopia and Somalia. Cultural beliefs about the morality of single women migrants place women-at-risk of victimization by Djiboutian officials. Arbitrary rape is common, and particularly heinous as many of these women have been infibulated. The result is often serious physical damage as well as psychological trauma, unwanted pregnancies, diseases, and infections. In a discussion of possible solutions, this article notes the importance of linking assistance programmes to development, and of addressing the tendency of aid agencies to marginalize women. In conclusion, a number of strategies for action are proposed.


INDEXTERMS: Africans, female circumcision, value systems, customs and traditions, clinics, gender role, marriage, human rights violations, law, legislation, child abuse, childrens rights, economic social and cultural rights.

Proceeding on the premise that female circumcision is a cultural practice that should be given legitimacy, the author explores the debate between abolitionists, persons influenced by Western cultural standards, who want its total eradication and criminalization, and conservationists, women mainly from African countries, who insist on the right to cultural determination and guard their traditional values. The author argues that the practice has its foundation in African jurisprudence, which perceives female genitalia as a symbolic organ connoting purity and fecundity. Two important concepts, ‘virginity’ and ‘fertility’, are based on female genitalia and structure marriage contracts and family patterns in many African societies. By recreating genitalia in a form that indicates purity of the organ, female circumcision is basically genital aesthetics and the reason why many people practice it. The author rejects arguments by abolitionists that female circumcision is a barbaric practice carrying a high risk of infection with no medical benefits, by asserting that trained professionals should conduct female circumcision under sanitary conditions in modern medical clinics. Female circumcision should be viewed as a form of cosmetic surgery to enhance the woman’s sexuality. The argument of Western feminists who consider this practice as the denial of a women’s sexual pleasures and satisfaction is based on a very different notion of sexuality which, in the African context, is linked with fertility and not orgasm. The author proposes legal regulation that protects the right to cultural
determination and allows adults to choose this practice, while banning circumcision among female minors.

INDEX TERMS: Somalis, civil war, colonialism, ethnic conflict, reconstruction, clans, refugee camps, emergency relief, dependency, food aid, malnutrition, development, government policy, firewood, women, special needs, urban refugees, health, repatriation, flight, UNHCR, UDHR48, CEDAW79, NGOs, censuses, research, literature review.

GEOGRAPHICAL TERMS: Somalia, Kenya, Ethiopia.

This literature review on forced migration in Somalia draws upon a variety of sources, including ones that are described as rare and not likely to be obtained by other researchers. Divided into six sections, Section I discusses the format of representation which emphasizes the contextual framework, narrative and interpretation for analysis of the events in Somalia. Section II provides an historical review and a discussion of the political and economic factors that predicated and directed the forced migration into and out of Somalia since 1978, including clan politics as a contributing factor to the disintegration of Somali traditional values and norms; and Somali refugees, victims of violence, in Kenya. Section III considers the nature and consequences of relief assistance, including alleviating ethnocentrism and appreciating Somali culture, the complexity of events, distribution and theft of donor food, and unreliable census figures of refugee camps in Somalia. Refugees and development in Somalia are the focus of Section IV, which discusses government policy and refugee development, Somalia’s unknown and unaided self-settled refugees, refugee-host relationships, and the Somali Refugee Health Unit. Some reference is made to the lack of attention paid to women in development projects. Section V, covering refugee flows and repatriation policies between 1988 and 1994, discusses the civil war in Somalia, the Somali National Liberation Movement’s attack of Hargeisa; repatriation from south and central Somalia, the fate of refugees who stayed in Somalia, the flight from Hargeisa, and a short review of repatriation in Somalia. In Section VI, recommendations are made under the categories of research issues: dissemination of information, sponsorship of research, preservation of and access to research materials, recommendations for Somali sources, policy suggestions, field research needed in crisis situations, and refugee participation. References and suggestions for further reading are included.
Women Refugees in International Perspectives

The findings of a Sudanese demographic and health survey conducted in 1989/90 showed that support for FGM among women was widespread and had remained almost unchanged over the past decade. Women with no or only primary education approved of FGM as did almost half of those with secondary or further education. Among men, support for FGM was 88 percent, 73 per cent of them favoured the less harmful Sunna type and 18 percent, infibulation. A further study of 300 Sudanese men found that every man interviewed with more than one wife, of whom only one was infibulated, preferred non-excised or Sunna circumcised women, as they enjoyed intercourse with them more. The author then highlights six factors contributing to the persistence of FGM: repression of female sexuality, psycho-social beliefs, religious views, sociological factors, “hygienic” justification, and traditional birth attendants who subsidize their salaries by performing FGM. The InterAfrican Committee (IAC) campaign against harmful traditional practices (HTP) has been working to eradicate FGM. The Sudan National Committee on Harmful Traditional Practices (SNCTP) affecting the health of women and children was established as a women’s NGO in 1985 to fight against HTP, with particular emphasis on FGM. SNCTP has conducted activities which include the education of community leaders and health workers, the formation of alternative employment programmes for traditional birth attendants and nurse midwives, public group discussions, the production and distribution of educational materials, a mass media campaign, and the discussion and exchange of research results on HIV/AIDS in relation to FGM and HTP in general. An impact assessment, in December 1994, of the SNCTP showed some positive results, such as public discussions in the media and among men, women, and youngsters of the issue of FGM and the gradually declining role of the elders, particularly grandmothers, as the traditional proponents of FGM. The article includes several personal statements by a Sudanese psychiatrist, a Sudanese man, a health visitor and a woman from Magharba tribe.

INDEX TERMS: Sudanese, Africains, female circumcision, adverse health practices, customs and traditions, patriarchal societies, Islam, traditional birth attendants, AIDS, NGOs, education, health personnel, mass media, debates, men, youth, social role, grandparents, surveys, testimonies.

GEOGRAPHICAL TERMS: Sudan.
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CEDAW79, CRC89, ACHPR81, OAU, UNHCR.

GEOGRAPHICAL TERMS: Africa, Uganda, Zimbabwe, Mozambique, Zaire.

This article presents eight case studies describing “real situational stories of women and their children caught in Africa’s perpetual traumatic violent conflicts in at least 12 states.” Even though most African states have signed or ratified international human rights instruments, women make up less than four per cent of parliamentary representation in most countries and their human rights and protection are breached. The author proposes a list of actions that women can undertake to let their voices be heard against the widespread subjection of women and children to torture and traumatic circumstances in Africa.


INDEX TERMS: Liberians, men, civil war, history, ethnic conflict, massacres, refugee camps, internally displaced persons, gender role, marriage, children, rape, mental health, prostitution, urban areas, rural areas, peace efforts, interviews.

GEOGRAPHICAL TERMS: Liberia.

Through interviews conducted in Liberia and refugee camps in Nigeria in 1994, the author explores the effects of the Liberian civil war on women. After providing an overview of the conflicts between groups that precipitated the civil war, she describes women’s social, political, and economic roles in pre-civil war Liberia. Although constituting only about five per cent of the population, urban women of Americo-Liberian origin, who enjoyed an “American way of life” had a much greater influence on social life in contrast to predominantly indigenous rural women who still maintained their traditional practices. With the outbreak of war, the conflict degenerated into a vicious ethnic war where civilians, largely women and children, were indiscriminately killed on the basis of ethnicity or suspected allegiance to rival factions. Massacres occurred and many of the women who survived were displaced, uprooted, and became refugees in other countries. Women who remained in Liberia were forced to trade their bodies to survive and provide for their families. Through first-hand accounts, the author shares women’s devastating experiences of rape and molestation by troops of the warring factions. Women also numbered among the combatants. Although the Liberian civil war is yet to be resolved and thus its consequences cannot be fully assessed, many of the effects on women are already evident. Many exhibit deep-seated psychological damage, and a bitterness and distrust of men while prostitution is on the rise. However, all the women interviewed believed that the war had transformed them and the roles they play in their society. They are stronger, more independent, and determined to play an active role.
Women Refugees in International Perspectives


INDEX TERMS: female circumcision, geographical areas, patriarchal societies, customs and traditions, adverse health practices, psychological problems, human rights violations, testimonies, social change, international organizations, NGOs.

GEOGRAPHICAL TERMS: Africa.

This book, which is based on the fourth edition of THE HOSKEN REPORT: Genital and Sexual Mutilation of Females, published in 1984, relates the personal stories of women from all over Africa. The book first provides a summary of health facts and overview, followed by a discussion of the politics of female genital mutilation. Most of the stories were told by the women themselves who, though living apart in different societies, are “bound together by a common fate and by a shared experience imposed on them - the mutilation of their bodies and lives.” The book concludes with a description of the beginning international recognition of female genital mutilation as a human rights violation and a survey of actions of change which have been instituted by international and national associations. The annex includes a progress report of the Women’s International Network grassroots campaign to stop FGM.


INDEX TERMS: Rwandans, men, armed conflict, family, communities, gender role, mothers, cultural identity, peace building, reconciliation, population composition, widowed persons, children, trauma, rape, pregnancy, birth, orphans, adolescents, household, housing, clothing, self-help projects, financing, income-generating projects, womens rights, land tenure, special needs, economic social and cultural rights, humanitarian assistance, development aid, emergency relief, reconstruction.

GEOGRAPHICAL TERMS: Rwanda.

In the majority of conflict situations, it is largely women who take on the role of shielding their families and communities in conflict situations. The authors explore the tensions which women experience in carrying out this role by first examining some points common to most armed conflict and secondly by focussing on Rwandan women’s experience. Because of the destructive impact of war, Rwanda may provide an example of a situation so extreme that women’s capacity to cope is put into question. In certain areas of the country females are estimated to account for 80 per cent of the population. Large numbers of widows and their children have been traumatized; women have been raped and many girls have already given birth to children who resulted from rape. Women have had to take on the functions previously exercised by their deceased husbands, for which they were
unprepared; many heads of families are female adolescents without experience and support; many have to maintain large families, including numerous orphans, yet face lack of labour; and the majority, both the victims and perpetrators of genocide, are traumatized by the horrors they have seen and lived through. Yet for all they have undergone, it should not be assumed that Rwandans are incapacitated. Some women are forming groups along the lines of pre-war associations to help one another in agriculture, building houses and financing income-generating activities. As well, with the high level of dependence on women, some of the constraints hitherto faced by Rwandan women are beginning to fade. The authors see Rwanda as the example illustrating that women’s ‘needs’ in such situations extend beyond food aid and other forms of relief to encompass shelter and personal security for themselves and their families, mutual support to cope with the psychological impact of traumatic events, the establishment and maintenance of women’s economic and legal rights, and the opportunity to gain a livelihood. In dealing with turbulent change, humanitarian agencies’ actions should not aggravate women’s subordination, and agencies should act positively as facilitators in the debate between men and women on the kind of social relationship to be put in place. The authors are aware that promoting discussions on gender relations within the community, as opposed to within their own staff, remains a considerable challenge for development organizations. Yet, when carried out skillfully, they appear to have led to significant improvements in women’s conditions and status. Thus, agencies should ensure that both men and women are consulted before they commence activities, since the act of consultation is a means of initiating dialogue. “Above all, women’s role in maintaining the fabric of community inter-action must be recognized, alongside their potential to promote reconciliation and peace education.”


INDEX TERMS: Akan, ethnic and national groups, violence against women, legal aid, educational background, occupations, culture, patriarchal societies, gender role, arranged marriages, polygamy, divorce, research, interviews.

GEOGRAPHICAL TERMS: Ghana.

The author, a “Canadian woman in Canada”, recounts the challenges she encountered in attempting to research and write about domestic violence in Ghana. By definition, there is no ‘battering’ in Ghana. To support her view that, despite the lack of documentation, wife assault does occur in Ghana, the author conducted an informal survey in 1991 with women who were regular clients of the Legal Aid Clinic of the International Federation of Female Lawyers (FIDA) in Ghana and were predominantly Akan. Only 50 of approximately two hundred women who were clients with domestic problems agreed to be interviewed. The questionnaire about women’s experiences of, and reactions to, domestic violence was filled
out in writing or answered verbally by those who could not write. The fifty respondents came from a variety of backgrounds, most had a primary school education, and their ages ranged from 25 to 40. Although, as the author points out, no inferences about the incidence of domestic violence can be drawn, the study does indicate the existence of such violence and provides some insight into reasons for, interpretations of, and reactions to, its occurrence. All of the women had been beaten, and the fact that they had gone to FIDA to seek out lawyers for advice shows their determination and courage. All of them ascribed their speaking out to their fears for their health. A discussion of traditional Ghanian culture highlights its patriarchal elements and the duty of men to ensure the maintenance of this culture. Women are to be obedient to their husbands’ discipline; an idea reinforced through stories told to children - two examples are included in this article. This cultural emphasis on obedience helps to render domestic violence invisible. Since monogamous and polygamous marriages are traditional marriages, the bonding of families associated with them discourages seeking a divorce, as it would bring “disgrace” to the woman’s family. Women’s low educational attainment makes them economically dependent upon their husbands, another barrier to escaping domestic violence. The article concludes by raising a number of relevant questions and encouraging the development of culture-specific programmes aimed to educate all parties about domestic violence.


INDEX TERMS: female circumcision, epidemiology, geographical areas, health, psychological problems, human rights violations, womens rights, CEDAW79, CRC89, legislation, child abuse, children, adolescents, adults, educational programmes, medical personnel, nurses, midwives, WHO, health services, clinics, counselling, women, husbands, family planning.

GEOGRAPHICAL TERMS: Africa, Sudan, Somalia, Djibouti, Mali, Uganda, Zaire.

This paper focusses on female circumcision in Africa. The various types of female circumcision are first described. The author notes that such classifications may give a false impression of standardization, as the actual cutting and subsequent scarring vary depending on the skill of the practitioner, the movement of the child being circumcized, and other factors. The geographical distribution of female genital mutilation in Africa spans at least 26 countries, with variations in prevalence ranging from 5% in Uganda and Zaire to almost 98% in Djibouti and Somalia. Infibulation is predominant in Sudan, Somalia, Djibouti, and Mali, and is sporadic in other countries. Based on estimates of prevalence, the author suggests approximately 6,000 girls are circumcized every day, or five every minute. The physical, psychological, and sexual effects of the practice are described. The passage of the Convention of all Forms of Discrimination Against Women (CEDAW) in 1981 alerted the
international community to gender-specific violations of women’s rights, and the passage of the Convention on the Rights of the Child in 1990 to the plight of the female child. However, it was only in 1993 that traditional practices were specifically mentioned as violations of women and children’s right in the Vienna Declaration of the World Conference on Human Rights. While several countries have passed legislation to make the practice illegal, specific anti-female circumcision laws are under discussion in others. When the practice is covered by child abuse laws, a case against female circumcision for children under the age of consent is not difficult to make. However, making the operation illegal for consenting adults is more problematic, particularly when other bodily alterations, such as sex change operations or cosmetic surgery, are not illegal, as is the case in Europe and the USA. Legislative difficulties also surface when the procedure is performed on young women between 14 and 20 years of age, when there is no established age of consent in the legal code, as in most African countries. In addition to criminal legislation, regulations and ethical guidelines of the health care professionals’ associations are another means of restricting the practice, which has been denounced in a strong statement by the World Health Organization in 1993. Re-infibrulations after vaginal delivery is another legislative aspect. Although these women are usually above the age of consent, ethically, based on the health risks, health professionals should not opt to re-infibulate. However, the woman’s feeling should not be ignored, and counselling should be provided. The author recommends that programmes aimed at the abolition of female genital mutilation be integrated within health services, including family planning services and child health services.


INDEX TERMS: Ghanaians, elections, constitutions, human rights, judicial system, courts, press, police, ethnic conflict, womens rights, CEDAW79, PRW53, ACHPR81, violence against women, rape, widowed persons, funerary rites, polygamy, children, customs and traditions, female circumcision, community health clinics, womens centres, educational programmes, vocational training, legal aid, democracy, political change.

GEOGRAPHICAL TERMS: Ghana.

This report updates the Canadian Immigration and Refugee Board’s 1992 publication, Ghana: Constitutional Democracy and the Fourth Republic. With the inauguration of the Fourth Republic, the 1993 Constitution contains several human rights provisions including civil and political guarantees, such as protection of the right to life and liberty, protection from slavery and discrimination, freedom of expression and assembly, the right to equal pay for equal work, equal access to education, and the protection of cultural practices within the limits of the constitution. The report updates, among others, the Judiciary, the Commission on Human Rights and Administrative Justice, and Ethnic Conflict in Northern Ghana.
Women’s human rights are discussed in a separate section, including legal provisions in the Constitution dealing with gender violence against women, and support services. Despite government efforts, traditional customs negatively affecting women, such as certain widowhood and funeral rites and polygamy, still continue. Ghana has ratified several UN Conventions dealing with women as well as the African Charter on Human and People Rights. Despite a lack of statistics, violence against women is considered to be a serious problem. Furthermore, the traditional practice of the 'trokosi', fetish slave or ‘vestal virgin’ system, whereby young girls are enslaved to fetish priests and held in local shrines to atone for crimes committed by other members of their family, is most common in the eastern Volta region, even though it contravenes Ghanaian law. Female genital mutilation is said to be a ‘serious’ problem; however, information about its extent is limited. Since domestic violence is considered a private matter, efforts by women’s organizations to encourage women to take legal action against it have met with little success. A non-governmental organization operates the only clinic in Ghana providing free medical assistance and counselling to women suffering from domestic abuse. Women’s rights groups provide education, vocational training, legal aid and other programmes in support of women’s rights.


INDEX TERMS: female circumcision, maternal mortality, pregnancy, birth, patriarchal societies, international organizations, family planning, World Bank, health services, maternal and child health care, customs and traditions, culture, violence against women, womens rights, adverse health practices, womens status, UNICEF, men, discrimination, development, Africans, Middle Easterners, NGOs, health education, ethnic and national groups.

GEOGRAPHICAL TERMS: Sudan, Somalia, Egypt, Ethiopia and Kenya, Nigeria, Mali, Burkina Faso, Sierra Leone, Senegal, United Arab Emirates, Indonesia, Malaysia.

In the Preface, the author, who coined the concept of FGM, notes that this edition describes for the first time some positive actions and FGM prevention programmes in Africa as a result of a major change in attitude under the leadership of African women. However, with a few exceptions, the majority of international organizations working in Africa refuse to acknowledge the existence of FGM. According to new conservative estimates, 110 million of women and girls are affected by FGM in continental Africa. The modernization and medicalization of FGM is spreading in all urban areas of Africa, including the Western world. Some 500,000 deaths of women, most of them preventable, are due to pregnancy related causes. Although the maternal mortality rates are highest in sub-Saharan Africa, the Safe Motherhood initiative, an international campaign for safe childbirth, is refusing to acknowledge the existence of FGM. Family planning education programmes in Africa still
pretend FGM does not exist, thus contributing to its introduction into the health care systems. The author criticizes also “the destructive policies of the World Bank.” The demand to pay back loans has led to structural adjustments which “siphoned off funding from the health systems of most African countries” with devastating results, especially for women’s health and maternity services. The author notes that prevention of FGM should be the priority and, since FGM is a culturally approved form of violence against women, the issue of violence needs to be examined. In the Introduction, the author discusses briefly topics such as Initiatives for Change; the Absence of Women in Development and International Affairs; Culture, Customs and Traditions, Women Speak: Beginning of Change; Women’s Rights are Human Rights; and Outlook and Reality. Part I provides an overview of the health facts of FGM from a woman’s point of view; the author’s account of the World Health Organization Seminar on Traditional Practices Affecting the Health of Women and Children, held in Khartoum, Sudan in 1979; and the history of the traditional practice of FGM. According to the author, the overview of health facts should be read first as it gives essential information which must be clearly understood before reading the rest of the report. Topics cover, among others, definitions of the operations, damage to health, reasons given for the operations, geographic distribution of FGM in Africa, FGM outside Africa and the Middle East, excision/infibulations: effect on sexual response, a female/male comparison, and a survey of positive development. Part II covers detailed case histories of Sudan, Somalia, Egypt, Ethiopia and Kenya in East Africa, Nigeria, Mali, Burkina Faso, Sierra Leone, Senegal in West Africa; the United Arab Emirates; Indonesia and Malaysia in Asia; and the Western World. Part III discusses the conspiracy of silence in the politics of FGM, covering international politics; the status of women in Africa and the Middle East; the sexual politics of African and Middle Eastern men; the failure of the World Health Organization and UNICEF to address FGM; women’s deteriorating situation compared to men because of their discriminatory exclusion in development programmes, particularly by UN agencies; the politics of population control; FGM’s modernization by incorporating it into modern health care services; and the media and the message. It also describes programmes for actions of change, such as initiatives for eradicating FGM by the Inter-African Committee on Traditional Practices Affecting The Health of Women And Children (IAC); programmes by NGOs in African countries; initiatives to stop FGM in the Western world; the development of a strategy for eradicating FGM; a model for healthy initiation celebration; women’s international network campaign to stop FGM by using universal childbirth picture books; and a programme for a women’s health education network and a sanitary products manufacturing project. A list of ethnic groups practising FGM is included in the annexes.
INDEX TERMS: Somalis, Sunnis, rural areas, illiteracy, basic education, female circumcision, women's centres, children, customs and traditions, Islam, gender role, adverse health practices, grandparents, midwives, nurses, reproductive health, educational opportunities, professional workers, health education, midwives, grandparents, UNESCO, WHO, UNICEF, surveys, research interviews.

GEOGRAPHICAL TERMS: Somalia.

The author reports the findings of a study of rural women in southern Somalia, which was conducted in 1986 under the auspices of UNESCO in collaboration with the Women's Education Department of the Ministry of Education, Mogadishu, Somalia. The practice of Pharaonic circumcision or infibulation was investigated in the context of a comprehensive survey on family life. Using a survey instrument which was designed through a collective process involving the local staff, 33 teachers of the Family Life Teacher Training Center in Kismayo interviewed more than 859 rural women in 16 semi-pastoral and 16 semi-agricultural villages of Lower Juba. Most of the author's informants at the Family Life Centre were “very positive, spirited and adamant” in favouring the continuation of “this way of life.” Their concerns were with the pain involved in the procedure and ways to minimize keloid scars. She notes that in this region “the custom is stripped of all traditional rituals and conducted as a simple clinical procedure.” Of the women interviewed, 98 per cent had undergone infibulation at a mean age of 6.9 years with some having been circumcised as late as 15 years of age. Traditional midwives and grandmothers performed the procedure with a machete as the most frequently mentioned instrument. When asked about their preferences regarding circumcision, 62 per cent of the women favoured infibulation for themselves and 76 per cent for their daughters. Although supportive of this tradition, they were cognizant from evidence among themselves of short- and long-term health hazards, citing gynaecological and obstetrical complications, and some genitourinary concerns they have to deal with in later years. The author concludes that resistance is noted among the educated or professional classes against circumcision. However, because educational underachievement and illiteracy are so high among these rural Somali women with two per cent completing high school and twelve per cent elementary school, the women’s outlook and status need to be changed through increasing educational opportunities.

INDEX TERMS: Africans, Somalis, students, children, female circumcision, history, medical problems, mothers, nurses, midwives, medical personnel, infectious diseases, medical treatment, pregnancy, birth, health services, belief systems, customs and traditions, husbands, family, counselling, cultural sensitivity, questionnaires.
This study, conducted in Somalia, was designed to identify which Canadian health services would likely be acceptable to circumcized women who experienced problems related to circumcision, and also to raise the awareness of Canadian health care practitioners regarding the custom of female genital mutilation. The authors’ Somali associate arranged for the distribution of questionnaires to 800 female students in two schools of nursing and one school of education, who were asked to respond by checking off yes or no or choosing answers by means of numbered options. Only 105 questionnaires were returned to Canada and the remaining were lost in transit. The women, whose ages ranged between 19 and 34 years with 20 being the mode, had been circumcized, mostly between the ages of five and seven. If they had a daughter in the future, women would have her circumcized because it was ‘traditional’. The women reported a number of early and long-term health problems. The overwhelming majority of respondents would go for help to a ‘friend, mother, or grandmother’ for circumcision related problems, but nurses, midwives, and female doctors were reported as acceptable caregivers, but male doctors were not. The respondents cited four main reasons for non-acceptability of intervention or a health care provider: religion or custom would not allow it; the service was not available or too expensive; husband or family would not allow it; and intervention would make the circumcision less effective. The authors emphasize that health care workers must help individuals and families become aware of available services in the community as well as increase their own cultural sensitivity in order to provide appropriate care.


INDEX TERMS: Africans, Muslims, Sudanese, Somalis, Islam, female circumcision, adverse health practices, value systems, customs and traditions, history, womens status, marriage, fertility statistics, social change, health services, gender role, womens seclusion, nomads, rural areas, polygamy, patriarchal societies, urban areas, demography, statistical data.

GEOGRAPHICAL TERMS: Horn of Africa, Sudan, Somalia.

In this book the author seeks to understand how female circumcision, particularly the practice of infibulation, referring to pharaonic circumcision and the less severe type of clitoridectomy combined with excision of the labia minora, is embedded in the traditional culture of Islamic northeastern Africa - northern Sudan, Eritrea, Djibouti, the coastal region of Ethiopia, and northern Somalia. Although the existence of this practice predates the introduction of Islam, the latter has been instrumental in embedding infibulation into the structural nexus of marriage, family, and social honour. The research objectives are to provide an inventory of the indigenous populations of northeastern Africa, differentiating between those that have traditionally practised infibulation from those for whom it
represents a more recent adaptation; to gain insight into the historical socio-economic and cultural milieu in which infibulation has traditionally occurred in order to determine the possible historical functions of the practice; and to answer the question of whether infibulation-practising populations manifest composite attributes that significantly distinguish them from those who do not engage in the practice. To accomplish these goals, the author combines a historical, qualitative approach with statistical analysis. Chapter 1 identifies and defines the three categories of female circumcision. As well, it provides indigenous and academic explanations of the purpose of infibulation and the historic geographic and demographic diffusion of the practice in northeastern Africa and Sudan. Chapter 2 delineates the geographic and demographic distribution of infibulation-practising populations, presenting reasons for its proliferation at all subsistence levels, that is, across the pastoral, rural, and urban continuum, together with their historical subsistence mode(s). In Chapter 3, after discussing how traditional cultures may be identified as closed cultural systems, the author provides arguments to show that the Islamic societies of northeastern Africa are “closed”. To determine the effect this has had, and continues to have, on the position of women with regard to infibulation, she examines the status and role of women in these societies; marriage customs and laws; male absenteeism, sexual abstinence and sleeping arrangements; fertility levels, mortality and birthrates, sex ratio distribution and infibulation. Chapter 4 outlines the methodological approach chosen (HOMALS) and provides information about the 26 infibulation-practising (study sample) and 20 non-infibulating (control sample) population groups out of a total of 105 populations, together with the total variables found to be associated with infibulation. In Chapter 5, the author qualifies and analyzes the socio-cultural variables associated with infibulation and offers hypotheses about the structural function of infibulation. Chapter 6 presents the future of infibulation, spelling out the conditions necessary for change. In Chapter 7 the author notes that it is the closed nature of Islamic northeast African societies that continues to affect the overall position of women and, by extension, the persistence of the practice of infibulations. She regrets that the mutilating characteristics of this practice, and the fact that it is done to young children, have attracted considerable international attention but, as such, have detracted from the broader issue of how to generate the overall development that would stimulate social change. She argues that researchers and activists should not identify the practice as a social problem, because, rather than being a deviation from the norm, it is a norm falling within the standards of society. Similarly, infibulation should not be perceived as a “minority social problem” in those European countries that are housing refugees from regions where it is the norm. In conclusion, she emphasizes again that any analysis of infibulation must be based in an historical examination of the socio-cultural, political, and economic context of the populations concerned. Available data indicate that the vast majority of populations practising infibulation have had, or continue to have, a recent pastoral or agro-pastoral tradition. Although they are currently distributed along the pastoral-rural-urban continuum and many of them have become sedentary as either rural or urban inhabitants, the practice continues to be retained.
This paper examines the levels and correlates of maternal mortality ratio (MMR) in Africa. African women of reproductive age (15-49) have the highest death risk from maternal causes in the world. Africa accounts for 30 per cent of all maternal deaths worldwide as opposed to 18 per cent of births. There is also a high incidence of morbidity among women who survive delivery, affecting quality of life for themselves and their families. This study is based on country level data due to its advantages for planning and policy-making purposes. Available studies indicate that five key factors contribute to high maternal mortality levels in Africa: maternal age, parity, birth interval, lack of access to health care services, and lack of trained birth attendants. Other factors related to maternal deaths include environmental factors, low cultural status of women, and rural-urban differences in availability to education, marriage, and access to contraceptives. The study defined maternal death as death of a woman while pregnant or within 42 days of termination of pregnancy. Data were drawn from a report published by the Bread for the World Institute on Hunger and Development, covering 1980-1987. Using the nested means procedure, countries of Africa were divided into four groups based on their MMRs. The countries differ markedly with respect to MMR, with high rates found in most countries of sub-Saharan Africa and relatively low rates in Northern Africa. Multiple regression was applied to determine correlates of maternal mortality. Eight independent variables were included in the regression analysis: population size, GNP per capita, crude birth rate, crude death rate, access to safe water, percentage of urban population, adult female literacy rate, and calorie supply as a percentage of requirements. MMR is the dependent variable. The predictor model included calorie supply as percentage of requirements, percentage of urban population, population size, crude death rate (CDR), crude birth rate (CBR), and access to safe water. The regression coefficients of the six predictors in the model contributed 58 per cent of the total variation in the dependent variable. The selected model is significant at the 0.01 level. Two variables, population size and CBR, are statistically significant with calorie supply narrowly missing the significance level. The remaining four variables were not statistically significant but their presence improved the significant level of the chosen model. GNP and the adult literacy rate were not included in the selected model, because the first is not a perfect indicator of economic development and the second is not as good an indicator as years of schooling seem to be. Some cultural and behavioural factors, such as female circumcision, are also associated with a high MMR but were not included as the
data were not available. The paper concludes with several recommendations for lowering the MMR in African countries.


INDEX TERMS: Somalis, nomads, peasants, civil war, drought, vulnerable groups, displaced persons, school children, one-parent families, orphans, emergency relief operations, mental health, psycho-social problems, needs, traditional healers, post-traumatic stress disorders, stress, trauma, psychological rehabilitation, cultural sensitivity, NGOs, schools, counselling, health personnel, teachers, interviews, questionnaires, UNICEF, WHO.

GEOGRAPHICAL TERMS: Somalia.

This report to WHO and UNICEF addresses the psycho-social needs of vulnerable groups of women and their children in Northeast and Central Somalia. It has three main objectives: to provide a clear picture of the psycho-social needs of Somali women, to identify existing capacity and coping strategies developed by women facing post-war conditions, and to examine the effects of stress and trauma in school children and mediator factors. Three Northeastern region towns (Bosaso, Gardo, and Garoe) and two Central region towns (Mogadishu and Baidoa) were covered by the report. In each town, except for Gardo, two standardized questionnaires, one to measure psycho-social aspects and the other to identify the degree of distress, were administered to specific groups of 20 residents and displaced women. In addition, the researcher obtained information from group interviews with adolescents and school children and from international agencies, expatriates, and local NGOs. The author discusses the psycho-social consequences from a historical and cultural perspective, emphasizing that meeting the psycho-social needs of Somali women and children requires a sensitive understanding of Somali culture. Specific multi-setting mental health interventions are recommended to improve well-being within the current spectrum of psycho-social needs of women and children. The executive summary highlights the recommendations and findings for a broader range of strategies for a general emergency response programme; priority mental health care screening for displaced persons; a proposed pilot study for immediate implementation in specific locations; special attention and programming for three vulnerable groups: women-headed households, war-disabled groups, and school children, particularly those in orphanages; school incentive programmes; support of local leadership in mental health programmes; and development of trust and co-operation between traditional healers and scientific medicine.

In March 1993, a Women’s Commission for Refugee Women and Children delegation visited Mandera and Kakuma in Kenya, Bardera in Somalia, and Nimule in Southern Sudan. They met with representatives of international organizations, the Organization of African Unity, the United States government and other relief agencies. In Mandera, NGOs provide relief and rehabilitation services to the 50,000 Somali refugees as well as the local population in cross-border operations. Many health services are available but violence and lawlessness threaten the stability of health programmes in the area. The most stable refugee settlement was in Kakuma, which has become home to over 10,000 unaccompanied male minors who walked from Sudan to Ethiopia and then to Kenya. The camp has a Maternal and Child Health Centre with traditional birth attendants and has established educational programmes for children, most of whom attend school. It also offers numerous opportunities for women to develop self-reliance. At Bardera, the delegation found high rates of malnutrition and maternal death among the population in an environment where security is tenuous but improving with the presence of Botswanan troops. The camp has no educational programmes and women lack basic resources to develop self-reliance. Because of the escalation of the civil war in Sudan in the past few years, in Nimule food is used as a weapon of war and lack of development leads to mere survival. There is severe malnutrition and a critical lack of medical supplies, clothing, clean water, and adequate shelter for the 124,000 displaced persons living in Asme, Aswa, and Atepi camps. Camps for those who fled from other areas are located in a national park for animals which, on several occasions, have attacked the displaced. There are essentially no supplies or medications in the Nimule area. There have been recent serious outbreaks of meningitis and other identified health problems. A large proportion of deaths were attributable to starvation. The only identifiable educational programmes were in the Aswa displaced person camp. With relief and development activities almost non-existent, except for a thriving market in the camp, opportunities for women are almost non-existent. The delegation made several recommendations concerning health, security and protection, education and economic self-reliance. The two recommendations in the area of health have universal applications. They concern the training and mobilization of traditional birth attendants and community health workers and standard protocols and policies for the treatment of tuberculosis, which coupled with a comprehensive tuberculosis treatment programme, are viewed as priorities.
In the area of protection and security, the delegation recommends the presence of female international protection officers at all sites and outlines a programme for the United States government and UN Security Council that could alleviate the long-term suffering of people and promote peace in Southern Sudan. As a right and not a privilege, education should be viewed as part of relief, rehabilitation, and resettlement operations, and provisions made for interim traditional and/or non-traditional education. Finally, delegation members recommend that the promotion of self-reliance become an essential component of relief efforts to be implemented in the initial relief phase. Skill training increases the chances of refugees leading independent lives.


INDEX TERMS: Eritreans, Ethiopians, returnees, internally displaced persons, orphans, street children, widowed persons, dependants, refugee camps, refugee centres, refugee-assisting organizations, emergency relief, living conditions, malnutrition, health services, intestinal infectious diseases, orphanages, religious leaders, family reunification, volunteers, immunization, emergency feeding programmes, bacterial diseases, parasitic diseases, infant mortality, water, safety of humanitarian personnel, childrens centres, literacy, counselling, workshops, income-generating projects, slums, community organizations, housing, community development, human development, subsistence farming, land reclamation, forestry, maternal and child health care, AIDS, primary health care, traditional birth attendants, community health workers, vocational centres, social networks, womens status, political participation, training, health education, small-scale enterprises, start-up loans, preventive medicine, UNHCR, UNDP, UNICEF, WHO, NGOs.

GEOGRAPHICAL TERMS: Eritrea, Ethiopia, Somalia, Sudan.

In March 1992, the Women’s Commission for Refugee Women and Children (WCRWC) sent a delegation to Ethiopia and Eritrea to observe and assess the needs of returning refugee women and children, internally displaced Ethiopians and Eritreans, and the destitute civilians who did not leave their villages and towns during the years of internal wars. The report is divided into two sections. The first section discusses Ethiopia’s history and physical and political conditions, the challenges the Transitional Government of Ethiopia (TGE) now faces to preserve internal security and respect human rights, revive a devastated economy, reconstruct the country, and rehabilitate millions of internally displaced people and refugees. Several hundred thousand Ethiopians are displaced persons, including Ethiopian army dependants who the delegation considered to be especially destitute. The authors discuss observations of their site visits in Addis Ababa, Nazareth, and Gode to two official refugee camps, a Red Cross food distribution center, several makeshift shelters, and three urban development projects, among others. They describe the conditions endured by
former Ethiopian soldiers and their dependants, such as lack of sanitation facilities, inadequate living space, lack of food and access to health care. One of the three camps run by the Relief and Rehabilitation Commission (RRC), the responsible government agency, accommodates under overcrowded conditions internally displaced persons who also suffer from severe food shortages, inadequate health services and poor sanitation. Returnees of Ethiopians and refugees from Somali have been resettled into Gode, an area already inhabited by an impoverished population. Thus, refugees and local residents have become dependent on food aid. Both face unsanitary conditions and school facilities are inadequate or non-existent. The members also visited some innovative volunteer and community-based developments, such as orphanages, community rehabilitation and development projects, a drop-in center for street kids, and a food distribution center of the Ethiopian Red Cross, at which women and children were being registered and attended to first. In a section entitled “voices and views”, the authors present the problems of the country and the continuing need for aid as perceived and expressed by various government and RRC officials, academics, US State Department officials, and NGOs. The second section presents the historical, political, and physical climate of Eritrea as it struggles to resolve its quest for self-determination. As a result of war, drought and devastation, an estimated 250,000 Eritreans are displaced. The emergency situation is further exacerbated by the spontaneous return of tens of thousands of refugees from neighbouring Sudan. The authors discuss the need for emergency relief and long term development in the areas of agriculture, health to check growing malnutrition and address mother/child health problems, education to improve the high illiteracy rate, and infrastructure reconstruction. The National Union of Eritrean Women, founded in 1979 by women, who had taken part in the liberation struggle, raised women’s political consciousness and worked for equal rights for women. It now faces the challenge of bringing these gains to other women and refugees who lived in the Sudan through education, literacy and skill-building. The report concludes with a list of recommendations stressing that relief to both countries be comprehensive and structural versus targeted and short term in order to lead to stable democratic governments and viable economies. Several recommendations emphasize that, with monetary support, women’s role in society be encouraged and enable them to become qualified for future decision-making positions. The appendices include lists of members of the delegation, individuals and organizations contacted, and maps of the region.
This article examines the rationale behind, and consequences of, female infibulations in Somalia. During a thirteen months research project ending in January 1989, the author took part in two training courses of traditional birth attendants (TBA) and interviewed and talked with women in two southern regions of Somalia. The article discusses the pros and cons of the practice from the insider’s and the outsider’s points of view. The three types of female circumcision and the procedures are described and the immediate, subsequent, and obstetric complications of infibulation are discussed. The author notes that the procedure can also have interrelated psychological, psychosomatic, psychosexual, and social complications. The rationale given for the continuation of infibulation includes: ‘tradition’; notions about the body, purity, honour, and shame; gender identities and the control of female sexuality; social relations and, indirectly, economic interests. Policies and programmes to abolish infibulation have failed to find a balance between views on the subject both inside and outside Somali society. The problems are illustrated through discussions about TBA training programmes, the development and modernization approach, and reaching the people to convince them about the practice’s negative effects on their lives. The author concludes that although in the West there may be clear perceptions about the practice of infibulation, “without subscribing to cultural relativism we should leave much to the people themselves.” Discussions on female circumcision face “the danger of either getting lost in vague and perhaps meaningless generalities, or in some ethnocentric, ideological position.” However, comprehensive development programmes should be supported that could help convince both men and women that infibulation threatens the mental and physical health of women and children, and that “the relation between infibulation and gender identity should therefore become an alliance that needs to be questioned.”
Part I, the Introduction to this Note, discusses the debate over a woman’s individual right to be free of female circumcision as against the tribal group’s right to maintain its identity through the practice, free from state interference. The author argues that the debate terms are framed by a dominant, white, Western male vision to serve this powerful group’s best interests. However, a new debate framed from the experiences of women and girls who undergo this procedure may enable the international community to pressure nation-states to eradicate the procedure. The article then gives a description of the three types of female circumcision, the procedures involved and their physical and psychological effects on women. In Part II A, drawing mainly on literature concerning the Kikuyu of Kenya and the Darod, a nomadic tribe, of Somalia, the author uses anthropological theories of rites of passage to present an anthropology of female circumcision and arguments which are made that circumcision has functional value in preserving tribal identity and social structure. Although the Kikuyu practice of female circumcision is today mostly a private matter with virtually no ritual accompaniments, she describes the traditional Kikuyu rituals in the present tense and concludes that the Kikuyu’s irua ceremony, which accompanies female circumcision, is crucial to maintaining tribal group identity. However, the Darod’s practice of infibulation is not surrounded by any rituals but rooted in the Darod’s religion of Islam. In Part II B this anthropological analysis is then criticized by post-modernists and feminists who question the purported objectivity of the methodologies and theories used. Feminists argue that women’s voices must be heard before preservation of tribal identity is accepted as a valid argument for circumcision. Part III discusses radical and socialist feminist explanations of female circumcision in terms of the subordination of women in male-dominant tribal groups through control over their sexuality and their productive and reproductive labour. The author examines these arguments in the context of the Kikuyu and Darod tribe and discusses criticisms of these feminist positions. Part IV outlines some of the international human rights laws set up to protect the woman’s right to be free from oppressive tribal practices, such as female circumcision, and to protect the tribal group’s rights to maintain its practices. In Part V the author discusses conflicts which can arise between these rights, along with some of the institutional means which may be able to contribute to their resolution, such as the Commission on Human Rights, the Committee on the Elimination of Discrimination Against Women, the International Court of Justice and the African Commission on Human and People’s Rights. She also draws attention to parallels she sees in the United States case of Santa Clara Pueblo v. Martinez in the late 1970s.


GEOGRAPHICAL TERMS: Africa.

This draft paper reviews the causes, patterns, and consequences of internal displacement for African women and children in the cases of Sudan, Mozambique, Somalia, Ethiopia/Eritrea, and Liberia. As the prime causes of internal displacement, armed conflict and the escalation of violence in general have accelerated civilian, mostly female and child, population movement from rural to urban areas. The hazardous physical conditions of the internally displaced, including overcrowding, poor sanitation, and lack of adequate food, clothing, and shelter, lead to health problems such as malnutrition, measles, and diarrhea. Added to these are psychological problems arising from incidences of sexual and physical violence, as well as trauma experienced by children. Unmet protection needs such as access to assistance, physical security, and legal rights pave the way for rape, forced recruitment of children into the military, and kidnappings. The paper contrasts this vulnerability with the international humanitarian and human rights legislation on the protection of women and children, including the UN Convention on the Rights of the Child. In transition from war to peacetime, the internally displaced will also need assistance to overcome the long-term psychological, physical, economic, and social problems associated with their experience. The paper concludes by emphasizing the need for greater protection of and assistance to civilian victims of warfare.

INDEX TERMS: Sahrawis, men, nomads, gender role, womens status, value systems, customs and traditions, decolonization, national liberation movements, political participation, womens rights, womens organizations, Moroccans, Mauritanians, armed intervention, refugee camps, children, protection of camps, elections, government, constitutions, legislation, human rights, civil and political rights, social development, camp management, food, housing, sanitation, nutrition, health education, health services, maternal and child health care, literacy, education, vocational training, teachers.

GEOGRAPHICAL TERMS: Saharan Arab Democratic Republic, Algeria.

This article discusses how Sahrawi women of the Sahrawis of Western Sahara have expanded their traditional participation and importance through their roles in the course of the Polisario Front’s armed struggle for the Saharan Arab Democratic Republic (SADR). Sahrawi women have played an integral role in traditional Sahrawi culture and in efforts to
Chapter 2 Country of Origin Conditions

resist foreign invaders. The Polisario Front, founded in 1973, acknowledged this tradition and undertook to expand the role of women in the SADR. Shortly after its founding, it opened clandestine schools for women and welcomed them into the movement. As early as its Second Congress in 1974, the Polisario Front adopted policies on women’s political and social rights and on free and obligatory education for all persons. At the National Conference on Sahrawi women, convened in the same year, the National Union of Sahrawi Women was established to assist in working for independence and the emancipation of women. Following the invasion by Moroccan and Mauritanian forces, women participated in defense and took charge of the flight to refuge in the desert, organizing shelter, supplies, and protection for the women and children refugees, and later helped them to relocate to Algeria. Following the Front’s 1976 proclamation of the Sahrawi state, new structures were instituted for the administration of the SADR and the refugee camps including women, as elected representatives. Constituting a large majority at the base and regional levels, they have directly shaped many policy changes enacted by the national congresses. Following tradition, these essentially illiterate Sahrawi women maintained the refugee camps, trained for new tasks in health and education, established committees on literacy, and were sent abroad for professional training. By 1987, literacy levels for adults were beyond the elementary level. Preschools, elementary, and secondary schools were established, along with an instructional centre, which has trained women in a variety of vocations. The author concludes that the process of involving Sahrawi women in the SADR’s struggle has had revolutionary implications for them and for the entire Sahrawi population.


INDEX TERMS: Sudanese, civil war, internally displaced persons, Eritreans, Ethiopians, refugees, mothers, living conditions, infectious diseases, malnutrition, children, schools, abduction, death, sexual violence, starvation, refugee camps, spontaneous settlements, elderly, domestic work, prostitution, trade, arbitrary arrest and detention, sexual violence, ethnic and national groups, cultural identity, psychological problems, ethnomedicine.

GEOGRAPHICAL TERMS: Sudan.

The author, a medical doctor, discusses the impact of the civil war on the population, particularly women and children. For Sudan, the drastic consequences of wars are coupled with political instability, environmental hazards, desertification, and drought. Under these conditions, the economic situation deteriorated, resulting in limited social services and poverty throughout the whole of Sudan, including displaced persons and, particularly, Eritrean and Ethiopian refugees. In the war zones in the Southern Sudan, hospitals, clinics, schools and other services have been curtailed or closed; farming supplies are unavailable; and trade has been disrupted. Of those who remained, children and women are the most adversely affected with women being responsible for children and the elderly. All suffered
starvation, diseases, torture, sexual abuses, and exploitations. In the war zones, the children’s conditions are very poor. With limited food supplies and health services in most areas, thousands of children who suffered from infections, diseases and malnutrition died. Cessation of immunization programmes or its limited coverage encourages the spread of diseases like measles, pertussis, diphtheria and tetanus. As well, children’s education is negligible. Children are kidnapped to work for soldiers but many of them died from hunger and torture; girls in particular die from the effects of sexual abuse. Ninety-two per cent of the estimated three million displaced persons in Sudan are from the Southern region. Southern women and children who move towards the Northern regions of Sudan, whether living in settlement camps or with ethnic groups in unplanned settlements, experience congested unhealthy environments. Women’s acquired skills are not relevant and, lacking other skills, they have limited alternatives with domestic work being the main survival strategy after their first arrival. Begging, the illegal activities of prostitution and petty trading, and child labour are common. For many of the displaced and refugees who are settled in a different social environment with different ethnic groups, uprooting also means a loss of their cultural symbols, identity status, and familiar patterns of behaviour. Consequently, the life conditions of women and children in exile become grounds for psychological problems.


INDEX TERMS: history, democracy, political movements, Islam, ideologies, culture, gender role, women, family, children, household division of labour, employment, Shari’ah, political change, military government, fundamentalism.

GEOGRAPHICAL TERMS: Sudan.

The author reports that most of the research for this article was conducted in 1988, at the end of the brief democratic era which lasted from 1985 to 1989, and thus prior to the establishment of a right-wing Islamic military government. The article focusses on the National Islamic Front (NIF), which was active during the democratic era, “in order to explore the gender dynamics that both brought it to power and are sustaining it.” The Sudanese state’s re-creation of religious ideology and the nature of identity politics within the framework of Islamism, the centrality of women in this process, and its potential impact on gender division of labour and other gender arrangements prescribed in Sudan’s personal status laws are discussed. The issues are approached through an analysis of the strategies of the NIF which place women and the family at the forefront, the former as organizers and socialisers and the latter as the foundation of an ‘authentic’ culture based on continuity with the past. The author chronicles the socio-historical processes and conditions relevant to the rise of Islamism and examines its gender dimension under Nimieri’s military dictatorship. With his downfall in 1985, the NIF joined the government adopting an Islamic approach
while attempting to appear to embrace the secular process. An attempt has been made by
the modern Islamists to create a new configuration in the gender division of labour whereby
women’s participation in the work force has to be compliant with the requirements of the
party/state. The author illustrates, through interviews, how women comply with and defend
the NIF position. On the basis of Islam, women argue for increased equality; thus for these
women identity politics has touched not only aspects of ‘authentic’ Islamic culture but of
gender relations as well. The powerful and influential NIF will not condemn the presence of
women in working class or traditional occupations but they will selectively control
women’s access to power and privilege, both public and private. Women will remain an
object of concern in Islamisation but will continue to be represented as ideal Muslim
women. A postscript is offered to bring the reader up to date with the current situation of
Sudan.

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THE SITUATION IN AND ASSISTANCE NEEDS FOR ETHIOPIA AND
ERITREA BASED ON A WOMEN’S COMMISSION DELEGATION TO
ETHIOPIA AND ERITREA, MARCH 8-18, 1992, Mayotte, Judith A.
Washington (DC): United States House of Representatives. House Committee on
(Statement for the Women’s Commission for Refugee Women and Children)

INDEX TERMS: Ethiopians, Eritreans, displaced persons, armed forces, dependants,
children, orphans, returnees, refugees, refugee camps, living conditions, housing, food aid,
orphanages, drought, water supply, ethnic conflict, sanitation, urban areas, poverty,
government policy, famine, women’s status, emergency relief, history, needs, development,
agriculture, health, education, reconstruction.

GEOGRAPHICAL TERMS: Ethiopia, Eritrea.

This report is based on a visit by five members of the Women’s Commission for Refugee
Women and Children (WCRWC) to Ethiopia and Eritrea in March 1992. In Ethiopia, they
heard testimonies of several large groups of people displaced or affected over the past
decade by drought, war, and coercive policies of the Ethiopian government. These different
groups of displaced people, often indistinguishable from the local destitute, include
dependents of former demobilized Ethiopian soldiers and other civilians from Eritrea,
highland returnees, returnees from refugee settlements in Somalia, and the urban destitute.
The demobilized soldiers have received some assistance; however, in the two towns visited
by WCRWC, the dependents of defeated soldiers and other displaced civilians, with
significant numbers of women and children, did not receive any assistance and are perhaps
the most destitute. Highland returnees, who fled in 1984 the famine stricken areas of Tigray
and Eritrea of the north into Sudan and were coerced by the government to resettle between
1984 and 1988 in underpopulated areas of the south, have received some aid mainly from
church-based efforts and the Red Cross, but camps designed as temporary shelter are
overcrowded, and health and sanitary problems prevail. In Gode camp, many returnees from
Somali face poor housing, untreated water, a poorly equipped health post on the site, and total dependency on dry rations. The urban destitute, including between 20,000 to 40,000 street children, live in severe poverty in Addis Abbaba. WCRWC discusses three successful projects, which, through the initiatives of Ethiopian women, creatively address needs of the urban poor. Overall, WCRWC recommends that assistance to Ethiopia should be comprehensive and structural versus targeted and short-term. In Eritrea, the legacy of the 30 years’ war of independence has left innumerable refugees poised to return, internally displaced persons, war-disabled, and orphans. The infrastructure is devastated and especially the northern Sahel region is threatened by a famine. In addition to emergency needs for food, exacerbated by the spontaneous return of refugees from Sudan, Eritrea requires long-term development assistance in agriculture, health, education, and infrastructure reconstruction. The role of women, particularly the National Union of Eritrean Women, is discussed in the liberation struggle and the challenge faced achieving real change in education and a conversion from old beliefs and practices to new ones. Concluding recommendations suggest placement of a US diplomatic mission in Asmara; an infusion of cash to jump-start the economy, commitment by donors to specific amounts of money for food relief and helping Eritreans feed themselves; monetary support to encourage future women’s participation in decision making and to promote children’s education; and recognizing that the destruction of Ethiopia and Eritrea was due in part to the infusion of US and Soviet military support.


GEOGRAPHICAL TERMS: Africa.

This article focuses upon international efforts to address issues of women’s rights and the degree to which international legislation has been ratified in Africa. The author reviews some of the key UN documents to demonstrate that their treatment in the international community is indicative of the difficulties inherent in transformative challenges to patriarchal systems of oppression. According to the author, most African nations have a better record of ratification of human rights legislation than do some other countries, with 29 African states ratifying or acceding to the Convention on the Elimination of All Forms of Discrimination Against Women. However, seven of the 29 ratifying African nations have done so with declarations of reservation. Using cases of specific African nations, the author examines some of these reservations to support the argument that the fundamental boundaries of patriarchal privilege remain intact. Although other ratifying African nations
have not made formal reservations, their existing laws often conflict with the Convention. The article suggests that patriarchal resistance to international efforts to establish and protect women’s rights falls into three categories: ratifying the Convention with specific or general reservations, ratifying the Convention without reservation but retaining laws which conflict with provisions of the Convention, and refusal to ratify the Convention. The author concludes that, until women’s rights are integrated into human rights, normative systems of gender-based oppression will continue.


INDEX TERMS: Somalis, Muslims, female circumcision, customs and traditions, adverse health practices, education, Islam, literacy, health personnel, traditional birth attendants, national law, WHO, research interviews.

GEOGRAPHICAL TERMS: Somalia.

This study, based on interviews conducted with 290 Somalian women in 1978, aimed to ascertain the types of female circumcision performed in the population; the age at which female circumcision is performed, by whom and where; and the motives perpetuating the practice and possibilities for future attitudinal change. Based on the women’s level of education, the sample was selected from among the attendants of women’s centres in Mogadishu. Women included in the sample had medium to high socio-economic status with at least half of them having completed elementary school or higher educational levels. The median age was 22 years with a range of 18 to 54 years. Fifty-nine per cent of the women were single. All of them had been circumcized at a mean age of 7 years with a range of 1-13 years: 88 per cent were subjected to excision and infibulation; 6.5 per cent to clitoridectomy; and 5.5 per cent to Sunna. Sixty-nine per cent had been circumcized at home and 52 per cent by an untrained person, usually a traditional birth attendant. Reasons offered by respondents to justify female circumcision included Islam in the majority of cases, preserving virginity in order to marry, tradition, and hygiene. All of the women said that they would submit their daughters to the practice with 50 per cent preferring excision and infibulation; 40 per cent clitoridectomy; and 10 per cent the Sunna type. The authors conclude that, supporting earlier studies, level of education and economic statuses have no influence on the practice of female circumcision. However, better knowledge about the complications of circumcision will possibly affect its practice.

144  THE NOMADIC CLANS OF SOMALIA: HISTORY, CULTURE, SOCIAL STRUCTURE (SOMALIA: CULTURAL PROFILE), Carleton University. Research Resource Division for Refugees. Ottawa (Canada): Immigration and
Somalis comprise one of the single largest ethnic groups in Africa. Somalian society is divided on the basis of six patrilineal clan families. Nomadic Somalis belong to one of four pastoral clan families and settled cultivators in the south form two clan families. The nomadic economic base account for cultural and social differences between the pastoral and agricultural clan families. The paper first provides a brief history of northern Somalia and its climate. It then discusses the division of clan families into clans, conflict resolution and contractual obligations, kinship ties, religion, the role of camels and poetry in Somali culture, and social and economic customs and practices with respect to women. Although held in high esteem, women do not have equal rights in private life. They are subjected to gender-specific practices, including female circumcision, gender-based division of labour, and divorce following Islamic law. The Family Law of 1975 granted equal rights to women and men in marriage, divorce and inheritance. In order to combat illiteracy, free and compulsory education up to grade eight was introduced in 1975 and the participation of women in public life and government was encouraged. As well, the Constitution of the Somali Republic of 1979 gave equal political, social, and economic rights and duties to all citizens regardless of gender. However, the effective implementation of the provisions of family law in rural areas is questionable. Lastly, the paper refers to some culturally specific traits of nomadic Somalis.

INDEX TERMS: Somalis, nomads, clans, history, Islam, climate, patrilineal societies, kinship, belief systems, animal husbandry, marriage, customs and traditions, women's status, family division of labour, female circumcision, divorce, economic conditions, illiteracy, education, rural areas, constitutions, women's rights.

GEOGRAPHICAL TERMS: Somalia.


INDEX TERMS: Ethiopians, Eritreans, Tigrayans, refugee experiences, flight, sexual violence, women's status, Islam, rape, prostitution, repatriation, refugee camps, gender role, national liberation movements, resettlement, research interviews.

GEOGRAPHICAL TERMS: Djibouti, Sudan.

The author discusses her interviews with women whose ages ranged between 14-36 at the time of fleeing Ethiopia to Sudan and Djibouti. The women describe their experiences at home and during flight and asylum. They discuss their fears and the risks of imprisonment, rape and sexual abuse, and their status as women within Islamic culture. In their flight through the liberated areas of Eritrea and Tigray, they witnessed the actualization of the potential of women and the successful efforts made to change the socially prescribed
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subordinate roles of women. The author documents how these experiences gave the women strength, courage and determination and the ability to challenge socially prescribed roles. She concludes that women’s experiences before becoming refugees, in flight and during asylum can lead to empowerment through a process of politicization and self-awareness. “The experience of being a refugee tends to involve a process of identity formation in terms of discontinuities, continuities, resistance and identity reconstruction.” Thus, refugee women who have experienced this empowerment, will become functional, highly-motivated members of society after resettlement.

c. Europe


INDEX TERMS: Bosnians, Muslims, Croatian minorities, men, children, refugees, internally displaced persons, civil war, ethnic cleansing, sexual violence, rape, torture, torture victims, psychological problems, post-traumatic stress disorders, neurotic and personality disorders, primary health care, medical treatment, nurses, counselling, refugee participation, training, psychiatric tests, research.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Croatia.

The forty articles included in this volume, dedicated to all survivors of war violence in former Yugoslavia, are based on contributions to an international conference entitled “War trauma: Psycho-social support and treatment”, held in Zagreb in January 1995. The conference was a presentation of the work carried out by Boswofam (BOSnianWOmen and their FAmilies), the International Rehabilitation Council for Torture Victims (IRCT) psycho-social programme. The volume is divided into six parts. Part I: War, Torture includes two articles discussing psychiatric problems. Seven articles in Part II discuss topics such as: ethnic cleansing and post-traumatic coping, time course of psychological adaptation and development of psychological disturbances in refugees and displaced persons, war trauma and its influence on individuals and community, and war trauma and its consequences for wounded war veterans. Articles discuss refugee care in Part III, psychotherapy in Part IV, and sexual torture and treatment in Part V. Eight articles in Part VI: health problems and health care present the findings of Boswofam’s research. Articles in Part VII address the role of refugee counsellors and, in Part VIII, the training/care for caregivers. Articles included in Part IX discuss the psychological problems of children, the
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wounded and traumatized children in war, and a group therapy with traumatized children. Appendices include the interview schedule, questionnaire, and measuring scales used in the programme.


INDEX TERMS: sexual violence, nationalism, international armed conflict, economic stagnation, patriarchal societies, intermarriage, vulnerable groups, mothers, Serbs, Albanians, rape, Muslims, audiovisual media, interviews, victims, trauma, armed forces, killings, torture, fathers, siblings, abduction, imprisonment, husbands, pregnancy, refugees, ethnic cleansing.

GEOGRAPHICAL TERMS: Yugoslavia.

This article examines violence against women in the former Yugoslavia with particular attention to the effects of war, nationalism, and militarism. Three primary issues are analyzed: the abuse of women and misuse of their sufferings as a means of achieving political and military goals; violence against women as the consequence of militarization and war; and the abuse of women’s reproductive rights. The author notes that the politics of nationalism have used the symbol of woman as mother to promote national homogeneity and as sexual object interpreted as a symbol of a nation at risk. The abuse of women as a symbol of the endangered nation started in Serbia provoking national intolerance between Serbs and Albanians in the Serbian province of Kosova, and was repeated in the war of the former Yugoslavia in state-controlled media. The use of rape as propaganda intensified hostilities in Bosnia-Herzegovina, while the real victims were secondary. Further victimization of these women occurred through insensitive coverage by the international media. Although the exact numbers of victims are difficult to determine, this article recounts the sexual, physical, and psychological violence against women in war and refuge as well as domestic and other forms of violence in areas not directly affected by the war.


INDEX TERMS: Serbs, political leaders, international armed conflict, ethnic cleansing, Bosnians, Muslims, Catholics, Croatian minorities, patriarchal societies, government, armed forces, religious institutions, gender role, womens status, nationalism, rape, sexual violence, genocide, arbitrary arrest and detention, pregnancy, clinics, hospitals, abortion, victims, husbands, family, communities, customs and traditions, alienation, psychological
problems, trauma, media, propaganda, international humanitarian law, international criminal tribunals.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Yugoslavia.

In this article, the author addresses Serbian political and military leaders’ planned and executed policy of ethnic cleansing or genocide directed against Muslim women and to a lesser extent against Catholic Croats in the Bosnia-Herzegovina war in order to create a homogeneous Serbian nation. In Part II the Serbian usurpation of the female body is discussed. In a traditional patriarchal society, Serbian government, military, and the Orthodox Church reduce women to their reproductive capacities in order to fulfill the objective of Serbian nationalism by producing more citizens to populate the nation. The article outlines evidence that a systematic policy of ethnic cleansing existed, including the so-called Rape and Abuse in the Areas of Armed Conflict in the Former Yugoslavia (RAM) plan written by Serb army officers around the end of August 1991, the official tolerance of rape, and the five patterns of rape documented by the United Nations Commission of Experts. Of these patterns, the establishment of rape camps was particularly significant. The Serbian captors told women detained in the camps that they were trying to impregnate them to create ‘Chetnik babies’. Women found pregnant were segregated, received meals and other ‘special privileges’ and were only released when it was too late to get an abortion. The author notes how the women’s physical and psychological injuries, their rejection by husbands because of the disgrace of rape, and ostracism from their families and communities effectively break down the social fabric of non-Serbian cultures. In Part III women’s ‘secondary victimization’ is examined which is brought about if and when their experiences become public knowledge. Elements contributing to secondary victimization include the religious and cultural responses to these women, their treatment by the media, and the failure of the international community to bring the perpetrators to justice, thus prolonging their physical, emotional, and psychological healing process. Several international laws are discussed under which those responsible for rape in the Bosnian war can be held accountable.

INDEX TERMS: Serbs, Croatian minorities, Muslims, refugees, violence, patriarchal societies, intermarriage, sexual violence, rape, torture, killings, starvation, non-political crimes, refuge, children, persecution of family members, trauma, one-parent families, widowed persons, Red Cross, collective accommodation, adaptation, research, testimonies. GEOGRAPHICAL TERMS: Yugoslavia.
This article is intended to serve as a reminder of the suffering experienced by women and children during the conflict in the former Yugoslavia. It seeks “to depict the female experience of violence in war, with the very notion of ‘violence’ being defined by the women who felt victimized by war.” Listening to their stories, the author argues that “violence is everything that interrupts normalcy.” Two hundred stories were collected through interviews with 69 women refugees in 1994, who took refuge in the Federal Republic of Yugoslavia (FRY). Letters from the war zone sent by her sister to one interviewee were also used. The majority of participants (53) self-identified as Serbian, and few were members of other ethnic groups. Most (35) were from Sarajevo; the others lived in 25 localities throughout the former Yugoslavia. Every woman described her personal experience of violence in war and, additionally, most recounted experiences they had either witnessed or heard about. Further interviews were conducted in 1995-1996 with 54 women who had been displaced from Krajina by the Croatian offensive. Again, the majority self-identified as Serbian. As most of the respondents were Serbian from Serb-populated regions, they rarely experienced immediate individual violence; women, particularly those in mixed marriages from cities with a mixed Serb-Croatian population before the war, had the hardest time. It is unclear whether respondents’ frequent denial of first-hand violence is due to fear of possible stigmatization or a concern for relatives who remained in the war zone. The author argues that media attention focussed upon the suffering of Muslim and Croatian victims of rape, neglecting that Serbian women also experienced violence. When asked about their experiences of violence in war, most respondents in this study understood “violence” to mean sexual or physical violence. Since in patriarchal society women in wartime are seen as male property, crimes against the female body become crimes against male property. Thus, in the eyes of the rapist, the victim symbolizes the enemy who had to be defeated, including also the destruction of his property. In the Bosnian war, rape was also used for the ‘production’ of children of the rapist’s nationality. Through personal accounts, the various kinds of violence perpetrated are described, including sexual abuse and forced pregnancy, physical abuse and murder, and psychic violence. As this article points out, the fear and suffering continue once these women are in refuge. Uncertainty, lack of information, loss of family, and identity create further trauma. Material loss and economic dependence make women vulnerable to sexual harassment by those in positions of power. This article concludes that any efforts at adaptation and reintegration must strive to restore the dignity of these women.

INDEX TERMS: Bosnians, Croatians, Muslims, internally displaced persons, children, adolescents, assistance, repatriation, NGOs, men, unemployed, alcoholism, violence against women, children, education, trauma, mental health, counselling, health services, child
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abuse, one-parent families, medical personnel, teachers, international organizations, international aid, UNHCR

GEOGRAPHICAL TERMS: Croatia, Bosnia and Herzegovina

The author briefly discusses the current refugee situation in Split, Croatia and the region of Western Herzegovina. Based on her observation, she discusses the role of NGOs in the Yugoslav successor states by examining the transition from international to local NGOs. In Split, about 12,000 to 15,000 Bosnian Muslims and Croats refugees as well as Croatians displaced from the “newly-liberated area” of the Krajina and from Eastern Slavonia still live in camps, collective centres, hotels and private accommodation. In Western Herzegovina, most of the more than 100,000 Muslims and Croats displaced from Bosnia live in private accommodations. In both Split and Herzegovina, women have problems finding jobs to pay for their living expenses. They struggle to keep families together; many widowed and divorced women have become heads of households; and many are dealing with their partners’ alcoholism and domestic violence because their husbands, after their return from the army, are unable to find work. Their children have not been able to enroll in local schools and are suffering from the effects of trauma. A wide spectrum of NGOs provides support and the remaining international relief agencies provide ongoing support of psycho-social counselling, education, and micro-enterprise development. Local staff run some international NGOs, with administrative and financial support from international headquarters, such as the several offices of the International Rescue Committee in Split, which have only local staff. Others have addressed a relatively new concept by creating local groups, which have been incorporated as Croatian and Bosnian NGOs and continue to receive financial and technical assistance. The Star Project, funded by Star Delphi based in Washington, works with groups throughout the Yugoslav successor states to develop long-term sustainability, democratic leadership and advocacy; Stope Nade, which is a programme of providing psychological, social and health support services to refugee, displaced and other war-affected women and is exclusively staffed by Croatian and Bosnian women, was registered in 1995 as a local NGO by Marie Stops International (MSI) which manages reproductive health care programmes world-wide. Dr. Melina Tara, a newly independent NGO which provides psycho-social support and family therapy, took over a programme started by Médecins Sans Frontiers and still receives financial support from them. The services provided by two locally established and registered NGOs, Psychological Help for Adolescents and Families and “Help”, are also discussed. As there is no history of NGO culture in the Yugoslav successor states and subsequently little funding, the author stresses the need for continuing international aid to help local NGOs with their work.

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INDEX TERMS: international criminal tribunals, rape, legal proceedings, non-political crimes, victims, witnesses, arbitrary arrest and detention, Serbs, armed forces, Geneva conventions 1949, Geneva protocols 1977, war crimes.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

In the Introduction the author notes that, although wartime rape has long been prohibited by international law, wartime rapists have all too often been able to avoid prosecution for their crime. The International Tribunal for the Prosecution of Persons Responsible for Serious Violations of International Humanitarian Law Committed in the Territory of the Former Yugoslavia, established in 1993, offered hope that the rapists would be brought to justice, but has been unable to deliver on that promise. As the Tribunal’s first trial has shown, rapists can avoid punishment by intimidating witnesses and victims. The ability of rapists to avoid prosecution is also linked to the failure to indict more suspects and make more arrests. The author argues that this dilemma can be solved by arresting individual rapists, particularly high profile suspects, thus hindering their ability to intimidate or arrange for the intimidation of victims and witnesses; and by giving the Tribunal the authority to prosecute people who intimidate victims and witnesses. “Without such measures, the only way to insulate victims and witnesses from their tormentors is through relocation and grants of asylum.” Part II provides examples of the widespread, systematic rape by Serb soldiers and paramilitary force; describes the decision of the United Nations Security Council to establish the international tribunal; and discusses the failure of the Tribunal’s first trial to prosecute an indicted guard charged with forcible sexual intercourse “because the victim refused to testify, claiming that threats had been made against her and her family,” and one of the prosecution’s star witnesses who recounted his testimony, “maintaining that he had been forced to lie by the Bosnian Muslim police.” Part III discusses the 1949 Geneva Conventions and the 1977 Protocols, which prohibit rape in internal armed conflict, and the Tribunal’s Statute and rules of procedure and evidence which protect rape victims and witnesses. Part IV discusses possible solutions, including the arrest of accused war criminals and of individuals who intimidate victims and witnesses.


GEOGRAPHICAL TERMS: Bosnia and Herzegovina.
Although several post-World War II treaties specifically condemned rape, they did not provide enforceable sanctions for their violations. This article considers current international documents that could be used to prosecute Bosnian Serbs for their strategy of ethnic cleansing, including the mass rapes of Muslim Bosnian women in former Yugoslavia. Although rape has been prohibited by international law, rape of women in times of war has been deemed not as serious as other abuses despite its consequences of impregnation, ostracism, and physical and psychological harm. The author argues that Serbs could be prosecuted for mass rapes under the Genocide Convention, Geneva Conventions and Protocols, and International Covenant on Civil and Political Rights, but questions whether these treaties have any concrete effect on the protection of women during wartime. Indeed, she contends that the international community “has no ability to implement its aspirations and to protect women’s rights during armed conflict.” She further examines current progress to halt the mass rapes in Bosnia, including the creation in 1993 of an International War Crimes Tribunal and how rape may be prosecuted under its statute. She acknowledges that the collection of evidence is hampered because victims and witnesses have widely scattered, suspects cannot be tried in absentia, and many women are ashamed to testify and/or fear retaliation for their testimony. The article concludes with a report of the first trials in the Tribunal, recognition of rape in national courts of former Yugoslavia, and civil lawsuits filed in the United States.
Herzegovina is divided into five sections. Section A. Rape as a Strategy of War first discusses the public nature of rape by Serbs upon entering a village “as part of a carefully conceived plan to terrorize entire communities, driving them from their home and demonstrating the power of the invading forces.” However, because of the cultural significance of ‘honour’, a woman’s sexual activity outside marriage brings dishonour to her family, but the conditions, under which a woman’s honour is lost, such as rape, are irrelevant. Women who have testified publicly about being raped have been ostracised from the refugee camp; others have been killed or abandoned by their husbands, or disowned by their families. The sense of shame is particularly acute for survivors of rape in the former Yugoslavia as a particular cultural stigma is attached to rape with many women being kept from suicide by sedatives. Almost all stories have been told by divorced women, widows, or unmarried women, who do not have to contend with husbands or other family members. Section B briefly described concentration camps as brothels in which women continued to be raped. In Section C the cultural significance of forced pregnancy and forced motherhood is discussed. Because ‘soil’ and ‘blood’ are metaphors for male honour and occupying a woman’s uterus is synonymous with occupying physical territory, “(t)he goal of making a Muslim woman bear ‘Serbian babies’ reveals the patriarchal nature of these cultures in which the sperm determines ethnicity.” After birth, the presence of a child is a constant reminder to the woman, her family, and her community of the sexual torture endured by the mother and the domination perpetrated by the Serbs. Thus, many of the women impregnated as a result of rape reject the child after birth. In Section D. Prostitution, three objective conditions or risk factors: social isolation, history of incest or rape, and economic deprivation, are discussed which are common to victims of prostitution and which also apply to “the life circumstances of the women in the former Yugoslavia.” In addition, women who are repeatedly raped, beaten, starved and tortured in military brothels have been ‘seasoned’ into prostitution by the time they are released. In Section E the author argues that persecution based on nationality, ethnicity, and gender are usually not considered separate identifiable injuries; they nonetheless constitute distinct injuries in terms of their cumulative effect. Although they cannot be separated in terms of their effect on their victims, “the international community must recognize that each injury constitutes a distinct part of sexual terrorism perpetrated by the aggressors of this war.” Part II: International Law and Sexual Terrorism discusses the conventions which will be applied by the international criminal tribunal established by the United Nations Security Council ‘for the persecution of persons responsible for serious violations of international humanitarian law committed in the territory of the former Yugoslavia since 1991.” The tribunal will have jurisdiction to prosecute four types of crimes: 1) grave breaches of the 1949 Geneva Conventions; 2) violations of the law or customs of war; 3) acts of genocide as set forth in the 1948 Convention on the Prevention and Punishment of the Crime of Genocide; and 4) crimes against humanity. Each of these crimes and its applicability to the gender-based crimes perpetrated against the women are discussed in separate sections. In Part III international human rights are redefined in light of the sexual terrorism of the Balkan. Based on her analysis, the author notes that the experience of women does not ground
international human rights law and that the absence of women’s experiences from human rights doctrine means the future denial of women’s rights. Section A discusses “What the experience of Bosnian and Croatian Women Teaches us.” In Section B the argument is made that the public/private dichotomy has prevented a more effective response to the sexual terrorism. Section C discusses transforming human rights law from a feminist perspective. Moving beyond the artificially constructed barriers between ‘public’ and ‘private’ actions, this perspective, for instance, would require to rethink the notions of imputability and state responsibility, as the violence against women is always political. In the Conclusion the author notes that the jurisdiction of the international tribunal does not recognize the gender-specific nature of the crimes and, therefore, excludes a central component of the sexual terrorism perpetrated by the Serbs. Thus, human rights and what constitutes war and peace must be reconceptualized.


INDEX TERMS: refugees, displaced persons, Catholics, Muslims, family, mental health, trauma, post-traumatic stress disorders, stress, extended family, one-parent families, gender role, violence against women, parents, children, assistance programmes, NGOs, Red Cross, culture, communities, psycho-social problems, mentally ill, psychiatrists, research, interviews.

GEOGRAPHICAL TERMS: Croatia.

Within a larger UNESCO project, this three-year study (1992-1995), carried out on the island of Hvar, Croatia, examined how refugee/displaced individuals and families cope with traumatic experiences; deal with health and mental health problems; interact with the host community; and other related issues. Since some results have been published elsewhere, this article discusses aspects the authors identify as important for further research, for policy planners, administrators, practitioners, and the displaced and refugees themselves. The authors note some problems with their research, which, they suggest, are common to this kind of research. Open-ended interviews, conducted in the period from 1992 to 1994, often elicited lengthy and painful testimonials about traumatic experiences. Thus it was impossible to pursue other areas of inquiry, even if the duration of interviews was increased or several visits made. Some questions would not be answered, and the person being interviewed set the theme of the conversation. Disappointed with family members, neighbours and friends, the respondents transferred their bitterness and resignation towards the researchers. Thus, parts of the questionnaire could not be completed. However, the researchers note that in 1995, questionnaires were reintroduced as people became more
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open and friendly, probably because of the researchers’ lengthy contact with the families as well as the sudden change in the political situation that made them more optimistic about their return. Trauma was strongly present in the population during the whole period of refuge and half of them had some symptoms of post-traumatic stress disorder. Intact families, particularly three-generation families, were found to cope better because of the mutual support of family members. Because of the separation of fathers from their families, roles in the family system changed as women had to take the roles of both mother and father. As the feelings of belonging and loyalty to the absent partner temporarily decreased, extra-marital relationships became frequent putting a strain on the family situation. Cases of physical abuse towards wife and children were rare. The parents’ relations to their children changed; some parents became tenderer toward their children and many eased their punishment, possibly because of the influence of stress they experienced. Possibilities for work were limited, thus increasing dependency and passivity. Although the importance of some of the assistance programmes on the island is noted, there are not enough to meet the needs of families of displaced persons and refugees. The article concludes with recommendations for future action: assistance must take the form of long-term solutions rather than temporary relief; the forced migrant position must be understood in the context of the cultural, social, and economic circumstances of the local community in order to support undeveloped or missing services and areas of social life and the economy; broader community support is needed for aid to be effective; better solutions are needed for the problems generated by lengthy separations of family members, as well as for the development of coping capacities; professional supervision of psycho-social support is needed, with helpers, supervised by psychiatrists and psychologists, dealing with minor mental health problems and psychiatrists reserved for seriously traumatized individuals and others with symptoms of mental disorders.


INDEX TERMS: Bosnians, Serbs, Croatians, Muslims, nationalism, ethnic identity, patriarchal societies, gender role, history, socialism, government policy, social structure, womens status, political participation, ethnic cleansing, civil war, refugees, internally displaced persons.

GEOGRAPHICAL TERMS: Yugoslavia.

The author argues the role women play in the revival of ethnic-nationalism in the former Yugoslavia is both crucial and predefined by the patriarchal order within the society. The history of Yugoslavia before, during, and after the socialist regime is discussed. The first Yugoslavia, created in 1918, reflected a strong multi-national social movement in order to
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maintain the national identity of the South Slavs (Yugo Slavs) that helped the country resist domination by imperial powers. The second Yugoslavia embodied the ideal of mutual respect among the national and ethnic groups. While the former Yugoslavia was a socialist country with a certain influence in the post-war period, global changes that started with the fall of the Berlin Wall resulted in its increasing marginalization in international relations. The transition from a centralized authoritarian political system in the former Yugoslavia to multi-party democracy has been difficult due to the absence of necessary prerequisites for the latter. According to the author, unable to reconcile the solution to the country’s serious economic, political, and social problems, with its intention to hold onto power, ethnic-national male leadership began to manipulate the identity of its nation and people. Antagonisms drawn along ethnic lines helped to establish a new form of power. Since the basic structure of the socialist system was deeply authoritarian and patriarchal, women were, for the most part, politically ‘illiterate’ and inactive. The current ethnic-national projects in the former Yugoslavia call upon women to return to the ‘safety’ of their traditional family and social roles, and traditional cultural practises. Ironically, these projects have transformed the civilian population into hostages. The policy of creating new ethnically homogeneous nation-states resulted in an estimated 4 million refugees and displaced persons within the region; women and children under 15 years of age represent two-thirds of the refugee flow. The author concludes that “(p)olicies concerned with individual and general social conflicts must move beyond a male politics based exclusively on ethno-nationalist solutions. They must address gender politics, and women must be involved actively in developing and enacting them.”


INDEX TERMS: Azerbaijanis, refugees, internally displaced persons, armed conflict, housing, living conditions, bacterial diseases, stress, poverty, children, malnutrition, health education, family planning, health services, reproductive health, maternal mortality, medical personnel, abortion, needs assessment, womens centres, self-help projects, project evaluation, international organizations, WHO.

GEOGRAPHICAL TERMS: Azerbaijan.

This report is part of a series of assessments conducted by the author for the International Rescue Committee (IRC) on a trip to Azerbaijan in February 1994. The objectives were to document successes and shortcomings of the IRC reproductive health programme for refugees and internally displaced persons (IDPs), to facilitate the exchange of materials and programme methods, to convey the needs and accomplishments of field staff, to promote the work of the Reproductive Health for Refugees Consortium, and to recommend improvements for successful reproductive health training. In 1996, the number of refugees or IDPs reached 845,000 persons, amounting to 12 per cent of Azerbaijan’s population.
They are accommodated in various forms of shelter, ranging from public buildings, converted school buildings to reed houses and dug-outs. The high housing densities are associated with increased and recurrent respiratory illnesses and mental stress related to lack of privacy. The household rate of poverty among IDPs is higher than among the general population. The country’s health care system that relies heavily on external support is unable to respond effectively to the deterioration of the population’s health since the end of Soviet rule. The maternal mortality rate has increased. Abortion is the most common form of birth control and is increasingly conducted under unsafe conditions. Among IRC’s projects in Azerbaijan are two health education initiatives. A Public Health Education Programme employs paid health outreach workers who work in mobile teams periodically visiting a large number of IDP settlements. A Women’s Health Programme consists of volunteer resident Health Educators who, selected by the IDP communities, participate in a six month training and work in their own settlements to form women’s groups that meet weekly for lessons. Both teams provide health education covering the same topics; however, Health Educators spend weeks covering the details of reproductive health that the outreach workers condense into a half-day lecture on family planning. The author conducted five focus groups with women and three with men in order to get the views of IDPs on the Women’s Health Programme. A workshop was also conducted with the women’s health education team to reflect on the strengths of the Women’s Health Programme and to suggest ways the programme could be improved. The conclusions, which incorporate the views of the author from her field observations, focus groups discussions, and key informant interviews, list the lessons learned which are intended as practice guidelines to be adapted in other field sites serving refugees and IDPs. The report concludes with ten recommendations concerning, for instance, the training and tasks of Health Educators, enhancement of the health information system and improvement of inter-agency coordination on reproductive health programmes.

INDEX TERMS: Serbs, Bosnians, Muslims, Croatians, Slovenes, women, political movements, nationalism, communism, meetings, debates, gender role, womens status, political parties, political activities, self-help organizations, mothers, protest, womens centres, civil war, ethnic cleansing, forced migration, rape, pregnancy, constitutions, abortion, unaccompanied minors, orphanages, refugee camps, prostitution, basic needs, humanitarian assistance, refugee/local community relations, receiving country, refugee experiences, abortion, family planning, counselling, homosexuals, right to justice.

GEOGRAPHICAL TERMS: Yugoslavia.
This article describes the conditions and factors influencing women’s lives in Serbia and the ways women have organized to resist violence and assist one another. The authors describe how these women have transformed their desperation and anger into action by organizing themselves into an anti-war and feminist movement to resist nationalism, sexism, and war. As an introduction, the authors provide background information on nationalism in Serbia and the rise of feminism prior to 1990. They then trace the development, since 1991, of women’s anti-war groups, the first public resistance to war, the mothers’ protests, the Centre for Anti-War Action, and the Women in Black, an anti-nationalist, anti-militarist, and pacifist organization that sought solidarity among women separated by guns and borders. The authors discuss the use of “ethnic cleansing”, defined as mass expulsion, killing and rape acts which, in their view, meet the legal definition of genocide. Although all sides have committed atrocities, Muslim women have been disproportionately among the victims, and Serbian paramilitary among the perpetrators. Forced impregnation has been a weapon of nationalism and ethnic cleansing, based on the male ideology that the ethnicity of the baby is that of the father. Eighty-four per cent of the adult refugees in Belgrade are women with a sizeable percentage of children without parents. Most refugees live with relatives and friends and only about five per cent have been placed in refugee camps. Due to the unpopularity of the Serbian regime and international sanctions, aid from humanitarian agencies is scarce and refugees are often harassed. The authors draw attention to the nationalist ideology of the Serbian leadership’s call for women to have more babies, and the related attempts to limit access to abortion and birth control. Women’s personal accounts are included of how the war has changed their lives in Serbia. Feminists have continued to establish organizations against violence to women, such as the Group for Women Raped in War, the Autonomous Women’s Centre against Sexual Violence, and the Women’s Law Advocacy Centre. The authors conclude that the feminist movement, built by women who refuse to be victims, will continue to grow.

INDEX TERMS: Bosnians, Christian minorities, Serbs, armed forces, children, ethnic persecution, rape, torture, killings, imprisonment, missing persons, abortion, birth, post-traumatic stress disorders, trauma, alienation, psychological problems, family, customs and traditions, psychiatric treatment, testimonies, clinics, interviews, case studies.

GEOGRAPHICAL TERMS: Croatia, Yugoslavia.
This is a report by psychiatric staff members of the Zagreb Obstetrics and Gynaecological Clinic on the first 25 Bosnian and Croatian refugee women who, beginning in February 1993, came to the clinic or its associated regional psychiatric centres for examination following repeated rapes by the Serbian Army. The required psychiatric assessment included both standard clinical interviews and an interview for post-traumatic stress disorder. The women fell into three groups: raped but not impregnated; raped, impregnated and given an abortion; and raped, impregnated, detained by the military until advanced pregnancy, and delivery of their infants at the Centre. They came to the psychotherapist for the required psychiatric approval of the legal abortion, for treatment of acute psychiatric symptoms, or for psychotherapeutic support during pregnancy, and all exhibited depersonalization when talking about their traumatic experiences. Three cases are presented to illustrate the extent of the women’s traumatic reactions and psychological difficulties. The authors acknowledge that when there are multiple psychiatric traumas, it is difficult to disentangle the factors that contribute to the symptoms. However, the experience of rape appears to result in a feeling of alienation towards the fetus, which leads to the abandonment of the newborn infants. The true extent of the rape of women in this war may never be known, since, partly for cultural reasons, the victims are generally ashamed to discuss sexual experiences. The authors caution, using one case study, of the negative effects public testimony can have on the victim since recollection may be experienced as repeated trauma and the victim’s appearance of normalization may represent pathological adaptation of repression of the trauma. The authors also note that most rape survivors and their families who are refugees in Croatia have rejected psychotherapy, as did these women. The victims’ refusal is attributed to the dominant theme of survival in their lives, which presently overrides psychotherapeutic discussion of the trauma. While recognizing the necessity of facilitating the transformation of victims’ shame into a sense of identity and dignity, the authors question whether it is possible, or even desirable, to isolate and analyze these victims from the rest of the population victimized by war and atrocity.

INDEX TERMS: Serbs, Croatians, Bosnians, Muslims, children, men, child refugees, elderly, disappeared persons, displaced persons, ethnic cleansing, rape, sexual violence, rape, torture, psychological problems, pregnancy, breast feeding, health services, pre-natal care, living conditions, discrimination, refugee/local community relations, water, sanitation, clothing, black market, supplementary feeding, food distribution, food preparation, refugee centres, refugee camps, schools, refugee identity documents, refugee experiences, guidelines, UNHCR, UNHCR EXCOM, Red Cross, NGOs, interviews.

GEOGRAPHICAL TERMS: Yugoslavia, Croatia, Bosnia and Herzegovina.
War in the former Yugoslavia left more than 250,000 dead, produced hundreds of thousands of refugees of which 80 per cent are women and children, and created a legacy of horrific war crimes. Between 1992, 1993 and 1994 the Women’s Commission for Refugee Women and Children (WCRWC) had already sent four delegations to the former Yugoslavia. This is the report of the fifth delegation that travelled to Bosnia and Serbia in September 1995 to examine the situation of refugee women and the implementation of the UNHCR Guidelines on the Protection of Refugee Women. The Guidelines are mostly geared to refugee settings in large refugee camps. According to the authors, the Guidelines should be expanded to meet the needs of refugee women who are dispersed throughout this war-torn country in various living conditions with few of them resembling anything like a refugee camp where refugee services and assistance and their distribution are centralized. Since the refugee women were most prone to physical and sexual attacks when their villages came under attack during periods of ethnic cleansing, the Guidelines should address issues concerning the most appropriate immediate response to victims of sexual violence and torture which, in consultation with refugee women, would be culturally appropriate and focus on the need to form adaptive measures. Other issues raised concern the importance of continuing consultation of refugee women on issues concerning shelter, a discussion on the limitation of access when the local health infrastructure is being utilized to provide refugee women with health care, and the lack of control refugee women have in communal food preparation. Thus, the delegation recommended that international staff, local staff and refugee women work together to take an expansive view towards the Guidelines, focussing more on ‘the spirit than the letter of the Guidelines.’ During their site visits to Central Bosnia/Zenica, the WCRWC members witnessed severe psychological and emotional stress among the women. The refugees suffer from the trauma and violence they experienced when their villages came under siege during periods of ethnic cleansing by the Bosnian Serb Army and during their subsequent flight to Zenica from the Bosnian Muslim ‘safe havens’ of Zepa and Srebrenica. Adding to their problems is the desperation of not knowing the fate of husbands and sons. To compound their misery, they live in overcrowded and degrading housing with inadequate sanitation and have poor medical and nutritional care. The women, many of whom were pregnant or lactating, complained that they were not receiving medical or pre-natal care; did not have access to clinics or medicine because they had no money; and that their children were denied access to pediatric clinics. Elderly refugees were in especially poor states. Living conditions in collective centres were “totally inadequate.” Refugees in Serbia felt unwanted and discriminated against, while locals expressed resentment at having to share their meagre resources. Only refugees in collective centres received government aid; those living privately received only a small food ration, provided they were registered. In the Miholjsko camp in Croatia, 20 per cent had no shelter; blankets, mattresses and clothing were lacking; food supplies were low; and potable water and sanitation were inadequate. The refugees cannot return home for fear of being killed and the government does not allow them to leave the campground for fear that they will stay in Croatia. The report concludes with a set of general and specific recommendations to ensure the observation of human rights and justice, and improved
provision of specific services by international agencies and NGOs for the refugees during this time of transition. The appendix lists delegation members, meetings, and a glossary of acronyms.


INDEX TERMS: Bosnians, Croatians, Muslims, armed forces, men, sexual abuse, killings, illiteracy, patriarchal societies, rural communities, value systems, customs and traditions, children, rape, parents, offspring, suicide, violence against women, crimes against humanity, illegal detention, pregnancy, methods and means of war, terrorism, civilian population, prejudice, country of refuge, abortion, cultural identity, ethnic identity, testimonies.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

Based on data and statements collected from victims and witnesses of rape in Bosnia-Herzegovina, this article discusses the suffering of raped women and girls, particularly Muslims. Discussing the socio-cultural context, the author argues that the combination of a small urban population and high levels of illiteracy with the specifics of cultural and historical development explain why changes in patriarchal patterns have progressed more slowly in Bosnia and Herzegovina. The patriarchal patterns were especially pronounced in rural Muslim communities where traditional values, such as honour, saving face, virginity, and feminine chastity were preserved and where men’s strength was reflected in their ability to protect the integrity of families and women. According to estimates, 20,000 to 50,000 women and girls have been raped. Describing several witnesses’ and victims’ accounts of rape, the author argues that the cruelty of the rapists and the high incidence of rape act as a dialogue between male opponents as the more powerful opponent has not only conquered human territory but also destroyed the honour of the defeated contestant. If they survive and become refugees, the women, alone and traumatized, confront the daily refugee problems with feelings of degradation and shame and prejudices derived from their patriarchal upbringing. They find it difficult to talk about their experience and feel stigmatized. “Women’s post-rape identity will affect not only their re-socialization, but also the children born as a result of rape, the family, and the community itself.” The author concludes that the fate of these women and their children depends on the attitudes and sensitivities in the countries and communities where they find refuge, on refugee policies in host countries, and on circumstances related to the resolution of the war.

Chapter 2 Country of Origin Conditions

INDEX TERMS: refugees, displaced persons, children, international armed conflict, history, nationalism, civil war, sexual violence, rape, ethnic cleansing, propaganda, women’s rights, Geneva conventions 1949, media, women’s organizations, resistance movements, one-parent families, women’s networks, income-generating projects, patriarchal societies, NGOs.

GEOGRAPHICAL TERMS: Yugoslavia, Croatia.

The author, Oxfam’s regional representative in former Yugoslavia, provides an historical perspective of the women’s movement in the former Yugoslavia and examines the ways in which women’s groups have resisted the militarist and nationalist ideologies of the regional conflicts. She describes the activities of the Anti-Fascist Front of Women during the Second World War, the formation of groups of women intellectuals in the 1970s, and the advocacy and support work regarding issues such as rape and domestic violence, pornography, and right to work during the 1980s. In the 1990s, the women’s movement, deeply affected by the nationalist agenda, has lost the power to articulate their opposition to war and has so far been unable to prevent the use of violence against women as a propaganda tool. The author describes how some women’s groups refused the nationalist agenda and have developed new initiatives since the onset of war. Women’s groups have been set up to provide support to women and children who have suffered sexual violence, ethnic cleansing, separation from, or death of, family members, and loss of their homes and livelihoods. Women and children form about 80 per cent of the displaced population across the territory. Some women’s groups, such as Women in Black, maintained a strong political focus for their work, despite ridicule and attack. The author addresses the use of sexual attacks against women as a strategy of male warfare and ethnic cleaning, the human rights dimensions of rape in war, and the insensitivities toward victims of rape by NGOs and journalists as a result of media coverage of rape. She concludes by discussing Oxfam’s strategic aims to empower women to challenge the causes and alleviate the effects of gender-based suffering caused by a patriarchal society and exacerbated by war. Women are encouraged to articulate their own experiences and needs and to formulate their own strategies for survival. Other initiatives include psycho-social programmes in the form of occupational workshops, self-help and mutual support groups, and facilitating communication and networking between women’s groups.


INDEX TERMS: Bosnians, Croatians, Serbs, Muslims, displaced persons, rape, armed forces, ethnic cleansing, ethnic conflict, family, propaganda, government policy, abortion, sexual violence, torture, war crimes, illegal detention, suicide, alienation, gender role,
massacres, refugee camps, trauma, cultural identity, humanitarian assistance, testimonies.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Croatia.

The author discusses the use of rape in Bosnia-Herzegovina within a broader socio-cultural context of conflict between different groups of men. Acts of rape not only attack women but also humiliate men, demonstrating their inability to protect their women, a humiliation which is especially intense in the Balkans due to the strength of the ‘honour/shame complex’ and the centrality of female chastity to family and community honour. Stories of rape have been used as propaganda for political gain but war rapes and gender-based violence need to be defined as forms of torture and as war crimes. Many mass rapes occurred in what the Bosnian government calls “rape camps” in which women either survived repeated rape and torture or were killed outright. Rape camps are often situated in former coffee shops and restaurants with the implication that rather than concentration camps, they are brothels. However, rape is not the only horrific event experienced by women. A Bosnian Muslim mother provides testimony of how she and her two young children, along with other women and children, were forced to witness a massacre which included family members and how they were then forced to bury the dead. As well, these people face the loss of home and land, which is synonymous with loss of identity and self-esteem. The author discusses how these people remain nameless and faceless victims with stories and experiences to tell.

INDEX TERMS: Muslims, Bosnians, rape, international armed conflict, international humanitarian law, international criminal tribunals, gender-based persecution, war crimes, human rights violations, torture, ethnic cleansing, patriarchal societies, Geneva conventions 1949, women’s rights, crimes against humanity, prosecution.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

With a focus on the war in the former Yugoslavia and the work of the International Tribunal, in the Introduction of this article, the author considers the rape of civilian women in war, the status of rape under international humanitarian law, and the challenges facing the Tribunal with respect to prosecuting persons committing rape. In Part II, she points out that feminist jurisprudence challenges traditional legal discourse by calling for a revised methodology that encourages individual experience and narrative, and thus exposes the horrifying details of the atrocities endured by women. The author discusses the investigations about, and crimes of, rape in the former Yugoslavia, as well as the history of rape in other armed conflicts. Connections are drawn between militarism, misogyny, and rape. In Part III, under “International Humanitarian Law,” rape is examined as a crime.
against honour and dignity, a crime against humanity, and a crime against gender. Part IV explores the difficulties of prosecution before the Tribunal regarding issues of subject matter jurisdiction and of procedure and evidence, most notably, the trauma and fear of reprisal that prohibit women from coming forward. In Part VI, the author concludes by pointing out that although rape is prohibited under international humanitarian law, the prohibition has been largely ignored or unenforced due to the interplay of two systems, the legal system and the war system which are both male-dominated with little regard for the rights of women. She points out that the Tribunal must overcome this legacy to address women’s human rights and their suffering in war.

INDEX TERMS: Bosnians, Muslims, exile, country of origin conditions, plural societies, religious groups, belief systems, Serbs, human rights violations, genocide, rape, testimonies, ethnic cleansing, armed forces, torture, women’s organizations, assistance, food, clothing, medical treatment, torture victims treatment.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

This article is a compilation of interviews, speeches, and talks delivered by the authors during their 1993 tour of the United States as founding members of BISER. Meaning “pearl” in the Bosnian language, BISER is a feminist human rights organization established by Bosnian women in response to the war against their country and its women. It has chapters in Bosnia-Herzegovina, Croatia, Germany, and the United States. The authors dispel the idea that Bosnia, the oldest multi-cultural state in Europe, is filled with ancient ethnic hatreds. BISER’s multi-ethnic, multi-religious composition shows how outrageous this notion is to most Bosnians. Ethnicity is a concept with little meaning in Bosnia. However, Serbian nationalists exaggerate and exploit the differences as a powerful ideological weapon to legitimize their crimes and demand segregation, which means the partition of Bosnia into “ethnically pure” states. BISER strives for a unified, secular, and democratic Bosnia in order to preserve women, a country, and a way of life. It works to campaign against human rights abuses in general and genocide in particular. Serbian military forces are systematically raping and committing gender-specific atrocities against non-Serbian women, mostly Muslims, as part of a campaign of genocide to seize Bosnian territory. According to the authors, skepticism and disagreement as to how many women have been raped show “indifference to the reality of women’s lives.” In Bosnia, rape is premeditated, mandated, and systematic; it is public rape, 24-hour rape, gang rape, torture and sexual mutilation, forced incest, and compelled impregnation designed to destroy a people. The torture inflicted during ethnic cleansing is aimed to ensure that the return of non-Serbs to their villages and towns is unthinkable. The authors dispel the flagrant
distortion of history by Serbian nationalists in an effort to challenge its uncritical acceptance by the West, an acceptance which may also reflect the West’s overt bias against Muslims on account of their imputed association with fundamentalism. BISER provides an international programme of assistance and advocacy for Bosnian women. The assistance programme collects and distributes items, such as food, clothing, basic medicine and baby products, medical and psychotherapeutic services for survivors of torture as well as self-help training for Bosnian women. The advocacy programme includes consistent and active campaigning on behalf of Bosnian women throughout Europe and the United States, and attendance and of participation in United Nations and human rights conferences. BISER also developed a detailed plan for rebuilding women’s lives upon their return to Bosnia.

INDEX TERMS: Serbs, Croatians, ethnic cleansing, Muslims, rape, pregnancy, arbitrary arrest and detention, Geneva conventions 1949, Geneva protocols 1977, crimes against humanity, genocide, international tribunals, survivor syndrome, documentation, human rights violations, trauma, post-traumatic stress disorders, testimonies, coordination, NGOs, health personnel, abortion, birth, medical treatment, psychiatric treatment, witnesses, protection, UNHCR, refugees, displaced persons, resettlement.

GEOGRAPHICAL TERMS: Yugoslavia.

A delegation to the former Yugoslavia, which was sponsored by the Women in the Law Project of the International Human Rights Law Group, had two objectives. First, the delegation was to provide training in human rights fact-finding methodology to organizations documenting rape and other violations of international law in the armed conflict in Bosnia and Croatia. Second, the delegation assessed how the international community can respond more effectively to the legal and humanitarian needs of survivors of these violations, including refugees, and support efforts of local organizations and individuals to address these needs. In Section I, the authors discuss reports of the widespread use of rape as a weapon of war. Although rape is defined as an international crime, the international community must take primary responsibility to ensure legal accountability to prosecute war criminals. The success of prosecution rests on factual evidence. Violators often control much of critical evidence and rape survivors may be reluctant to come forward due to the trauma and stigma associated with rape or fear of retaliation. In Section II, the authors offer recommendations to reconcile the requirements of justice with the needs of women who have experienced such brutality. Recommendations include greater sensitivity in documenting evidence, improved co-ordination among documenters, accountability for privacy and confidentiality by the International Tribunal,
appointment of a Truth Commission, and support for local NGOs. As well, they recommend that humanitarian assistance to survivors of rape or gender-based violence be undertaken with sensitivity and that the U.S. Government undertake measures to respond to the refugee crisis. In Section III, the authors focus on documentation concerns and principles for documenting violations of women’s rights. Section IV discusses the critical role of health care providers play in addressing the consequences of grave violations of human rights, including rape, and in attending to the physical and psychological needs of those who have suffered trauma as a result of those abuses. International prosecutions such as the International Tribunal and the Truth Commission are outlined in Section V. Section VI describes the situation of refugees and displaced persons in Croatia, Serbia/Montenegro, and Bosnia and outlines proposed responses.


INDEX TERMS: Bosnians, Muslims, rape, genocide, ethnic cleansing, pregnancy, human rights violations, womens rights, international law, war crimes, crimes against humanity, UN, Geneva conventions 1949, Geneva protocols 1977, ICCPR66.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

Focussing upon the mass rapes in Bosnia, this article considers rape in wartime as a violation of women’s human rights and examines whether current human rights documents and international law can effectively punish violators and protect women. Although the press characterized the mass rapes in Bosnia as without precedent, the author offers a number of examples to illustrate the rape of women in wartime as a historical custom. From the position that the acts in Bosnia constitute gender-determined genocide, the article analyzes three key international human rights documents which could be used to prosecute Serbia for the mass rapes: Genocide Convention, Geneva Conventions and Protocols, and International Covenant on Civil and Political Rights. The author argues that, while these documents contain implicit and explicit prohibitions against the mass rape of women and are applicable to the Bosnian situation, the international community has no ability to implement its aspirations and thus fails to protect women’s human rights. Four main shortcomings of international law to address women’s human rights are identified. The international legal community, which documents and prosecutes violations of international law, is dominated by male policy-makers; women’s issues are seen as a ‘private’ concern; punishment of human rights violators is often sacrificed to end hostilities; and no enforceable remedies exist against non-complying states. The article concludes with a discussion of current efforts to stop the mass rapes in Bosnia, noting that rape camps still operate and that ethnic cleansing continues.

INDEX TERMS: Bosnians, Muslims, rape, international armed conflict, ethnic cleansing, sexual violence, armed forces, pregnancy, abortion, gender role, documents, print media.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

This article examines sexual violence as a campaign of “ethnic cleansing” or genocide by Serbia against Muslims in Bosnia-Herzegovina. The author relies mainly on a case study approach by using documentation from newspapers and other media accounts. She then reviews evolutionary, psychological, feminist, and sociological theories of rape that may explain this form of violence. The author concludes that “(t)he variables of power, sex, and aggression in the context of war seem to be readily linked, especially when authority legitimates sexual aggression. The sexist culture which prevailed in much of the former Yugoslavia appears to have offered the conditions for the sexual subjugation of women as a means of destroying them, their male partners who could not offer protection, and, ultimately, their culture.” Of the theories reviewed, feminist and macro-sociological multi-variate theories offer more persuasive insights, as they focus on heterogeneity of the population, a cultural foundation of very traditional gender roles, and a historical tradition legitimating sexual violence by armies in war-time.


INDEX TERMS: Serbs, armed forces, Croatians, Bosnians, Muslims, human rights violations, womens rights, rape, genocide, sexual violence, torture, ethnic cleansing, ethnic conflict, pregnancy, abortion, media, propaganda, international law, state responsibility, war crimes.

GEOGRAPHICAL TERMS: Croatia, Bosnia and Herzegovina.

In this article, the author argues that violations of women’s rights are not viewed as human rights violations. Violations of women’s human rights are obscured in two ways: when women are violated like men who are otherwise like them, the fact that it happened to women is not registered; and when no war has been declared and life goes on in a state of everyday hostilities, everyday violence against women is not seen as a crime against humanity. “What is done to women is either too specific to women to be seen as human or too generic to human beings to be seen as specific to women.” Women are violated in ways in which men are not violated. Many of these sex-specific violations are sexual and reproductive. The author offers the rape and genocide of Muslim and Croatian women by Serbian forces as an example of the need to re-envision human rights violations to include
what happens to women. She argues that whether or not such acts are regarded as crimes, nowhere are they recognized as human rights violations. In the Serbian war, mass rape is a policy, a strategy, and a practice. In this context, rape is seen as attacks on a culture, meaning men, or in their sex specificity, meaning as attacks on women, but never both. In other words, “attacks on women...cannot define attacks on a people.” The issue is further complicated by the fact that international human rights law recognizes only violations of human rights by state actors. However, “women are typically raped not by governments but by what are called individual men.” Since the government does nothing about it, it is legally seen as private and not a human rights violation. The article concludes with a call to recognize that violence against women violates human rights.

INDEX TERMS: Serbs, Bosnians, Muslims, protest, violence, arbitrary arrest and detention, forced conscription, deserters, conscientious objection, armed intervention, ethnic cleansing, rape, abortion, international armed conflict, womens networks, refugee experiences, refugee camps, religious institutions, sanctions, health, needs, gender role, refugee camps, patriarchal societies, propaganda, womens status, meetings.

GEOGRAPHICAL TERMS: Yugoslavia.

Mainly through letters, personal stories, workshop activities and plans, and protest and meeting reports, this anthology by the Women in Black collective of Belgrade documents women’s antiwar beliefs and actions, their emotional conflicts, and their struggles and strengths living in the former Yugoslavia. The book features material on the group’s public demonstrations and other protest activities from 1993 to 1994, organized under subjects such as group activities, anti-militarism, military intervention, and ethnic cleansing. The authors report on the workshops and panel discussions from the second international meeting of the Network of Women’s Solidarity Against War, held in August 1993 in different locations, that cover assessments of the effects of war upon women at the emotional, family, and economic level; the effects of the embargo; war and maternity; women’s roles as citizens and peace activists; and the feminist reaction to this war. Information on the workshops and impressions from the 1993 meeting between Belgrade Women in Black and the Spanish network of solidarity in Merida, Spain is also included. The section on refugees features information on Women in Black’s project of help and self-help for women refugees, reports on conditions in refugee camps and in the Belgrade Mosque, and presents personal stories from women refugees either inside the former Yugoslavia or in exile. Two chapters feature contributions and information related to the “I remember” project, which aims to collect and publish personal stories of women refugees. The stories reprinted here include reflections on experiences in Sarajevo, Mostar, and Sandzak. Lastly, this anthology includes a report on a workshop discussing the effects of

INDEX TERMS: Bosnians, Serbs, children, audiovisual media, unaccompanied minors, ethnic cleansing, refugee camps, living conditions, schools, housing, sanitation, psychotherapy, emergency relief, NGOs, needs, mental health, income-generating projects, education, trauma, family planning, abortion, NGOs, UNHCR, Red Cross.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

The authors conducted a five day non-official visit to Zagreb, Slavonski Brod, and Sarajevo to explore programmes relating to women and children in general and unaccompanied children in particular; and to photograph these refugee conditions for updating the Women’s Commission video and to acquire video and still photographs for the Internal Human Rights Law Institute’s visual archive. Once briefed on the problems facing the Bosnian refugees in their attempts to abandon their homelands, the authors visited Gasinci camp, north of Slavonski Brod, run by the Croatian government as part refugee camp and part army training camp. The camp’s dreadful conditions of overcrowding, poor sanitation and health, and lack of appropriate shelter particularly for winter are described. In Slovonski Brod, the authors attended an IRC run psycho-social women’s programme where they heard first hand accounts of the traumas suffered by refugee women. In war torn Sarajevo, where Serbian forces surround and control access to the city, they conducted numerous meetings with various humanitarian relief operations, government officials, and UNHCR staff. Issues discussed included the rampant delinquency among children and teens for whom education, appropriate programmes, and support groups are lacking; lack of family planning and subsequent high abortion rates; shortages at collective centres making conditions desperate; and a need for more physical and psychological rehabilitation counselling centres to meet the growing demands of traumatized women and children. The authors stress a need to alleviate the fears expressed by the people of Sarajevo and those who are refugees in Croatia concerning their ability to survive another winter and being forgotten.


INDEX TERMS: Serbs, Croatians, Bosnians, Muslims, children, rape, torture, sexual violence, pregnancy, abortion, war crimes, human rights organizations, womens organizations, political participation, political leaders.
This short article discusses the international initiatives taken in the early 1990s by the European Community Mission and various human rights and women’s organizations to examine allegations of systematic rape in the former Yugoslavia and efforts to help victims obtain abortion and other services and related support. It also reviews some of the representations by Planned Parent Associations to political leaders and parliamentarians directed at recognizing the violation of women as a war crime. It concludes by noting that the International Planned Parenthood Federation Europe has a small amount of money allocated to help women’s groups in the former Yugoslavia to assist women from all sides of conflict who have suffered sexual abuse and torture, and requesting information to help identify appropriate groups.


INDEX TERMS: Croatians, Bosnians, displaced persons, refugee-assisting organizations, medical personnel, national law, standards of treatment, government policy, international organizations, rape, trauma, orphans, unaccompanied minors, adoption, maternal and child health care, abortion, hospitals, nationality, womens centres, NGOs, international aid, medical treatment, special needs, medical supplies, counselling, health education, refugee camps, war crimes, documentation, settlement assistance, womens status, social integration, family reunification, research interviews, fact-finding missions.

GEOGRAPHICAL TERMS: Croatia.
according to the Croatian 1991 Act on Citizenship, children and adults can obtain citizenship and how a lack of citizenship can impact on refugees’ access to health care and social services. Part II deals with local strategies and perceived stumbling blocks to women’s health care. The authors discuss in separate sections women’s groups, health care professionals, and Croatian government organizations. They also discuss in each section, specific plans, needs, and suggestions for international non-governmental and governmental aid organizations as reported by local volunteers, health care professionals, and government officials. Recommendations for international aid include consideration for the political, historical, and cultural context of the war, the current circumstances of the refugees, and the status of women before and after the war; documentation of war crimes in coordination with the individual needs of women, and collaboration with local groups and professionals. As well, the authors recommend eradication of inequality in treatment; special care for rape victims regarding respect, patience, dignity, privacy, anonymity, culture, and access and appropriate training for their service providers; and attention to the psychiatric, obstetric, and gynaecological needs of female refugees. While addressing urgent concerns of basic needs, they emphasize a need to address the long-term needs of these women such as social integration, family reunification, and the residual impact of the destruction of home, culture, family, and personal well-being. Extensive appendices provide lists of organizations and individuals interviewed, applicable laws, abortion data, and contacts for government programmes.


INDEX TERMS: Bosnians, Muslims, men, Croatians, Serbs, civil war, violence against women, torture, ethnic cleansing, rape, detention, death in custody, pregnancy, hospital delivery, trauma, abortion, psychological problems, neurotic and personality disorders, infants, abandoned children, pre-natal care, medical personnel, psychiatrists, NGOs, xenophobia, nationalism, testimonies, reports.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Croatia.

According to investigators as many as 20,000 women may have been raped in the conflict in Bosnia-Herzegovina. This article gives first-person accounts of some of the few victims who come forward to tell their stories. In Bosnia, used as a weapon of war to humiliate and destroy Muslim families, collective and public rapes, often in front of family members, have been a common occurrence. Some eyewitness accounts mention cases of women who are held and repeatedly raped until they become pregnant. With rape becoming a method of ethnic purification, the women are freed only when it is too late for an abortion, as the Serbs consider such children to be Serbian. In one hospital in Zagreb, the number of deliveries has risen sharply. However, it is impossible to say how many of them have been victims of
sexual abuse, since most of them “protect themselves behind a wall of silence.” Although condemned by the Muslim community, the number of abortions has also risen sharply in another Zagreb hospital. Because of detention, displacement, lack of information and fear, many women are unable to meet the legal deadline for abortion. A special commission was created to examine the cases of traumatized women who are more than 12 weeks pregnant and want an abortion. Médecins du Monde has recently opened a pre-natal care centre for pregnant refugee women, which is not confined to rape victims in order not to create a ghetto. Gynaecologists and psychiatrists work in joint Bosnian and Croatian teams with the hope of showing that some kind of integration is possible, although they are not very optimistic that it can be achieved. Due to increasing xenophobia and ultra nationalism in Croatia, refugees are often scapegoats for economic and other social ills.


INDEX TERMS: refugees, internally displaced persons, rape, sexual violence, victims, testimonies, ethnic cleansing, emergency relief operations, guidelines, human rights violations, medical treatment, wounds and injuries, infectious diseases, counselling, cultural sensitivity, children, adoption, nationality, WHO, NGOs.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Croatia, Yugoslavia.

Claims that “rape camps” exist in Bosnia-Herzegovina have alerted the UNHCR to advise its staff to monitor allegations of rape and sexual abuse among refugees and displaced persons. Through a coordinated approach, medical and professional counselling will be made available. Three aspects of the problems of rape victims from Bosnia have been identified: the continuing human rights violations in Bosnia-Herzegovina; the need for medical treatment for physical injury and infectious diseases, and counselling of rape victims now accessible to UNHCR; and the interest of children born to rape victims. UNHCR will ensure that unwanted children do not become victims of trafficking and commerce by establishing a regime covering adoption procedures. Provisions must also be made for the registration and conferring of citizenship on such children to prevent them from being stateless.


GEOGRAPHICAL TERMS: Yugoslavia, Bosnia and Herzegovina.

This report on the situation of human rights in the territory of former Yugoslavia has been submitted by the author, Special Rapporteur of the Commission on Human Rights, pursuant to Commission resolution 1992/S-1/1 of 14 August 1992. A team of medical experts investigated allegations of the widespread use of rape, obtained through physical force, threat or intimidation. Evidence was acquired in a variety of ways. General information was obtained through meetings with representatives of the governments, non-government and international organizations, local women’s groups, religious leaders, UNPROFOR officials, relatives of detained or disappeared persons, and relatives of victims of rape. According to some of the sources, rape has been used mostly by paramilitary groups to achieve ethnic cleansing and to increase inter-ethnic hatred. The victims are said to be mostly Muslim, but also Serb and Croat women. Evidence obtaining through statistical data includes rates of birth, abortions, sexually transmitted disease (STD) including HIV infections, numbers of pregnancy reportedly due to rape from the four hospitals visited, and general abortion and delivery data. First-hand testimonies from victims of, and eye-witnesses to, rape were obtained in hospitals and refugee camps. Based on their observations, the experts report that rape represents an abuse of power and control, terrorizing and traumatizing the victims and risking their mental and physical health, as well as breaching their cultural and societal beliefs. Rape of women including minors has occurred on a large scale, with the majority of the documented rapes having been committed by Serb forces against Muslim women from Bosnia and Herzegovina. Yet the team is not aware of any attempts by those in military or political positions of power to stop the rapes. Rape, used as an instrument of ethnic cleansing, is a war crime according to the Geneva Convention of 1949 and the Additional Protocol of 1977 and should be treated as such by the international community. The team recommends that all refugee and displaced women be offered primary health care including gynaecological and STD screening. Psychological and social rehabilitation must occur at the community level with the input of those traumatized. Internationally, rape, as a war crime and violation of human rights, should be monitored and all those committing, ordering, or ignoring justice for, rape should be brought to justice by an international tribunal to be established.

**Latin America**

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The author analyzes the impact on women of state terror in Latin America and demonstrates that, in conditions of extreme political repression, women in the civilian population become direct victims of the militarized state. The complex relationship is explored between gender and political repression and the ways in which gender affects individual psychological response to state-organized terror. Finding little in the literature linking feminist ideas of the construction of female gender identity and women’s roles in patriarchal culture with an analysis of the impact on women of state terror and the specificity of their psychological responses, the author offers an analysis of the violation of human rights perpetrated by governments against their own citizens. Several themes are summarized from the feminist psychoanalytic literature that are applicable to Latin American culture and institutions. These themes address the psychology of gender difference/inequality and the unconscious reproduction of the social relations of male hegemony and female subordination within patriarchal culture. Female subordination is most clearly expressed in violence against women. The author argues that male violence against women is a universal phenomenon that functions as a fundamental element in the maintenance of social control of women by men. In patriarchal culture sexual abuse is so wide-spread that women learn to live in fear even though they may not have personally experienced violence. In this way, it is argued that “male violence against women is a normative experience of everyday life and is reified in a culture that reflects, allows, and instructs both women and men its apparent inevitability.” Yet trauma and its causes, as identified by mental health professionals in their work on post-traumatic stress disorder (PTSD), ignore the level of sexual violence that typifies the ordinary daily experience of women as a trauma-inducing condition. Current understandings of trauma root its causes in events that fall ‘outside the range of usual human experience.’ The hegemonic definition of trauma privileges male experience by identifying “real” trauma as “that experience in which the dominant group is victimized rather than the experience in which the dominant group is the perpetrator or source of the
trauma.” Based on this framework, the author develops her main thesis by discussing in detail how Latin American state terror both homogenizes and exacerbates gender difference and how gender affects individual psychological responses to this trauma. The author concludes by citing examples of the many ways women have organized to fight against the terrorist state in Latin America. Participation in such organizations has been extraordinarily positive for their participants. It can also shed light on the relationship between political resistance and mental health.


INDEX TERMS: Guatemalans, Amerindians, peasants, human rights violations, civil war, political violence, death squads, disappeared persons, guerrilla warfare, massacres, repression, trauma, gender-based persecution, sexual violence, testimonies, killings, children, persecution of family members, victims, legal proceedings, prosecution, case studies, UN.

GEOGRAPHICAL TERMS: Guatemala.

In Guatemala, human rights violations stemming from a State reaction to a 35 year civil war are being revealed through the exhumation of the victims’ remains and subsequent forensic work. Since 1978, close to 200,000 people have been murdered or disappeared, many of them raped and tortured. An estimated one million of Guatemalans were displaced by the violence and terror. A majority of the victims were indigenous Mayan people. This report examines “the exhumation phenomenon as a people’s attempt to recover their story and the truth about their past, as well as to establish the foundations for justice and reconciliation.” Chapter I provides the historical context to the years of violence, including the massacre strategy. Chapter II discusses the impact of repression on society resulting in individual and collective trauma, control and obedience, and community breakdown. It includes an account of gender-specific violence against women both in daily life and as a strategic part of counter-insurgency military campaigns in the 1980’s. Chapter III discusses the psychological, cultural, personal, communal, practical, and political reasons why surviving victims proceed with the exhumation process. Chapter IV describes the forensic side of exhumations and Chapter V places the exhumations in the current context. In Chapter VI the authors discuss how, in the current context, these exhumations represent a fight against impunity and demands for justice and reconciliation. An eyewitness account to the massacre in Chichupac is included. In the annexes, the authors discuss the UN Truth Commission Agreement and provide a documented case study of “Las Dos Erres,” the worst known massacre in the town of Dos Erres in western Petén. Mostly young children were killed and most of them were ladinos.
Development strategy in Guatemala has coincided with an impoverishment of the majority of the population. Access to health care is poor; diet is inadequate; illiteracy is high; and life expectancy among Indians in rural areas is significantly higher than for the ladino (non-indigenous, largely of European descent) population. The ladino elite has ruled through military power since 1954; those who protest the system are repressed and denied their rights. Women have experienced the structural violence of neo-liberal development policies but also overt violence. There are at least 45,000 widows. Women have lost their houses, possessions, crops, and livestock. Bearing witness to massacres or disappearances has traumatized some women. So-called subversives face military and PAC (mandatory civilian patrols) campaigns of rape, sometimes murder. Yet it was also women, in the mid-1980s, who broke the silence of repression, demanding the return of kidnapped husbands and punishment of killers. This allowed for the re-emergence of demonstrations and organizations. Women who fled to Mexico were instrumental in developing communities. The paper examines two constituencies of women in Guatemala: women in human rights organizations in urban and militarized rural communities (GAM and CONAVIGUA) and women in camps of refuge. The authors find that women’s survival and resistance were possible because of identifying with each other as women, forming groups, and thus fostering a collective spirit. Women treated their gender identity and related responsibilities as sources of strength and, in so doing, became politicized.
statistics, women's organizations, women's status, national law, civil and political rights, statistical data.

GEOGRAPHICAL TERMS: Latin America.

This volume completes the series on Latin American Women in Numbers intended to raise the profile of women in 19 Latin American countries and provide accurate information regarding their situation. The study was conducted by the Facultad Latinoamericana de Ciencias Sociales in collaboration with Spain’s Instituto de la Mujer. Collectively, Latin American women and their lifestyles have undergone deep changes such as increased life expectancy, improved educational levels and decreased illiteracy rates, growing involvement in the labour market, improved health indicators and the use of modern contraceptives. However, large differences still persist from one country to another and within each country between rural and urban areas, social sectors, and ethnic groups. “So-called ‘modernization’” has been an unequal experience in Latin America. Inequality, discrimination, ‘invisibility’ and under-valuation of women’s contribution to society still exist. The comparative data and their interpretation presented in the volume profile the status of Latin American women in the following areas: economics, demography, work, education, health, legislation, and the socio-political participation and advancement of women. Remarks on methodology are included as is an explanation of notes and symbols used in the text.


INDEX TERMS: Guatemalans, Amerindians, civil war, torture, killings, arbitrary arrest and detention, disappeared persons, widowed persons, economic conditions, women workers, working conditions, poverty, health education, health services, infant mortality, maternal mortality, trade unions, education, racism, cultural identity, gender role, customs and traditions, pluralism, family planning, children, family, marriage, belief systems, guerrilla fighters, exile, women's organizations, interviews.

GEOGRAPHICAL TERMS: Guatemala, Mexico, United States, Latin America.

This book is a collection of interviews of Guatemalan women about their lives. The women “are, on whole, poor and Indian; women whose voices are seldom heard.” The book’s principal objective is to break with the presentation of Guatemalan women as “exotic Mayan Indians” or “as the passive victims of a cruel repression” and to allow them to become “protagonists in (their) own culture.” Nearly all the women interviewed had experienced the violence of war and talk about its effect on their lives. Yet, “they do not think of themselves as victims first and foremost. They are women who have taken some form of control over their lives, who have a strong sense of their identity as women, and who have nearly all struggled against passive acceptance of their traditional roles.” The
thirty-three women who are featured reflect the structure of Guatemalan society. Most are indigenous and poor. Five live in exile: two in the United States, two in Mexico and one in another Latin American country. Three interviews with women of Guatemala’s elite are included. Each interview is introduced with a note situating it in its Guatemalan political, social and economic context. The interviews were carried out over two and a half years, beginning in November 1986, with the bulk of them taking place in the summer of 1987. The book is divided into four sections. Among the interviews included in the first section, Earning a Living, are interviews with a qualified nurse working in a programme training health promoters and a factory seamstress who was a key figure in the formation of a union in her workplace. Being Indian includes themes of racism and cultural identity. In Family Affairs women talk about love, sexuality, machismo and family planning. Fighting Back concerns women’s political and social struggles in Guatemala and in exile.

INDEX TERMS: history, Hindus, Muslims, Indians, migrant workers, social classes, occupations, patriarchal societies, polygamy, violence against women, rape, sexual abuse, child abuse, constitutions, legislation, education, employment opportunities, family planning, ICESR66, ICCPR66, CEDAW79, judges, legal decisions, police, NGOs, women’s centres, counselling.

GEOGRAPHICAL TERMS: Trinidad and Tobago.

This brief examines issues of human rights for women in Trinidad and Tobago. Despite gains in equality in education, employment and compensation over the past two decades, women of all classes, ethnicities and professions continue to experience patriarchal control, often in the form of violence. In the 1980s, Caribbean women mobilized around the issue of violence against women, including rape, sexual abuse of children, domestic violence, sexual harassment in the workplace and other forms of sexual assault. Since the passage of two major pieces of legislation, the Sexual Offences Act of 1986 and especially the Domestic Violence Act of 1991, there has been an increase in the number of cases of rape, incest, and sexual abuse being reported. However, compilation of statistics is hindered by the fact that, prior to the latter act, cases were tried under general assault legislation and not recorded as domestic violence. Confidentiality issues within a small population have also posed a problem. The brief provides a short history of Trinidad and Tobago, specifically, the role and treatment of Hindu and Muslim Indian women. Much of the brief is devoted to legal issues: the legal framework covering details of the Constitution, Sexual Offences Act and Domestic Violence Act. The brief also discusses several international covenants and conventions ratified by Trinidad, such as the Convention on the Political Rights of Women and the Elimination of all Forms of Discrimination against Women, and areas of concern such as the judiciary and police response to public dissatisfaction with the handling of
complaints. As alternatives for women fleeing violence, women’s organizations have set up services to complement or substitute for services provided by the state. Women now have shelters or half-way houses and access to counselling and referral services. Although the system for reporting domestic violence has become more accessible and cheaper for women, and although anonymity is provided, changing the societal norms and attitudes about the status of women is a long-term undertaking requiring public education programmes.

INDEX TERMS: post-traumatic stress disorders, Salvadorans, refugee camps, NGOs, psychiatric tests, trauma, killings, family, hiding, armed forces, rape, torture, psychotherapy, psychologists, health personnel, Catholics, religious institutions, research.

GEOGRAPHICAL TERMS: El Salvador.

This article reports the findings of a study concerning the existence of post-traumatic stress disorder (PTSD) among Salvadoran refugee women in El Salvador and discusses a treatment programme established to help reduce their distress. If left untreated, PTSD can lead to years of depression, anxiety, behavioural problems, and ‘survivors guilt’. As part of the Women’s Skill and Resource Exchange, a Seattle-based women’s collective exchanging skills and resources between North and Central Americans, three US women traveled to the Catholic refugee camp in El Salvador to conduct the field study. A sample of 31 volunteer refugee women was interviewed in Spanish. They were asked to tell their story of how they came to the camp and a series of questions designed to identify symptoms of PTSD as described by the diagnostic criteria in DSMIIIIR. All subjects reported experiencing traumatic events sufficient enough to induce PTSD, such as witnessing the murders of their families and friends, and living for months or years in caves to avoid being killed. Most participants reported three or more traumatic events. Most frequently experienced traumatic events included witnessing damage to one’s home, witnessing others’ assault, and hiding from government soldiers. Women also reported personal assaults, rapes and, in several cases, torture. Frequently reported symptoms included experiencing intrusive thoughts and recurrent distressing dreams of the events, avoiding reminders of the event, and experiencing a restricted range of emotions. More than half reported all of these symptoms and nearly half reported the range and severity of symptoms required to meet DSMIIIIR diagnostic criteria for PTSD. Although it is not known how representative the sample is of all Salvadoran or all refugees, the high incidence of distress found among the women suggests that large numbers of Salvadoran women may be similarly affected. A team of four psychologists, two health care specialists, and several women familiar with Central
American culture developed a treatment programme for victims of trauma. Programme goals included helping women to associate their symptoms to the traumatic event; to overcome feelings of helplessness and loss of control over their lives; reducing the ‘survivor guilt’; lessening the anxiety and arousal common in PTSD; and, as a final goal, helping people realize that although their life has changed dramatically, they are still the same person. Based on these goals, several strategies were identified and developed into a treatment manual. Existing networks were identified that could serve as sources of support, including the family, workplace, churches, playgrounds and schools, churches, and informal gatherings. The benefits of other healing techniques, such as art, massage, play and movement therapy as nonverbal methods for dysfunctional and non-communicative women are discussed. While the efficacy of the programme was not evaluated, the authors believe that such a self-paced treatment approach would significantly ease the suffering associated with PTSD.


INDEX TERMS: Salvadorans, sexual abuse, protection, refugee camps, special needs, rape, violence against women, men, camp management, development aid, international organizations, self-sustaining projects, documentation, repatriation, UNHCR EXCOM Conclusions, guidelines, meetings, UNHCR, UNDP.

GEOGRAPHICAL TERMS: Honduras.

UNHCR and UNDP sponsored the meeting “A Gender Approach in the Work with Refugee, Returnee and Displaced Women: FOREFEM, to identify and seek solutions to problems faced by uprooted women in Central America.” The meeting, involving senior government officials, legal experts, human rights advocates, development experts, and refugee women, discussed three main areas of improvement outlined by refugees: physical protection, access to development funds, and consultation with women on repatriation operations. The women complained about being raped in the Mesa Grande camp in Honduras to a UNHCR officer who dismissed them, saying “Those are women’s problems.” Refugee women also face increased domestic violence in the camps, since men, stripped of their jobs and traditional roles as providers, often take their frustrations out on their wives and children. In order to reduce the physical abuse of women, the conference recommended the presence of female protection officers at reception posts and in camps, inclusion of women on camp management committees, and personal and family documentation to help guarantee more respect for individual women. Refugee women also called for equal access of women to development funds. The conference urged governments and international organizations to promote self-sufficiency projects for women. Refugee women criticized UNHCR for failing to consult with them about repatriation programmes and complained that the whole repatriation grant was given to men. Since 1985, UNHCR’s
Executive Committee has tried to address the special needs of women in refugee camps through a series of recommendations, approving in 1990 the Policy on Refugee Women and adopting in 1991 the Guidelines for the Protection of Refugee Women.

The conference demonstrated that these policies and guidelines must now be enforced.

e. Middle East


INDEX TERMS: family planning, NGOs, international organizations, sanctions, food supply, medical supplies, medical drugs, medical treatment, clinics, breast feeding, deficiency diseases, infectious diseases, reproductive health.

GEOGRAPHICAL TERMS: Iraq.

This article reports on conditions observed at family planning clinics in Baghdad in 1997. As far back as 1979, with the huge losses in male population due to war, Iraqi women were being encouraged to have ten or more children. While food and medical supplies are exempt from the United Nations trade sanctions in the 1990s, inflation has made them affordable for few people. Most families live on meagre government food rations and sell possessions to buy medicines. In these conditions many women feel they cannot cope with an extra mouth to feed. Although family planning was not popular prior to the war, increasingly women are turning to contraception to limit their family size. Initially, the Iraq Family Planning Association (IFPA), a full member of the International Planned Parenthood Federation (IPPF) since 1973, offered services on only a small scale. Before the sanctions, it had five clinics but now has 66 clinics and in 1996 provided services to close to 500,000 women. Its only means of getting supplies is through IPPF. While contraception has not been a priority for the Ministry of Health, a recent tripartite agreement with the Ministry of Health and the UN Population Fund enabled IFPA to widen its activities to include pre- and post-natal services and services related to sexually transmitted diseases. IPFA is encouraging couples to have at least a four-year gap between each child. The government is encouraging a minimum of five children; the current average is seven.

Contraception in Iraq is the responsibility of women, who despite their poverty still manage to scrape together the 500 ID for a month’s supply of contraceptive pills, which, if bought privately, would cost between 1,000 and 2,000 ID. Doctors at the clinics reported that the women who came to them are anaemic and most have parasites owing to bad water. They also reported that sexually transmitted diseases are on the rise, but no antibiotics are available for treatment. As well, women cannot afford sanitary towels and use rags and
wash them which is contributing to infections the doctors cannot treat.


INDEX TERMS: Iranians, Shari’ah, political participation, civil and political rights, Islam, traditional societies, women’s status, gender role, revolution, religious leaders, population dynamics, employment, women’s rights, gender role, elections, press, divorce.

GEOGRAPHICAL TERMS: Iran.

Based upon interviews with gender-conscious, vocal Islamist women, this article examines their aspirations and endeavours, their identity formation and the outcomes of their mobilization in “post-Islamist” Iran. The author discusses how the Revolutionary period (1979-1986) and the Iraq-Iran War (1980-1988) brought a series of regressions for the rights of all women in both the public and private realms. While the application of the Shari’ah took away their civil rights, women maintained their political rights. However, the Constitution remained ambiguous on the issue of political leadership. Despite women’s active participation in the war effort, state ideology perpetuated the image of the true Muslim woman as wife and mother, practising self-denial, devotion, and sacrifice. Much of the article focusses on the post-war era, including discussions of the post-Khomeni era, women’s participation in the labour force, women parliamentarians in the fourth and fifth Majlis, and the impact of religious-reformist discourses on women’s activities. The author notes that unprecedented gender solidarity has emerged between secular and modernist-Islamist women. Their divergent views are being found in new magazines for women that aim to promote women’s status through emphasizing legal and economic shortcomings, and to propose changes in civil and penal laws, the employment legislation, and constitutional law. The editors of the magazines agree that the inequality between men and women is not initiated by the Qur’an but by the interpretations of religious authorities of the divine laws. Social, legal, cultural, and traditionalist impediments hinder radical change in conditions for women. Nonetheless, despite traditionalist attempts to contain women’s awareness, the process to construct women’s social identity is irreversible as both secular and Islamist women reject institutionalized inequalities and demand a dynamic and adapted reading of Islam. Hence, the Islamic state has no choice but to accommodate the aspirations of moderate and modernist women who, through their political participation, will implement democratic changes in the political system.

INDEX TERMS: Iranians, Kurds, Christians, Bahais, political detainees, human rights, security forces, government, elections, police, Shari’ah, armed forces, courts, punishment, death penalty, killings, torture, non-political crimes, freedom of association, political parties, terrorism, protest, freedom of conscience, freedom of expression, press, women's status, discrimination, freedom of movement.

GEOGRAPHICAL TERMS: Iran.

As an update to previous Documentation, Information and Research Branch publications on Iran, this paper focuses on selected human rights issues from August 1993 to March 1996. Issues addressed in the paper include state security forces; administration of justice; freedom of association, of opinion and expression; Kurds and other ethnic and religious minorities; women; and freedom of movement. The paper first discusses the composition and responsibilities of each of the state security forces: the Law Enforcement Forces (LEF), the military forces, the judicial forces, and the secret intelligence services, SAVAMA. The next section examines government uses of the judicial system to silence political and religious opponents through arbitrary arrest, incommunicado detention, torture, and, in some cases, execution. The section on freedom of association describes the political system and arbitrary election procedures, and the actions of radical armed opposition groups and religious zealots who call themselves the “partisans of God” or hezbollahi. Freedom of expression and freedom of the media are, in fact, controlled by requiring adherence to Islamic principles and public interest as defined by the clerical leadership. In the section on ethnic and religious minorities, it is reported that concern is expressed over the situation of Baha’is and Protestants and that Jews, Christians, Zoroastrians, and Sunni Muslims face officially sanctioned discrimination. The section on women reports that women in Iran continue to face systemic discrimination on the basis of gender. Under the new Islamic Penal Code, adopted by the Majles in November 1995, women found guilty of adultery are subject to hudud punishments, that are execution by stoning, and women caught in violation of the Islamic dress code could be sentenced to prison or lashes. Movement within Iran is free; however, particularly for women, leaving Iran is difficult.


INDEX TERMS: Iranians, human rights, international law, Islam, culture, religious leaders, Shari’ah, criminal law, national law, women's status, patriarchal societies, human rights violations, constitutions, government, women's rights, sanctions, social groups, censorship, culture, UN, NGOs, CEDAW79, UDHR48, ICCPR66.

GEOGRAPHICAL TERMS: Iran, Tunisia.
Attempts by the international community to hold Iran accountable under international law for the human rights abuses against women have failed. The Iranian government argues that it is not bound by international law because women are treated according to its own cultural and religious standards. This Comment proposes a solution, the grass root method, which combines universalist ideals with relativist strategies in order to give universalism cultural legitimacy in Iran and thus to lessen Iran’s violations of women’s human rights. Briefly reviewing Iran’s recent history, the author demonstrates that the conflicting themes underlying universalist and relativist doctrines have manifested themselves in Iran. Universalist and relativist theories are discussed to show how, by combining aspects of each theory, the international community can improve human rights for women in Iran. Through its constitution, statutes, judicial decisions, and acquiescence to common practices, the Iranian government sanctions human rights abuses that violate international law and the universalist principle that all human beings possess certain inalienable rights. By way of example, the author illustrates how the constitution has restricted gender equality by enacting the Islamic Penal Code and enforcing its interpretation of the Shari’ah. The relativist response justifies the separate treatment of women through its own interpretation of Islamic tenets, rejecting universalist arguments as based on Western cultural supremacy, and countering international attacks on its conduct as politically motivated. The author evaluates both universalist claims and relativist responses, illustrating how the United Nations, individual nations, internal social forces, and academics have all failed to improve human rights in Iran. Her explanation of this failure is that they have attempted to implement universalist ideals by using Western methods in a non-Western culture and have thus lacked the necessary popular support. The Comment concludes with a discussion of her suggested strategy, a grass root model, whereby the laws and belief systems in Iran can embrace universalist ideals. The grassroots model, which has improved human rights for women in the Muslim country of Tunisia, accepts “Iran’s culture and religion while separating politics from ideology by appealing to the Iranian government through NGOs rather than through Western political channels.”

188 WOMEN “MANUFACTURE” ECONOMIC SPACES IN BETHLEHEM,

INDEX TERMS: Palestinians, Muslims, education, gender role, economic development, employment, age groups, wealth and income, social conditions, economic conditions, refugee camps, schools, UN, surveys, research interviews, literature review.

GEOGRAPHICAL TERMS: Palestine.

This article discusses how refugee status has become an important factor in the education and employment outcomes of Palestinian Muslim women. Prior to 1948, Palestinian society was comprised primarily of peasants. Its patriarchal power structure strictly defined gender roles and educational opportunities were limited. The society was severely disrupted by the
creation of Israel and the uprooting of thousands of Palestinians who lost their primary form of livelihood. While refugee women made use of increased educational opportunities to achieve economic security, non-refugees continued to rely on the land. To demonstrate that refugee status is one of the most important contributors to education and employment opportunities, the author conducted in 1991 a study based on participant observation, 262 household interviews including 803 Muslim women, and a socio-economic survey in the Bethlehem area. Regression results showed that younger refugee women have higher educational achievement than younger non-refugee women. Two factors account for this phenomenon: the effect of being uprooted and the institutional structure of education in the region. The United Nations, since 1948, has provided schooling through to grade nine and a number of post-high school programmes such as nursing and teaching for refugees. The type of employment also varies greatly. Of the 139 working women in the sample, mostly older village women work in the sales/agricultural sector and younger non-refugee women are highly represented in the production sector of the textiles industry. These women without education “are victims of the most exploitative sectors in the economy.” Twenty nine per cent of employed non-refugee women were in the semi- and unskilled production sector compared to only 14 per cent of refugee women. At the same time, 44 per cent of working refugee women was employed as professionals compared to 16 per cent of non-refugee women. Education has provided refugee women independence and economic power. It has allowed women to challenge traditional gender roles since paid employment is not considered shameful for educated women.

INDEX TERMS: Iranians, Shi’as, Shari’ah, womens rights, marriage, divorce, violence against women, arbitrary arrest and detention, social classes, history, abortion, family planning, day care centres, polygamy, womens status, revolution, agents of persecution, courts, non-political crimes, husbands, ICCPR66, ICESR66, UN, gender role, cross-cultural communication.

GEOGRAPHICAL TERMS: Iran.
to the interpretation of religious scholars. Thus, “the politics of Iran become crucial to any
discussion of the effect of Shari’ah law on Iranian women.” Part II compares the different
views on feminism between Iranian and Western women. Feminism as western is being
rejected, since most Iranian activists have different goals from western feminism. Women
are more concerned about their right to mahr, the bridal price, the right to divorce, and
autonomy in dress than about sexual equality. Part III discusses women’s rights under the
Shah prior to the revolution of 1979; a revolution that many women erroneously believed
would change their lives. Part IV illustrates the regressive course women’s lives took under
the theocracy of Khomeini, which consolidated civil law and Shari’ah law and embraced
the traditional Islamic view of women. Part V presents several possible means to change the
status of women in Iran, the most promising of which is through the pressure of
international human rights covenants, particularly, the International Covenant on Civil and
Political Rights (ICCPR) and the International Covenant on Economics, Social and Cultural
Rights (ICESR) under the well-established channels of the United Nations. Iranian women
activists need to begin to use cross-cultural dialogue, as defined by an Iranian professor, on
gender issues first inside Iran and later outside Iran on a global scale.

190 GENDERED OCCUPATION AND WOMEN’S STATUS IN POST-
REVOLUTIONARY IRAN, Kian, Azadeh. Middle Eastern Studies. Vol. 31, no. 3

INDEX TERMS: Iranians, Islam, revolution, patriarchal societies, gender discrimination,
professional workers, unemployment, emigration, service industry workers, media,
ideologies, gender role, women’s status, Shari’ah, marriage, divorce, family division of
labour, employment, higher education, medical personnel, midwives, teachers, working
conditions, social change, customs and traditions, value systems, educational systems.

GEOGRAPHICAL TERMS: Iran.

This article discusses the impact of the implementation of the shari’ah on modernist-Islamic
and modernist-secular women. During the revolutionary period that lasted until 1986, the
Islamisation of Iran began with a massive campaign to purify the public and private sectors
of ‘westernized’ professional women. Consequently, thousands of women lost their jobs,
were forced into retirement, or left the country. The media propagated state ideology,
portraying women as mothers and wives confined to housework, child-bearing, and child-
rearing. Women continued to work in the service sector, in poorly-paid occupations,
traditionally reserved for women or considered ‘natural’ extensions of their housework, a
situation that perpetuated their lower status compared to men. As well, reinforced by the
personal status law, policies of occupational segregation strengthened the status and power
of men within the family. The period of ‘reconstruction’ following the end of the war with
Iraq in 1988 was marked by a great shortage of professionals, as well as households that
could not survive on one income. As a result, the professional skills of women had to be
acknowledged, and thousands regained their jobs. While the private sphere continues to be
viewed as most suitable for women, their involvement in public life has led to some changes in the ideological discourse. Yet, the recently adopted ‘policies of women’s occupation’ are riddled with contradictions; women are encouraged into certain fields while their access to others is limited. Despite the persistence of gendered occupations, the traditional stereotyping of women has been modified. The author concludes that radical reform particularly in the areas of religion, culture, law, and education is necessary to improve the status of women in Iran. However, reform alone will not be sufficient, as social customs and cultural perceptions also have to change.


INDEX TERMS: Palestinians, national liberation movements, womens organizations, gender role, womens status, womens centres, marriage, family planning, political participation, legislation, economic conditions, political situation, interviews.

GEOGRAPHICAL TERMS: Palestine, Jordan, Lebanon.

This article incorporates participant observation and six years of interviews in examining shifts in gender discourse, consciousness, and activism in Palestine under the Intifada. Citing several examples from occupied Palestine, Jordan and the armed struggle during the Lebanon period (1972-82), the author points out that activism on behalf of national aspirations is not new to Palestinian women. However, the situation was different in the occupied territories, where grassroots activism and increased gender consciousness were evident. The Intifada, and the mobilization associated with it, brought the greatest potential for change from nationalist activism to feminist activism. From personal communications, the author notes that traditional ideas are being challenged, with women speaking of having choices in regards to marriage, children, and working outside the home after marriage. Women’s groups allowed an opportunity to form relationships beyond the family household. Women who engaged in Intifada activities felt that they had a stake in a future Palestinian state. Younger women saw themselves as active participants in a future government. Older women who are already married and had children envisioned a state that would provide services to lighten their load. With the creation of several independent women’s centres and women’s studies committees in Gaza and the West Bank in 1990, women had a space where culturally sensitive issues, including wife battering, could be explored. Recently, one of the women’s centres established a hot line to handle calls about violence against women and the leader of another intervened directly in several cases of forced marriage. Using the more neutral language of ‘gender empowerment’ and ‘gender awareness’, projects with clear feminist aims have been initiated in both the West Bank and Gaza. Women’s ongoing struggle for political representation and legislative recognition continues to be hampered by factionist differences regarding tactics, although some gains
have been made with respect to establishing common principles. The article concludes that social transformation is restricted due to deteriorating economic and political conditions in Palestine.


INDEX TERMS: Iranians, womens status, womens rights, gender role, Shari’ah, national law, employment, divorce, marriage, violence against women, domestic work, polygamy, courts, education, gender discrimination, political participation, segregation.

GEOGRAPHICAL TERMS: Iran.

This article discusses the Islamic Republic’s ideological images of women and how recent reforms in Iran, although appearing progressive, have perpetuated the role of women as different and unequal to men. Citing the Iranian constitution, statements from officials, and reviewing current laws relating to women’s status in the family, marriage and divorce, employment and education, the author illustrates how the view of women as primarily wives and mothers is embedded in Iranian law and succeeds at limiting women’s opportunities for economic independence and control over their own lives. Specifically, the author discusses reforms that encourage part-time work for working mothers and the provisions of the 1992 personal status laws regarding divorce, prenuptial agreements, remuneration for housework, the extension of the appointment of qualified female judges to act as advisors not only to special courts but also to offices in the judicial system, polygamy, and the age of marriage. These reforms have not improved the lives of women or lessened male privilege since the principle ideology espoused by the government does not perceive men and women as equal. Old laws and practices, which still regulate women’s employment opportunities, choice of residency, and pursuit of higher education, remain in effect. While women have gained political power, the author cautions that these women have gained their positions because of connection to top officials and thus have no sincere interest in improving women’s position. Lastly, the author discusses how gender segregation remains the norm for Iranian women and concludes that as long as the Islamic regime is in power, sexual apartheid will not end in Iran.


GEOGRAPHICAL TERMS: Palestine.

This article examines how women’s legal status in Palestinian society is affected by complex customary and religious traditions. Legal developments in Islam have been shaped by the fusion of religious standards and precepts with customary law, under which women have not traditionally been accorded high status. Part II discusses the impact of custom and Islamic heritage on women’s rights in the period prior to the Intifada. Rooted in customary norms, women are governed by a system of patriarchy in which their roles are confined to nurturers and repositories of family honour. Customary law is known as the ancient legal tradition of urf (that which is known), which is still being used to resolve disputes and conflicts outside of the official civil or religious courts. The dispute resolutions of urf include offences concerning the status of women. As ‘repositories of family honour’, women must adhere to chastity and purity to avoid disgrace to the family and clan.

Historical customs pertaining to women’s status are described, such as the seclusion, particularly, of upper-and middle class women in their homes and the hijab (headscarves) protecting women and men from women’s sexuality. The author concludes that custom and customary law are based upon patriarchy that has resulted in women’s continued social and legal subordination. Since religion is an important component of Palestinian identity, the author provides an overview of Islamic law discussing the shari’ah and its interpretation by four jurisprudential schools among Sunni Muslims and Jordanian law, which still applies in the West Bank. According to the author, the shari'ah, as codified by the Jordanian Personal Status Law and intermixed with customary practice, has contributed to women’s continued legal and social subservience. Possibilities for legal reform are reviewed in Part III. These include reinterpretation of shari'ah and other sources of Islamic law; revision of, or a new, personal status law and other codes to improve the status of Palestinian women or, despite culturally based resistance, proposing the partial implementation of international human rights norms; and building upon societal changes introduced by the Intifada, including women’s participation in non-traditional roles.

INDEX TERMS: Iranians, Tunisians, Islam, family planning, womens rights, womens status, Shari’ah, reproductive health, polygamy, national law, gender role, fertility statistics, legislation, economic conditions, population dynamics, education, employment, political change.
This article examines the relationships between women’s reproductive choice and Islam in the context of diverse and fluid state policies in the Middle East, particularly Iran and Tunisia. The author first points out that, regarding reproductive choices and gender roles in general, Islam as a doctrine is replete with tensions to spawn two opposite interpretations. The traditionalist interpretation accords women an inferior status and little freedom to make decisions that bear on reproduction whereas the reformist interpretation espouses equality between the sexes and thus women’s freedom of reproductive choice. Through a presentation of comparative demographic data, the author then observes a general but not uniform pattern of lower autonomy and constrained reproductive choice for women in the Middle East. Given Islam’s ambivalence on the issue, however, the author turns to states’ use of Islam to explain this pattern and the divergence it entails. In Tunisia, for example, the state implemented policies with results favourable to women’s status and reproductive choice, using Islam as a reference. More tellingly, the Islamic regime in Iran first adopted a traditionalist and pro-natalist position on gender and reproductive issues while, at the same time, encouraging women’s political participation. Following a population explosion, the regime reversed its position to encourage family planning and thus women’s use of birth-control technologies. In conclusion, the author highlights the favourable implications of these political contradictions for women in developing strategies to expand their reproductive choice.

**GEOGRAPHICAL TERMS:** Iran, Tunisia.

**INDEX TERMS:** Iranians, Muslims, women’s status, national law, religious leaders, Shari’ah, education, illiteracy, armed forces, higher education, employment, family planning, polygamy, marriage, divorce, political participation, women’s seclusion, women’s status, child care, social participation, political change.

**GEOGRAPHICAL TERMS:** Iran.

The author notes that in discussing the status of women in Muslim societies, secularism has long been considered the prerequisite for progressive reform in women’s social, economic, and political lives. However, the essentially theocratic Iran is providing evidence to the contrary. According to this article, progressive reforms affecting women have been quietly introduced even in areas of law traditionally resistant to change, such as marriage, divorce, and child custody. These measures may be considered inadequate from a feminist or Western liberal democratic perspective but, nevertheless, reforms have been introduced. Since the death of Khomeini in 1989, a more receptive climate has emerged with many extremist policies of the earlier years coexisting with more moderate ones or being overturned, thus fuelling contradictions. For instance, women serve in the armed forces but their studies are restricted; they have been elected to the Majlis, yet are cloaked in chadors.
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As well, the elite have unwittingly raised awareness and expectations with their assertions of female equality. The author discusses the early years of the revolution and the repressive approach taken against women through the lowering of marriageable age for girls, banning of contraception and abortion, closure of day care centres, requirement of hejab, segregated education. The reformist government has made changes to education, employment, family planning, and personal status laws relating to polygamy and divorce, sexuality, and the hejab. The author also notes that Iranian women are gaining some form of political power particularly by learning about Islam in order to turn the tables on those who use religion to oppress them. Women have also taken the hejab as a means to combat marginalization and create a new female identity. Though much remains to be done, this article is cautiously optimistic that women’s status in Iran will continue to improve.

INDEX TERMS: history, revolution, Islam, gender role, mothers, wives, constitutions, patriarchal societies, family, social participation, political participation, education, employment, human rights violations, women's rights.

GEOGRAPHICAL TERMS: Iran.

This article traces the historical links between Iranian nationalism and Islam and their implications for contemporary discourses on women and the family. The author examines the evolution of Iranian political history throughout the twentieth century illustrating how nationalism provided the context for women’s roles as biological reproducers, educators of children, transmitters of culture, and participants in national life. Under Reza Shah Pahlavi (1925-1941) the state’s ambition was to achieve national progress through the legal construction of women as social participants, educated mothers, and, as a matter of social honour, subservient wives. Under Reza Shah’s son, Mohammad Reza Shah (1941-1979), women, for the first time, were fully franchised; the state’s policies on education and employment improved the relative position of women but did little to affect the balance of power between men and women; and family law was reviewed. The rise of Shi’ism as a political force in the 1970s included an appeal to women to reject ‘Westernization’. The revolution emphasized achieving cultural independence through construction of an ‘indigenous’ and ‘authentic’ model of modernity and progress in Iran. Since the Revolution of 1979, which led to the supremacy of Ayatollah Khomeini in 1981, women have been given a prominent place, defining them as both mothers and citizens, whereby the establishment of an Islamic nation is regarded as dependent on the Islamisation of women. The Constitution constructed the ideal Islamic woman in opposition to Western values of womanhood. It advocated patriarchal relations that strengthened male control over women in the family while granting women the right to be active participants in society. Women
would be valued as the upholders of the family and the nation and given the right to fulfill their natural instincts as well as participate in social life. The Constitution was not a pure Islamic construct, but borrowed from a variety of indigenous and exogenous models of womanhood and reflected a compromise between conflicting sets of ideas, determined by the context of revolutionary populism and anti-imperialism. What was or was not accepted as Islamic in the implementation of the constitutional gender relations was determined by the post-revolutionary power relations, the radical political culture, and the economic realities of the time. To achieve the actualization of the Islamic family and nation, the implementation of the gender policies involved extensive Islamisation of women. The author examines the Islamisation of women as it relates to the family; social participation, including politics, education, and employment; and individual and human rights through the imposition of hejab and anti-corruption policies extended by the state to cover adultery, homosexuality, drug abuse, alcohol consumption and a range of social and cultural activities. Specifically the author concludes that Islamisation policies of the state, the result of anti-imperialist and internal power struggles, determined which concepts and ideas of women were defined as ‘Islamic’ and which as ‘un-Islamic’. The enforced Islamisation attempted to engineer a particular gender division of labour in the family and society, which affected women’s opportunities negatively. Male domination within the family was strengthened and women’s familial rights were diminished, thus violating their individual and human rights.


INDEX TERMS: Palestinians, national liberation movements, political participation, gender role, womens status, womens centres, teaching, research, social integration, Islam, fundamentalism, human rights, interviews.

GEOGRAPHICAL TERMS: Palestine.
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discussion, the origins and objectives of Women’s Affairs, which is independent of the women’s committees, are outlined. The centre conducts courses in social science theory and methodology and Palestinian women’s history; has specialized studies in development, politics and health; and started a journal. According to Giacaman, the need for alternative ways of organizing women arose because, within the women’s committees, the question of gender remained subjugated to political and national considerations and their actions were determined by factional interests, which were not necessarily in the best interest of women. She also emphasizes the need for women to develop aptitudes and skills for strategy and leadership, arguing that the socialization of Palestinian women has been one that discourages intellectual independence. She rejects the notion that feminism, as a movement for the human rights of women, is inherently western. For Women’s Affairs, feminism is an ideology that calls for the social integration of women and thus is part of a wider ideology calling for equal access to all sectors of political and civil society. The gains and losses for women under the Intifada are discussed; while its initial phase facilitated the opening up of roles and opportunities for women, they have produced negative reactions and fundamentalist backlash. Giacaman challenges the author’s suggestion that these gains have been permanently reversed, instead characterizing them as setbacks. The Intifada, with its mass participation and grass root actions for women, brought about a qualitative change of consciousness, a revolution of rising expectations. Women now have this liberating experience but no democratic means to express and build upon it. However, ideologically, they remain at an advanced stage, as evidenced, for instance, by the women’s committees’ criticism of their own national leaderships or by their debate not only about national independence but also about democracy and accountability. Women’s Affairs continues to undertake projects such as research into women’s health and political issues. These projects are not only consciousness raising exercises but also generate knowledge that, in the future, will be primed for social policy and practice.


INDEX TERMS: Iraqis, Muslims, political parties, ideologies, women’s status, women’s rights, social change, rural areas, literacy, teachers, national law, legal aid, education, higher education, employment, employment opportunities, mass media, legislation, family, Shari‘ah, marriage, polygamy, divorce, child custody, fundamentalism.

GEOGRAPHICAL TERMS: Iraq.

The Arab Ba‘ath Socialist Party is committed to national development and women’s liberation. This article examines the role assigned to women in the Ba‘ath ideology as well as the changing positions of women in Iraq. Iraqi leaders perceive women’s status as being of two separate parts: the private/familial and the public/economic, confining change to the
latter. Women have been granted full and equal rights in the Labour Codes, regulating their status in the wage labour sector, yet this right has not been extended to women’s legal status within the family. Under the leadership of the Ba’ath Party, Iraq has experienced unprecedented change, particularly in educational and service programmes and legislative reforms. The Gender Federation of Iraqi Women (GFIW) is responsible for translating party policies regarding women into practical programmes, such as managing rural centres designed to help peasant and town's women become literate. Indeed, since 1979, literacy has been compulsory under Iraqi law and husbands who prevent wives from attending literacy classes could be reported to police. The GFIW also sponsors radio and television programmes aimed at women. Its legal section, in addition to consciousness raising, has lawyers interpret statutes, advise women of their rights, and write reports and recommendations to party ministers. The regime’s goal to provide ‘equal opportunity for work’ is realized through mandatory education for boys and girls until age 16, and by encouraging women to enroll in higher education. The government employs men and women who graduated from higher institutes and colleges. Although there is generally support for women working outside the home, women’s personal status does not match their political and economic role. The government acknowledges this gap, but has not enacted radical family legislation. The Amended Code of the 1959 Personal Status Code states that the Code is still based on the principles of the shari’ah but ‘only those which are suited to the spirit of today and on legal precedents.’ Some relatively conservative stipulations of the amendments discussed are capacity for marriage, forced marriage, polygyny, divorce, and child custody. These reforms are cautious and “at best, compromise solutions”. By basing the Code on the shari’ah while choosing selectively from among the different schools of law, the regime has allowed itself legal room to manoeuvre while still remaining with the boundaries of Islamic tradition. However, a more radical reform is less likely with the resurgence of Islamic fundamentalism and cultural entrenchment.

THE PRESENT ROLE OF AFGHAN REFUGEE WOMEN AND CHILDREN,

INDEX TERMS: Afghans, Pakistanis, Muslims, armed intervention, USSR, country of origin conditions, history, intellectuals, value systems, kinship, repression, resistance movements, mass exodus, internally displaced persons, repatriation, gender role, family division of labour, one-parent families, patriarchal societies, Islam, womens seclusion, health services, medical personnel, community health clinics, health education, mortality statistics, infant mortality, maternal mortality, infectious diseases, intestinal infectious diseases, pre-natal care, immunization, family, children, grandparents, men, education, second language teaching, teaching materials, audiovisual media, refugee participation.

GEOGRAPHICAL TERMS: Afghanistan, Pakistan, Iran.
This paper examines some of the options that may be available to Afghan women within the continuity of their evolution in Afghan society for productive female roles in the reconstruction in Afghanistan. It reviews the recent historical context of the experience of Afghan women refugees in Pakistan, as women and as Muslims, from the coup of 1978 through the invasion of the Soviet Union in 1979 and the ensuing years. The review covers the women’s relationship to health services in Pakistan, including the advantages of the health information available to them in gatherings at Basic Health Units and of the model of “master trainers,” who instruct local women as motivators; the enthusiasm among women for education, especially English courses, and the varied activities available to them; and changing attitudes in the community to women becoming paid workers and participants in income-generating projects. The author notes that there were upwards of 80 agencies and institutions involved with women’s projects in Pakistan. Drawing on this experience, she proposes some strategies for action. These include: a research clearing house to study ongoing projects, learn from mistakes and share information; gender-integrated programming, including time use studies about women to produce data on the interrelation of traditional male-female roles; visual aids for surveys and training among non-literates, as well as the involvement of women in the production of teaching aids and the use of audio and visual materials; and community involvement in choosing and implementing projects.


INDEX TERMS: right to education, Islam, educational discrimination, patriarchal societies, women, dependency, education policy, gender role, secondary education, rural areas, higher education, gender discrimination, segregation, labour supply.

GEOGRAPHICAL TERMS: Iran.

This article reviews the educational policies of the Islamic Republic of Iran. The progressive access to education before and after the formation of the Republic regime did not challenge women’s oppression. In pre-Islamic Republic times the women’s movement demanded a right to education; however, progress did not come easily or equitably. With Islamisation sex-role stereotypes remain the same; women are to be obedient housewives and men breadwinners and guardians of the family. The author discusses how women’s access to education is systematically limited by sex, class, residence in rural areas, and economic conditions. The victims of the Islamic Republic’s policies are not just upper class women but all classes; they are women of various oppressed nationalities and rural women. Students cannot pursue their education because of financial reasons, lack of facilities in their own town or inability to travel, and for being born a woman. At the college level the establishment of the Islamic state has imposed admission quotas on women; since teaching and medicine align with women’s traditional roles these fields attract a high proportion of females. As a further hindrance to the educational advancement of women, in order to study
abroad a woman must be married and accompanied by her husbands as “guardian”. The regime aims to train enough personnel to answer to women’s needs in a sex-segregated society but this has met with resistance and shortages. Women are allowed in certain spheres but only to maintain a sex-segregated labour force and to enhance sex-segregation in society. In government jobs women are represented mainly in the Ministry of Education and health areas; areas “traditionally considered to be feminine.” Although the Islamic government claims to strive for freedom, democracy, and social and economic equality in Iran, it has failed, as Islamic fundamentalism is not attractive to the majority of the population and it does not adhere to the cause of women’s emancipation.

South Asia


INDEX TERMS: Afghans, Muslims, Shari’ah, fundamentalism, health services, education, employment, medical personnel, womens rights, womens seclusion, womens organizations, UN.

GEOGRAPHICAL TERMS: Afghanistan.

This article describes the imposition of social and legal repression in Afghanistan brought about by the Taliban. Freedom of movement, access to health care, education, and employment are all severely restricted for women, as illustrated by the example of one woman who, while trying to take her child to the doctor, was shot at in the street by a Taliban guard. Women have been banned from most occupations, though some female medical practitioners are allowed because physicians of the same sex must attend patients. The need for adequate health care is unprecedented as infectious diseases proliferate with the deterioration in public utilities and Taliban guards inflict torture. The Revolutionary Association of Women in Afghanistan (RAWA) has acted to provide education and health facilities to women. Its efforts have brought threats and intimidation tactics, including the killing of its founding member in 1987. Violently misusing Islam and interpreting the Qur'an according to their own personal whims and political interests, Muslim fundamentalists, the Jehadi fundamentalist cliques and the Taliban alike, openly stage public executions, book burnings, stonings, and cut off people’s limbs. The article concludes with an overview of RAWA’s position on the UN role, former monarch Zahir Shah, the settlement of the Afghan crisis, its concept of good government, and Islamic hejab.

INDEX TERMS: Afghans, Pathans, men, human rights violations, economic social and cultural rights, right to education, gender discrimination, educational discrimination, employment, violence against women, women's status, patriarchal societies, women's rights, Islam, urban areas, rural areas, women's seclusion, medical treatment, pre-natal care.

GEOGRAPHICAL TERM: Afghanistan.

This article examines women’s status in Afghanistan under the Taliban rule. Since their capture of Kabul in September 1996, the Taliban imposed social, cultural and economic restrictions on the population. Women are forbidden to work outside the home, must wear burkas on the street and fear physical violence if they disobey. Girls are banned from school and university. Urban Afghan women have lost most of the freedoms it has taken them a century to win under a more tolerant Islamic approach. Men are also subjected to prohibitions. However, in rural Afghanistan many women believe that security is essential and that female education and employment are irrelevant. Through first-hand accounts, the author illustrates the differences in standards of acceptable female behaviour between city and country but also the overall common belief in male superiority. The most stringent practices are based on the tribal code of the Pashtuns, known as the Pushtunwali and are alien to the spirit of Islam. The author discusses the changes in women’s status and its effects on the women’s health. Because of restrictions on their movement, women often do not seek medical treatment. Attendance at pre-natal and post-natal clinics has dropped. International criticism of the Taliban’s treatment of women has resulted in little action.

INDEX TERMS: refugees, displaced persons, gender discrimination, customs and traditions, tribal peoples, civil war, Islam, fundamentalism, death, husbands, widowed persons, one-parent families, extended family, women's organizations, peace efforts, women's rights, NGOs, UN.

GEOGRAPHICAL TERMS: Afghanistan, Pakistan.

Initially, this article discusses the situation of women in Afghanistan’s traditional, predominantly tribal cultures and under the Taliban. Women have suffered the effects of war differently than men; they suffered the loss of family protection, the loss of physical and economic security, the loss of home and the loss of health and education services. Most Afghan refugees are women and children and up to one third of Afghan women are widows. They are often the sole supporters of extended families. Female refugees, especially widows, have no right of safe return to Afghanistan, since, traditionally, all women are supposed to be protected by a male family member. The story of one family’s plight illustrates these problems. However, Afghan women, many who are displaced
persons or refugees, are organizing to work for peace and women’s human rights. The author discusses the progress the Afghan Women’s Network has made internationally and nationally to bring attention to the human rights of women and girls and to wipe out the memories of war as they strive to restore peace in their country.

INDEX TERMS: human rights violations, religious conflict, fundamentalism, state, Islam, violence, sexual violence, journalists, writers, censorship, persecution, constitutions, women’s rights, Ahmadiyya, religious leaders, death penalty, NGOs, educational opportunities, schools.

GEOGRAPHICAL TERMS: Bangladesh.

In the introduction Hameeda Hossain notes that Bangladesh in its liberation from Pakistan in 1971 became committed to humanitarian, secular and democratic values, but that, in the last twenty-five years, this commitment has been threatened by narrow sectarian forces that have sought to control society by resorting to religion. The recent surfacing of intolerance by religious extremists has led to an escalation in violence and legal and human rights violations, particularly against women. From 1975 to 1990 constitutional amendments have revived religion-based politics, eliminated secularism as a state principle, and made Islam the state religion. This selection of writings documents incidents of violence in Bangladesh and analyzes the different contours of the struggle between secularism and fundamentalism. Initially, Salma Sobhan presents an historical account of the 18th century reformist movement and the struggle for emancipation of the Bengali Muslim women. Describing some of the cases, the contribution by Human Rights Watch on violence in the name of religion points out that such violence is on the rise in Bangladesh. Women have been verbally and physically attacked for allegedly committing adultery (zina) and fatwas (religious edicts) have been issued against them; NGO and education centers and secular presses have been set on fire; income-generating programmes for women have been sabotaged; and journalists and authors have been censored, jailed, or physically attacked for blasphemous writings. A chronology of fundamentalist fatwas to obstruct women’s development and education from 1993-1994, and of the persecution of journalists and writers in 1992 is included. The case of Talism Nasreen, a novelist, who became the target of attack by fundamentalists for committing blasphemy is described in detail. The section devoted to women includes discussions of the violation and undermining, by Muslim clerics and Islamist groups, of women’s fundamental rights guaranteed by the Constitution of Bangladesh: rights to life and security; equality before the law; and freedom of expression, association, and religion. Many cases of violence against women, particularly the use of flogging and stoning instigated by fatwas and salish (traditional mediation), are
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documented including the action taken by state agencies, women’s and human rights
groups. The next section discusses the proposed law to allow the death penalty for
blasphemy, from an historical and human rights perspective. The contributors demonstrate
that this law is a misuse of religion for political revenge, is unconstitutional and “un-
Islamic”, and stifles voices of doubt or dissent and of those calling for social progress and
reform. The contributors to the section on development and education briefly affirm the
need to allow educational opportunities for women. The recent developments of the
Madrasah schools as a parallel system of education are discussed. The closing sections
describe the Grahankal (Eclipse) documentary film and include letters of support for war
crimes justice and a statement of solidarity from the Pakistani women’s movement to the
women of Bangladesh.

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PAKISTAN, Hassan, Yasmeen. Lahore (Pakistan): Shirkat Gah, Women Living
Under Muslim Laws Coordination Office Asia, Special Bulletin, August,1995. 72
p. : ill., bibl.

INDEX TERMS: Pakistani, wives, violence against women, development, womens
seclusion, Islam, non-political crimes, testimonies, courts, national law, legal decisions,
arranged marriages, child abuse, family, belief systems, customs and traditions, religious
leaders, womens status, rape, Shari’ah, protection, parental authority, legal aid, police,
legislation, divorce, education, media.

GEOGRAPHICAL TERMS: Pakistan.

This publication focusses on the largely ignored problem of domestic violence against
women in Pakistan. The author addresses domestic violence from a human rights
perspective, and emphasizes the importance of recognizing cultural differences when
studying domestic violence in different countries. In Chapter 1, the author opens her
discussion with an overview of the international dimensions of domestic violence, problems
in recognizing violence against women, and domestic violence in relation to development.
Chapter 2 concentrates upon physical violence against women in Pakistan. Ideologies of
gender relations in Pakistan are explored, and the forms of domestic violence witnessed in
the country are addressed, including wife beating, stove burning, acid throwing, honour
killings, forced marriages, and sexual abuse in the home. Legal responses to stove burning
and honour killings are discussed and common problems encountered in prosecuting crimes
of domestic violence are described. In Chapter 3, the author examines the social reactions
and the cultural background to each of the forms of domestic violence, described in Chapter
2, as “the best way of bringing about change.” Chapter 4 explores the avenues or levels for
protection of women from domestic violence and the reasons why they have been largely
unsuccessful, including the family level, crisis intervention centres, community activists,
legal aid centres at the community level, shelters, the police, legislation, and the judiciary.
The author discusses in some detail the repressive treatment that women experience in
Chapter 2 Country of Origin Conditions

shelters which function more like private detention centres; the attitudes of police towards women and police violations of procedures; and the failure of the legislative system to protect women. Chapter 5 discusses the author’s recommendations for future action to change existing attitudes and facilitate effective protection for women living in violent situations. These suggestions include education and awareness raising at different levels; institutional reforms of shelters and the police; and additional protective measures through legislation, legal aid, and women’s activism. The author presents this publication as an initial attempt to identify the problem and reveal the patterns behind the reality of domestic violence in Pakistan, but recommends that further research is needed to develop detailed, culturally appropriate strategies to deal with domestic violence.


INDEX TERMS: Afghans, Muslims, Shari’ah, fathers, professional workers, secondary education, teacher training, higher education, professional education, belief systems, customs and traditions, family, extended family, mothers, law, medicine, technology, legal decisions, gender discrimination, research interviews.

GEOGRAPHICAL TERMS: Afghanistan.

Based on interviews with a group of Afghan women from 1986 to 1988, the author examines their education as “an unquestioned luxury or unjustified need.” Three of the women’s stories describe the confrontation that women’s education poses between progressive and traditional beliefs. A girl’s education becomes a cultural issue in which everyone – family, relatives, and community – has a say. Most women had physical and economic access to schools and obtained their education through determined will power or because of the support of their influential fathers who could provide protection against a resentful community. As the first generation of educated women, they did not talk of their “invisible” mothers, who had minimal or no influence, mostly lacked education, and still portrayed the culturally appropriate image of a woman. Today, however, these educated women who fought to gain their education have become a generation to lose it. With a turn for the worst in their political history, these women are being thrown out of offices and schools by the 1993 declaration of the Supreme Court to enforce the law of seclusion and the veil.

INDEX TERMS: Pakistanis, Muslims, Afghans, refugees, Biharis, Kashmiris, history, ethnic and national groups, culture, language, belief systems, political systems, political parties, elections, international relations, courts, constitutions, national law, police, human rights, torture, arbitrary arrest and detention, killings, rape, civil and political rights, CAT84, ICCPR66, economic social and cultural rights, womens status, rural areas, social classes, health, employment opportunities, women workers, health, womens seclusion, repatriation.

GEOGRAPHICAL TERMS: Pakistan.

This document presents an overview of Pakistan including its history, demography, and cultural issues such as language, religion, and education, and major economic issues, along with a chronology of recent political developments. It describes the country’s political structure, international relations, constitution and legal system and also discusses human rights, women’s and migration issues. Although Pakistan signed several international conventions, the document reviews reports indicating that arbitrary arrest and detention are common in Pakistan, that extrajudicial executions are suspected, and that torture and ill-treatment by security forces are widespread. Women in police custody are vulnerable to physical and sexual abuse, and Amnesty International has reported an increase of women being tortured while in custody. Aspects of the legal system, particularly the Hudood Ordinances, discriminate against women. Discrimination is also faced in family law, employment, and education. However, the situation of women in Pakistan varies considerably by class and geography. In rural areas, where 75 per cent of Pakistani women live, cultural, religious, and social constraints are stronger, and the women are worse off than urban women with respect to health, education, and employment. High fertility rates contribute to women’s poor health. Employment opportunities are limited, particularly due to the effects of purdah, which prohibits women from being in contact with men outside of family. Although many Afghan refugees have returned to their country of origin, the vast majority remains in “refugee villages.” Non-Afghan refugees are considered illegal, though they are granted temporary stay under UNHCR protection.


INDEX TERMS: victims, family, lawyers, media, torture, death in custody, extralegal executions, disappeared persons, rape, inhuman treatment, Shari'ah, illegal detention, protection.

GEOGRAPHICAL TERMS: Pakistan.

Based on testimonies from victims, victims’ families, human rights lawyers and reports in the media in Pakistan, this report describes methods of torture, deaths in custody, extrajudicial executions and ‘disappearances’ in 1992 and 1993. In a separate section,
“Rape in Custody”, the increasing reports over the last year of torture and other forms of cruel, inhuman or degrading treatment of women are noted and specific instances of women who were raped are described. However, registering a complaint with the police is difficult for any victim of rape in Pakistan, not only because of the social stigma attached to rape but also because, under the Islamic Zina Ordinance of 1979, the evidential requirements make it extremely difficult for a woman to establish her case. If she fails to do so, however, her statement of having been subjected to rape can be construed as the admission of illicit sexual intercourse, which under the Zina Ordinance is an offence punishable with death by stoning. If the alleged perpetrator is a member of the police or army or in any way connected to government authorities, police then reportedly refuse to register a First Information Report (FIR). Women in police custody are frequently raped or subjected to various forms of sexual assault and harassment; over the past year there were instances of women who have been tortured in custody and sometimes are dying from the injuries inflicted during torture. The report includes Amnesty International’s recommendations regarding safeguards against torture, extrajudicial executions and ‘disappearances’ in Pakistan.

WORKING WITH WOMEN REFUGEES IN EASTERN SRI LANKA,

INDEX TERMS: displaced persons, international armed conflict, emergency relief programmes, cooking, housing, income-generating projects, loans, agriculture, agricultural training, literacy, health education, development, NGOs.

GEOGRAPHICAL TERMS: Sri Lanka.

This article discusses a Community Aid Abroad relief and rehabilitation programme for displaced people in a war-torn district (Batticaloa) in eastern Sri Lanka. Funded by the Australian government, the programme started in 1991 with the provision of basic shelter materials, cooking utensils, agricultural implements, seeds and fertilizers to 2000 families to help them settle in their new environment. The author points out that, in the camps covered by the programme, the women took up the main burden of caring for the family while the men could not find any employment and tended to remain idle. Furthermore, a review of the programme at the end of six months concluded that the women would prefer a portion of the funds be allocated for agricultural assistance. The resultant vegetable cultivation, aided by agricultural extension officers, was a big success as a source of income. Functional literacy development, health education, and basic financial management were also included in the program. With the initiation of a handicraft and food-processing skills training project organized mainly by the women, the programme became one of development. The whole programme, the author concludes, illustrates how war can also provide an opportunity for women’s empowerment, whereby they engage in income-generating and organizing activities that they were previously excluded from.
INDEX TERMS: Afghans, widowed persons, single persons, men, country of origin conditions, government programmes, literacy, womens rights, ideologies, value systems, USSR, armed intervention, rural areas, international armed conflict, exile, extended family, rural refugees, urban refugees, freedom fighters, refugee camps, tents, fuels, water, sanitation, overcrowding, gender discrimination, medical treatment, malnutrition, birth statistics, pregnancy, supplementary feeding, health, psychological problems, alienation, employment, education, gender role, educational opportunities, educational programmes, patriarchal societies, social participation, political participation, womens networks, Islam, religious leaders, womens status, primary health care, bourgeoisie, professional workers, elite.

GEOGRAPHICAL TERMS: Afghanistan, Pakistan, Iran.

This article discusses three primary themes: the effects of war on Afghan women; the place of women in prewar society; and prospects for women in national reconstruction after twelve years of war. With exile as their only option, women were supported by two cultural patterns. The decision to leave was jointly taken within the extended families and the innate respect for women characteristic of Afghan culture prevented dishonourable behaviour toward women. Women in Afghanistan enjoyed considerable freedom of movement throughout their mostly kin-related villages. Women’s networks provided individual support and strengthened community cohesiveness. In the crowded refugee settlements in Pakistan, sections representing single villages were closely jammed together. Women dare not to move about and often are forbidden to venture beyond the perimeters of their own dwellings. Visits to a health centre are about the only accepted outing. Although the health care is basic, rural refugee women in Pakistan have better access to health facilities than they had previously in Afghanistan. Yet, there is a high incidence of malnutrition and anaemia among women of childbearing age due to a deficient refugee diet and women’s very high birth rate. Without any hope of obtaining supplementary foods women produce as many children as possible to replace those who have perished during the hostilities. As well, women suffer psychological distress due to their marginalization. The resurgence of social conservatism has led to the imposition of stricter behavioural codes on women, such as the application of purdah (seclusion) and the veil. Since men’s honour depends to a large degree on the propriety of female family members, the concept of male control dominates all male-female relationships. Despite these restrictions, refugee women and girls are taking advantage of educational opportunities offered in Pakistan. The article ends with some reflection as to women’s potential role in the reconstruction of Afghanistan.


GEOGRAPHICAL TERMS: Pakistan.

This publication reports on four pieces of legislation passed by the Pakistan government, in 1991, with the declared aim of completing the Islamisation of society: the Shariat Act, the Twelfth Amendment to the Constitution, the Terrorist Affected Areas Ordinance, and the Special Courts for Speedy Trials Ordinance. These laws were legislated undemocratically, thus raising questions about the government’s intentions to protect the rights of its citizens. The Shariat Act promised Islamisation of education, media, and the economy but its interpretation, being ill-defined, could adversely affect women and minorities. The Shariat Act’s promise to create an independent Islamic system of justice available to all prompted the Twelfth Amendment and the two ordinances. These ordinances extended the powers of the government, prompting fears about misuse for political purposes. For example, the Terrorist Affected Areas Ordinance enables the government to declare any area as terrorist-affected or to presume suspects guilty until proven innocent, whereas the Special Courts for Speedy Trials Ordinance creates the potential for abuses of justice by rushing cases through the courts. The text of each legislation is included together with reaction to them from politicians, women’s groups, and others. As well, the report provides some analysis of how these legislative changes will affect the rights of Pakistan citizens, particularly women and minorities.

g. South East Asia


INDEX TERMS: Myanmarans, military government, repression, urban areas, economic conditions, women’s status, gender role, equal opportunities, development, employment, demography, national law, customs and traditions, Buddhism, marriage, family, right to property, political participation, education, literacy, professional workers, occupations, wages, civil and political rights, literature review, interviews.

GEOGRAPHICAL TERMS: Myanmar.
This article examines the social and political factors affecting the status of Burmese women in urban areas and assesses the effects of continued military rule on their political and economic opportunities. The author notes that this exploratory study is constrained by a lack of reliable data on workforce participation and a repressive political environment, as well as by the significantly different responsibilities of urban women, who constitute one-fourth of the Burmese female population, from those of rural women. The research involves an extensive literature review, limited field observations in Burma of economic and social conditions, and conversations with Burmese women and several American professional women working in Burma. The author provides an overview of women and development in Southeast Asia, and a statistical profile of Burma. A discussion of the cultural context of gender relations illustrates the universal acceptance of women’s equal or greater roles and responsibilities within the family, which have co-existed with a respect for women as competent political and economic participants. Women’s relative parity in social relations and economic roles is due to an egalitarian social ethos derived from Buddhist principles, a set of traditional customary laws premised on gender parity, and Burma’s first national constitution, drafted in 1947 with women’s participation. The country’s lack of industrialization and absence of managerial capitalist institutions with male-dominant ideologies may have preserved women’s high status in economic sectors that were outside the military’s former purview. However, governmental organizations are not exempt from patriarchal ideology. Women’s high rates of literacy and educational levels have maintained their competence in professional positions. However, urban women’s further economic and organizational advancement is impeded by military control of the state apparatus and the services sector, state authoritarianism and repression, and the economy.


INDEX TERMS: Cambodians, civil war, killings, starvation, widowed persons, one-parent families, repatriation, basic needs, children, elderly, employment, family planning, housing, health services, maternal and child health care, mental health, post-traumatic stress disorders, testimonies.

GEOGRAPHICAL TERMS: Cambodia.

Of the estimated eight million surviving Cambodians, women are thought to make up two-thirds of the adult population and the majority of the workforce. Many thousands of them are young war widows with an average of six children living in a country where women head the majority of families. The author describes their tenuous situation as they struggle to fulfill their basic needs. Their demands for basic services such as housing, health care, and family planning grow as survival is made more difficult because of the repatriation of refugees. The story of a 36-year-old widow, one of thousands of widows left behind, is presented to illustrate the hardships Cambodian women had to endure. She survived the
civil war, hunger and disease. She witnessed her brother and parents being killed, was forced to marry, and became a single mother when her husband was ordered killed. She considers herself too old to marry and lucky to have one child only. As aid workers have noted, women are interested in contraceptives, but their availability is limited and the cost is prohibitive. The UNFPA is assisting the government in designing comprehensive maternal and child health and family planning programmes. Also, there is a need for assistance to help the Cambodian people deal with the mental and psychological impact of war, with post-traumatic stress disorder being a major problem. However, the author concludes that the first task facing development policy makers and programme staff is data collection to obtain knowledge of the situation faced by women, children, and the elderly.


INDEX TERMS: chronologies, communism, state, government, repression, human rights policy, political movements, students, intellectuals, religious leaders, repression, arbitrary arrest and detention, legal proceedings, right to justice, dictatorship, administration of justice, punishment, imprisonment, death penalty, prison conditions, abduction, extralegal executions, torture, censorship, religious persecution, ethnic persecution, Tibetans, Muslims, Mongolians, women's rights, patriarchal societies, gender discrimination, arranged marriages, widowed persons, children, human trafficking, prostitution, violence against women, divorce, population dynamics, abortion, mentally handicapped, economic social and cultural rights, trade unions, forced labour, child labour, working conditions.

GEOGRAPHICAL TERMS: China.

This country profile provides general information, a chronology of major events from 1919 to October 1991, and an introduction to the current situation in China. The introduction covers short- and long-term roots of reform and the nature of political rule in the country, with particular attention to the extensive control of the Chinese Communist Party (CCP). Beginning with an analysis of the main events centred on Tiananmen Square in 1989, human rights issues are discussed. Although the 1982 Constitution guarantees legal rights for citizens, such as freedom of speech, assembly, demonstration, and religion, these freedoms are severely restricted. Examples of political interference in judicial practices, the range of penalties from fines to death, and poor prison conditions as well as extrajudicial killings and the use of torture to obtain confessions are provided. Although the Constitution prohibits ‘discrimination against and oppression of any nationality’, ethnic and indigenous groups of Tibet, Xinjiang, and Inner Mongolia experience religious and cultural tensions and suppression. According to the Constitution ‘women enjoy equal rights with men in all spheres of life’, but for cultural, traditional, and political reasons face a number of
difficulties. “One of the most disturbing remnants of the patriarchal feudal society in China is the trade and sale of women which is still reported today.” The profile also discusses women’s difficulty in obtaining divorce and the loss of rights by widows, as well as the one-child policy, announced in 1980, resulting in forced abortion and sterilizations, an increase in female infanticide, and sex-selected abortion. The practice of prohibiting mentally handicapped, and in one province also physically handicapped, persons from reproducing is increasing.
Chapter 3
Asylum

a. General/Multiple Regions


INDEX TERMS: reproductive health, refugee camps, refugees, needs, culture, belief systems, inter-agency collaboration, refugee participation, pre-natal care, home delivery, breast feeding, sexual violence, preventive medicine, medical treatment, rape, children, family planning, infectious diseases, AIDS, abortion, female circumcision, customs and traditions, adolescents, maternal and child health care, monitoring, UN, manuals.

The purposes of this Field Manual, a collaborative efforts of UN agencies, governmental and non-governmental organizations, and refugees are: “a) to serve as a tool to facilitate discussion and decision-making in the planning, implementation, monitoring and evaluation of RH interventions; b) to guide field staff in introducing and/or strengthening RH interventions in refugee situations, based on refugee needs and demands and with full respect for their beliefs and values; and c) to advocate for a multi-sectoral approach to meeting the RH needs of refugees and to foster coordination among all partners.” Chapter one, Fundamental Principles, discusses in detail the guiding principles for intervention, namely community participation; quality of care; integration of services; inclusion of information, education and communication (IEC) activities, advocacy for reproductive health; and coordination among relief agencies. These principles apply to all subsequent chapters. Chapter two describes the objectives and components of the Minimum Initial Service Package (MISP) and broad terms of reference for a reproductive health coordinator, monitoring and surveillance. The objectives include: identification of an organization(s) and individual(s) to facilitate the coordination and implementation of MISP; prevention and management of the consequences of sexual violence; reduction in HIV transmissions; prevention of excess neonatal and maternal morbidity and mortality; and plan for the provision of comprehensive RH services. Chapter three discusses Safe Motherhood with reference to ante-natal care, delivery care that covers obstetrical complications, and post-natal care which includes care of the baby and breast-feeding support. A checklist and the WHO Prototype Home-based Maternal Record are included. Chapter four focusses on the extent, causes, and prevention of sexual and gender-based violence in refugee situations. The manual emphasis that “the response to each incident of sexual violence must include protection, medical care and psycho-social treatment.” Sexual violence in domestic situations and the treatment of children born as a result of rape are discussed as special
women. Sexual violence indicators are provided. The annex includes instructions regarding emergency contraceptive pill regiments, a checklist for sexual violence programme and a confidential sexual violence incident report form. The establishment and monitoring of sexually transmitted diseases (STD) including HIV/AIDS programmes is the topic of discussion in Chapter five. STD/HIV/AIDS indicators and a checklist for STD/HIV/AIDS programmes are included. The annexes comprise information, for instance, on HIV testing in refugee situations and drugs for the treatment of STDs. Family planning is presented in Chapter six, including assessment of needs, implementation of family planning services, examples of contraceptive methods to be provided in refugee settings, male involvement in family planning programmes, and monitoring. Family planning indicators, a checklist for establishing family planning services, and technical and managerial guidelines on family planning from WHO are included. The annex consists of a detailed presentation of appropriate family planning methods at different stages in a woman’s reproductive life.

Chapter seven deals with two “particular serious aspects of reproductive health”: managing complications of spontaneous and unsafe abortion, and eliminating the practice of female genital mutilation. A table providing the minimum standard for the provision of emergency management of post-abortion complications, a checklist for post-abortion care, and indicators to monitor effectiveness of post-abortion care services are included. The discussion of FGM comprises the scope and definition of FGM, prevention, care of women with FGM, and strategies to eliminate harmful traditional practices, including FGM.

Chapter eight deals with the reproductive health of young people. Since surveillance and monitoring are basic elements of programmes for both comprehensive reproductive (RH) and general health care, the authors discuss their eight-step approach in Chapter nine. The list of annexes includes, among others, RH indicators for the early phase and in the stabilized phases. Appendix 1 discusses Information, Education and Communication (IEC) Programmes. Appendix 2 focuses on legal considerations concerning RH related refugee rights. Appendix 3 provides the glossary of terms and appendix four, reference addresses.

INDEX TERMS: Iranians, gender-based persecution, agents of persecution, legislation, government policy, human rights violations, men, refugee status applications, CSR51, women’s rights, human rights, clothing, well-founded fear of persecution, ethnic persecution, persecution for political opinion, persecution for nationality, religious persecution, social group persecution, decisions on refugee status, denial of refugee status, grant of asylum, Saudi Arabians, humanitarian cases, guidelines.

GEOGRAPHICAL TERMS: Canada, United States, United Kingdom, Germany.
The author argues that refugee claims made by Iranian women are some of the most compelling. The oppression women face in Iran is due not only to governmental inaction in preventing violent acts against women by public authorities or private citizens but it is also institutionalized by an abundance of laws and policies intentionally devised to abrogate women’s human rights. The growing recognition that women often face different types of human rights violations than men, have different reasons for fleeing, and thus different bases for establishing refugee status, is due to the efforts of feminist, human rights and immigration activists. In accordance with the 1951 UN Convention (Article 1A (2)), an individual must first demonstrate a “well-founded fear of persecution” on account of one or more of the grounds enumerated in the Convention. However, as the UNHCR Handbook on Procedures and Criteria for Determining Refugee Status notes, there is no universally accepted definition of persecution. The lack of an accepted definition is problematic for all evaluations of asylum claims, but women’s claims are further disadvantaged because the existing bank of jurisprudence on the meaning of persecution is largely based on the experiences of male claimants. Even though a woman’s right to be free from gender-based discrimination is codified in several international human rights instruments, “defective” interpretations of what constitutes “human rights” of women lead to denial of gender-related claims. Citing a recent administrative decision in Canada, the author refers to the “typical failure” to recognize that dress code restrictions in Iran violate “a woman’s right to freedom of religion and conscience.” While the Refugee Division understood penalties as “harassment”, not “persecution”, some courts have already considered the Iranian “dress law” to be a “persecutory law” because of the severe penalty women face for disobedience (75 lashes). Even if a woman is able to establish a well-founded fear persecution, she must further show that her fear is based on one or more of the grounds set out in the Convention. As ‘gender’ is missing as an independent ground, women have to establish that their gender-based persecution is based upon race, religion, nationality, political opinion or a particular social group. However, as the author shows, Iranian women’s claims which were based on one of these grounds have led to contradictory court decisions in Britain, Germany, Canada, and the United States. Claims were mostly denied and only in a few cases was asylum granted. A sidebar to the article “What is Gender-Related Persecution” describes the case of a Saudi Arabian woman who sought asylum in Canada as a victim of gender-based persecution for removing her face veil in public. Denied refugee status because Canada did not recognize gender-based persecution as a ground for refugee status, she was allowed to stay in Canada on humanitarian grounds. However, public outcry over her case and several other incidents led Canada to adopt in March 1993 Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution.
This article assesses asylum law around the world with respect to gender-based persecution. Asylum claims based on gender-based persecution often are denied because of the absence of explicit guidelines and the social and political context in which the claims of women are adjudicated. In Part I, the author identifies forms of persecution unique to women such as female circumcision, rape, morality codes that reduce women’s status, and physical violence. In Part II, by examining several representative asylum cases from the United States, France, and Canada, he demonstrates the need for a new category of persecution based on gender. In Part III, he examines the immigration and asylum laws of Canada, Germany, the United Kingdom, and the United States. The laws are based on the 1951 UN Convention and the 1967 Protocol but none addresses persecution by gender. Human rights instruments including the Universal Declaration of Human Rights, the Declaration on the Elimination of Violence Against Women, and the Convention on the Elimination of all Forms of Discrimination Against Women are discussed to show that the first two would support a new category of persecution based on gender, while the third makes a serious case that the current enumerated grounds of persecution discriminate against women. Comparing the 1991 Canadian and the 1995 American gender guidelines, the author notes that the American guidelines do not go as far as the Canadian guidelines in recognizing gender-based persecution and the effects that it has on women claimants. In Part IV he makes specific recommendations for “instituting gender as a new category of persecution.”


INDEX TERMS: gender-based persecution, guidelines, government policy, receiving country, violation of cultural norms, social group persecution, denial of refugee status, human rights organizations, refugee status determination procedures, sexual violence, women’s networks, violence against women, human rights violations, declarations, international refugee law, resolutions, CSR51, UDHR48, UNHCR.

This article reviews the emergence of an international norm accepting gender-related persecution as a basis for refugee status, beginning with a resolution of the European Parliament in 1984. The resolution called for the recognition of women who face harsh or inhuman treatment for having transgressed social mores as constituting a “particular social
group” within the meaning of the Geneva Convention. In 1985 UNHCR passed a similar resolution. In 1993 the Canadian Immigration and Refugee Board (IRB) released the Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution. Similar policies were adopted by the United States in 1995 and Australia in 1996. There has also been significant progress in the recognition of social groups in European Union countries. The author locates the process by which the norm became internationally accepted in three significant institutional spaces: international conferences, UNHCR, and international law. At international conferences, transnational issue networks for women’s rights, human rights and refugee rights converged and exerted influence on agendas and the positions of states. UNHCR enabled a community of refugee experts to focus states’ attention on the problems of gender bias in refugee regimes. UNHCR also served as a forum for the coordination of states’ responses to the issues of gender-related persecution, leading to the 1991 Guidelines on the Protection of Refugee Women and the Guidelines on Prevention and Response to Sexual Violence Against Refugees in 1995. International law established standards of state conduct through treaties and customary international law and influenced the development of international norms by providing a language and conceptual framework to present women’s claims for refugee status.


INDEX TERMS: female circumcision, youth, social status, family, customs and traditions, protection, government, national law, human rights instruments, human rights violations, women's rights, declarations, ACHPR81, CEDAW79, CAT84, UNHCR, manuals, sexual violence, CSR51, CSRP67, guidelines, refugee status applications, well-founded fear of persecution, ethnic persecution, religious persecution, persecution for nationality, social group persecution, persecution for political opinion, internal flight alternative, safe third country, refugees sur place, cessation clauses, exclusion clauses.

GEOGRAPHICAL TERMS: Canada, United States.

This Comment identifies the factors that should be taken into account in the adjudication of asylum claims by individuals, which involve the practice of female genital mutilation (FGM). The author provides a brief description of the practice of FGM. It is estimated that approximately two million girls are mutilated every year. The stated aim of FGM is to protect virtues such as chastity, piety and cleanliness which are thought to be important to maintain the girl or young woman status as a potential spouse, the social status of her family, and thus harmony in the community at large. Private citizens usually practice FGM, often after obtaining consent from an adult guardian of the child or young woman. The child or young women has no choice about the procedure and parents or guardians perceive
that their own ability to choose is severely constricted by social norms. In many areas where FGM is practised, an individual who opposes it cannot resort to government authorities or national laws for protection. The author argues that international human rights principles are applicable to FGM, such as the Declaration on the Elimination of Violence against Women, which affirms that violence against women constitutes a violation of women’s rights and fundamental freedoms. “Even though FGM is practised by private citizens, human rights principles clearly establish State responsibility in safeguarding against human rights violations.” FGM, a form of sexual violence, can be seen as persecution under the ‘refugee’ definition in the 1951 Convention, if it is perpetrated or knowingly tolerated by the authorities, or if the authorities refuse or prove unable to offer effective protection. The author discusses in detail the specific requirements for making a valid asylum claim based on a well-founded fear of FGM for reasons of race, religion, nationality, and membership in a particular social group or political opinion. In her concluding remarks, she regrets a disturbing trend in the existing literature toward sensationalizing on FGM, a trend that is counterproductive to the ultimate goal of the international community to eradicate the practise at national and local levels.


GEOGRAPHICAL TERMS: Denmark, Canada, United States, United Kingdom.

This report presents three interventions made at a seminar on ‘Women and Asylum’ held in Copenhagen in 1997. The Assistant to the Special Rapporteur on Violence against Women of the United Nations Commission on Human Rights described the work of the Rapporteur and the scope of the 1993 UN Declaration on the Elimination of Violence Against Women. She noted that gender-based persecution generally falls into two categories. The first type comprises offences directly aimed at women’s gender, such as rape, sexual assault, female genital mutilation (FGM), bride burning, forced marriage, forced sterilization, coerced abortion. In the second type, the gender and particular sexual roles cause persecution, that is, the persecution of women who are accused of transgressing social norms as perceived by society or their families. Although the 1951 Convention Relating to the Status of Refugees does not refer to gender in particular, international human rights instruments and policy
statements of UNHCR have recognized, since then, gender-specific reasons for persecution to be valid grounds for granting asylum. The question of State responsibility, as the more contentious issue, is also discussed. The Chief of UNHCR’s General Legal Advice Section addressed the relationship between refugee protection and the ill-treatment of women and threats to their liberty, safety and security, on the one hand, and refugee protection, on the other. She noted two significant obstacles faced by women in obtaining protection: the established systems and methodology of refugee status determination, and the unresponsiveness of the law to the nature of the persecution women fear. Such unresponsiveness can reflect the feeling that certain practices are sanctioned and made untouchable from a cultural or religious point of view, which is inconsistent with the universality of human rights. She advocated three measures for the development of law and practice to ensure international protection to women who require it for reasons related to their gender: good country of origin information; placing women’s rights firmly in the broader human rights framework, the universal framework, so they do not become marginalized; and knitting together a framework for protection “bit by bit,” in line with the call of the Executive Committee of UNHCR in 1995 for the High Commissioner to ‘support and promote efforts by States towards the development and implementation of criteria and guidelines on responses to persecution specifically aimed at women, by sharing information on States’ initiatives...and by monitoring to ensure their fair and consistent application.’ The Chairperson of the Canadian Immigration and Refugee Board (IRB) discussed the successes and challenges experienced since the Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution were issued in 1993 and updated in 1996. As to the accomplishments of the Guidelines, she notes that they have increased Board Members’ awareness that women often experience persecution differently from that of men; that women, more than men, are persecuted by private citizens, with the state often condoning this activity by failing to protect women; that they have helped to identify documentation needs for these claims; and led to the recognition of the need for cultural and gender-related training. She then reviewed the approach taken by the Board and the Supreme Court of Canada in decisions related to gender-based persecution. On conclusion of the seminar, the organizers made several recommendations for adjusting Danish asylum practice in light of the gender-related offences committed against women worldwide.


INDEX TERMS: Rwandans, Bosnians, Mozambicans, children, vulnerable groups, special needs, refugee participation, refugee camps, camp layout, landmines, firewood, deforestation, rape, violence against women, food distribution, reproductive health, one-parent families, economic self-sufficiency, income-generating projects, crafts, agriculture, culture, gender role, protection, safety of refugees, female circumcision, gender-based persecution, CSR51, CSRP67, UDHR48, Geneva conventions 1949, Human rights

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The special needs of refugee women have become more widely recognized in the last ten years. Many of these needs are associated with particular risks women are exposed to, such as the dangers inherent in unsafe refugee camp designs; the distances girls and women have to travel for firewood, which exposes them to attack; obtaining food and water for which they may lack the physical strength and endurance; and the lack of the basics of reproductive health care and sufficient income to support families. This article discusses how, due to the efforts of the NGO International Working Group on Refugee Women which was formed in 1985, the focus of relief assistance expanded to encompass the organized participation of refugee women in problems and protection activities, leading to the creation of the position of Senior Coordinator for Refugee Women at UNHCR in 1989, the 1990 UNHCR Policy on Refugee Women and the 1991 UNHCR Guidelines on the Protection of Refugee Women. The Guidelines are designed to help field staff identify protection issues; assess problems and propose solutions; involve refugee women in decisions affecting their security; and identify particularly risky situations. The author comments that while the Guidelines are widely seen as a step in the right direction, they are often forgotten in emergencies, and many UNHCR staff have little or no knowledge of the policy and a very limited or distorted understanding of its implications for their work. The Senior Coordinator for Refugee Women believes that UNHCR and governments make implementation of the Guidelines part of their contracts with implementing agencies and that NGOs become responsible for reporting how they are ensuring physical protection. Advocates of refugee women are strong proponents of the People-Oriented Training (POP) programme to be used in conjunction with the Guidelines. The author suggests that the Guidelines now need to be updated to include issues of reproductive health, female circumcision, gender-based persecution, and asylum claims. Some NGOs are integrating the Guidelines in their work and are instituting POP training for staff in the field. In an effort to improve the implementation of the Guidelines, the Women’s Commission for Refugee Women and Children has undertaken a three-year project to promote the participation and protection of refugee women. The project includes an advisory committee consisting of representatives from UNHCR and international NGOs. In its fact-finding missions, the Women’s Commission is looking into whether, and how effectively, the Guidelines are implemented. Outlines of some of the findings of Women’s Commission’s case studies of Rwandan, Bosnian and Mozambican refugees and returnees are appended.
Despite evidence that physicians and families practice FGM in secrecy within immigrant communities, Congress has failed to enact legislation prohibiting FGM in the United States. This Note proposes that Congress enact such legislation. Part I provides the background and history of FGM. The practice of FGM and its history are described. According to the author, the cultural origins of the practice are unknown, but the belief held by FGM proponents that it originated as a requirement of Islam is mistaken. To treat psychological disorders of women, FGM was also practised in the United States from the late nineteenth century until about 1937. Doctors eventually abandoned the practice “because in the vast majority of cases the surgery failed in its purpose.” Part II summarizes the criminalization and treatment in Western and African countries. However, legislative efforts to criminalize FM have not met with the same success in African as in European countries. Part III analyses constitutional and legal issues involved in passing federal legislation criminalizing FGM. In Section A relevant theories developed by the Supreme Court are discussed which, by specifying the conditions, held that the Congress has the power to regulate intrastate commerce. In one decision,” the Supreme Court held that Congress has the power, via the Commerce Clause, to prohibit the transportation of women in interstate commerce for immoral purposes, namely prostitution.” Following this definition, “the movement of young girls amongst states to procure FGM surgery is "interstate commerce". Section B argues that a federal criminal statute prohibiting FGM will not violate the Freedom of Religious Exercise Clause, since FGM is not rooted in religious doctrines but is more appropriately characterised as a cultural tradition. Section C argues that a federal law criminalizing FGM performed on children will also not violate the fundamental right to privacy. Section D discusses possible defences to criminal persecution of FGM. The author argues that a cultural defence is not appropriate where the law involved specifically seeks to eradicate a particular cultural practise such as FGM. A religious exemption to the practice should not be allowed because it would not only undermine the intended purpose of a federal law criminalizing FGM but would also overlook the gravity of the government’s interest in protecting the health and lives of these young girls. Section E analyses the text of the Federal Prohibition of Female Genital Mutilation Act of 1955, authored and introduced by Representative Patricia Schroeder and suggests modifications to the proposed bill.

INDEX TERMS: female circumcision, crime, history, customs and traditions, Islam, constitutions, legal theory, legal decisions, criminal law, health education, immigrants, communities.

GEOGRAPHICAL TERMS: United States, Africa, Europe.

INDEX TERMS: Somalis, Liberians, Afghans, Myanmarans, Lao, Vietnamese, Nicaraguans, Bosnians, Croatians, family planning, pre-natal care, reproductive health, infant mortality, maternal mortality, abortion, AIDS, emergency relief organizations, value systems, customs and traditions, logistics, NGOs, fact-finding missions, advocacy, dissemination of information, UN, population, meetings.

The author argues that the lack of family planning, pre-natal and post-natal care and other reproductive health services poses a significant health risk for women refugees. Without these services, mortality rates for women are high and high-risk pregnancies cannot be avoided. Yet, hardly any agencies are providing reproductive health care. The Women’s Commission for Refugee Women and Children has, therefore, launched a research project to map women’s reproductive health needs for refugee and displaced populations around the world. In the fall of 1993, members of the commission and leading experts in women’s health have begun site visits to different countries to determine the kinds of reproductive services needed, the success of the few existing ones and the cost involved in new programmes. Further site visits are planned. The Commission will present its findings to the UN World Conference on Population in Cairo. The Commission has also started a public information and advocacy programme on behalf of women refugees of reproductive age to get the information out to policy makers and donors in the interest of ensuring that needed services are made available.


INDEX TERMS: refugee experiences, assistance programmes, educational programmes, human rights, gender role, social role, literacy, refugee-agency personnel, country of origin conditions, customs and traditions, illiteracy, educational discrimination, refugee camps, social change.

GEOGRAPHICAL TERMS: Africa, Asia.

The author advocates a new conceptual orientation to be used by refugee service providers during programme decision-making. This new orientation would view refugee transition as “window of opportunity” when women may be offered educational options for the advancement of their human rights. The majority of adult refugees are women originating from countries where women typically have fewer rights of advancement. During refugee transition traditional norms of social inter-action are disrupted and women may assume roles for survival requiring more leadership and authority than before. Hence, the author argues, women are “in a unique moment in time” to examine the limitations of their traditional roles. Refugee service providers can create educational programmes that offer
refugee women an opportunity to acquire new skills and personal development, employment and leadership in their refugee and post-refugee environment. Two aspects of the transition are identified that present the opportunity to question male and female roles. First, during transition the invisible but powerful expectations and rules of society have been eroded. Traditional patterns of social interaction have been disrupted but not yet re-established, thus potentially all social roles and norms may be called into question. Secondly, men and women respond differently to transition, Research has shown that women adjust and adapt more successfully than do men. Women, who traditionally defer to men, may now be in positions of personal and family leadership. An opportunity for social change is, therefore, created when women’s new-found position of influence is coupled with an environment of open-ended social norms. Educational planners may use this to address the historical inequalities directed at women. She urges advocates for human rights to assess their refugee programmes for such potential.


INDEX TERMS: asylum seekers, refugee experiences, rape, sexual violence, female circumcision, customs and traditions, gender-based persecution, refugee-related declarations, UNHCR, CSR51, guidelines, persecution of family members, gender discrimination, religious persecution, violence against women, women's status, well-founded fear of persecution.

GEOGRAPHICAL TERMS: Canada, United States, Western Europe

This article begins by presenting the personal story of a young woman’s traumatic experience in El Salvador to illustrate claims made by women that do not fit within the traditional guidelines for asylum. Asylum officers and immigration judges frequently fail to consider persecution on account of male family members’ political activities or gender-specific crimes, such as sexual assault, genital mutilation, dowry murders, and arrest for violating restrictions on dress and behaviour, as factors in determining refugee status. Instead, these crimes are considered ‘acts of random violence’, or ‘private’, or ‘culturally related’. This narrow interpretation of asylum law is being challenged on many fronts. The European Parliament and the United Nations High Commissioner for Refugees (UNHCR) have both issued declarations recognizing that women who transgress social mores may qualify for political asylum. In 1991, the UNHCR released guidelines on the protection of refugee women. In March 1993, Canada became the first country to issue guidelines expanding the basis of refugee claims to include gender-related persecution. The Canadian guidelines, while not adding gender as one of the enumerated grounds for refugee determination, call on immigration officers to consider whether the applicant fears persecution because of reasons pertaining to kinship; as a result of discrimination against women; on grounds of religious precepts, social mores, legal or cultural norms; or because
of exposure or vulnerability to violence, including domestic violence. They also require consideration of the social, political, and legal position of women in the applicant’s country and whether or not state authorities inflict, condone, or tolerate violence against women. In the United States, lawyers and advocates of women refugees have developed guidelines similar to Canada’s. However, some refugee advocates argue that, considering strong anti-immigration sentiments, it would be unrealistic to add gender as a sixth category to the 1951 UN Convention. Even without the addition of gender as a separate category, strong resistance exists to expanding the definition of what constitutes political persecution. Millions of women could potentially qualify for asylum, thus reinforcing the fear of Americans and Western Europeans who feel immigrants are overrunning their countries. Yet, even though women and children constitute about 80 per cent of the more than 100 million displaced people worldwide, few of them are able to reach the countries that may grant them asylum. Women, even with good cases, usually derive asylum through male family members’ applications. Refugee advocates are concerned about the asylum bill pending in US Congress, which, by requiring asylum seekers to immediately prove their ‘credible fear’ of persecution, would further disadvantage refugee women, too embarrassed to reveal their experiences.

The Convention Relating to the Status of Refugees grants protection to people who suffer political persecution in the public sphere. However, because women often are restricted to the private sphere, they find themselves ineligible for the protection of political asylum. The author explains the nature of this anti-female bias through a discussion of two well-publicized cases of women seeking refugee status in France and Canada. In both cases, the women were denied asylum but allowed to remain on humanitarian grounds. Tracing gender issues in the development of international refugee law, she discusses the varied treatment women received under international agreements. By dividing the agreements into one of three classifications of protective, corrective, or non-discriminatory treaties, the different conceptions about the role of women are pointed out. However, the non-discriminatory approach of the 1951 Convention and the Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention, issued 25 years later, can be deceptive, as the omission of gender leads to inequitable application of refugee law. The author discusses the measures taken by Canada which attempt to equalize the status of men and women refugees. Evaluating the Canadian guidelines, she suggests that “the best
and most effective solution” would be to add gender to the Convention’s enumerated bases for establishing a well-founded fear of persecution. A second, though less desirable option, would be a second protocol to the Convention to deal with gender persecution.


INDEX TERMS: refugee law, international and national law, legal theory, case law, refugee status determination procedures, persecution, well-founded fear of persecution, social group persecution, gender-based persecution, gender discrimination, womens status, right to employment, right to education, freedom of religion, violation of cultural norms, persecution of family members, rape, sexual abuse, political violence, torture, CSR51, CSRP67, UDHR48, ICCPR66, ICESR66, UNHCR, manuals, Iranians, bourgeoisie, Salvadorans, urban refugees, working class, military service, persecution for political opinion.

GEOGRAPHICAL TERMS: United States, United Kingdom, Germany, Iran, Chile, Eritrea, Peru, Somalia, Palestine, Myanmar, Sri Lanka, Philippines.

This article provides a theoretical framework for a more humane judicial interpretation of the prerequisites necessary to establish the existence of a social group under the terms of the Refugee Convention as it relates to gender-based persecution. Recent court decisions require that asylum seekers establish membership in a group that is self-defined and operates collectively in opposition to their government policies. The article urges courts to recognize “that it is often the persecutors, themselves, that control the definition of groups they deem as threatening” and to adopt, therefore, a more liberal interpretation of the elements required to establish claims of social group persecution by refugee women. The author first reviews the definition of a refugee under the 1951 Refugee Convention and the 1967 Protocol. In qualifying for refugee status, a claimant must demonstrate that she has been subject to persecution or has a well-founded fear of persecution based on one or more of the five categories. However, as the UNHCR Handbook on Procedures and Criteria for Determining Refugee Status notes, there is no universally accepted definition of persecution. Persons who belong to a group receiving less favourable treatment are not necessarily victims of persecution, unless, according to the UNHCR Handbook, persecution leads to ‘consequences of a substantially prejudicial nature for the person concerned.’ Examples include serious restrictions on the right to earn a livelihood, the right to practice religion, or access to education. Based upon the Guidelines, the author provides examples of acts that, when either performed or tolerated by the State, constitute persecutory behaviour against women, such as employment discrimination, segregated educational facilities, and the denial of legal status to women. Other examples include the State’s persecution of women because of their refusal to comply with state-dictated norms of
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gender behaviour; their familial relationship to men thought to be opponents of the state; and their vulnerability to rape and sexual assault used as intimidation, and torture. She reviews national case law to show when oppressive and prejudicial acts against women by the State constitute persecution for the purpose of refugee determination. The author discusses in some detail the problems a claimant faces when she bases her persecution or well-founded fear of it on membership in the social group category. In this case, the claimant has to establish the existence or parameters of the alleged persecuted group, some proof that she holds membership in that group, and that her alleged persecution is due to the claimed group membership. “The crux of the inquiry under social group analysis is judicial determination of the threshold requirement that the identity of the putative group be clearly defined.” Recent judicial interpretation suggests that, unless the women look upon themselves as an organized entity formed in opposition to the government, their claim to refugee status based on group membership will fail. However, the author argues that this analysis ignores the possibility that the group was established because the government or its agents treated the women as a group. While women may not consciously organize as a group, the government may targeted them for group persecution. A British court decision regarding an Iranian asylum applicant is analyzed in some detail to illustrate the misplaced judicial emphasis concerning the identity of the social group. The author concludes that courts should not deny women the protection of refugee status by creating artificial threshold barriers that effectively ignore the actual experience of women forced to flee persecution by oppressive governments.


INDEX TERMS: mothers, child refugees, gender role, culture, history, hygiene, sanitation, family division of labour, family disunity, social networks, mental health, refugee camps, health education, child labour, water, firewood, schools, clinics, conflict of generations, stress, violence against women, rape, protection, basic needs, neurotic and personality disorders, assistance programmes, food distribution, ethnomedicine, maternal and child health care, nutritional needs, NGOs, UNHCR, guidelines, refugee participation, men, policy, planning.

The purpose of this paper is to further the understanding of the psychological well-being of refugee children by looking at the circumstances of refugee women and family life. The author focusses on four main themes. First, she examines the roles women play in the family and community and the impact of these roles on refugee children. The roles include women as mothers, women as economic providers, women as community organizers, and finally, women as reconcilers or resolvers of conflict. When the mother is in a position to fulfill her role, she is better able to address her children’s trauma-related socio-
psychological problems, help them interpret past traumatic events, and alleviate feelings of stress and guilt. However, the mother must be physically and psychologically able to play this supportive role. Children will usually only be able to attend schools if some of their tasks, such as fetching water and firewood, are assumed by their mothers. Providing firewood or more water pumps may not only relieve women’s burden but children are more likely to attend schools. If mothers lack confidence in a clinic’s programme or find it inconvenient for them to go, it is less likely that children will be brought to the clinic before emergencies develop. The second theme focusses on the unique problems refugee women face as a result of exile. These include protection from violence during flight, at borders and in camps, and the specific assistance needs of refugee women with regard to education, health, cultural support and economic activities. In the area of health, women’s specific nutritional needs are often not considered and their health needs may not be met by available health services because of lack of female examiners, disregard for traditional health care, absence of care and treatment of problems specific to women, inconvenient clinic hours, and location of clinics. The third theme focusses on the ways in which the concerns of refugee women can be addressed by the community and service providers. The author stresses the importance of including women in the planning and implementation of any programme and the value of UNHCR guidelines and checklists to remind policy planners of women’s needs when programmes are being considered. The final theme of the article examines the international policy context for addressing the needs of refugee women and children. The author notes that despite “an apparent awakening of the international community to issues concerning refugee women”, major obstacles still need to be overcome. Those in positions of responsibility often do not see refugee women’s problems, such as violence; a problem women are reluctant to talk about. Even when the problems are seen, difficult political decisions must be made to reduce violence. The commitment to include women in refugee participation is often difficult, since, for cultural reasons, it often puts an outside organization at odds with the male hierarchies of refugee communities. The author concludes by noting that the needs of refugee women and children are not ‘special interests’ or ‘marginal’ to other refugee concerns but in fact are central to all work and that all assistance and protection programmes should be tailored to meet their needs.

b. **Africa**


INDEX TERMS: Sudanese, men, emergency relief programmes, self-help projects, cultivation, food crops, Ugandans, militias, food supply, men, social status, single persons, one-parent families, malnutrition, rape, AIDS, clinics, mental health, trauma, violence,
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ethnomedicine, gender role, household division of labour, marital conflict, desertion (marriage), women's status, kinship, income-generating projects, community organizations, field research.

GEOGRAPHICAL TERMS: Uganda.

This article describes the coping strategies of Sudanese refugees in Ikale settlement in northern Uganda. Between 1994 and 1997, approximately 50,000 refugees from Southern Sudan came to Ikale. The long-term objective of the relief programme was to move the refugees toward self-reliance by settling them in small communities and giving them the opportunity to cultivate crops and develop livelihood strategies. However, Ugandan rebels disrupted the project in 1996 and the early part of 1997, displacing the refugees from their homes and agricultural land and forcing them to once again rely on outside assistance. With limited resources and often-delayed supplies, refugees adopted a series of short-term coping strategies to deal with the situation. These were observed over the course of a year by two Oxfam researchers, assisted by a team of refugee extension staff. Data were collected through small group or individual semi-structured interviews. Informal workshops with the team and some key people within the communities discussed and analyzed the data. Four main coping strategies, which affected gender relations, were identified and discussed: continuing to harvest despite unsafe conditions; employment in piece work (leja-leja); sexual exchange as a survival strategy; and depletion of assets. The crisis brought about a number of practical changes, including the isolation of single people and the exchange of domestic roles. Malnutrition, hunger, and sexually transmitted diseases contributed to a further decline in health. Traditional healing and other support mechanisms, including the church, elders or close relatives, were also disrupted, leaving men and women to cope alone with the trauma of the rebels' violence. Several changes to gender relations in the household are noted. Even though women's responsibilities had increased, changes in the sexual division of labour did not lead to a more strategic questioning of the traditional concepts of women's and men's work. Practical changes did not lead to great changes in women and men's power to make decisions. Increased domestic quarrelling due to role conflicts was common, and marital breakdowns occurred when women had been raped or were too tired to fulfill their marital obligations. The change in gender roles and relations led some men to lose confidence and feel powerless and, thus, withdraw from community responsibilities. The return of many men to Sudan also created opportunities for women to assume leadership roles. The article concludes that assistance programmes that provide access to any form of income or food bring a sense of security. Helping men to reassume the role of provider by enhancing opportunities for them to earn income or obtain food takes the pressure from women and enables men to win back some social and economic status. To rebuild community networks is especially important because traditional social values have often broken down.
Chapter 3 Asylum


INDEX TERMS: Burundians, Congolese, refugee camps, sexual violence, camp management, UNHCR, international organizations, Red Cross, NGOs, police, consultants, coordination, refugee participation, meetings, children, gender role, dissemination of information, health services, medical treatment, counselling, monitoring, project evaluation.

GEOGRAPHICAL TERMS: United Republic of Tanzania.

This Guide describes how the various actors already working on the issue of sexual violence in the camps of Western Tanzania were brought together to build a cohesive and effective programme to prevent sexual violence within the refugee community and respond to the needs of survivors. The author describes the different organizations of the sexual violence programmes in Kibondo and Kasula; the major problems and the positive aspects of the programme in Kasula; and the actors involved, their roles and responsibilities, and their organizational priorities. Some of the problems, mainly due to lack of coordination between the various actors, are discussed. Addressing the problems, the consultant adopted a participatory approach for building the team. A set of underlying principles of the sexual violence programme was formulated and ratified by the participants in a workshop. The problem of under-reporting of incidents of sexual violence was addressed by designing a reporting system with the participation of committees. A participatory approach involving the refugee community was started which, because of the refugees’ frustration and resentment, was different in each camp. To illustrate the approaches, the consultant discusses her work with, and training of, refugee women in three camps. Recommendation, for instance, as to the best ways to work with the community; dealing with the problem of violence against children; the training needed by, and to be provided for, the various partners; the prevention of sexual violence; and the best ways to monitor and evaluate the problem of sexual violence are discussed.


INDEX TERMS: manuals, Somalis, refugee camps, female circumcision, customs and traditions, project management, implementation, workshops, consultants, information, traditional birth attendants, religious leaders, teachers, elderly, youth, video, education, refugee participation, project evaluation, NGOs, UNHCR.

GEOGRAPHICAL TERMS: Ethiopia.
As mentioned in the Foreword, each How To Guide documents one field experience demonstrating an innovative approach to a particular area of reproductive health, and should be used and adapted as appropriate for each refugee setting. This Guide describes activities to eradicate Female Genital Mutilation (FGM) with Somali refugees living in Hartisheikh, the largest of eight camps in Eastern Ethiopia, and the surrounding national population in Eastern Ethiopia during 1996-97. It focusses specifically on a pilot project by the National Committee on Traditional Practices in Ethiopia and UNHCR. Initially the Guide outlines UNHCR policy on FGM, then describes the refugee setting for this project and the administrative set-up in the camp. The customs regarding FGM among the refugees and local people, and the legal status of FGM in Ethiopia are discussed. In describing the organization, staffing, and operation of the project, the authors illustrate how they achieved their aims to develop, with the community, appropriate information materials and approaches to FGM and strategies for taking the campaign beyond Information, Education, and Communication. Qualitative and anecdotal evidence suggest that the subject of FGM is no longer taboo; religious leaders stress that FGM is not a religious obligation; the community has a sense of ownership over anti-FGM activities; songs and drama have raised awareness; many FGM practitioners are seeking help to find alternative livelihoods; and no infibulations have occurred since the project started. Weaknesses and problems with the project are discussed. The organizers offer suggestions as to what they would do differently if they were to start the project again. The annexes include references and resources for further reading, including UNHCR Policy on Harmful Traditional Practices and its two annexes.


INDEX TERMS: Guineans, Liberians, Sierra Leoneans, refugee camps, rural areas, urban areas, adolescents, reproductive health, needs, schools, health education, AIDS, abortion, counselling, gender role, health personnel, recruitment, refugees, on-the-job training, monitoring, project evaluation.

GEOGRAPHICAL TERMS: Guinea.

This Guide describes a reproductive health education programme, implemented in the International Rescue Committee’s (IRC) formal education system from 1994 to 1998, for Liberian and Sierra Leonean refugee adolescents living in the Republic of Guinea. The authors provide information on UNHCR adolescent reproductive health policy including the objectives and actions. As far as the refugee setting is concerned, the majority of refugees live in camps, which are often located near Guinean villages, and those in towns live side-by-side with the local population. Both, rural and urban refugees have freedom of movement and interact with the local population on a regular basis. Refugees receive
medical services free of charge through the Guinean medical system. Reproductive health services are provided to Guineans and refugees within the existing medical facilities with the assistance of several NGOs. The knowledge, attitudes, practices, and needs of refugee teens regarding reproductive health services and barriers to their use are discussed. Since 1991 the IRC has provided education to Liberian and Sierra Leonean refugees through a formal school system. In 1994 the IRC Health Education Programme was started to improve the health of refugee students through preventive health education, and became integrated into the formal education system. Through the use of health education classes, health specialists and school health counsellors conducting health seminars or health talks, health clubs, Young Women’s Social Clubs, peer educators, and a counselling program, reproductive health was integrated into the IRC health education programme. The authors present this integration process from the recruitment, training, support, and supervision of staff to the development and ordering of materials, community attitude, overall costs, and monitoring and evaluating of the programme. Some of the successes of the programme are listed and modifications for future programmes are suggested. Upon the return of refugees, IRC hopes to transfer all or parts of its reproductive health education programme to the schools in counties of Liberia. The annexes contain sample curricula, training materials, and a resource list as well as sample monitoring forms.


INDEX TERMS: Burundians, Congolese, refugee camps, UNHCR, policy, reproductive health, birth, special needs, health personnel, on-the-job training, health services, refugee participation, pre-natal care, home delivery, pregnancy, malnutrition, supplementary feeding, traditional birth attendants, project evaluation, guidelines.

GEOGRAPHICAL TERMS: United Republic of Tanzania.

This Guide, designed for supervisors or coordinators of reproductive health care services in refugee settings, describes the process used to review and strengthen safe motherhood services in the refugee camps in Kigoma and Ngara, Tanzania. Initially the authors discuss UNHCR’s policy on safe motherhood concerning ante-natal, delivery and post-natal services. The administration of health services and the safe motherhood needs of refugee women and their barriers in the refugee camps are described. The activities undertaken during the review of the components of safe motherhood services are discussed, such as identifying the strengths and weaknesses of the programme; developing standardized tools, protocols, and reporting forms; and provide on-the-job training for health workers to strengthen their work. The main findings show that staff, particularly the RH Coordinators and midwives involved in the delivery of safe motherhood services at the camps, were
interested in and supportive of the process and that the women representatives who attended group discussions during the review process had a positive view of the health services. The women indicated that the services helped them prevent problems during pregnancy through ante-natal care, avoid malnutrition through food supplementation, and respond to labour needs with twenty four hour care. They stressed a need to improve services with the introduction of surgical obstetric care and the reintroduction of disposable delivery kits. The review of ante-natal care, labour and delivery care, post-natal care, and the role of traditional birth attendants listed several shortcomings in each of the services provided, which are addressed in the recommendations. Included in the annexes are staff and client interview guides, record review and discussion guides, review tools and checklists, findings of the review, and recommended in-service training topics. Also included are copies of the Service Delivery Guidelines, Part 1 and Part 2. Part 1 covers ante-natal and post-natal care, the care of pre-term and low birth weight babies, and the assessment and management of newborn illness. Part 2 covers care during labour and delivery, the management of post-partum haemorrhages, obstructed labour, pre-eclampsia and eclampsia, puerperal sepsis and abortion complications, care for the newborn including pre-term and low birth weight babies, and infection prevention.


INDEX TERMS: appeals, lawyers, denial of refugee status, Togolese, family, Shari’ah, polygamy, female circumcision, flight, consultants, anthropology, patriarchal societies, police, political situation.

GEOGRAPHICAL TERMS: United States, Togo, Germany.

Kasinga’s application for political asylum and withholding of deportation was denied by an immigration judge. This brief is the appeal which the author, her new attorney and professor at the International Human Rights Clinic, Washington College of Law, American University, submitted to the United States Department of Justice, Executive Office of Immigration Review, Board of Immigration Appeals, Falls Church, Virginia. Pointing out shortcomings in Kasinga’s presentation by her previous attorney, a de novo review and consideration of new evidence are requested. The brief first describes Kasinga’s factual background and procedural history, followed by a detailed discussion of the legal argument on the basis of which the Board of Immigration Appeals (BIA) should reverse the previous ruling. The affidavit of Kasinga comprises her family history, Muslim law and tradition, marriage, the practice of FGM in Kasinga’s ethnic group, leaving Togo, arriving in Germany, and arrival in the United States and contact with family. In his affidavit, Merrick Posnansky, a professor of history and anthropology who taught and conducted research in West Africa and wrote about Togo, presents his comments on Kasinga’s affidavit.
concerning FGM, polygamy, patriarchy, police and political instability. He concludes that in his opinion Kasinga’s “assertions are both true and credible.”


INDEX TERMS: Togolese, flight, female circumcision, polygamy, detention, denial or refugee status, newspapers, television, grant of asylum, persecution, social group persecution.

GEOGRAPHICAL TERMS: United States.

In Part I, the author, Kasinga’s lead attorney, discusses Kasinga’s ordeal after her arrival in the United States. She had been in four different Immigration and Naturalization Services (INS) detention facilities and jails for approximately 16 months. “She had been denied asylum by an immigration judge who ruled that her claim was not credible, and even if she were, she did not qualify for protection as refugee.” The story of her flight from her home country to escape female genital mutilation (FGM) and a forced polygamous marriage was published on the front pages of two national newspapers and covered by most of the major television networks. Kasinga herself was interviewed by of one radio and two television stations. Within ten days of her story first appearing on the front page of one of the newspaper, the INS reversed it decision not to release her from detention while her appeal of the denial of asylum was pending. In response to the public interest in her case, Ms. Kasinga and her legal team called a press conference a few days after her release. A little less than two months after her release, on June 13, 1996, the Board of Immigration Appeals ruled nearly unanimously, that Ms. Kasinga was credible and granted her request for political asylum. In Part II, “In Re Kasinga’s Contribution To Asylum Jurisprudence and Gender-Based Claims” is examined. While the ruling helped prepare the ground for granting protection in several claims involving FGM, the Kasinga decision contributed to the interpretation of persecution by rejecting the INS’ argument that harms which lack a punitive or malignant intent should not be considered persecution and more firmly established the social group category as a means to establish nexus in gender cases.


INDEX TERMS: ethnic conflict, victims of conflict, refugees, internally displaced persons, vulnerable groups, nutrition, reproductive health, special needs, birth, protection, nutrition, sexual violence, rape, infectious diseases, pregnancy, domestic work, family, social structure, children, stress, education, emergency relief programmes, mobile health units,
This article discusses the impact of conflicts on women in Africa. The majority of refugees and internally displaced people are women and children, further exacerbating the already vulnerable status of these groups. The health of women is particularly affected, as reproductive health care needs are not met. Women suffer humiliation during menstruation due to lack of sanitary products and lack of privacy during childbirth. Poor pre-natal nutrition can lead to miscarriage, children with low birth weights, and deaths of mothers during childbirth. Women are also subject to violence, especially sexual violence, which can in turn lead to sexually transmitted diseases and unwanted pregnancy. The disruption of social structure and support networks creates additional psychological problems as women attempt to fulfill their domestic responsibilities. The mental stress on children witnessing their mothers in these conditions is noted. Children’s education is disrupted and their nutritional status is also affected. Relief organizations have set up mobile clinics and field hospitals. However, their efforts are inadequate particularly in regard to the internally displaced, and are often inappropriate, as people resist going to hospitals due to traditional beliefs. These beliefs have interfered with efforts to educate children. In the Dadaab refugee camp, Somali girls tend to drop out of school at puberty, as they are traditionally not allowed to be in the company of boys. The author comments on the violation of many rights under conditions of conflict, including the rights to life, survival, protection, development, and participation. Long-term strategies are needed to deal with issues affecting the internally displaced; there are no mechanisms to ensure that displaced persons return home or are resettled elsewhere.


INDEX TERMS: asylum seekers, Togolese, women, female circumcision, legal decisions, refugee status, social group persecution, guidelines, gender-based persecution, well-grounded fear of persecution, customs and traditions, immigration law.

GEOGRAPHICAL TERMS: United States.

In the Introduction, the authors analyse the Board of Immigration Appeals’ (BIA’s) decision regarding the Kasinga case “as a first step by the immigration authorities toward taking a more gender-sensitive approach to asylum” and assess “its possible implications for future claims based on gender persecution.” Although the BIA limited its decision to the specific facts of the case, the opinion represents an important step toward more equitable
adjudication of asylum claims. In Section II: “The Persecution of Women: The INS Gender Guidelines”, the authors note that neither international law nor US law defines what is meant by persecution. In a very general sense persecution is understood to be an unjustified threat of serious harm, including threats to life and freedom. Because this definition does not offer much general guidance in deciding an individual case, each case is assessed on its individual facts - from both a subjective and objective viewpoint. The approach, suggested by the Gender Guidelines “potentially creates a disparity between the asylum adjudicator’s assessment of what is ‘objectively reasonable in the applicant’s circumstances and what the applicant herself may regard as ‘profoundly abhorrent’ to her beliefs.” However, according to the authors, the existence of only broad objective standards for what constitutes persecution means that subjective judgments, which will vary from case to case, may prevail as to what is justified and unjustified. The subjective element has invariably prejudiced women, especially when their claim is based on gender-specific persecution. Since the standards, policies, and procedures have been shaped traditionally by certain powerful elites, women’s perspectives, needs, and demands have been ignored or treated with less understanding because historically they have been excluded from the ‘public’ sphere. Given the emphasis on the victims’ subjective fear, the Gender Guidelines attempt to address this problem. The application of asylum law by the courts to situations are discussed which are typically only experienced by women, such as rape and now FGM. In Section IV the authors note that the acceptance of FGM as persecution facilitates the recognition of gender-specific and gender-related persecution since the interpretation of governmental persecution as governmental inaction is more typical to a woman’s experience. Section IV describes the definition of gender as a social group in the Kasinga case and in a court decision. In Section V the authors discuss how the Illegal Immigration Reform and Immigrant Responsibility Act of 1966 will also have an adverse effect on women, as it provides only for on-the-spot interviews by a low level of immigration officer to determine whether the fear of an asylum seeker without proper documentation is genuine.

INDEX TERMS: Burundians, adolescents, men, refugee camps, refugee experiences, protection, international organizations, primary health care, reproductive health, sexual violence, rape, infectious diseases, refugee experiences, country of origin conditions, traditional birth attendants, refugee participation, community health workers, training programmes, meetings, needs assessment, project evaluation, project reports, interviews, surveys, NGOs, UNHCR.

GEOGRAPHICAL TERMS: Tanzania.
Since 1993 the International Rescue Committee (IRC) has provided primary health care services, including reproductive health services, to approximately 70,000 Burundian refugees in the Kibondo district of southwestern Tanzania. This is a report on the first two phases of the IRC’s Countering Sexual and Gender Violence Project, initiated in 1996 in Kibondo camps. In Phase One, Orientation, a review of what had previously been done in the camps was completed. With the staff committed to involving members of the community in every step of the project, Women’s Representatives (WRs), who are themselves refugees and are elected by the community women to provide leadership, were considered to be the most appropriate, as they had earned community trust and played an important role in supporting refugee women. Social workers conducted a census of all female refugees over the age of 12, recording name, age, and address. Community maps were drawn up to visualize the population and the locational distribution of incidents. Later these maps were used to locate women who had participated in the survey to offer follow-up services. Phase Two, Implementation of the Assessment, began with a five-day workshop for WRs to familiarize them with the goals and methodologies of the project and gain their trust. During the sessions, topics were introduced in an abstract way to evolve slowly into discussions of personal experiences. Once sexual and gender violence were identified as issues, their collective experiences were used to build a critical analysis of these issues. Block meetings between project staff, WRs and women in the community were then conducted at which the current lack of knowledge regarding sexual and gender violence, the possible implications and the importance of talking about these experiences, and the type of assistance which survivors may need and the services available in the camp were discussed. As a next step, in-depth interviews in Kanembwa camp were conducted with 68 women and children who volunteered to recount cases of rape, domestic violence, sexual harassment, STDs and other gynaecological problems. Based on the experiences gained in the block meetings and the results of the in-depth interviews, a questionnaire was developed and administered by four WRs in a pilot survey. A total of 339 women from a random sample of 400 women representing about ten per cent of the target population consented to participate. The findings of the interviews and the survey were consistent: over 20 per cent of the women had suffered sexual violence, mostly in the form of vaginal penetration, with the primary perpetrators being fellow refugees, and most of the incidents occurring within the camp. Three illustrative narratives are presented. Lessons learned in the two phases include a detailed discussion of the value of participatory methods for conducting needs assessments and addressing sexual and gender violence. Group discussions were also found to be of value. They allow women to describe their experiences and ask questions in the third person and provide an opportunity for the most silent members to participate. Comparing interview and survey methodologies, the authors note that interviews require less preparation time, humanize the collection of information, and can be conducted even in the early stage of a refugee crisis. Traditional birth attendants can be identified from the first days to identify cases of sexual violence and make referrals for emergency contraception and trauma treatment. Interviews make it possible for critical needs of survivors to be taken care of immediately by referring them to medical, legal and
social welfare services, but one-to-one interviews should not be conducted if such services are not available. Although NGO staff, UNHCR and local authorities raised doubts about the validity of the findings, in-depth interviews provide more breadth of information and reveal a wider variety of cases among children and males. Surveys provide policy makers and community leaders with a sense of the magnitude of the problem. The authors caution that rapid surveys are not appropriate for sexual violence, and should not be conducted in the pre-stabilization phases of refugee situations. Both methods of assessing the prevalence of sexual and gender violence produced valuable insights and similar results. The authors emphasize that the response to the needs identified started concurrently with the assessment. After meeting the immediate needs, the person is referred to gender violence staff for initial intake counselling and follow-up, including medical and material support for the most needy. The authors conclude with a discussion of sensitization training, which will be introduced to respond appropriately to the needs of gender violence.

INDEX TERMS: Rwandans, patients, men, health personnel, infectious diseases, refugee camps, viral diseases, health services, health education, UNHCR, NGOs, research.

GEOGRAPHICAL TERMS: Tanzania.

The purpose of this study, carried out in August 1994, was to assess sexually transmitted disease (STD) prevalence, disease presentation, and symptoms reported by Rwandan refugees in camps in Tanzania. The researchers used the findings to assist UNHCR and NGOs to plan resource allocation, adopt an appropriate strategy for STD case finding, assist in the design of STD training, and measure the impact of the programme through a baseline and follow-up survey. This article reports the findings from the baseline survey where a rapid assessment technique was used to measure STD prevalence among 100 women representing ante-natal clinic attendees, 239 randomly selected men from outpatient clinics, and a representative sample of 289 men from the community. The researchers collected data through questionnaires, genital examinations, and, where appropriate, blood and urine samples. From the results, the authors report frequent experience with STDs and risky health behaviour in all groups, highlighting the prevalence of various STDs in the camps. The authors emphasize the need for information, education, and communication about symptoms and their reporting by the population, for improved genital hygiene and for better facilities. In conclusion, they recommend the rapid STD assessment as a useful, quick, reliable, and low cost means of detection to ensure that STD control is given a higher priority in the camps.
This article explores how UNHCR addresses the issue of rape and other forms of sexual assault against refugee women during flight and in the country of asylum, in particular reference to Somali refugee camps in Kenya. In the country of asylum, women refugees are targeted because of their refugee status and their actual or perceived political or ethnic affiliations. Their vulnerability increases in refugee camps because of their proximity to the site of conflict and the fact that combatants may be living within civilian populations. In receiving countries, women may be targeted for assault or for sexual extortion in return for safe passage, supplies, or documentation. Although UNHCR has introduced policies to deal with sexual violence, research by Human Rights Watch reveals inconsistencies between the policies and actual practices in the field. Guidelines are overlooked or deliberately ignored; in some cases, UNHCR field staff is unaware of them or do not understand them. Furthermore, staff may avoid dealing with sexual violence because of personal discomfort or the view that such acts are a “private matter,” a fact acknowledged by UNHCR in its guidelines. Nor is there a system or procedure to ensure immediate response or follow-up to reports of sexual violence. When UNHCR does respond, it is due to media publicity. For example, following publicity of widespread rape in the Somali refugee camps in Kenya, UNHCR instituted a Women Victims of Violence programme in 1993. The incidence of rape declined significantly with decisive action by UNHCR in the form of protection measures in the camps. In conclusion, the author suggests that UNHCR use the Kenyan experience as a basis for incorporating into its practices a standardized protection strategy for refugee women.
This chapter is based on field research conducted in the summers of 1992 and 1993 in Lisongwe refugee camp in Malawi as part of a larger study examining the local impact of Mozambican refugees. Specifically, the study considers the cultural norms regarding the role of women within the household and community; the transformation of these norms by circumstances in the country of origin, flight, and settlement experiences; whether external agents, such as international agencies, construct a gender-biased environment; and whether the power structure of settlements is constructed to favour men over women. The author first examines food assistance logistics and refugee women. Food distribution is supervised by employees of a national NGO with the assistance of refugee volunteers called tipper, who measure the various items and fill up the bag refugees bring with them. Research showed that the tippers either reduced or increased the quantity of food depending on the identity of the recipients. Section leaders, who are elected by refugees and who appoint the tippers, were among the primary beneficiaries. Women bartered some grams of flour or ufa for green leaves within the sections or within local villages while men traded food for cash. In contrast, local women were in charge of both buying and selling food in the market place while women in the refugee camps were displaced of some of their traditional functions. The author discusses the role of women in Mozambican rural communities, which, based on interviews with women farmers in the camp, consisted in the production of food supply including trading activities. Although the revolution brought about women’s political awareness and participation, including the Organization of Mozambican Women, social customs have continued to perpetuate women’s unequal status within the family. Furthermore, the Mozambican conflict and nature of the war economy intensified women’s vulnerability and subordination. As well, in the refugee camp, pre-flight patterns have tended to reinforce women’s limited involvement in production activities and confinement to the private sphere and male domination in the cash economy. In 1993, returning refugees were selling or giving their refugee cards allowing the remaining refugees to increase their food rations. However, local demand for refugees’ maize was very low because of extensive production of flour by local farmers. As a result, the surplus of flour within the camps led to a restructuring of gender roles, as control over its distribution was not economically or politically powerful; hence its re-definition as a domestic-based activity of women. Although pre-flight patterns and the control by men over food allocation contributed to the initial displacement and partial reinstallment of women’s food-related activities, other factors within the camp contributed to it, including the gender insensitivity of relief agencies. Assistance programmes assigned to women the role of ensuring the reproduction of conditions sustaining the existence of the camp but failed to promote their positions and voices within the decision-making process. In Malawi, relief programmes did not implement women’s organizations, thus, in conjunction with limited employment opportunities, further confining women to the domestic sphere. The number and success of training and income-generating projects addressing women were limited and potential employers harbored gender-bias. As well Mozambican women were portrayed as socially...
backward and unfit for employment. The author concludes that interrelationships between productive and reproductive work, public and private domains, male and international domination of the political structure of the camp and the confinement of women to the domestic sphere require a reassessment of development-oriented projects for refugee women that facilitate women’s reproductive and domestic tasks and that recognizes the political dimension of their subordination within the refugee camp.


INDEX TERMS: Africans, displaced persons, children, widowed persons, health services, internal displacement, health, needs, gender role, illiteracy, country of first asylum, one-parent families, refugee camps, water, sanitation, housing, reproductive health, sexual violence, rape, prostitution, AIDS, birth, abortion, female circumcision, malnutrition, pregnancy, infectious diseases, mental health, education, resettlement, assistance programmes, refugee participation, UNHCR, NGOs.

GEOGRAPHICAL TERMS: Africa.

This article begins with a discussion of recent refugee movements in Sub-Saharan Africa and addresses the effects of displacement and disintegration of community networks upon the health of Sub-Saharan African refugee women and the lack of health care services for them. As principal care-givers, refugee women are affected by a number of health issues, specifically, the impact of refugee camp location or development on water availability, soil quality, sanitation, vector control, and quality shelter. The high number of unaccompanied women refugees has led to an increase of sexual assault, including rape. As a result, there is a growing number of teen pregnancies, STDs, and unsafe abortions; adverse reproductive outcomes are frequent. Many of the women and young girls who resort to prostitution as the only way to earn an income, contracted AIDS. Female genital mutilation adversely affects delivery. Malnutrition and undernourishment, particularly among pregnant women and lactating mothers, are rampant. Infectious diseases such as tuberculosis, leprosy, malaria, and diarrhea account for the refugees’ high death rates in camps. The prevalence of mental health problems is difficult to estimate; however, based on the authors’ experience, there is an increased incidence of mental illness among refugee women. Lack of literacy skills and access to basic education among refugee women also negatively affects their health status. The authors recommend that assistance agencies implement survival education for women, which covers food preservation and storage, water storage, self-defense, and emergency clothing and shelter. Even in countries of resettlement, African refugee women still encounter problems in accessing adequate health services, particularly reproductive and mental health services. The authors recommendations include: re-focussing existing
assistance programmes to adequately address the health needs of women refugees, providing survival education, conducting research on African refugee women’s health issues with priority given to mental health, and promoting the inclusion of women refugees in the decision making process regarding settlement programmes.


INDEX TERMS: Sudanese, leisure, men, refugee camps, food, housing, gender role, refugee aid and development, dependency, emergency relief organizations, self-help projects, peace building, interviews.

GEOGRAPHICAL TERMS: Kenya.

“Leisure” has different meanings specific to individuals, cultures, and eras. In this study, conducted in December 1994, the authors explore the meaning of leisure for Sudanese women living at the Kakuma refugee camp in Kenya. The authors secured permission from UN officials to spend one day at the camp, during which they made direct observations, conducted individual interviews with three male and two female southern Sudanese refugees, and held four focus group sessions ranging from six to 42 participants with three sessions being with women only. To gain additional information and obtain consensual validation, the researchers consulted UN administrators, relief workers, and non-refugee Sudanese, as well as government documents and other reports. Kakuma is one of the more cared-for camps; however, the refugees are all destitute, overcoming war-inflicted injuries and suffering the deaths and/or displacement of family members. Emerging from the researchers’ analysis were three themes that could be associated with leisure: abundance of time, changing roles, and assistance dependency. They observed the deadening experience of unlimited and aimless time among the refugees. Refugee status and camp conditions profoundly changed family and community structure. Women expressed frustration with their inability to perform their traditional role of peace-making. Being robbed of their key roles, the women feel powerless. While relief is necessary and feeds and sustains the victims, it creates dependency. Although relief agencies also aim to help refugees establish their own initiatives and educational systems, the political and economic realities of host countries and the simple solutions envisioned by benefactors create difficulties. Thus, in this context, leisure does not mean self-fulfillment or creative action for Sudanese refugee women. Instead, leisure is a burden and, indeed, compromises their quality of life.

Since 1992 the International Rescue Committee (IRC) has been assisting Liberian refugees in Côte d’Ivoire and Ghana with reproductive health education programmes. Based on a field trip by the author, Reproductive Health Programme Officer of IRC, this report documents the lessons learned and includes several recommendations to improve the effectiveness of the training programme. Côte d’Ivoire has the highest rate of AIDS in Western Africa, a maternal mortality rate of about 600 per 100,000 live births, and a low rate of the use of contraceptives by women. Pregnancy related complications, including self-induced abortions, are the major cause of mortality for women. For this reason, IRC provides family planning, AIDS education, and access to contraception for both Liberian refugees and their Ivorian hosts. Recommendations include, among others, the provision of more staff training opportunities; the introduction of classes on sexually transmitted diseases, infertility and abortion, with separate classes for men and women; and increased access to contraception and gynaecological care. The programme in Ghana, began in 1992, addressed many of the same needs. At the end of 1995, IRC closed its operations in Ghana due to both funding issues and the availability of a local NGO, Assemblies of God Development and Relief Services (AGDRS), which will continue key components of the reproductive health programmes. Discussion of the programme in Ghana focusses on the AGDRS transfer, and highlights the perceptions and concerns of the IRC field staff, the refugee workers, the NGO and UNHCR. As a Christian organization, AGDRS believes they should only make condoms and spermicides available to married couples, so distribution is discontinued. The report concludes with several recommendations concerning the transfer of programmes to a local NGO.

INDEX TERMS: Liberians, country of origin conditions, civil war, country of refuge, Ivorians, ethnic communities, reproductive health, health education, AIDS, family planning, infectious diseases, female circumcision, abortion, health personnel, training programmes, pregnancy, youth, Ghanaians, refugee camps, NGOs, Christians, UN Specialized agencies, UNHCR

GEOGRAPHICAL TERMS: Côte d’Ivoire, Ghana.


INDEX TERMS: Mozambicans, refugee camps, spontaneous settlements, economic conditions, refugee/local community relations, informal sector, craftsmen, agriculture, development aid, economic self-sufficiency, needs, vocational training, income-generating projects, gender discrimination, domestic work, one-parent families, project evaluation, project management, refugee participation, NGOs, research interviews.

GEOGRAPHICAL TERMS: Malawi.
This study examines the impact of NGO Skills Development Projects (SDPs) and Income-Generating Activities (IGAs) programme to enhance Mozambican refugee survival and self-sufficiency in Malawi at a time when the refugee population was at its peak. It is based on empirical data collected through open-ended interviews with encamped and self-settled refugees and interviews with government officials, NGO staff, and representatives of intergovernmental agencies. The author identifies refugee survival strategies and coping mechanisms, the agencies’ perceptions of refugee needs, and the success of project implementation. Overall, the author concludes that the vast majority of refugees survived without participating in SDPs and IGAs by establishing their own active informal economy suited to their unmet needs, deploying traditional skills, and progressing beyond subsistence levels by providing diverse income generation for men and women. The autonomous subsistence of most refugees was made possible by the provision of land for settlement, pastoral support by local churches, opportunities for piecework farming, and social support by the local communities. The author examines a number of shortcomings of the development projects that made them unattractive and contributed to a minimal participation by refugees. These shortcomings included unresponsiveness to local economic conditions and conflicts between emergency and development objectives; ineffective recruitment methods; problems and limitations related to production methods, project management, marketing, lack of an effective basis for deciding on the scope and distribution of projects; limited refugee participation in project design, mobilization and management; and gender inequalities and inadequate gender related policies. Projects involving women were mostly conventional, such as home craft activities and cake-baking schemes. The few NGOs, which attempted to break out of this narrow conventional mode, did not design projects specifically for women but simply gave preference to female recruits for what were either normally considered by Mozambicans to be male-dominated activities or experimental projects. In each case women were both marginalized and made subject to experimentation. The author concludes that refugees are more likely to become self-sufficient through their own initiatives and emphasizes the need for wider conceptualization of refugee livelihood and self-sufficiency.
Women Refugees in International Perspective


GEOGRAPHICAL TERMS: Africa.

This article is a “broad lens” review of the situation of African women who constitute “the larger half” of refugee and internally displaced populations on the continent. Part II discusses the status of women under international law and the nature of the feminist critique. Because of the gender imbalances in the international civil service, women’s issues are generally marginalized and rank low on the list of priorities. CEDAW, which was intended to address this differential treatment, has turned out to be “a Janus-like instrument” by simultaneously promoting women’s issues on the international level while constraining any serious actions on issues affecting women in other international fora because of its gender-neutral language. The CEDAW Committee has few resources, a limited period of time in which to meet, and no ability to adopt formal reports or hear individual petitions. Other UN instrumentalities addressing women’s issues, such as the Commission of Women and UNIFEM, are similarly constrained, often being eclipsed by the programmes of other organizations for development, health, and children on the part of UNDP, WHO, and UNICEF. The author argues that First World feminists, because of their androcentric and male-dominated perspectives, tend to perceive Third World realities as “static, primordial and unchanging” and thus contribute to African women being trapped in the debilitating effects of patriarchy on the domestic front and in a truncated feminism and white matriarchy at the international level. The author calls for African women to engage Western feminists critically in the elaboration of international feminist theories. Critically examining international refugee instruments in Part III, the author argues that the 1951 Geneva Convention and the 1967 Protocol are not only gender-insensitive but “are also especially prejudiced against women from non-Western countries.” She notes that UNHCR has made significant progress in addressing the conditions that might adversely affect refugee women, such as the issue of physical safety and sexual exploitation. Although the 1991 Guidelines on the Protection of Refugee Women and their augmentation by the 1995 Guidelines on the Prevention and Response to Sexual Violence against Refugees sought to expand the protection of refugee women against gender violence, the main problem is the question of enforcement, particularly in the African context. While the 1969 Organization of African Unity Refugee Convention made some significant contributions, it also manifests several problems, such as not specifically mentioning the rights of refugees and being silent on refugee women. Part IV discusses the gender dimensions of internal displacement and ends with a proposal “Gender Violence and Physical Protection: Towards a Framework of Action.” The comprehensive programme of action includes, for instance, the reformulation of, and additions to, international instruments for human rights and women and refugees’ rights. The programme would strive for “a comprehensive reconstruction of the basic premises of international, regional and domestic human rights” to alter the status of women, especially those who are refugees and internally displaced. The
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The author also provides a critical discussion of the relationship between gender, violence, and persecution and of how this relationship, as it affects refugees and displaced women, is treated in a range of international instruments. Alongside normative issues, the author also points to gender-related institutional issues and problems in bodies bearing on women’s human rights and refugee rights.


INDEX TERMS: Somalis, refugee camps, female circumcision, children, educational programmes, video, traditional birth attendants, men, religious leaders, adverse health practices, health education, refugee camps, customs and traditions, UNHCR, NGOs.

GEOGRAPHICAL TERMS: Ethiopia.

The article discusses efforts by UNHCR and the National Committee on Traditional Practices in Ethiopia (NCTPE) to institute a training and information campaign for Somali refugees in the Hartisheik camp focusing on female genital mutilation (FGM). The campaign targeted circumcisors, traditional birth attendants, religious leaders, and community elders. The training programme explained to participating women that the urinary, kidney, and menstruation discomfort and complications most of them experience throughout their lives are a direct result of the rite of passage they suffered as children. The training programme and an emotional video, that has been widely shown both the men and women, have resulted in a reduction of deep infibulation. In some cases, however, infibulation has been replaced by a modified version, suna. The NCTPE believes that education is the way to halt mutilation but that workshops and posters are not enough. The circumcisors must have something else to do in order to recover the money gained by practicing circumcision. Deep infibulation is still practised among refugees and, despite the best efforts of field staff and NGOs, young refugee children in UNHCR’s care will continue to be mutilated and sometimes even killed.


INDEX TERMS: Somalis, Ethiopians, Sudanese, ethnic and national groups, Kenyans, one-parent families, refugee camps, living conditions, culture, training, crafts, income-generating projects, refugee/local community relations, refugee participation, women’s centres, basic education, food distribution, literacy, UNHCR, international organizations.

GEOGRAPHICAL TERMS: Kenya.
Sixty per cent of households in refugee camps in northeastern Kenya are headed by women, mostly Somalis who fled in 1991. Many of them are breaking away from binding cultural traditions and finding self-worth. Since CARE initiated skill development projects in 1993, groups of women are learning arts of embroidery and tailoring, making mats, baskets and hats, and manufacturing perfume and pasta. According to CARE Kenya’s acting coordinator for case management in social services, helping women forces changes in traditional attitudes that confine their responsibilities to household duties and raising children. CARE’s 1994 community self-management programme seeks to address these problems. Through consultations with elders, refugees have been encouraged to make decisions affecting their communities’ development and future, and committees have been set up to deal with such issues as justice, the distribution of food and security. Recently, with UNHCR funding, a Family Life Centre opened in one camp as a place where women can gather to resolve conflicts, discuss concerns, learn about health and hygiene, and seek shelter from abusive situations. Similar centres are planned for other camps. That women want to change their situation is indicated by the numbers who want adult education and involvement in craft projects. Camp administrators believe this interest is evidence of the link women see between education and skills and independence: “Literacy... will enable the women to generate some capital of their own and that will give them power.”

This article examines the traditional ideas of men and women’s roles in the recruitment of Mozambican refugees for income-generating activities at two camps and two self-settled areas in Malawi. Research is based upon an ethnographic study conducted by the Universities of Oxford and Malawi and discussions with NGOs, government representatives, and refugees concerning the organization and management of refugee projects. The author argues that women are conspicuously neglected in development and relief initiatives. Women are marginalized in education, skills training, and decision-making. Acknowledging the large numbers of unaccompanied refugee women and children in the camps, the author presents a typology of women’s involvement in various income-generating projects, introduced by NGOs, at the Chifunga and Tengani camps. Since so few women were included in meaningful income-generating occupational activities, the author raises the question whether, in their recruitment of beneficiaries, NGOs are just reinforcing
the “traditional” division of labour among men and women. In contrast, the author presents results from two Norwegian Refugee Council project sites, Biriwiri and Kambironjo that involve women in traditionally male-dominated skill areas. The results illustrate how, through a systematic awareness-raising process, projects can be designed to increase the involvement of women in spite of deep-rooted cultural norms and expectations. The author concludes by reiterating the urgent need to shift traditional gender-biased approaches in allocating projects among refugees to focus on real income-generating activities for women, even if they are considered the traditional domain of men.


INDEX TERMS: Mozambicans, Zimbabweans, elderly, rural refugees, widowed persons, educational background, illiteracy, disabled persons, social status, extended family, refugee camps, development aid, basic needs, polygamy, patriarchal societies, malnutrition, economic deprivation, womens networks, refugee participation, training programmes, customs and traditions, gender role, causes of flight, repatriation, reintegration, international organizations, NGOs, UNHCR, research interviews.

GEOGRAPHICAL TERMS: Zimbabwe.

This article argues that development assistance interventions by international and domestic NGOs and host governments assisting women in developing countries need to be planned and designed from the perspective of the poor women. As well, refugee assistance will improve the livelihood of elderly women if it builds on their cultural wisdom and life experience. The research is based on information from policy-makers in government, the Help-Age Refugee Program, and UNHCR, as well as on semi-structured interviews conducted, in 1992, with elderly Mozambican women in a stratified random sample of 140 households from 16 villages at Tongogara camp in Zimbabwe. Participants had to be at least 50 years old and to have received, or be receiving, skills training from Help-Age. Although, as elders argue, polygamy is the foundation of the extended family providing mutual support, it also leads to feelings of abandonment and neglect. Sixteen per cent of the refugees interviewed had no relatives in the camp or anywhere else. They experienced great loneliness, suffered from more malnourishment than other refugees, and lack of care. However, the number of poor refugees is so large that Help-Age workers are able to help only a limited number. Few respondents reported serious illness or disability; however, a large majority looked depressed and some were destitute. Ninety-five per cent of the women had no formal education and the remaining five per cent only had some primary school education. Although Help-Age stated that a needs assessment had been carried out, the women reported that “they were simply given opportunities to participate in projects but
not to design them,” and felt that they were not in control of the production process or the type and amount of remuneration. Nearly all of the women wanted to return to their villages in Mozambique, longing for home. In conclusion, the author reiterates the importance of addressing not only the women’s needs for protection and emergency assistance but also for rehabilitation and development of their capabilities to prepare them for possible repatriation. During the latter phase, elderly women should have access to and control over the resources that affect their lives. Refugees should be empowered through skills-training project and not simply be regarded as passive participants.

Part of a larger research project on urban Eritrean refugees, this study examines the major kinds of economic activities women refugees engage in as part of their survival strategies. The study is based on data gathered between 1987 and 1990 through interviews with a multi-stage, non-random area sample of 432 heads of households in five neighbourhoods of refugee concentration in Khartoum; 100 individual files selected from the archives of Sudanese Commissioner’s Office for Refugees (COR) for each year between 1975 and 1988; group interviews with women working as domestic servants, one of the major sources of livelihood; and enumeration and observation of women working in community and ‘liquor’ houses. The author first discusses the position of women in rural and urban Eritrea. In rural settings, women exercised a degree of independence as a result of their participation in the life-sustaining economic activities of production and reproduction while still being subordinate to men. However, in urban areas women lost the little power, status and importance they had in rural areas. Most of them were reduced to housewives. Thus, as a result of urbanization, urban women became economically, socially, and culturally marginalized. Displacement had a different impact on Eritrean rural and urban women in Sudan. Most of the rural women refugees, who were relocated to rural transit centres or settlements, experience intensified patriarchal relations and inferior status having lost control over family resources. Their situation is further exacerbated by customary Islamic practices that require women to be secluded and refrain from working outside the home. In defiance of government policy, most of the urban refugees self-settled in the urban centres of Sudan. In contrast to rural refugees who are sources of continuity and function as transmitters of traditional culture, without any assistance programme, urban self-settled
refugees function as agents of change and sources of livelihoods. The dismemberment of families, a consequence of displacement is reflected in “the abnormal family structures.” Of the heads of families the author interviewed in Khartoum, 16 per cent were women and only 50 per cent were married. As well, during the 1980s, women constituted an increasing proportion of the city’s registered Eritrean refugees. In order to earn the livelihoods for their families, relatives and friends, women assume greater responsibilities and increasingly participate in income-generating activities. Through group interviews and participant observation, the author observed the readiness and determination of refugee women to accept whatever employment was available, regardless of their former social and economic positions. Domestic service, which required no special skills, provided one of the important income-generating activities of refugee women. The women were employed as cooks, cleaners and nannies for Sudanese families; their workload was heavy and the working day “knew no end.” The second major activity is catering which included sale of food and beverages. There were two types of restaurants: social service-oriented and profit-oriented. The former were run by well-established women refugees and also served as a community hall and welcome service centres for new refugees. The latter were small, inconspicuous and shabby, and often operated by young and poor women who came to the Sudan in the 1980s. Operated on maximizing profit, most of them were mainly selling alcohol, an activity prohibited by law, and food as a subsidiary activity. Both types of restaurants are illegal and many of the larger social service-oriented restaurants have been forced to close as they are a target for police harassment. Refugee women were exploited by their employers and by those who took advantage of their vulnerable position on account of being women and usually undocumented, but also by relatives and young male friends. However, even at a cost to their own private lives, the women accepted their downward mobility status to sustain the lives of their families and friends. The author also portrays how social and economic uprooting, as well as distress and poverty experienced at the initial stage, rendered the parameters of the old way of life, behavioural rules, and value systems inoperative and how women were set free from tradition, authoritative control, and sanctions as a result. Women, especially those who were to be resettled in industrialized countries, have viewed their experience in Sudan as the beginning of “creating a new, autonomous and meaningful life free from patriarchal domination and family control.”


INDEX TERMS: Mozambicans, Shona, refugee camps, men, migrant workers, multilingualism, adolescents, dependants, causes of flight, social role, gender role, meetings, literacy, domestic work, firewood, hygiene, offspring, social relationships, health, horticulture, wells, self-help projects, income sources, leadership, camp management,
refugee participation, community development, womens organizations, social networks, civic education, political participation, human rights, refugee rights, violence against women, return migration, ACHPR81, NGOs.

GEOGRAPHICAL TERMS: Zimbabwe, Mozambique.

This article relates the story of Mozambican women in Tongogara Refugee Camp in Zimbabwe who, through a programme of community development, laid claim to their basic human rights during eleven years in exile. The population of the camp stood at 47,000 in 1994. Most of the adult males had worked as migrant labourers and were ‘street wise’ on the international labour scene. In contrast, the great majority of the women had no experience of travel, and almost all were illiterate. Since it was customary for girls to be married by parental arrangement by the age of 14, nearly all the women had dependent children. Many had become separated from male family members during flight and after arrival in the camp. The institutional order of camp life removed from both men and women the roles which had given them identity and dignity. Central to the Mozambicans’ claim to their basic human rights was the important role that fell to the women in exile. In the absence of men, women became the providers of stability, culture and family history in addition to their domestic work. The first milestone was a series of problem identification and solution workshops requested by the women in 1990. In these discussions women expressed their concerns about their children and male partners and their desire for empowerment. Much practical planning resulted, such as a successful cash-generating gardening venture by a group of 180 women who named themselves Simba re Vanhu (People Power). Its leaders were also active in creating a leadership committee for the purpose of mutual strengthening and ensuring fair attention to women’s issues. In preparation for the first Mozambican elections in October 1992, women and men, through separate channels, requested civic education. A training series was developed based in part on a Shona translation of the African Charter of Human and Peoples Rights. The exiles discovered that their rights were globally recognized and gained a new sense of power. Women came to recognize the advantages they had found in standing together and some decided to continue this strategy of solidarity once they got home. ‘A stick on its own is easily broken, but a bundle of sticks is hard to break’ was to be their motto. The author concludes “Mozambican people...have been an example to the international community of that indomitable human spirit which gives rise to our declarations of human rights.”

In May 1995, a three member team from the Women’s Commission for Refugee Women and Children visited three refugee camps in the Kigoma and five in the Ngara regions of Tanzania. The purpose was to talk to refugee Rwandan and Burundian women, and UN and NGO personnel to determine if the UNHCR Guidelines on the Protection of Refugee Women were being followed. Initially few refugee women were in leadership positions at the camps, but associations are being formed to include them as elected representatives in issues regarding basic needs of health, food, fuel, water and sanitation, and protection. Health care programmes are available in the camps through AIDS Community Educators (ACES) and Health Information Specialists (HITS), Traditional Birthing Attendants (TBAs), clinics and supplemental feedings. Safety is an issue of concern for women and girls as they verbalized sexual violence dangers when collecting wood. Crisis Intervention Teams (CITs) were being set up to collect data and subsequently give medical, psychological, legal, and material support. With the Tanzanian border closed in 1995, poorly supervised and ill informed military personnel are violating women refugees’ rights. Voluntary repatriation is discussed as an alternative to camp life, but since this will not occur in the short run, the authors conclude with a set of recommendations to more closely meet the UNHCR Guidelines on the Protection of Refugee Women. They reiterate the immediate need for protection for women and girls travelling for fuel wood, training for Tanzanian border guards to stop the attacks on refugee women, development of meaningful income generating employment for refugee women, continuation of community-based programmes, monitoring of sexual health programmes, re-registration of refugees, assessment of legalities of resettlement, and programme evaluation.

INDEX TERMS: Mozambicans, educational programmes, vocational training, income-generating projects, food supply, medical treatment, refugee experiences, males, females, refugee camps, firewood, water supply, rural settlements, rural areas, Malawians, ethnic identity, border crossers, education, wealth and income, self-employment, women, health services, polygamy, nutritional needs, refugee participation, men, gender discrimination, research.

GEOGRAPHICAL TERMS: Malawi.
Women Refugees in International Perspective

With increasing recognition that large numbers of Mozambican refugees in Malawi were likely to stay for a protracted period, the emphasis of programmes shifted from emergency relief to programmes in education, vocational training and income generation alongside the provision of food aid and health care. This study examined the differences in the experience of refugee women and men and the assistance policies' and programmes' impact of gender. The study adopted a multi-method strategy for data collection, combining quantitative and qualitative methodologies and a daily schedule analysis with a representative sample of 20 refugees. The two major sample areas included both the Chiumbangame/Mwawa refugee camps in Mangochi District and the integrated settlements alongside the indigenous Malawian population in the district of Ntcheau as representative of the two patterns. Since the refugee camps were established on tobacco cleared estate land, there were few sources of firewood and water supply was problematic. Over 55 per cent of the refugees were under ten years of age and women represented 54 per cent of the adult population. The majority of refugees in the Ntcheau district were settled in and around some 500 Malawian villages in the district which is situated on the border with Mozambique. Sharing a common language and culture, the refugees had close ethnic ties with the Malawians among whom they were settled. In late 1990, some 55 per cent of the refugee population, broadly balanced by gender, were children. Owing to the continuing influx of refugees, most had no access to land within Malawi and many of those whose land was close to the border crossed regularly into Mozambique to grow their food. The findings show that gender inequalities in education for adults were perpetuated for children. Refugee women worked longer hours than men; since most of their time was spent on domestic household tasks, their income level was lower. However, women had developed strategies for income generation, of which the moulding of clay pots appeared to be the most successful activity. Because of a local demand for such produce, women rapidly developed the necessary skills and business acumen. Low quality vocational training programmes had little impact on income generation for either women or men. The health status of the refugee populations appeared not to be markedly different from the surrounding Malawian population who, in both sites, shared the same health facilities. The health status of refugee women and men did not differ. However, because of their lower income and fewer assets, women reported more frequently health problems than men. A woman who headed a household as a ‘second wife’ was expected to regularly feed the husband, even though she received no allocation for him in her food rations. Thus, the nutritional status of men benefited at the expense of members of female-headed households. Food distribution was a major preoccupation of all households. Most of the households surveyed were short of flour or relish by the end of the two week distribution cycle. The authors note that all structures for refugee participation within the refugee communities were clearly male dominated and thus generally insensitive to representing the needs of women. Block chairmen were inconsistent in their distribution of food rations, keeping some back for themselves and others. Discussing the implications of the impact of gender for future programmes, the authors argue that some differences between men and women reflect pre-existing inequalities of Mozambican society, “but other suggest increased levels of disadvantage following displacement.” The study’s
implications for future programmes are discussed.

255 THE LAST REFUGEES: SOMALI WOMEN IN ETHIOPIA, Linden, Michael.
Refugee Services USA. p. 9

INDEX TERMS: Somalis, urban areas, language education, income-generating projects,
economic self-sufficiency, UNHCR, NGOs.

GEOGRAPHICAL TERMS: Ethiopia.

This article discusses two skills training and micro-enterprise projects developed by the
Jesuit Refugee Services (JRS) for some Somali women in the Ethiopian cities of Addis
Abeba and Debre Zeit, who for various reasons are unable to return to their own country
after many years in exile and face life with minimal, if any, assistance from the host
country. The JRS has assembled two teams of young Ethiopians who undertake the tasks of
developing confidence and skills among these women, practical business training, and
providing seed money for initial projects. In Addis Abeba, JSR social workers provide
language training, family counselling, and instruction in basic retail skills. In Debre Zeit,
groups of women have been brought together for food processing, garment making, goat
rearing, and retailing. Six months after the programme’s inception, a large number of
women have become self-sufficient, illustrating how such micro-enterprise activities give
hope for the Somali refugees in Ethiopia.

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Information Section. ISSN 0252-791X. p. 29-30 : ill.

INDEX TERMS: Sudanese, Nuer, Dinka, Somalis, Burundians, rural refugees, men, child
refugees, displaced persons, family, communities, kinship, household, household division
of labour, non-formal education, cultural identity, agriculture, animal husbandry, nomads,
gender role, arranged marriages, abduction, social workers, divorce, desertion (marriage),
migrant workers, primary education, belief systems, value systems, language barriers,
family reunification, parents, reintegration, schools, mother tongue teaching, customs and
traditions, UNHCR.

GEOGRAPHICAL TERMS: Africa.

In Africa an estimated 6 million refugees are currently assisted by UNHCR. In addition,
there are an estimated 12 million displaced persons. This brief article discusses the negative
impact that the refugee crisis has had on African communities and families. The author
argues that “understanding the family and kinship patterns and household structures of
refugee populations, and developing community-based assistance efforts that attempt to
work within the boundaries of family and societal traditions help refugees to adapt more
easily to their sudden transfer to an alien environment.” Examples are given of the
disruptions and changes in the traditional roles, which rural refugees have to cope with and which can cause a cultural crisis in many refugee families. Women who had to flee without male family members have to manage the household without their husbands. Previously dependent on farming, they have no alternative sources of support. With marriage an integral part of family formation, the author discusses some of the problems brought about by the breakdown of traditional marriage arrangements. Since men no longer have a viable economic role, many abandon their families in search for jobs in other countries. Refugee children are also affected by being exposed to different education systems and languages in their host country. Refugee children who were separated and then reunited with their families were unable to communicate with their parents. Gender and culture conflicts may also be created by integrated, rather than sex-segregated schools.

This report, based on the author’s visits to Rwanda and Zaire in the summer of 1994 on behalf of the Women’s Commission for Refugee Women and Children, describes the conditions and needs of Rwandan women and children displaced by the civil war. Claiming 500,000 causalities, the war created 500,000 to 750,000 displaced people. After weeks in hiding following the destruction of their towns and villages, women and children were being brought into towns and makeshift camps by Rwandan Patriotic Front (RPF) rescue teams. The rescue teams found women and children who had experienced or witnessed the cruelest forms of degradation and violence. Many of the unaccompanied children had been found among mutilated bodies. Composed of mostly women, children, and the elderly, the population of these towns and camps was growing. RPF made efforts to keep unaccompanied children with families from their communities. Wounded, sick, severely malnourished, and very young children were being cared for in newly established orphanages. Many wounded victims were brought to RPF medical facilities for treatment. The Women’s Organization within RPF was particularly active in providing humanitarian
assistance, placing abandoned and orphaned children with families, setting up hospitals, and burying the dead. Responding to orders from the ousted Rwandan government, Rwandans from the western part of the country began to flee into Zaire and over one million people arrived in Goma, a small town on the shores of Lake Kivu. The town had no infrastructure to support such an influx; water from the lake was untreated and contaminated, thus causing an outbreak of cholera that killed an estimated 20,000 people. The death rate during the first weeks of the crisis was among the highest ever reported for such a cross-border movement. Only the strongest refugees could walk the distances and wait in line for food, medicine, and shelter. Women and children in Zaire were without any support system; even two weeks after arrival, a majority of female heads of household had neither appropriate shelter and food nor the will left to procure them. Inequitable food distribution contributed strongly to malnourishment particularly among children in the encampments. There was no organization among the refugees. Refugees had not been registered, as UNHCR preferred to concentrate on returning them to Rwanda. Only the Hutu military remained well-organized and well-fed, siphoning food and other emergency relief. The author concludes with a series of recommendations for the international and relief communities dealing with the crisis, including denying Hutu military the use of camps as bases for continuing the war; prosecution of crimes against humanity; building on the efforts within Rwanda with the hope of providing services at least as good as those available in refugee camps; applying UNHCR Guidelines regarding the protection of refugee women and children; ensuring assistance for women-headed households and other vulnerable groups; and involving refugee women in relief and rehabilitation efforts.


INDEX TERMS: Sahrawis, mass media, refugee-assisting organizations, publicity, economic deprivation, leadership, health services, educational programmes, self-help organizations, community organizations, literacy, higher education, gender discrimination, medical personnel, nurses, teachers, office workers, managers, camp management, schools, clinics, project management, self-help projects, agriculture, civil and political rights, economic social and cultural rights, women’s status, gender role, legislation, social participation, conference papers.

GEOGRAPHICAL TERMS: United Kingdom.

This article reports on a conference on Sahrawi women refugees, held in London at the House of Commons in 1993. The conference raised critical issues concerning Sahrawi women’s experience as long-term refugees in camps and how women refugees generally learn to cope with emergencies such as war and famine. In order to address the rights, demands and challenges of refugee women, especially Sahrawi women, barriers have to overcome which portray women refugees in Western media and in the advertising of aid.
agencies as anguished, helpless and needing to be ‘saved’. Women have the ability to create new structures and ways of working in alien environments. The papers given by Sahrawi refugee women demonstrated their impressive work in health, education and agriculture. Support for women is also essential in their transition back to peace and return home. In emergency situations women take on the roles of men and many new family and community responsibilities. Yet, during the ‘return to normalcy’, they are forced back into subsidiary roles and secondary status. The issue of women’s oppression through gender-related persecution, sexual harassment and gender-blind procedures was also raised. Sahrawi women, however, replied that they had avoided this kind of oppression in camps by maintaining traditional social cohesion. They empowered themselves by taking control of the daily running of camps because of the absence of men. They have developed leaders in many fields, built a school system for girls and boys, and run literacy classes for the whole camp. Many have taken skill training and a few have become doctors. Looking into the future, Sahrawi women want to hold on to the gains they have made and combine their roles within the home and outside the home, and play a key role in writing the new constitution when the hostilities cease.

INDEX TERMS: Sudanese, tribal peoples, Christians, Ugandans, refugees, civil war, needs assessment, emergency relief supplies, water treatment, water sources, refugee camps, refugee participation, health education, international organizations.

GEOGRAPHICAL TERMS: Uganda.

This account by an emergency support engineer with Oxfam describes her role in the emergency intervention to improve the water supply in a Sudanese refugee settlement, an area that Ugandan refugees had also recently returned to. The needs assessment showed that distribution of supplies by self-selected leaders had been haphazard, involving corruption and “pocket-lining”. The initial source of water was pumped from the Kochi River, treated, and distributed by pipes to tapstands. Yet refugee women refused to use this water; preferring the taste of unchlorinated spring water, they collected water from tiny springs by the market place, which were obviously contaminated. The advice of Ugandan women was sought who identified potential permanent springs which could be protected by refugees and used to supply their houses as well as the camps. Several springs outside the camp on high land were located and a swamp was chosen as the most promising source. Labourers, including women, were trained as spring technicians. Within a week, clean spring water was flowing and refugee women would walk up from the camp to collect their water. The community was involved in deciding the location of tapstands and refugees volunteered to help digging the drenches, fixing the pipes and assembling the tapstands. Yet, when the water was flowing, women did not use the tapstands believing the water was tampered with.
The women did not use them until after health education messages, encouragement of their 
woman representative, or simply the passage of time changed their mind. With a need for 
proper maintenance of the taps and a reduction in water wastage, Ugandan Red Cross 
volunteers emphasized this message through the use of street theatre that prompted the 
selection of a tapstand committee, consisting of six men and six women, for each tapstand. 
The author concludes that in low-conflict emergency situations women can fully participate 
in the decision-making process of environmental health intervention.

INDEX TERMS: Liberians, refugees, internally displaced persons, children, men, trauma, 
international armed conflict, transit centres, refugee centres, unaccompanied minors, family 
planning, Ivorians, health education, teaching methods, audiovisual media, schools, food 
preparation, clinics, midwives, AIDS, teaching materials, womens status, gender role, 
gardening, crafts, day care centres, womens centres, start-up loans, child soldiers, literacy, 
counselling, childrens centres, street children, physically disadvantaged, orphans, NGOs, 
one-parent families, scholarships, orphanages, tents, living conditions, malnutrition, income-
generating projects, CRC89, UNHCR, UNDP, UNICEF, NGOs.

GEOGRAPHICAL TERMS: Côte d’Ivoire, Liberia.

The author, a former Staff Director of the Women’s Commission for Refugee Women and 
Children, originally visited West Africa in 1990 as a member of a delegation. She returned 
in September 1993 to Côte d’Ivoire to research family planning for the local and refugee 
populations and to examine education programmes for refugees. She chronicles her six day 
trip to Abidjan, Danané, Toulepleu, and Guiglo. She met with a wide range of officials and 
staff of UNHCR, international and national NGOs and government ministries, attended 
Family Planning classes and clinics; and made observations at schools. A UNHCR transit 
centre, which a few years previously had accommodated only unaccompanied minors on a 
temporary basis, now houses a permanent population of around 350 in overcrowded tents 
on cement basis. The IRC/UNIFEM Center, which provides family planning education for 
men as well as women, is also a meeting place for several women’s groups who were part 
of an Income Generation/Loan programme attended by Liberian and Ivorain women. She 
concludes that the income-generating projects and family planning programmes are meeting 
expectations; however, a projected video programme for family planning needs funding to 
proceed. With respect to education, students require school supplies. On her three day visit 
to Monrovia, Liberia, she finds a city torn up by war and badly in need of support and 
rebuilding. She recounts discussions with representatives of the National Women’s 
Commission of Liberia (NAWACOL) about their projects, My Sister’s Place, a trauma and 
health centre for women, and Abused Women and Girls (AWAG) which undertook income-
generating projects and counselling. She provides first hand accounts of visits to several 
UNICEF projects, assisted by a local NGO, such as community service projects that
provide day care for working mothers, the War Affected Children’s Home (WACH) where efforts are made to rebuild the lives of former child soldiers by providing them with literacy, skills work, counselling, group therapy and exposure to vocational options; and an agricultural project for orphaned street kids and deaf children, where they could take care of small animals and were taught to grow vegetables and flowers. She also visited the privately funded Good Samaritan Orphanage that houses 300 children. Her last visit was to one of seven centers for displaced persons monitored by UNICEF, in which 7,000 people, mostly women and children, were crowded into cement huts. Water supply was minimal and rations had been cut. The author notes that this was the only place she saw severely malnourished children and children with diseases. Thus, she concludes that refugees at the transit centre are far better off than the displaced here. There was also a difference in attitude. While refugees had the energy to leave and flee, the displaced had simply been pushed from their homes and had no energy as everyone was waiting for a handout or to die. In order to deal with the trauma of war, the people of Liberia need support and funding to rebuild their infrastructure and to educate their people. The appendices include, Family Planning in Liberia: A Conversation with Jackson Wade and a brief history of Liberia.


INDEX TERMS: refugee aid and development, dependency, self-help projects, local integration, development aid, employment, durable solutions, gender discrimination, financing, vulnerable groups, sexual abuse, men, social status, training programmes, income-generating projects, asylum policy, patriarchal societies, donors, resettlement, marginality, management, refugee/local community relations, voluntary repatriation, country of first asylum, involuntary repatriation, country of origin, political conflict, economic conditions, agricultural land, rural communities, returnees, adaptation, state, equal opportunities, refugee experiences, gender role, NGOs, UNHCR, UNDP, World Bank, ILO, literature review.

GEOGRAPHICAL TERMS: Africa, Malawi, Sudan, Tanzania, Angola, Zimbabwe, Mozambique, Namibia, Algeria, Central America, El Salvador, Pakistan, Cambodia.

This article examines two recent initiatives in the search for durable solutions to Africa’s refugee crisis from a gender perspective: the implementation of a refugee assistance and development (RAD) strategy, and the organization of massive repatriations by the international community. According to the author, the design and implementation of RAD projects is based on the strategies devised by the second International Conference on Assistance to Refugees in Africa, convened in Geneva in 1984. However, its resolution and strategies use a gender-neutral language indicating that refugee women are still marginal to mainstream thinking on refugee and development assistance. The author critically discusses
five main trends in RAD projects carried out by UNHCR, UN Development Programme and the World Bank. They include modest funding of RAD projects for refugee women, solutions to women’s needs and vulnerability addressed in isolation from their root cause, projects for women limited to domestic activities with few income-generating ones, and different meanings of the ‘development’ component, depending on whether the projects are designed for women or not. RAD projects have ignored the political dimension of the communities, neglected to strengthen the position of refugee women, in favour of men, within the decision-making process of the refugee settlement and the host community. Discussing voluntary repatriation, the author raises several issues pertaining to refugee women for further investigation, such as variables that mediate the impact of “the events in exile;” the nature of political events “at home;” and the impact on the economic structures and modes of production by the influx of returnees. Other factors concern the extent to which the state is formulating and implementing policies to reduce gender inequality and discrimination, and to facilitate women’s participation in politics; and gender roles and values of the host populations. The author argues that refugee and returnee assistance should not attempt to recreate a social reality but rather facilitate the adjustment to the changes generated by the flight and resettlement, and accommodate the demands and requirements engendered by these changes.

INDEX TERMS: Somalis, Kenyans, refugee camps, armed attacks on camps, female circumcision, torture, rape, pregnancy, trauma, sexual abuse, violence, AIDS, psychological problems, counselling, victims, family, AIDS, protection of camps, UNHCR.

GEOGRAPHICAL TERMS: Kenya.

This article presents the stories of Somali refugee women who have been raped by armed shi’ita bandits in refugee camps at the Kenya-Somali border, where women and children constitute 80 per cent of the population. The women face shame, ostracism, and abandonment by their families and communities as well as risk of AIDS, medical complications, psychological problems, and possible pregnancy. To assist traumatized rape victims and prevent sexual assaults, UNHCR hired a consultant and has appealed for funding for a project which would provide medical services, counselling for the rape victims and their families, and, when necessary, camp transfer. To protect women, the camps will be fenced off and police equipped for stepped-up patrol. The social services officer of the camps praised the project but warned that rape victims should not be isolated as a special group.

INDEX TERMS: Mozambicans, civil war, famine, UNHCR, refugee camps, internal displacement, patrilineal societies, matrilineal societies, tribal peoples, gender role, women’s status, rural areas, repatriation, wealth and income, employment opportunities, household division of labour, literacy, basic training, income-generating projects, research interviews.

GEOGRAPHICAL TERMS: Zimbabwe.

Civil war, following Mozambican independence in 1975 and exacerbated by famine, prompted a mass exodus of people into neighbouring countries, including Zimbabwe. The author conducted her research with 200 women comprising two-and-a-half per cent of the female population at Mazowe River Bridge camp in Zimbabwe, one of five camps set up for about 138,000 Mozambican refugees. She first outlines the general conditions of camp life and then describes the roles and status of rural refugee women prior to displacement. Since Mozambican society is largely patrilineal, women’s status is inferior to that of men. Women lack education and decision-making powers and are not expected to take up formal employment. Work is gender-divided and women are expected to work in and around the home. Women have been socialized to accept their inferior position to men as natural. In camp, refugees have been relieved of the burden of searching for basics and given the opportunity to acquire skills in various trades. The study found that women’s role and status have changed little. Women still perform domestic duties while men are still regarded as decision makers in both their household and camp administration even though their role as bread winners has become insignificant. Of the women interviewed, 20 per cent reported that, shortly after losing their husbands, they remarried in the camp for reasons of security, since women are not respected if they have no husbands. In skills training programmes, women, harbouring a low self-perception, dominate programmes that help them within the home. As well, demands of domestic tasks prevent them from attending adult literacy classes. Although camp life has to a certain extent taken off the burden of working in the fields to produce food, once back in Mozambique, women will again carry the heavy load. The author lists several strategies that should be introduced in camps in order to improve the roles and status of Mozambican women.
GEOGRAPHICAL TERMS: Côte d’Ivoire.

This report describes the results of a self-sufficiency survey of Liberian refugee women in Guiglo, Côte d’Ivoire, which was undertaken in the summer of 1993. The co-ordinators of the Women’s Centre in Guiglo, an income-generation project primarily for Liberian refugee women administered by the International Rescue Committee and funded by UNIFEM, developed the survey. Those included in the survey, 46 of the 128 Women’s Centre participants, were neither numerate nor literate and not representative of Women’s Centre participants or refugees in general. The survey provided data on self-sufficiency through questions related to refugee women’s family status, access to and use of food, monthly expenses and income sources, health and access to medicine, education, and participation in agriculture. The findings indicate that large household size, high number of women-headed households, lack of adequate nutrition exacerbated by reduced rations, lack of adequate income, high rent, limited supplies of medicine, limited access to farmland, and poorly equipped schools decrease the refugees’ opportunities for self-sufficiency. The author states that, although life is difficult, the refugees continue to struggle to provide for their families. The report also includes a map of the region and an appendix of survey questions and responses.


INDEX TERMS: history, Somalis, minority groups, nomads, nationality, state of emergency, human rights violations, underdevelopment, nomads, poverty, non-political crimes, refugees, border camps, rape, children, Kenyans, security forces, culture, family disunity, government, emergency relief organizations, interviews.

GEOGRAPHICAL TERMS: Kenya.

In July 1993 the Women’s Rights Project and Africa Watch, divisions of Human Rights Watch, visited Kenya to investigate reports of widespread rape of Somali women refugees. The findings of the mission are summarized in this report. Part I provides background information on the history of insecurity in North Eastern Kenya. Known as the Northern Frontier District during the British colonial period, the area was redrawn as the North Eastern Province after Kenya’s independence in 1963. The province became almost exclusively ethnically Somali who were classified as Kenyan citizens. Because of strong cultural, political and economic ties to Somalia, the great majority of Somali in the region began a secessionist movement to join Somalia that lasted from 1963-1967. The Kenyan government responded by enacting State of Emergency powers and was responsible for widespread human rights abuses towards large numbers of Somali-Kenyans. The area has remained undeveloped and isolated; much of the nomadic population has increasingly resorted to cattle-rustling, banditry and poaching. These local bandits, known as shiftas,
make a living from robbing local inhabitants. Approximately 200,000 Somali refugees are now housed “under appalling conditions” in six camps set up by UNHCR along the Kenya-Somali border. The large refugee camps have become targets of the often well-armed shiftas in search of money and food and sex. According to one relief official, “one reason why the refugee camps are constantly attacked is that the local nomadic population is as indigent as the refugee population, but is not receiving relief assistance.” Relief workers also speculate that some of the shiftas may be refugees who terrorize their compatriots at night. The location of the camps at the border also exposes refugees routinely to attacks from Somali fighters, former government soldiers or combatants with warring factions. Part II discusses the wide-spread rape in the refugee camps in North Eastern Kenya. Based on interviews with women, part III describes cases of rape in the refugee camps. These include women who were raped by shiftas, women who were gang-raped and repeatedly raped, children who were raped, and women raped by Kenyan police and security officials. Part IV discusses the strong cultural stigma of rape that can lead to a rejection of the raped woman by their families. The inadequate Kenyan Government’s response “to the rampant incidence of rape” is described in Part V and the response of the relief community in Part VI. Part VII summarizes the mission’s nine conclusions. Part VIII presents the recommendations to the Kenyan government, the relief community, Somali warring factions, and US policy makers.

INDEX TERMS: Sudanese, internally displaced persons, Ethiopians, Eritreans, refugees, Christians, Muslims, mothers, children, civil war, living conditions, infectious diseases, malnutrition, schools, abduction, refugee camps, rural settlements, urban areas, employment, domestic work, illiteracy, arbitrary arrest and detention, prostitution, street children, trade, mental health, international law, UNHCR, NGOs, reports, interviews.

GEOGRAPHICAL TERMS: Sudan.

The drastic consequences of the civil war for Sudan are coupled with political instability, environmental hazards, desertification, and drought. These conditions result in a deteriorating economic situation that contributes to limited social services and poverty of Sudanese in all parts of the country. Refugees from Ethiopia and Eritrea may find security from conflict but are endangered by the lack of basic services. In the war zones of Southern Sudan, hospitals, clinics, schools and other social services were curtailed or closed, traditional food security systems either broke down or become inaccessible, and trade has been disrupted. Women and children are the most adversely affected segment of the population; they have witnessed the death of family members and suffer starvation, diseases, torture, sexual abuse, and exploitation. Among the groups who remain in the war zones and who seek refuge in the bush, women have to clear the land that may not be fertile enough for agriculture, and collect firewood and water around the bush and near the river
exposing themselves to the dangers of kidnapping or death. With no health care and poor nutrition, the spread of diseases, such as malaria and typhoid are likely to accelerate. Children suffer from infections, diseases and malnutrition, but immunization programmes have been stopped or provide only limited coverage. Malnutrition is prevalent particularly among groups outside Sudan People’s Liberation Army (SPLA) areas, while in some SPLA areas relief activities and healthcare are likely to contribute to a better nutritional state. Children’s education is negligible. Children are kidnapped to work for soldiers, but many have died from hunger and torture, and girls from the effects of sexual abuse. Of the estimated 3 million displaced persons in Sudan, about half are in Khartoum State. Of these, many live in settled areas or squatter settlements and some in government camps with female heads of household constituting a substantial percentage of the displaced. They experience congested living conditions and unhealthy environments, lack relevant skills, assets, and alternatives. For many, mainly young and middle-aged women, domestic work has been the main survival strategy. Other strategies include the two illegal activities of beer brewing and prostitution, and petty trading. Children also work in domestic service. Displaced women and children have to share public health services with settled people in the towns; the services are of poor quality and difficult to reach. Few benefit from supplementary feeding programmes for malnourished children. Shortage of water increases the displaced persons’ economic burden and also affects their health. Poor educational opportunities contribute to a very high rate of illiteracy among children. Street children, mostly boys, are to be found in big towns, for which street life is a survival strategy. They include orphans and others who have lost contact with their families. Because of uncertain post-war conditions, many Ethiopians and Eritrean refugees have remained. The refugees come from different tribes and socio-economic groups, speak different languages, and include both Christians and Muslims. Mainly concentrated in Eastern Sudan, the refugees live in settlements and reception centres in rural areas and in planned and unplanned areas in urban areas. Although their situation is slightly better, they live in cramped conditions and, in many areas, water is a problem. Refugees living in old established town receive UNHCR assistance and support to existing social services. Inferior health conditions of refugee women as compared to men are explained by preferential feeding practices which discriminate against women and girls; negligence of food-aid distribution to traditional food habits and special nutritional requirements; filthy conditions in congested areas; diseases contracted by women when collecting contaminated water; and inadequate health services. Educational opportunities of children are limited; in urban areas parents cannot afford the costs and many parents resist Sudanese curricula and the Arabic language. With their high illiteracy and limited skills, refugee women have very limited options on the labour market. For many displaced persons and refugees, cultural uprooting means a loss of their cultural symbols, identity status, and familiar patterns of behaviour. Consequently, their life conditions in exile become grounds for psychological problems. In her concluding remarks, the author notes that the impact of war is more drastic for the displaced than for the refugees. Refugees are protected by international law and the international community provides many services for them; whereas, the condition of the displaced is determined by
the policy of the state.


INDEX TERMS: Liberians, rural refugees, urban refugees, displaced persons, Ivorians, schools, womens centres, rural areas, urban areas, needs, food supply, housing, water, sanitation, infectious diseases, primary education, secondary education, health services, unemployment, income-generating projects, agriculture, peasants, international organizations, protection, repatriation, development.

GEOGRAPHICAL TERMS: Côte d’Ivoire, Liberia.

In 1992, the Women’s Commission for Refugee Women and Children revisited Liberian refugee locations in Côte d’Ivoire and Guinea and the internally displaced in Monrovia to assess their present living conditions and concluded that circumstances have improved since last year’s visit. To determine refugee needs and make recommendations for programme activities, the author provides a set of population demographics regarding sex, education, employment, and place of residence in the departments of Danane, Guiglo, and Tabou and their respective sub-prefectures in Côte d’Ivoire. Rural refugees, who constitute the great majority of refugees, are in designated reception areas along the Liberian border. Provided with food, medicine and shelter, they are integrated into 460 villages. Urban refugees live in the town of Danane, where they have access to food and health care but unemployment and the cost of rent are issues of concern. Refugees are concerned about the lack of secondary schooling and continue to list health and the high cost of medicine as issues of concern. Primary education is being implemented by the Adventist Relief and Development Agency (ADRA). Africare has implemented a vegetable gardening project with 20 women farmers improving the diet for Liberians and Ivorians from 40 villages. Other income-generating projects will be implemented in Guiglo. Women have formed associations or interest groups. The author addresses the long-term solutions of repatriation, local integration, and resettlement and provides a short list of recommendations and follow-up proposals. A list of field visits and meetings is attached.


INDEX TERMS: Mozambicans, rural areas, refugee camps, living conditions, international armed conflict, trauma, children, health, nutrition, malnutrition, schools, refugee aid and development, refugee/local community relations, AIDS, traditional birth attendants, income-generating projects, wells, health services, education, vocational training, clothing,
deforestation, drought, water, food aid, international organizations, Red Cross, NGOs.

Representatives of the Women’s Commission for Refugee Women and Children visited Malawi in August of 1989 to assess and observe the conditions of the refugee population fleeing from Mozambique. This report discusses a follow-up visit by a member of the Commission, as part of an International Rescue Commission (IRC) staff visit, in July 1992. The report first outlines the current situation affecting the refugee population. It then discusses the findings in four areas of the country. In Lilongwe and the Dedza district the staff travelled to villages which, with one exception, were composed of refugees and Malawians and where IRC has been the lead agency for the past three years. The author discusses observations made at schools, slab centres where cement is produced to cover latrine holes for the local and refugee population, feeding centres, wells, nutritional rehabilitation units, health centres, and the Kitchen Garden Project which she calls the “most impressive programme.” In the Mangochi district three refugee camps were visited, where IRC is also the lead agency. Observations included, among others, feeding centres and a clinic which trains traditional birth attendants. Save the Children USA provides skills training including women and a special programme, called SAVE for War Traumatized Children. In Ntcheu District IRC has been asked to provide emergency assistance for drought relief. The main purpose of IRC’s project is to support food and water assistance to Malawians and Mozambican refugees in the district in order to prevent malnutrition and discourage migration from drought affected areas. The author also compares the 1989 findings and recommendations with the 1992 situation. While some 1989 recommendations were being acted upon, several additional recommendations are formulated regarding food aid, education, human development and deforestation. The author also warns that problems as a result of the drought and the spread of AIDS will increase and that the continuing turmoil in Mozambique needs to be addressed.


INDEX TERMS: Mozambicans, refugee camps, primary education, secondary education, higher education, health, infant mortality, family planning, health services, health education, community health workers, youth, surveys.

GEOGRAPHICAL TERMS: Malawi.
This paper presents data primarily from the Family Formation Survey of 1984 in Malawi, which confirms the positive relationship between education and the status of family health of other studies. The 1977 Census of Malawi shows that districts with relatively high literacy rates also have low infant mortality rates. The authors note that, according to the 1984 Family Formation Survey, “the likelihood of a child receiving at least one vaccination and of the mother giving birth in a hospital or clinic and obtaining pre-natal and post-natal checks improves with her increased education.” The experiences of International Rescue Committee professionals confirm the significant role education plays in the provision of health services. With malnutrition the main underlying cause of morbidity and mortality among refugee population children, mothers with higher education levels and literacy understand and act on health issues and provide more nutritious food to their families. The education of community leaders who perform community health services is also important, since women with low status and poor education will not be able to provide community leadership enabling them to change health practices among women. The fact that no secondary or tertiary education is presently supplied to Mozambican refugee women has, therefore, critical implications for the future of health care when the refugees return to their villages. Education improves the mother’s ability to plan child spacing and number of births that in turn affects her children’s survivability and quality of life. The authors recommend that, given the importance of education to health and other sectors, both, formal and informal, educational services should be strengthened for Mozambican refugees. As refugee populations stabilize, resources can be shifted from the provision of health services to more long-term goals which strengthen self-sufficiency, including, among others, primary education, basic literacy and functional training, health education, training of refugee health providers and income generation. A short discussion of a community survey in Kalanje Camp, Mangochi District addresses reasons why refugees do not seek school education and strategies to encourage education among the refugees. The appendix discusses a proposed training programme for war-affected Mozambican youth.

INDEX TERMS: Liberians, displaced persons, children, prostitution, education, language education, public health, needs, health services, income-generating projects, unaccompanied minors, international armed conflict, trauma, sexual violence, child soldiers, needs, refugees in transit, living conditions, food aid, prostitution, health services, infectious diseases, history.

GEOGRAPHICAL TERMS: Guinea, Côte d’Ivoire, Liberia.
This report presents findings of a visit by the Women’s Commission for Refugee Women and Children delegation to Côte d’Ivoire and Guinea in April and May of 1991 to observe and assess the needs of Liberian refugee women and children. It begins by outlining the regions in Côte d’Ivoire and Guinea where Liberian refugees are located, and the facilities available to them. The authors compare health issues and education for refugees in the two countries. Since French is the national language in both countries, English-speaking Liberians have great difficulty using the national health care systems. In both countries health care presents serious but somewhat different problems for refugees. In Guinea there is almost no health education, screening, and treatment of sexually transmitted diseases. Owing to the recent influx of refugees from Sierra Leone, additional help is needed. In Côte d’Ivoire, because of the language issue, education has become a complex problem. The government is reluctant to have classes taught in French for primary and secondary Liberian students because of its ambivalence that Liberians would become too integrated into Ivorian society. In Guinea schools ranging from kindergarten to high school are functioning for refugee children but students in secondary schools lack material support. In both countries the absence of income-generating activities and skills development programmes, the lack of absorption of specialists in the work force, and the lack of capital to start small trading has forced many Liberians into prostitution for the first time in order to earn an income. The remainder of the report focusses on the situation in Monrovia where the invasion of neighbouring Sierra Leone by rebels connected with the National Patriotic Front of Liberia (NPFL) resulted in an influx of displaced Liberians. Since the rebels surround the city and control the countryside, the city, with an ever-increasing population, resembles a huge refugee camp where virtually its entire population is deprived of education and industry, and is dependent on donated food. The impact of these conditions on refugee women and children is demonstrated by discussing the growing problems of prostitution, the specific health problems of women, the plight of unaccompanied children, the impact of war on children, and the violence against women and girls. The authors recommendations concern improvement of programmes, address women and children’s needs as well as the specific problems faced by children of displaced Liberians. The Appendices include a brief history of Liberia, articles published by the Philadelphia Inquirer in June 1991 discussing war-torn Liberia, and a map of Liberia.

INDEX TERMS: Ethiopians, Eritreans, Tigrayans, armed intervention, persecution, imprisonment, torture, flight by land, rape, educational background, widowed persons, children, spontaneous settlements, urban areas, aspiration, domestic workers, self-employment, Shari’ah, poverty, prostitution, police, human rights violations, UNHCR, refugee impact, refugee/local community relations, spontaneous return, political change,
Due to war and recurrent drought and famine, over a million Ethiopians have sought refuge in Sudan since the late 1960s. This article is based on interviews with 77 randomly selected Ethiopian women refugees in Khartoum in the spring of 1988. The government of the Sudan accords refugee status to all Ethiopian refugees but confines them in semi-urban and rural settlements. To discourage refugee influx into already overcrowded urban areas, international humanitarian organizations are forbidden to extend financial support to refugees who are illegally residing in cities and are officially referred to as “spontaneously settled” or “self-settled” refugees. The women interviewed were in their prime productive and reproductive years; 38 per cent were married but half of them lived without their spouses; and 49 per cent were originally from Eritrea and Tigray. With few exceptions, the women had spent several years at school; the majority had completed high school and several had post-secondary education. Most women reported that their education had been interrupted by war or adverse political conditions. Nearly all had come on foot to Sudan facing life-threatening situations, such as banditry, along the journey. Reasons for leaving their homeland included fear for their lives because they either belonged to a nationality or opposition group or had witnessed the imprisonment and/or execution of close relatives or friends. As refugees, these women experience a wide gap between aspirations and realities; 76 per cent of those with a job work as domestics with low pay and under physically exhausting conditions. The women’s self-employment opportunities are restricted by Shari’ah laws and many other institutional and legal constraints. Moreover, the Sudanese public generally believes that all Ethiopian women refugees are engaged in prostitution, which society considers immoral as well as illegal. This belief is vastly exaggerated, as the few women who resort to it have no alternative means of income. Beyond tarnishing their reputation, this image subjects them to various forms of physical and psychological abuse and violence. The police often exploit the refugees’ desperate situation for their own profit; police harassment and physical abuse of refugees are widely known by the public and recognized by government officials. Many refugees criticize UNHCR for failing to safeguard their well-being in spite of the fact that its mission is to protect refugees. Yet UNHCR does not have the legal power to place sanctions or impose penalties on host governments that contravene refugees’ human rights. As a result, many refugees are dominated by feelings of inferiority, self-deprecation, and uselessness. The majority of refugees agreed that they would return to their homeland but that a fundamental political and socio-economic change was a precondition for their voluntary return.
INDEX TERMS: Mozambicans, mothers, children, adolescents, rural settlements, agriculture, food supply, living conditions, pre-school education, trauma, sexual abuse, marital conflict, violence against women, extended family, polygamy, stress, psycho-social problems, training programmes, crafts, primary health care, traditional birth attendants, community development, needs assessment, customs and traditions, value systems, refugee-agency personnel, medical personnel, teachers, refugee participation, women's organizations, interviews, questionnaires, psychological tests.

GEOGRAPHICAL TERMS: Zambia.

This is a report on conditions in the Ukwimi Refugee Settlement for Mozambicans in Zambia in 1989-1990 and on plans for a community-based programme to address psycho-social needs of women and children. It is based on one of the co-author’s observations as a consultant over a three month period and on studies she conducted among women and adolescents. In Part One she discusses her observations and conclusions. The settlement of 24,000 refugees comprises a number of villages, each containing about 50 families. Each family is given two hectares of land on which to build their houses from locally obtained materials. Upon arrival, staple foods is provided through the World Food Programme for the first two years, after which time the refugees are expected to be self-sufficient. The preschools programme and changes introduced as a result of a training course for teachers, developed by the consultant, are discussed and the inadequacy of present provisions of preschools in meeting the needs of the rapidly expanding community are pointed out. Based on her meetings with women in women’s clubs, she discusses the violence many women witnessed in Mozambique; the abuse by husbands women experience lacking the support of the extended family; polygamous marriages which unsupported women are forced to enter in order to survive; measures to counter violence against women and provide women with support and skills; and the use of traditional birth attendants as community health workers.

Part Two discusses the results of two studies. One hundred and ten women were interviewed. Each woman completed three questionnaires about her own situation and experiences, and two questionnaires for one of her children aged between seven and 12 years. The first questionnaire assessed the mother’s living conditions. The second questionnaire listed 13 situations which women were asked to rate in terms of the stress or distress caused by each of them. The third questionnaire included 19 traumatic events. Women were asked whether they had been victims or had witnessed or knew of someone who had suffered the event, and if so, to rate the stress they experienced thinking about the event. Similar questionnaires were administered to mothers rating the children’s vulnerability, experiences of traumatic events and stress-related behaviour. The study found that the majority of mothers and children are highly stressed. Mothers’ stress is related to current factors and the impact of traumatic events experienced. Children’s stress is related to traumatic events experienced and mediated by the stress of their mothers. As well, 61 girls and 58 boys, aged 13 to 17, were interviewed using a version of the Stress Assessment Schedule modified for self-report and the age group. Although there was no significant difference in their total scores, boys and girls differed significantly in terms of their
reactions to traumatic events. Adolescents were seen to have suffered a massive assault on their personal and social identities; and those of marriageable age to be ill-prepared for parenthood. The authors conclude that there is a need for intervention, but argue that it should focus not only on “mental health”, but on the extent to which all aspects of refugees’ lives have been affected, including women and children’s physical well-being. The approach should be one which recognizes psycho-social needs as a community issue, as well as an individual one, which offers the possibility of addressing these concerns within existing community structures, such as those of primary health care, education and women’s groups. A community-based model, rather than a mental health or sickness model, is proposed as it can enlist the community’s participation and draw on its cultural beliefs and practices. Some implications of community-based interventions are pointed out. Relief agencies will need to work “with” rather than “for” refugee communities. It is hoped that intervention programmes for both women and children will be developed which will be run by a group of women to be identified by the community.

INDEX TERMS: Liberians, refugees, Ghanaians, refugee camps, one-parent families, basic needs, infants, food, supplementary feeding, family planning, health education, children, primary education, adolescents, protection, income-generating projects, international organizations, NGOs, UNHCR, OAU, refugee participation, repatriation, needs assessment.

GEOGRAPHICAL TERMS: Ghana.

With the Liberian civil war of 1990, it became necessary for Ghana to repatriate its citizens from Liberia who in turn brought with them their former Liberian neighbours and friends. In 1991, 6,600 Liberians were classified as refugees under UHNCR mandate, of which 3,000 were established at the Buduburam Programme Government camp in the Goma District. This in-depth study, in co-operation with the National Mobilization Program, NGOs, and local and international voluntary agencies, was carried out at the camp to assess the needs and preferences of Liberian refugee women and children in Ghana, collect data about the skills of the women and serve as their advocate, and promote income-generating activities (IGAs). Seventy-five per cent of the occupants at the camp are women and children. Their basic needs include provision of clothing, food and food supplements for babies, sanitary and birth control supplies for women, primary health education, and income-generating projects. Family planning education is needed to combat risk behaviours such as unprotected sex and prostitution that lead to sexually transmitted diseases and unwanted pregnancies. The safety of young girls and single women is of concern and would improve with a female protection officer on the staff. Basic needs for primary education are provided for refugee children within the camp; however, teenagers at the OSU Children’s
Homes attend local schools where language and social acceptance are a problem. Income-generating projects, such as soap-making and vegetable gardening, are seen as ways to combat refugee women’s needs for gainful employment and income, to reduce malnutrition, to act as therapy, and to provide skill-training to help women help themselves and to contribute to the economic development of their country upon return. In conclusion, the author calls for funding from humanitarian agencies, Governments, NGOs, UN agencies, Organization of African Unity (OAU), and UNIFEM for in-depth research on refugees during emergency care and maintenance phases and subsequent immediate action. She urges that throughout this process women be given the encouragement and opportunity to actively participate in the decision-making process regarding their situations in the camps and their return to Liberia. The author provides a set of annexes that include a list of officials met, acronyms and abbreviations, conclusions, and proposals for Home Economics Programmes for refugee women in Ghana and Buduburam Camp.


INDEX TERMS: Liberians, refugee camps, children, adolescents, pregnancy, infectious diseases, health education, family planning, counsellors, community health clinics, medical personnel, women, self-help organizations, volunteers, housing, sanitation, Ghanaians, NGOs, international organizations.

GEOGRAPHICAL TERMS: Ghana.

This article reports on efforts to provide family planning and reproductive health services to Liberian refugees in the Buduburam camp in Ghana. Refugees had become concerned about increasing teenage pregnancies and were also worried about the spread of sexually transmitted diseases (STDs). A meeting, organized by the National Council on Women and Development in early 1991 to discuss how family planning services could be introduced at the camp, marked a turning point in the welfare of refugees. Following the meeting, the Planned Parenthood Association of Ghana (PPAG) agreed to take on the task of providing education on reproductive health and of supplying non-clinical contraceptives to the Buduburam refugee community. However, it soon became apparent that the settlers needed a more complete range of contraceptive methods. To meet this and other health needs a joint venture entitled the Integrated Family Planning Services (IFPS) project was established by PPAG, the Red Cross Society of Ghana and the International Relief Committee (IRC). In 1993, the PPAG built a three-room clinic at the camp to offer clinical services, provide family planning information and distribute contraceptives. Since STDs, infertility and sub-fertility of women are also problems that face the refugee community, IRC is funding a doctor to hold a weekly session on STDs at the clinic. PPAG is collaborating with IRC to train community volunteers who are active in mobilizing community members to pass on family planning information. Although the camp has other
health problems, the authors suggest that the Integrated Family Planning Services project has made a start in helping families to look after their health.

c. **Australia**


INDEX TERMS: refugee status applications, refugee status determination procedures, female circumcision, gender-based persecution, CEDAW79, CSR51, international instruments, declarations, CSR51, PRW53, guidelines, case law, well-founded fear of persecution, ethnic persecution, religious persecution, persecution for nationality, social group persecution, persecution for political opinion.

GEOGRAPHICAL TERMS: Australia, United States.

This article begins by discussing the case of Fauziya Kasinga, a member of a tribe of northern Togo, who sought asylum in the United States on the grounds that, upon her return to Togo, she would be subjected to female genital mutilation (FGM). In its majority opinion, the United States Board of Immigration Appeals (BIA) decided that the practice of FGM could be the basis of a grant of asylum. The author examines the likely outcome of a ‘Fauziya Kasinga-type’ application in an Australian court. In order to receive a protection visa, she would have to demonstrate, as in the US, a well founded fear of persecution on the basis of one of the five Convention ‘reasons’: race, religion, nationality, membership in a particular social group or political opinion. The author poses three questions: whether the fear of harm is well founded; whether FGM constitutes persecution as defined by the Convention; and whether persecution is feared for a Convention reason. He investigates each question and postulates the likely outcome of the application in an Australian court. In Australia, such a case would satisfy the ‘real chance’ test of well-founded fear of persecution on her or his return to the country of nationality. Although there is no precise definition of persecution in Australian and international law, the opposition to FGM is widespread and the practice is almost universally condemned. Since membership of a Convention category ‘is the crux of determination of refugee status’, the author uses examples from Australian case law to illustrate the lack of clarity of definition of membership of a particular social group persecuted as perceived by society and of groups created by persecution. The issue of whether women comprise a social group is debated, citing a number of arguments both for and against this claim. The concern that a broadening of the social group category might ‘open the floodgates’ is also addressed.
Australia operates one of the world’s largest refugee resettlement programmes in addition to providing a wide range of post-arrival services to resettled refugees. The aim of this government publication is to outline the Australian government’s response to refugee and humanitarian issues. The booklet provides general information on a variety of topics. Chapter one describes Australia’s humanitarian commitment, including definitions of the key terms of refugee, displaced persons, and asylum seekers; a brief historical perspective of Australia’s response regarding the resettlement of refugee and people in humanitarian need; the international response towards lasting solutions; and Australia’s focus on resettlement with details being provided in chapters three and four. Chapter two outlines Australia’s international commitment, including co-operation with international agencies, such as UNHCR, the International Organization for Migration (IOM) and the International Red Cross (ICRC); the government’s overseas aid programme for refugees; and AUSTCARE, a major NGO humanitarian agency specializing in providing emergency support and development assistance for refugees and displaced persons. Chapter three discusses the three major components of Australia’s humanitarian entry programme overseas: resettlement of refugees, the Special Humanitarian Programme (SHP) for people who are outside their country of nationality or usual place of residence and have experienced discrimination amounting to gross human rights violation; and the Special Assistance Category (SAC) for groups with close family or community links to Australia, who are in particularly vulnerable situations but do not meet the criteria of the other two categories. Chapter four describes the refugee determination process in Australia, including access to benefits and services to persons who are waiting on the determination of their application for refugee status. Chapter five describes health and character requirements that Humanitarian Programme entrants have to meet to be granted a visa. Chapter six, Planning a new life in Australia, discusses the services provided under the resettlement programme, including special humanitarian services such as the Community Refugee Settlement Scheme and the On-Arrival Accommodation programme. The publication includes numerous photographs and two tables detailing Australia’s allocation by region for the 1997-98 humanitarian programme year and arrivals under the humanitarian programme by sub-programme and region of last residence for 1996-97.
This study investigates the health status of asylum seekers in Australia. Unlike refugees who have been granted residency prior to arrival, those who apply for refugee status after arriving in the country were not ensured access to health and social services. Precise figures are unavailable, but an estimated 1,700 to 3,000 people were admitted annually to detention between January 1992 and December 1995. The data for this study were collected in early 1994 prior to the implementation of the Limited Health Care Assistance Scheme that covers basic and urgent care. Asylum seekers could, however, apply to the Red Cross for various forms of assistance. Thus the study examined the health status and access to medical and dental services of asylum seekers during a period when government-funded assistance was not available. Forty people attending language classes at the Asylum Seekers Centre in Sydney were interviewed. Interviews were structured to facilitate rapport and to introduce the most potentially distressing areas, such as the exposure to trauma, toward the end of the session. The particular measures used in the interviews are described, as are the ethical considerations of the study. The mean age of the participants was 35 years; 21 were men; and a number of countries were represented. Residence in Australia varied from two months to seven years, 17 were single, 16 married, seven separated or divorced. Most participants were unemployed. Of the 38 subjects who completed the trauma section of the questionnaire, 30 reported pre-migration trauma. Other health concerns were compared against established health profiles. In their discussion, the researchers acknowledge limitations of the study, but note that their data nonetheless suggest that asylum seekers in their study experience significant levels of health-related symptoms, particularly in regard to psychological functioning. Yet, they had problems in accessing health care. The article concludes with a reminder that in the politicized discussions surrounding asylum claimants and their “true” status, basic human needs, such as access to health care and welfare, should not be overlooked. Thus, the effectiveness of the recent changes to provisions governing health and welfare services should be closely monitored.
INDEX TERMS: guidelines, protection, visas, resettlement programmes, gender-based persecution, refugee status applications, CSR51, CSRP67, UDHR48, international instruments, UNHCR EXCOM Conclusions, human rights, gender discrimination, databases, country of origin, women's status, violence against women, sexual violence, value systems, well-founded fear of persecution, refugee status determination procedures, cultural sensitivity, interpretation services, credibility, rape, changes of circumstances in home country, ethnic persecution, religious persecution, persecution for nationality, social group persecution, persecution for political opinion.

GEOGRAPHICAL TERMS: Australia.

The Department of Immigration and Multicultural Affairs developed the guidelines to help officers in assessing gender-based claims by applicants for protection visas in Australia or for entry to Australia under the offshore Humanitarian Program. While recognizing that both men and women can claim gender-based persecution, the guidelines focus on procedural issues concerning women applicants, since most of such claims are made by female applicants. They complement existing policy, but do not replace it. Background information is provided concerning the international protection framework and relevant human rights instruments protecting the rights of women, the recognition of the needs of refugee and displaced women, and Australia’s response to the promotion and protection of human rights in the international sphere. The guidelines also discuss the procedures for preparing a case, conducting interviews while being aware of cultural sensitivities, and assessing and handling information with respect to credibility/demeanour and confidentiality. Lastly, guidance is provided for officers assessing applications for protection visas and application for entry into Australia. Emphasizing gender-related persecution, the guidelines discuss persecution by torture or cruel or inhuman or degrading punishment or treatment; legal, social or religious mores restrictions; violation of thought, conscience, and religion; agents of persecution; and the cumulative effect of the individual instances of harm. As well they address the two ways that a well-founded fear of persecution can be established including past persecution and changed circumstances, relocation within her own country; and the five Convention grounds. It is noted that “(w)hile ‘gender’ of itself is not a Convention ground, it may be a significant factor in recognizing a particular social group or an identifying characteristic of such a group.”

The author presents an overview of the issues surrounding female genital mutilation (FGM), focusing in particular on the Crimes (Female Genital Mutilation) Amendment Act which took effect in New South Wales (NSW), Australia on May 1, 1995. The article begins with a discussion of the practice of FGM, its terminology, its ideology, and arguments against the practice. In the section on the right to cultural integrity, the author contrasts the differing perspectives between Western women who condone FGM as a violation of rights and of African women who value it as a cultural tradition that should be free from state regulation. The author refutes the argument by cultural relativists that Western culture condones cosmetic practices that are equally barbaric and unnecessary, by pointing out that cosmetic practices are voluntary while most young girls do not have a choice about FGM. The author addresses the difficulties of assessing the incidence of FGM in Australia and the need for legal intervention, and discusses several reasons why specific legal intervention was required. Prior to the Crimes (Female Genital Mutilation) Act 1995, FGM was considered a form of child abuse and a criminal offense. The Crimes (Female Genital Mutilation) Amendment Act places the illegality of all forms of FGM beyond doubt, making it an offense for a person to perform, aid, abet, counsel or procure FGM. A person who performs any of those acts on another person is liable to seven years imprisonment. The amendment also makes it an offense to take children outside NSW for the purposes of FGM. The author concludes with a detailed description of the various sections of the Crimes (Female Genital Mutilation) Amendment Act, and the role of health education programmes targeted at appropriate migrant communities in empowering women who refuse to participate in this tradition.
Chapter 3 Asylum

GEOGRAPHICAL TERMS: New Zealand.

Written to commemorate Women’s Suffrage Centennial Year in New Zealand, this book describes the experiences, difficulties and issues of concerns to refugee women and New Zealand’s 50 years of refugee resettlement. Part I discusses the special needs of refugee women from a global perspectives and resettlement as one of the durable solutions.

Refugee women, especially heads of households, are often overlooked for resettlement as an option, particularly when the selection criteria focus on factors more appropriate for immigration, such as the ability to settle quickly and easily, and not to remain dependent on the state. UNHCR’s women-at-risk programme, introduced in 1993, was designed to help refugee women at special risk in countries of first asylum and in urgent need of resettlement. Further initiatives which recognize the importance of assisting refugee women, such as UNHCR’s Guidelines on the Protection of Refugee Women, issued in 1991, and gender awareness or “People Oriented Planning” training, introduced to UNHCR in 1989, are also discussed. Part II provides a detailed historical overview of New Zealand refugee resettlement from the arrival of the first ship-load of Polish children, many of whom were orphans, and accompanying adults in 1944, the country’s pioneering resettlement of handicapped refugees, to its responses to fleeing Hungarians, Czechoslovaks, Vietnamese boat people, Somalis and Bosnians, to mention only some of the initiatives. New Zealand’s annual quota of up to 800 refugees is one of the highest per capita intake globally. The current quota categories, the annual quota and intake of women-at-risk, and the country’s resettlement process - the reception centre, orientation programmes, community role, sponsorship - are discussed. The final section on refugee women’s resettlement from 1982-1993 includes many detailed charts on data such as the woman’s relationship to a partner, her links with New Zealand on arrival, her age, dependent children, English proficiency, education, etc. Part III, “Voices of Refugee Women” includes 12 personal testimonies from refugee women who fled Poland, Hungary, Uganda, Chili, the former USSR, Cambodia, Vietnam, Iran, Iraq, Bosnia and Somalia. The moving stories are characterized by separation from friends, families, parents and spouses, deprivation, rape, mental anguish, exploitation and other forms of violence and trauma.

Appendices include: information on international law and the protection of refugee women; statistics for the Mangere Refugee Reception Centre 1979-1994 on the numbers and nationality of refugees received; an update on the New Zealand Refugee Quota Programme for 1994/95; how to nominate a refugee for resettlement in New Zealand; an overview of the English for Speakers of Other Languages (ESOL) Home Tutor Scheme; a directory of refugee assistance agencies; and a New Zealand bibliography on refugees.
d. **Central Asia**


INDEX TERMS: Azerbaijani minorities, displaced persons, armed conflict, forced migration, ethnic conflict, NGOs, living conditions, refugee camps, housing, water, sanitation, children, public health, latrines, diseases, nutrition, supplementary feeding, breast feeding, immunization, maternal and child health care, family planning, abortion, UNHCR, guidelines, protection, refugee participation, income-generating projects, one-parent families, landmines.

GEOGRAPHICAL TERMS: Azerbaijan.

A Women’s Commission for Refugee Women and Children delegation visited Azerbaijan in June 1994 to assess the living conditions and needs of some 1.1 million refugees who, because of the armed conflict in Nagorno-Karabakh, have been victims of forced displacement and are now living in Azerbaijan. The delegation visited various sites and had discussions with refugee and displaced women and children, government representatives and international and local relief workers. The sites visited ranged from a camp with pre-fabricated wooden houses, a settlement consisting of train boxcars, tent camps, makeshift shelters to a settlement in an apartment complex on an abandoned collective farm. Lack of clean sources of water, sanitation, adequate health services, and sanitary, safe shelter varied from site to site. The delegation made several recommendations concerning protection and assistance, including that vulnerable groups be targeted as priority in the distribution of supplies and the implementation of assistance programmes; that refugee women participate in the formation of assistance programmes; and that income-generating projects be designed to include women-headed households. To improve basic health care services, it is recommended that the public health outreach programmes be extended to refugee maternal and child health, and incorporate pre-natal, post-natal care, breast feeding and weaning, and immunization in the assistance programmes; that a nutritional survey be promptly undertaken to evaluate the need for supplemental feeding for pregnant and lactating women and children under five; that NGOs determine whether women have access to local facilities for delivery and trained birth attendants; and that family planning information and contraception, and safe, effective gynaecological care for women having an abortion be provided. Lastly, the delegation supported the development of better shelter, and recommended the development of a landmines awareness programme.
Chapter 3 Asylum

e. East Asia


INDEX TERMS: Vietnamese, Chinese minorities, men, children, flight by sea, asylum seekers, customs and traditions, gender role, country of origin conditions, causes of flight, ethnic persecution, persecution for political opinion, economic deprivation, non-political crimes, detention of asylum seekers, refugee camps, value systems, alienation, marginality, juvenile delinquency, camp management, violence against women, refugee experiences.

GEOGRAPHICAL TERMS: Hong Kong.

Based on 35 formal interviews and informal discussions with women asylum seekers, conducted during April, May, and June 1990, this chapter discusses the reasons for women’s flight from Vietnam and the social psychology and social structure of life in nine detention centres in Hong Kong. It begins with a brief overview of the circumstances and traditions that have shaped women’s role in Vietnam. All but two of the twenty married women in the sample left for their own reasons unrelated to their husband’s decision. Reasons for leaving included membership of persecuted ethnic minorities, persecution or fear of it for expressions of protest, loss of employment, or fear of arrest for criminal activities. The author presents the story of an 18-year old girl to portray the difficulties and horrors experienced by single women when making their escape. The detention centres are high-security holding camps, consisting of concrete yards segmented by high barbed wire fences and Nissen-type buildings, with the capacity ranging from 2,000 and 24,000 people. Except for a few recreational activities, inmates have nothing with which to occupy themselves. Older men, denied their role of provider, become listless and frustrated, while young men seek self-esteem in gang brotherhood and acts of defiance. Women and children are physically vulnerable in such an environment where traditional values are being supplanted by outsider control. Because of this volatile atmosphere, controlling the population by demanding passivity and obedience is a major concern of management. Thus, the attitudinal responses favoured by management tend to be “stereotypically feminine in type...which in a generalized sense incorporate(s) idealized virtues of Vietnamese women.” From this standpoint, which denied refugees their individual identities but was sympathetic to the image of the victimized women, management responded with protection for the women and swift retribution against men who threatened them. Yet it also contributed to men’s sense of helplessness and dependency and stress over their role and identity in relation to women, which, in turn, fostered marital violence and deviant behaviour of young men, which made women unsafe.
In Part I, the authors argue that Hong Kong’s “humane deterrence” policy, on the sole basis of national origin, constitutes “a particularly cruel form of arbitrary detention” in violation of international law. The policy’s purpose is to use Vietnamese asylum seekers as hostages to deter their fellow citizens from attempting to flee from Vietnam. The authors offer at least three reasons why the 1987 Hong Kong immigration law, which codified the principle of “humane deterrence”, and practice are defective. Part II provides a brief discussion of the historical context of Hong Kong’s hostility towards Vietnamese asylum seekers. It addresses the special problems and concerns of Vietnamese children and women; the legal basis for the humane deterrence policy; and the process which Vietnamese asylum seekers must undergo to qualify for legal status. In Part III international instruments, such as the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, as well as relevant case law are used to demonstrate the illegality of Hong Kong’s policy of arbitrary detention. Part IV describes the UNHCR’s creation in 1991 of the United Nations Working Group on Arbitrary Detention (Working Group) for the purpose of “investigating cases of detention imposed arbitrarily or otherwise inconsistently with the relevant international standards.” The Working Group’s broadly construed mandate is discussed in some detail. In Part V the authors recommend several changes to Hong Kong’s humane deterrence policy to make it conform to international law. The Working Group has recently accepted jurisdiction in a petition filed on behalf of Vietnamese. Hong Kong has been given until December 1, 1993, to defend its policy. Thereafter, the Working Group will issue a decision on the merits.
INDEX TERMS: Vietnamese, children, flight, detention, refugee camps, living conditions, refugee status determination procedures, needs, stress, trauma, neurotic and personality disorders, food, unemployment, hygiene, diseases, medical treatment, stress, protection, leisure activities, education, vulnerable groups, questionnaires, research.

GEOGRAPHICAL TERMS: Hong Kong.

This article represents a condensed version of a research report, prepared by the Community and Family Service International and the International Catholic Child Bureau, on the situation of Vietnamese women in detention camps in Hong Kong. To better understand the women’s situation and to explore the impact of detention on them and their children, the researchers conducted a systematic assessment of their needs, and the stresses and traumas experienced by them and their children. After providing some background on Vietnamese asylum seekers in Hong Kong, the authors describe the crowded living conditions in detention camps that leave both women and children especially vulnerable. The research consisted of a series of focus group discussions (FGD) at two levels, each bringing together six to eight women, and a survey questionnaire. Trained Vietnamese women in five camps conducted the FGD with 1,065 participants between 18 and 70 years of age, including single women, married women, and female heads of families. The objective at level one was to elicit the needs and problems of Vietnamese women through consulting a large and representative group. Vietnamese research assistants trained in content analysis identified the following eight themes under which the women’s problems and needs were grouped: joblessness, public and personal hygiene, medical care, stress, provisions, protection and safety, leisure and recreation, and education of children. At level two, a further series of discussions focusing on these eight themes were conducted with the same women in order to review these concerns and clarify their causes and effects. Using a questionnaire survey instrument, trained Vietnamese women interviewed a sample of 370 women who were randomly selected in seven camps. The questionnaire was designed to obtain information on the women’s situation in Vietnam and their present living conditions in Hong Kong; using a traumatic events schedule, the traumatic events experienced by women both en-route to Hong Kong and in the detention centres; daily problems faced by the women in the detention centres; and, using a self-report questionnaire, a measure of emotional well-being. The assessment found that the women’s emotional well-being has been seriously compromised as a result of the cumulative effect of their experiences of traumatic events and the daily problems that characterize their lives in detention. The women are severely depressed and their capacity to make decisions, especially with respect to their future, is thus affected. Women with children are more affected as the extent to which their children experience negative events is a contributing factor in determining their emotional well-being. The article also describes the research findings concerning the content of the women’s discussion of the eight dominant themes. The article concludes by suggesting that the negative effect on the women’s emotional well-being is due to their situation of disempowerment and vulnerability as women. The authors stress that it is crucial for agencies working in detention camps to understand that these women are not the
perpetrators but the victims of abuse, intimidation, and neglect of their needs as women and as mothers. How to address their situation is discussed in a series of recommendations concluding the report.


INDEX TERMS: Vietnamese, boat people, asylum seekers, children, involuntary repatriation, detention of asylum seekers, living conditions, refugee camps, housing, family reunification, protection, health services, health personnel, translation services, violence against women, malnutrition, family planning, health education, refugee status determination procedures, UNHCR, educational opportunities, voluntary repatriation.

GEOGRAPHICAL TERMS: Hong Kong.

In 1990, a delegation of the Women’s Commission for Refugee Women and Children from Norway, Canada and the United States visited six refugee camps and detention centres in Hong Kong and interviewed Vietnamese, government officials, staff of voluntary agencies, and non-governmental agencies to examine and make recommendations about the situation of Vietnamese refugees and asylum seekers, particularly women and children. In 1988, due to the increase in the number of Vietnamese arrivals, Hong Kong introduced new measures to reduce its existing camp population and deter new arrivals. The major issues the delegation addresses are the conditions in the detention camps and the screening and repatriation process. Within the camps, conditions were overcrowded, dangerous, and unsanitary and the provision of health services was impeded by a lack of trained personnel and translators. As well, women feared violence and sexual harassment and children faced malnutrition and health problems, inadequate protection, and had poor educational and recreation opportunities. The delegation reported that although there is a viable voluntary repatriation programme in place, it needs further consideration to ensure the safety of returnees and to prove that it is truly a voluntary and not forced repatriation. The authors discuss the screening process and question its credibility. A series of recommendations are provided which are based on their observations and discussions.

INDEX TERMS: Vietnamese, asylum seekers, refugee camps, overcrowding, refugee participation, women's status, needs assessment, family reunification, safety of refugees, violence against women, income-generating projects, newsletters, family planning, maternal and child health care, rape, breast feeding, health education, children, protection, education, repatriation.

GEOGRAPHICAL TERMS: Hong Kong.

On a follow-up visit to the Women’s Commission’s January 1900 Delegation to Hong Kong, the author reports on changes made since January 1990 in three Detention Centres for Vietnamese asylum-seekers in the face of an increased influx but decreased repatriation of these refugees. She spoke with Vietnamese, Hong Kong government (HKG) officials, expatriate camp workers and interpreters, voluntary agency personnel, UNHCR officials, Hong Kong citizens, and other knowledgeable individuals. She examines the community forum model which enables Vietnamese themselves to participate more fully in the day-to-day operations of the centre and which is being implemented in all detention centres; general detention conditions; family, religious, and community life; security problems and measures taken to reduce the incidences of violence against women; health services including family planning, medical protocols for rape victims, maternal and child health; assistance and protection for children; and screening and repatriation. She applauds the improvements made, such as opening a new school and a new detention centre, women’s income-generating projects, family planning teams, and Vietnamese-language newsletters on services and health education. In her recommendations she urges immediate assistance from the U.S. government, UNHCR and HKG, the Vietnamese-American community, and the Women’s Commission for Refugee Women and Children to deal with the present difficult situation. The annexes include a leaflet - Watch Out for New Conspiracy of UNHCR, medical protocol for victims of sexual assault, 1991 Hong Kong itinerary, and agency addresses in Hong Kong.

f. Europe


INDEX TERMS: mental health, psychiatric treatment, mental hospitals, refugees, asylum seekers, victims, forced migration, second language teaching, country of origin conditions, Yugoslavs, Catholics, husbands, Muslims, rape, children, marital conflict, neurotic and personality disorders, Ethiopians, mothers, siblings, case studies.
This article describes factors that influence the mental health of female refugees, the problems they face when admitted for psychiatric care, and the help available through inpatient treatment. On arrival in a refugee camp in the Netherlands, refugees find themselves completely dependent upon others. Asylum seekers are not allowed to work or to begin an education in the Dutch language. Men, feeling completely deprived of a normal life, are more often in need of psychiatric treatment than women. Women, who retain some normalcy as caregivers, are more often treated as out-patients so that they still can care for their family; however, when they are admitted for treatment, it is usually for more problems. Refugees and asylum seekers are treated in one of two inpatient treatment centres: the Phoenix and De Vonk Centre. The treatment philosophy in the Phoenix Centre is based on the fact that they are victims of violation of human rights and forced migration. The authors discuss the psychoanalytic literature which influenced them to adhere to a “clear and cognitive approach” and thus to refrain from using a psychoanalytic attitude. In order to reduce regression, the Phoenix Centre provides Dutch language lessons and education in the rules and institutions of Dutch society, attendance of which are compulsory for all patients. The authors describe the treatment and therapy techniques employed in two cases, one woman from former Yugoslavia and the other from Ethiopia. Although both women had been raped, they reacted differently to the traumatic events they experienced, depending on their own life history and the norms and values they cherished.


To develop a gendered perspective on refugee law and policy, the Refugee Women’s Legal Group (RWLG) published in 1997 Women as Asylum Seekers: A Legal Handbook. Similar to those adopted in other refugee-receiving countries, the 1998 RWLG Gender Guidelines for the determination of women’s asylum claims are to enable interviewers and decision-makers to apply the UN Refugee Convention in a way that embraces all human experience and asserts and affirms the rights of women to effective international protection under UK law. Section I provides a framework for gender analysis. Specific women’s issues and problems are discussed to show why the current interpretation fails women, since the UN
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Convention has often been approached through a framework of male experience during asylum determination in the UK. As well, definitions of gender and persecution are presented and international instruments on human rights are identified which may be useful in interpreting the UN Refugee Convention and in evaluating a claim to ensure proper protection. In Section II, The Meaning of ‘Serious Harm’, examples of gender-specific violence are discussed as well as of discriminatory measures that may amount to ‘serious harm’. Section III, the Failure of State Protection begins by listing the situations in which such failure exists and then discusses the responsibility of the state to provide protection to a woman, regardless of her race, religion, nationality, or social mores which dictate gender-related abuse as an acceptable practice. As well, in some cases there may be protection in theory only and corroborative evidence will not always be available. Section IV, Convention Grounds, discusses in some detail that the Guidelines are to encourage decision-makers to let gender inform their assessment under race, religion, nationality, actual or imputed political opinion or membership in a particular social group. In Section V, the authors address procedural and evidential issues focussing on access to the determination process, interview procedures, culturally sensitive communication, credibility, documentary and medical evidence, and the standard of proof. The authors call upon the UK government to adopt and apply the Guidelines as a first step toward equitable protection for women under the Refugee Convention.


INDEX TERMS: Iranians, asylum seekers, human rights violations, death penalty, torture, arbitrary arrest and detention, elections, Islam, political activities, political parties, protest, police, legal proceedings, imprisonment, civil and political rights, womens status, Shari’ah, divorce, homosexuals, repatriation, deportation, grant of asylum.

GEOGRAPHICAL TERMS: Iran, Netherlands.

This brief by the International Federation of Iranian Refugees (IFIR) opposes the Dutch Ministry of Foreign Affairs’ (MFA) June 1997 report on the general situation in Iran, which concluded that Iranian asylum seekers could safely be deported back to Iran. It claims that the MFA report on Iran is inconsistent with its own sources including all official general reports, such as by Amnesty International and Human Rights Watch. Excerpts from topics discussed in the report are cited and confuted including the general conditions in Iran, that is, the nature of the Iranian government, recent political developments, and the legal system and judicial process. Of the several human rights violations, the position of women is discussed in some detail. IFIR refutes MFA’s report of recent improvements in the legal and practical disabilities faced by women, such as relaxing of the dress code; an increase in the number of women in education; women’s increased appointments to senior executive positions in the government sector and to positions within the judiciary; an improved
This article discusses changes in access to family reunification in the European Union. Since the mid-1970s European immigration has been heavily female, as family formation and reunion have been the main source of legal immigration. In the early 1990s, the number of asylum seekers in Europe increased dramatically, with about 80 per cent of the applications coming from men. The authors note that men have a higher chance of being granted Convention Status, since authorities are more ready to accept men as political actors, whereas women are more likely to be granted residence status on humanitarian grounds with fewer social rights. In the 1990s “increasingly draconian policies against immigrants and asylum seekers” have been developed at both the inter-governmental level, such as Schengen and the Maastricht treaty, and by individual states. Most European states grant family reunification virtually unconditionally to those with full refugee status, but the number of grants of Convention status has diminished. However, refugees granted some form of humanitarian status as well as those waiting or appealing decisions have extremely limited rights to reunification. The authors review some of the restrictive conditions on reunification and provide a selection of examples of their application in individual states. No European state gives migrants with right of residence the automatic right to bring in...
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their families. While marriages contracted abroad are recognized, the conditions for the
entry of spouse and other dependants take several forms, including minimum periods of
residency and the length of the marriage - unmarried heterosexual or homosexual partners
are eligible in only a few states. With the exception of Belgium, all states make entry
conditional on the applicant’s ability to maintain the family out of his or her own resources
from employment and business, and all states require that the applicant’s housing be
adequate. All states also make the spouse’s residence status dependent on the partner for
some period, rendering the dependent spouse liable to deportation if the marriage breaks
down, which can effectively tie women to failing or violent marriages. For asylum seekers
granted residence on humanitarian grounds, social rights vary as does the period and
security of residency permitted, and, with no general right to bring in families, immediate
family reunion is generally offered only in very limited cases. The authors underscore that
refugees with such humanitarian status often face insuperable barriers, since few are able to
find secure employment, especially women with children, who are the least likely to be
employed.

GYNAECOLOGICAL COMPLAINTS AND WAR TRAUMAS: A STUDY
FROM ZENICA, BOSNIA-HERZEGOVINA DURING THE WAR, Frjak, Amira; Cengic, Sabina; Hauser, Monika; Schei, Berit. Acta Obstetricia et
Association of Obstetricians and Gynecologists. ISSN 0001-6340. p .350-354 :
tabls.

INDEX TERMS: Bosnians, Muslims, children, elderly, rape, international armed conflict,
trauma, living conditions, sanitation, womens organizations, NGOs, clinics, mobile health
units, maternal and child health care, psychotherapy, medical personnel, pregnancy,
abortion, reproductive health, somatic problems, nurses, birth, statistical data, UNHCR,
WHO.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

Zenica, a town of 120,000 in central Bosnia, received some 50,000 refugees during the war,
mostly women and children. To respond to the demand for services for women, the Medica
Women’s Therapy Centre, an independent non-governmental women’s organization, was
established in April 1993 by one of the author and local professionals. The centre provided
a range of integrated services, including an outpatient gynaecological clinic with an
operating theatre and a mobile team with an ambulance vehicle with gynaecological
equipment. Services were open to both refugees and local inhabitants. Procedures for
gynaecological examinations and treatments were based on an ‘as if raped’ approach and
performed by female professionals. Based on information from the records of women
attending the outpatient gynaecological clinic or from consulting the mobile gynaecological
team, this study aimed at determining the most common problems presented and changes in
patterns during different periods of the war. Data were taken from files for consecutive
Women Refugees in International Perspectives

gynaecological consultations over the first 14 days in three selected months from 1993 to 1994, with each period representing a different stage of the ongoing war. The sample of 486 cases was roughly evenly divided between refugees and local citizens. The most common problems included pregnancy during the first period, vaginal discharge and pelvic pain in the later periods with amenorrhoea increasing proportionately over time. Pregnancy was diagnosed in 129 consultations. Legal abortion was demanded by 25 of the pregnant women. During the first period, a high proportion of pregnant women perceived their pregnancies as unwanted or requested legal abortion but later on proportionally more women decided to carry on their pregnancies. Rape was recorded in 14 of the consultations and other war-related traumas in 42 cases. The only symptom, which was significantly related to reporting war trauma, was pelvic pain. Since the self-selection of women may have been influenced by the centre’s female staff and the availability of service for rape victims, the authors caution that the findings may not be representative and conclude that the need of victims of sexual abuse and rape during the war highlighted the need for reproductive health services in emergency situations.


INDEX TERMS: Bosnians, Muslims, Serbs, adolescents, rural areas, social networks, social adaptation, school adaptation, attitudes, refugee/local community relations, educational programmes, social relationships, language, culture, assimilation, cultural identity, ethnic identity, ethnic and national groups, refugee experiences, television, testimonies, field research.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Finland.

This article discusses some of the author’s findings of her thesis which was part of a larger research project concerned with the adaptation of Bosnian Muslim refugees who arrived in 1992 and 1993 in Finland and were placed in a rural area. Using the case study of a 17 year old Bosnian girl she illustrates the narrative constitution of identity extending from life before exile to her four years in Finland. The girl’s “story serves as an interpretation of the events, but it is also a story of the process through which an adolescent became first a refugee, and then became aware of her own and other peoples’ ethnicity.” The author concludes that the “refugee experience can serve as a mirror reflecting new and changing identities; and conversely, ethnicity can serve as a mirror to reflect the refugee experience.”

By collecting refugee stories, the narrative approach enables expressions of multiple subjectivities and identities that are not categorical but changing and flexible.

INDEX TERMS: Iranians, Kurds, men, children, reproductive health, maternal and child health care, pregnancy, breast feeding, family planning, sexual violence, violence against women, infectious diseases, AIDS, female circumcision, UNHCR, refugee status, refugee identity documents, residence permits, language barriers, translation services, needs assessment, surveys.

GEOGRAPHICAL TERMS: Turkey.

This is a report on the findings of a reproductive health needs assessment survey conducted in 1996 in Kaysari, Turkey, by the Committee for Humanitarian Assistance to Iranian Refugees (CHAIR), the International Federation of Iranian Refugees and Immigrants Councils (IFIRIC), the Women’s Committee-Turkey Branch, and the Women’s Commission for Refugee Women and Children. The assessment covered 27 self-identified Iranian refugee women, the majority of whom were of Kurdish origin and had arrived by way of Iraq. The assessment also included two focus groups of 15 refugee women and 12 refugee men. The survey found barriers of access to reproductive health services due to fear, lack of Turkish language skills, insufficient information, and financial constraints. Since most of the women interviewed were undocumented and the hospital required residence permits, lack of safety in accessing services as well as the inaccessibility of sanitary napkins were also mentioned. Focus group findings included, among others, the extent to which women were encouraged and supported by men in accessing health services, their awareness and use of contraceptive methods, their awareness of HIV/AIDS, and their awareness and experience of sexual violence. The report makes a number of recommendations to UNHCR, including that hospitals be requested to require only UNHCR recognition letters from refugees and not government-issued residence permits; that girls be added to the list of eligible recipients at pharmacies, so that both daughters and mothers could have access to low-cost sanitary napkins; that women translators be provided; and that the requirement of refugees to pay 20 per cent of pharmaceutical costs be dropped. UNHCR agreed to implement all recommendations with the exception of the last two, because, with refugees divided in numerous cities, translators were too costly and the 20 per cent requirement was similar to that required of Turkish nationals. The report stresses that lack of access to comprehensive health care “precludes refugee women’s full participation in asserting and promoting their rights.”
INDEX TERMS: Bosnians, Croatians, refugees, displaced persons, mental health, trauma, stress, psycho-social problems, refugee camps, social networks, counselling, assistance programmes, self-help organizations, educational programmes, refugee/local community relations, needs, reintegration, project evaluation, questionnaires.

GEOGRAPHICAL TERMS: Croatia.

This article describes the development, implementation, and evaluation of a programme of psycho-social assistance for refugee women from Bosnia-Herzegovina and displaced women from Croatia in four camps in Zagreb. The purpose of the programme was to empower refugee and displaced women by strengthening their self-esteem, social support networks, choices, and responsibilities. After identifying the programme aims, the authors outline the methodology and content of the programme. Group-work was carried out in “socialization groups” consisting of more than 15 and “small support groups” including up to 12 members. In addition, other programme activities were carried out in a group setting, including education, social-recreational and cultural activities, and relationship-building activities with the local community. Details of the structure and content of the group-work are provided, particularly the praying group which aimed to help women cope with traumatic experiences of war, the singing group as an expressive and therapeutic means in mitigating post-traumatic stress reactions, and the group for preparation for the future preparing women for their return home or to other permanent places of settlement. The authors present the findings of their 1994 programme evaluation based on subjective assessments of programme participants. Anonymous questionnaires consisting of four questions were administered to a sample of 110 socialization group members in the four camps. The findings are discussed in detail regarding which activities members felt helped them cope better in their current life situation as well as how they felt during the activities and whether the programme had produced any change in their lives and, if so, in what form. Based on these results a new (1995) programme proposal for meeting the women’s needs was developed and the same sample of women evaluated how helpful each activity would be to allow them to cope better and how important it was that the activity continue. The benefits derived from participating in the singing group were evaluated in more detail by 18 participants. After outlining the success of their programme in assisting a traumatized population, the authors emphasize the significance of using a developmental approach to providing professional assistance to refugees and the displaced in order to overcome the disadvantages of the “relief/humanitarian” approach or the “medical/mental health” model. A developmental approach supports the principle of active involvement, two-way communication, co-operation and partnership between programme users, professional programme workers, and donors in creating and implementing the programme of psycho-social assistance.

INDEX TERMS: Iranians, Kurds, Iraqis, Convention refugees, asylum seekers, reproductive health, health services, hospitals, dispensaries, residence permits, refugee identity documents, health personnel, breast feeding, AIDS, infectious diseases, violence against women, female circumcision, translation services, communication barriers, social networks, needs assessment, data collection, surveys, questionnaires, research interviews, interview schedules, CSR51, reservations, UNHCR, NGOs.

GEOGRAPHICAL TERMS: Turkey.

This is a report on a field test of a Guide to Needs Assessment and Evaluation; a tool developed by the Reproductive Health for Refugees (RHR) Consortium to assist field workers with reproductive health needs assessments in refugees settings. The author participated in the test on behalf of the Women’s Commission for Refugee Women and Children, a member organization of RHR. The setting was the Iranian refugee community in Turkey. As well as the field test, needs assessment data were collected and analyzed, and discussions were held concerning appropriate reproductive health interventions for the community. Fearing rejection, many of the refugees have not presented themselves to the Turkish authorities and, thus, do not have temporary residence permits and access to social and health services. UNHCR, however, has been able to provide for their health care by means of a “health letter” containing the refugee’s photograph, along with arrangements with designated hospitals to supply services at no charge to UNHCR-approved refugees without further documentation. Similar arrangements exist with pharmacies to obtain prescription and other health supplies at 20 per cent of the total cost. The field test focussed on the town of Kayseri, outside Ankara, where a concentration of “approved” Iranians reside. Data were collected through a survey of 27 women of reproductive age using key questions in the Guide; a focus group of 14 other women of reproductive age; a focus group of 10 men; and two hospital visits. Although the sample of women interviewed could not be randomly selected, the women represent about 44 per cent of the registered women of reproductive age according to UNHCR statistics. The findings show that access to health care was considered to be “very difficult” due to fear of deportation, language barriers, desire for care from a female provider, and lack of knowledge about service availability. Most women knew about modern methods of contraception and wished to postpone their next pregnancy by means of a contraceptive method, if it were available, but felt that access to family planning information was “non-existent” and services limited. Most had not heard about HIV or AIDS; however 59 per cent claimed that they had a sexual infection since arriving in Turkey but only a quarter of them had received treatment at the hospital. Women in the focus groups maintained that sexual violence does not exist, a finding supported by the survey, while most men admit to hitting their wives. The author notes that women’s denial may be related to the presence of a Kurdish interpreter known to the women. Female circumcision is a practice commonly carried out among Iranian Kurds. According to hospital officials access to hospital services is free to any refugee with no need to produce a UNHCR health letter and/or the Government of Turkey (GOT) temporary residence permit; however, relatively few Iranians attempted to access services. Recommendations include
that local branches of RHR associates become more familiar with the Turkish health care system, keep abreast of UNHCR mechanisms of access, continue to advocate with UNHCR for more translators, and review the availability and helpfulness of health information for women refugees. The Guide was judged to provide a useful structure to the needs assessment process. The draft questionnaire for the survey and the discussion guide for the focus groups are appended.


INDEX TERMS: Roma, Romanians, men, Poles, illegal immigrants, country of origin conditions, ethnic and national groups, poverty, racial prejudice, ethnic persecution, unemployment, country of refuge, rejection at border, transit, urban areas, black market, grandparents, parents, children, hygiene, gender role, temporary shelter, NGOs, deportation, food supply, medical treatment, pests, bacterial diseases, field research.

GEOGRAPHICAL TERMS: Poland, Germany.

About half of the estimated five million Roma in southeastern and Eastern Europe live in Romania, where they are the largest minority with a low standard of living and subject increasingly to racial prejudice and mob violence. This article discusses the situation of the thousands of Roma who have attempted to get to the West, especially Germany, but are refused entry and remain in indefinite transit in “frontline” states like Poland, where they stay hoping to try again to cross the borders illegally. To find out how they survived in the meantime, the author observed and talked with some Roma women in Poznan. Children and women engaged in a “theatre of poverty” as a survival technique, begging with the aid of photographs and crude signs. According to a Roma woman elder, they come in groups to make money and expect to do this for a year or two. On the street, they watch out for each other and are supervised by women elders. Children who are poorly dressed and unwashed turn over the money they receive to the women. After a day’s work, the women and children meet the men to hand over the money at previously arranged places. Efforts by the Polish government to deport Rumanian Roma are fruitless as most of them escape. Roma do not ask Polish organizations for assistance as they have virtually no contact with Poles and only speak Romany. They also have no contacts with Polish Roma who do not support panhandling and believe Rumanian Gypsies bring them shame. Yet in Poznan, a theatre group and the local chapter of the Red Cross have opposed deportation and are providing assistance, and a few Roma have been treated in local hospitals. The author concludes that the Roma of Eastern Europe face an uncertain future, particularly if popular prejudice pressures governments in the region to restrict the Roma’s right of movement and residence.

INDEX TERMS: Albanians, Italians, illegal immigrants, migrant workers, political change, causes of flight, country of origin conditions, refugee experiences, freedom of movement, propaganda, black market, family, receiving country, economic change, refugee/local community relations, NGOs, immigration policy, asylum, deportation, pregnancy, residence permits, public opinion, security forces, detention, influx deterrence, prostitution, police, racism, xenophobia, gender role, research interviews.

GEOGRAPHICAL TERMS: Italy.

This article presents the result of a preliminary inquiry into the situation of Albanian refugee women in Italy, based on participant observation and interviews with Albanian couples in the regions of Apulia and Basilicata, two regions which are over-represented in the distribution of refugees. In 1991, fleeing severe economic conditions and political change, over 40,000 Albanians landed in two waves in Italy. The first wave came in March, when Albania was still under Communist rule, and the second wave landed in August, when Albania had a more democratic government. The first wave was welcomed by the common people and by lay and religious voluntary organizations but the Italian government only granted political asylum to a few Albanians while the others were presented with a deadline to find work to ‘regularize their status.’ By the time of the second wave, attitudes towards refugees on the part of Italian institutions, the media, and the public had become hostile while the government reacted brutally and with excessive force. Yet, despite an increasingly xenophobic public opinion, the elements of sympathy, aid and solidarity on the part of Italians emerge strongly in the stories of the couples the authors interviewed. Neighbourhood-based social relations play an important part in forging a bond between local and Albanian women. The authors attribute the change of popular attitudes to the dissemination of negative stereotypes drawing on news reports of crimes involving Albanians. Through improper generalizations, the individual dimension gets lost in a collective identity; however, when interpersonal relationships become concrete, the person becomes individualized and thus humanized. The “real contacts” between Italian and Albanian women, which took place often in the domestic sphere, remind us that women’s identities are based not just on their biology but also on a web of class relations, individual aspirations, and cultural ideals traced through time, before and after a War, before and after a regime.

PSYCHO-SOCIAL HELP TO WAR VICTIMS: WOMEN REFUGEES AND THEIR FAMILIES FROM BOSNIA AND HERZEGOVINA AND CROATIA, Arcel, Libby Tata (ed.); Fолнеговић-Смалке, Вера (ed.); Козарић-Ковацић, Драгица

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INDEX TERMS: Bosnians, Muslims, displaced persons, children, elderly, youth, psychologists, psychiatrists, medical personnel, social workers, international armed conflict, torture, sexual violence, rape, post-traumatic stress disorders, trauma, somatic problems, psychological problems, persecution of family members, housing, family disunity, one-parent families, psychiatric treatment, refugee experiences, medical treatment, NGOs.

GEOGRAPHICAL TERMS: Croatia.

The editors of this book are members of the BOSWOFAM (BOSnian WOmen and their FAMilies) project, a psycho-social aid project organized by the International Rehabilitation Council for Torture Victims. The aim of their two-year project was to foster early identification, support, treatment, and psycho-social rehabilitation for Bosnian refugee women and their families now resettled in Croatia and suffering from post-traumatic stress resulting from multiple traumas. The articles collected in the book report on a sub-project, BOSWOFAM/Zagreb Help, dealing with both refugees from Bosnia-Herzegovina and displaced persons from Croatia. One group of articles describes the psychological nature of the core experiences of the refugees in dealing with death and survival, loss and grief, and dislocation and relocation. They also discuss the problems that arise from disturbances in women’s relationships with their families. The many factors affecting the development of symptoms and methods of assessment in the field and in a clinical setting, as well as a synopsis of the professionals included in this type of work, are provided. To illustrate the multi-disciplinary support and treatment, articles define the risk groups, including examples, and provide descriptions of methods of psychotherapy, psycho-pharmacotherapy, social support, and somatic health care. In their description of assessment, articles give examples of the choice of measuring instruments used to collect data to establish and monitor the extent of traumatization of the refugee population; to diagnose post-traumatic stress disorder; to measure the general medical and psychosomatic problems; and to identify persons in need of help. Information is also included about the establishment, tasks, and relationships of the professional team. The book concludes with an article providing perspectives for psycho-social support and treatment of refugee women and their families.

INDEX TERMS: Bosnians, Croatians, Muslims, Catholics, displaced persons, refugee centres, wives, widowed persons, elderly, peasants, professional workers, men, gender role, household division of labour, social status, alienation, dependency, motivation, employment opportunities, income-generating projects, interethnic relations, rural communities, educational background, urban areas, testimonies, research interviews.

GEOGRAPHICAL TERMS: Croatia.

Carried out in refugee centres on the Croatian island of Hvar in 1993, this research aimed to collect narratives of war and refugee experience as a historical and therapeutic exercise; collect information about previous family life, particularly gender roles and relative distribution of authoritarian and egalitarian family structures; and explore the gendered aspect of the refugee experience. The authors first deal with the changing roles in families of refugee women who have lost fathers, husbands, and sons. In their narratives the women had less to say about the loss and separation from loved ones than about the difficulties they face when coping with daily life, which they feel powerless to control. Reconstructing gender roles, women stressed that at home their importance was tied to hard work and self-sacrifice, but that in the refugee centres they no longer had work and no longer had traditional family roles to define themselves. Becoming uncertain about who they were, they fell back on stories about their past lives and, to the extent they could, reconstructed the present of what they had been in the past. Finding work seemed helpful to all refugees and women seemed to find work more easily. The authors then address the ambivalent feelings of one refugee group towards another and the “by no means uniform process of ethnogenesis” by which communities in the former Yugoslavia are reconstructed along lines of ethnic and religious affiliation. Bosnian Croat and Muslim refugees, who were from small, usually homogeneous villages and towns, and who had mostly worked the land and had little education, seemed to have the greatest uncertainty about their future. In contrast to their more educated urban counterparts, they also tended to look inwards, to recreate the past, to feel unaccepted by the host community, and to harbour ethnic hatreds.


INDEX TERMS: Hungarians, Croatians, Bosnians, Muslims, rural refugees, child refugees, refugee experiences, trauma, refugee camps, alienation, testimonies, posters, photographs, behaviour, emotions, social problems, psychologists, asylum policy, expulsion, human rights organizations, value systems, interethnic relations, customs and traditions, hygiene, sanitation services, employment opportunities, interpretation services, social status, receiving country, attitudes, assistance, testimonies.

GEOGRAPHICAL TERMS: Hungary.
This article is based on narratives of both, women refugees from the former Yugoslavia and the host population collected by the author in and around four refugee camps in Hungary in May 1992 and August 1993, as well as on other primary and secondary data. The “voices of plight” are those of refugee women who talk about their predicament in Hungary and how they interpret the reaction of the host society to their presence while the “voices of paradox” are those of their hosts responding to the flood of refugees. In 1992, about 65 per cent of the refugees were ethnic Croats and 25 per cent ethnic Hungarians; about 15 per cent of these asylum seekers actually lived in camps, while others stayed with relatives or as paying guests. The primary motif of stories among women in the camps was ‘wanting to go home.’ By 1993, over 90 per cent of the refugees from Bosnia were in refugee camps with Bosnian Muslims forming the great majority in the most populated camps. Over two-thirds were women and children mostly from agrarian backgrounds. The leitmotif of women’s stories was ‘nowhere to go.’ For the women, concern about their plight and future were often overshadowed by constant worries about the whereabouts of kin. Retelling stories of flight and loss was important to them, as were montages of photographs of their former life. The children too have problems, becoming either aggressive or withdrawn and non-communicative; while, on the surface, they seemed primarily interested in issues of their present, in their games and art work, they were preoccupied with the violence of their past. Ethnic group tension and competition between groups in the camps have developed over hygiene, employment opportunities, and refugee status. Among Hungarians, attitudes towards the refugees varied from open and helpful to becoming ambivalent and even hostile and xenophobic. With Hungary beyond its saturation point in playing reluctant host to an increasing needy refugee population, the imbalance is becoming critical between the real tremendous economic and social problems and the ideal self-image of the noble, nurturing Hungarian who helps the downtrodden while the West watches.

INDEX TERMS: Serbs, Croats, Bosnians, Slovenes, Yugoslavs, Muslims, displaced persons, unaccompanied minors, ethnic conflict, intermarriage, interethnic relations, refugee camps, women’s networks, women’s centres, NGOs, rape, counselling, income-generating projects, refugee experiences, ethnic cleansing, political activities, human rights violations, women’s rights, war crimes, propaganda, pregnancy, torture victims, CSR51, refugee rights, child refugees, refugee camps, arbitrary arrest and detention, reintegration, UNHCR.

GEOGRAPHICAL TERMS: Yugoslavia, Croatia, Slovenia, Bosnia and Herzegovina.
Chapter 3 Asylum

This article attempts to question the problematic assumption in refugee policy that refugees are ‘taken care of’ as long as they are free from the immediate dangers that forced them to flee. The author illustrates the pitfalls of such policy as it relates to the political context of the Yugoslav conflicts and the experiences, needs, and problems of the refugees. The search for ethnic-national ‘oneness’ and the creation of the hated ‘other’ led to the disintegration of Yugoslavia. Refugees now confront the problem of reconciling their own notions of belonging and identity with the new realities of life. They live in ethnically-mixed refugee camps in the newly recognized states in the region where their ethnic group differs from the majority of the population. As such, they are frequently perceived as ‘enemies’ and, because of the worsening economic crisis, as a heavy burden to the host governments. The author discusses the activities of women’s groups with refugees, particularly refugee women, in different parts of the former Yugoslavia. The relatively small groups of women, whose activities are based on inclusive politics that cuts across ethnic boundaries, defined their approach as working with them rather than for them. Thus, they are making a significant effort to overcome paternalistic undertones of refugee policy, which would have the refugees reconcile themselves to the role of victims and passive recipients of humanitarian aid. Activists of the women’s centres search for rape survivors in the medical institutions where the women come for abortions or to give birth. They meet the women survivors’ needs through counselling and the provision of financial aid. They act as mediators between the survivors of war rape, institutions and families. The centres also provide counselling, placement and legal aid to refugee women housed in the camps or hosted by individual families. Activists have organized various income-generating projects. As described by the testimonies of two women, a number of refugee women have joined women’s groups and now work in women’s centres. Politically, women’s groups have made rape in war a global issue. However, the attempt to protect women’s human rights and to pressure international institutions to prosecute rape as a war crime has been manipulated by local governments, politicians, and nationalists as well as by local and international media. This manipulation focusses on the ethnic membership of the rapist and the fetus as the central issue rather than on the raped women themselves. Women’s and peace groups have protested against the manipulation of sexually abused and tortured women in order to intensify ethnic hatred and war propaganda. At the international conference on “Women in Eastern Europe”, held in Prague in October 1992, these groups were instrumental in concluding an agreement calling for the recognition of rape as a war crime and for asylum for victims of rape in all war torn areas. The author urges wide international recognition and practical support for such local autonomous groups with anti-war and anti-nationalist politics.

INDEX TERMS: Croatians, Serbs, Bosnians, Muslims, refugee camps, one-parent families, children, elderly, torture, persecution, housing, living conditions, women's organizations, international aid, refugee participation, ethnic conflict, NGOs.

GEOGRAPHICAL TERM: Croatia.

The goal of the author’s one-day visit at the Varazdin refugee camp in Croatia was to attain new ways of understanding the situation in the Balkans. Mostly a transit camp, Varazdin is run by the Croatian authorities. Ninety per cent of the women, children, and old persons it houses are Bosnian Muslim refugees. Refugee women cannot get political asylum in other countries because they cannot or will not prove torture or persecution, or because they lack family willing to assume responsibility for their care. Through her observations and conversations, the author shares information about camp life and living conditions, international aid programmes, women’s tolerance to Bosnia’s other cultures and ethnic groups with which they coexisted in the past, and residents’ strength in adversity. Divided into prefab structures by age and gender, refugees live under crowded conditions and lack privacy. Based on her conversations, the author raises the question whether international aid, as it is now administered, can produce the feeling of community that a peaceful future requires or whether it may well empower its administrators more than its recipients. The author hails these women for resisting temptation to hate but fears that ethnic frustrations are already on the increase.


INDEX TERMS: Bosnians, Croatians, Roma, Serbs, Muslims, displaced persons, income-generating projects, mass media, women's centres, grief, refugee experiences, married persons, widowed persons, elderly, children, refugee camps, social workers, housing, family, refugee/local community relations, armed attacks on camps, education, psychologists, alienation, neurotic and personality disorders, food supply, living conditions, UNICEF, resettlement, uprootedness, mental health, women's networks, testimonies.

GEOGRAPHICAL TERMS: Croatia, Bosnia and Herzegovina.

In February 1994, Boston members of the Women’s Commission for Refugee Women and Children launched the Women’s Commission Knitting Project, a volunteer project supported by the International Rescue Committee (IRC) and designed to raise donations of yarn and needles for knitting groups in Croatia. The authors report on their site visits, including four women’s centres and support groups, to assess the impact of this project and increase their knowledge of the needs of refugee and displaced women in Croatia. They discuss the conditions they observed and the activities of the knitting groups they visited. The report reflects on the terrible loss of family, home, employment, or land, which ran
concurrent with feelings of uprootedness, loneliness, sadness, and withdrawal. The authors realized the importance of IRC’s mental health programmes and support groups where women can share their thoughts and problems with others. Within the groups, the women feel safe and supported and begin the healing process. Knitting provides a common relaxing activity that connects these women and reminds them they are not forgotten. The income generated from the sale of knitted items helps with the purchase of essential items and builds self-confidence. For the organizers, the Knitting Project is an example of how the Women’s Commission can empower refugee and internally displaced women, providing a network for advocacy to call for peaceful resolution to the conflict as well as for protection and access to humanitarian aid.


INDEX TERMS: history, nationality, legislation, immigration law, national refugee law, women, gender discrimination, ethnic discrimination, ethnic and national groups, marriage, UK nationals, wives, husbands, aliens, children, immigration status determination procedures, family reunification, Filipinos, Thais, one-parent families, children, adolescents, Caribbeans, migrant workers, nurses, domestic workers, European Union, migration policy, refugees, Geneva conventions 1949, Tamils, Kurds, torture, visas, detention, denial of refugee status, exceptional leave to remain, country of first asylum, gender-based persecution, violation of cultural norms, violence against women, rape, guidelines.

GEOGRAPHICAL TERMS: United Kingdom, European Union, Canada.

This book is a revised and updated version of World Apart: women under immigration and nationality law, published in 1985. Divided into eight chapters, it chronicles the history and treatment of women as a distinct social group under British immigration and nationality and refugee laws. Nationality law defines who does and who does not form part of a nation while immigration law determines who is allowed to enter or stay in a country. The interaction between nationality and immigration legislation, and the use of the former to serve the purposes of the latter, is a recurring theme of this book. As the authors point out, the focus on the discrimination of women under nationality law should not be taken to imply support for nationalism, nor should the focus on race and sex discrimination be taken to imply an uncritical view of other aspects of the system, but rather to show how the present system operates against black and other ethnic minority women. Specifically, chapter one traces the history of British nationality law, with respect to women, from the Middle Ages to the enactment of the 1948 British Nationality Act. The discussion centres around the feminist movement in the early part of this century to stop women losing their nationality on marriage. Under the Act British women would not lose their nationality on marriage to an alien unless they declared they wished to. Women, who had already lost their British
nationality when they married, became UK citizens once more. However, women were still not able to pass on their citizenship to their children, as nationality through descent could be traced only through their fathers, Chapter two discusses the status of women in the history of immigration law from the 1905 Aliens Act to the present to show how racism and sexism have interacted in these acts. Specifically, the discussion of the 1981 British Nationality Act illustrates that, while the government provides equal rights for men and women under this Act, these rights cannot be fully achieved since the discrimination against women in immigration law increased. Chapter three examines the progression of the Immigration Rules, particularly the ‘primary purpose rule’, that have prevented women living in Britain from bringing in their husbands and fiancés, especially if the men came from the Indian sub-continent; analyzes the reasons why successive governments maintained these discriminatory Rules; and presents the many challenges to these Rules at home and abroad. While the Immigration Rules give women settled in the U.K. at least a chance to bring in their husbands from abroad, same sex and un-married couples have no such rights. Chapter four examines the difficulties women abroad face as they attempt to join their partners in Britain. Their legal entitlement becomes tangled in the complexities of the ‘entry clearance system’ particularly when they are women of Asian extraction. In the early 1990s the primary purpose rule began to be used more frequently against women abroad applying to join British husbands, mainly from Thailand and the Philippines. When these women applied, the government alleged that they must have primarily economic motives and their application was refused. The authors present the stories of women regarding their difficulties and discussions of campaigns for change. Chapter five looks at the problems women have in bringing over relatives other than husbands and in taking on responsibility of caring for their families, whether by choice or forced upon them. It shows the obstacles which children, particularly older and adopted children, and other relatives have in joining women who are heads of household. Particular concern is voiced about the systematic attacks on the rights of lone mothers from the Caribbean to be joined by their children and the immigration difficulties of keeping in contact with extended family members. Chapter six discusses the discrimination women independent workers face under the Home Office and, when trying to bring their families, under Department of Employment regulations. It also discusses the current situation of nurses, domestic “slaves” and au pairs, and briefly sketches the growing apparatus of internal immigration controls. Chapter seven discusses the historical development of the European Community migration policy and law and resultant impact on individual European countries. This body of law has never discriminated on grounds of sex but on nationality between white EC nationals and non-Europeans, so called ‘third-country nationals’. This chapter describes the creation of ‘Fortress Europe’ by consolidating racist immigration restrictions of individual European countries into harmonized Europe-wide controls. It also contrasts the relatively generous EC family reunion provisions with the restrictive British rules. Chapter eight focusses on the legal problems of refugees seeking asylum in Europe, particularly Britain. It highlights some of the difficulties encountered by women refugees, specifically, gender-related persecution not covered under the 1951 Geneva Convention. It also points at some positive
developments concerning policies and guidelines for women refugees and their asylum applications.


INDEX TERMS: Bosnians, Serbs, Muslims, children, civil war, internally displaced persons, ethnic cleansing, sexual violence, rape, torture, living conditions, housing, refugee camps, ethnic conflict, basic needs, health services, trauma, post-traumatic stress disorders, counselling, schools, education, trauma, war crimes, human rights violations, gender-based persecution, international law, CSR51, UNHCR, NGOs, meetings, interviews.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Croatia, Yugoslavia.

A Women’s Commission for Refugee Women and Children delegation visited Croatia and Bosnia-Herzegovina in February and March 1993 to examine the living conditions and immediate needs of refugee and internally-displaced women and children, and to study the legal aspects of the question of the use of rape as a weapon of war. Since their previous visit in September 1992, the delegation noted problems associated with children conceived through rape, an increased presence of support and relief services but a major need for major coordination of these efforts, an unabated continuance of ethnic cleansing, and a lack of international focus on the problems in Croatia. Through their interviews and observations at refugee sites, they also identified a need for basic educational materials and recreation activities for children and youth, ongoing initiatives for women who have experienced trauma, and general sanitation and hygiene supplies. Acknowledging that the ongoing conflict inflicts increasing instability and insecurity on local and refugee populations, the delegation emphasizes the need for future post-traumatic stress syndrome counselling, while recognizing that meeting basic needs and creating a stable environment are needed first. As rape has been used as a weapon of war, war criminals need to be prosecuted. In “War in the Balkans: The Rape and Assault of Women and Girls”, included as appendix A, one member of the Commission summarizes her field work findings about the rape and assault of women and girls and discusses issues concerning treatment of rape victims and the need to permit women to seek treatment while maintaining their anonymity. She also includes discussions of war-related sexual violence at the Women’s International Solidarity meeting in Zagreb in February 1993, and concludes with several recommendations concerning the collection of evidence of rape and other war crimes, the provision of treatment for rape victims and the recognition of gender based persecution as falling within the prohibited grounds of persecution set forth in the 1951 United Nations Convention Relating to the Status of Refugees.
Women Refugees in International Perspective


INDEX TERMS: Bosnians, family planning, rape, pregnancy, abortion, adolescents, prostitution, language barriers, refugee camps, counselling, health education.

GEOGRAPHICAL TERMS: Austria.

This article briefly describes a short-term project funded by the Austrian Family Planning Association (OGF) to deal with the problems facing the 3,500 Bosnian refugee girls and women of childbearing age in Vienna, Austria. The problems relate to unwanted pregnancies, often as a result of rape, and child prostitution, as well as language difficulties and inadequate information. To alleviate the difficulties facing these women, a woman doctor who speaks Serbo-Croat, in collaboration with OGF, has set up a women’s advice centre which provides group and one-on-one counselling.


INDEX TERMS: Palestinians, Muslims, asylum seekers, fathers, husbands, adolescents, language minorities, minority groups, social workers, history, refugee camps, refugee experiences, exile, civil and political rights, political movements, political participation, social participation, refugee status determination procedures, temporary refuge, residence permits, collective accommodation, basic needs, living conditions, UNHCR, ethnic neighbourhoods, community relations, social welfare, unemployment, gender role, family division of labour, clandestine employment, ethnic identity, education, conflict of generations, social adaptation, violation of cultural norms, womens centres, arranged marriages, polygamy, divorce, ethnic discrimination, womens status, employment.

GEOGRAPHICAL TERMS: Germany.

Examining the definition and transformation of gender relations among Palestinians in West Berlin, the author argues that gender and social relations are historically specific. Palestinians began arriving in West Berlin in the mid-1970s from Lebanon because of the war. Until the late 1980s most of them were asylum seekers restricting their right to work, freedom of movement, and access to education. With few exceptions, they were semi-skilled or unskilled workers with little or no formal education. Beginning in 1982, newly arrived asylum seekers were initially confined to accommodation centres (Heim), designed to provide basic needs. Since a rigid distinction between private/domestic and public space was impossible, Palestinians redefined physical space and time. Kitchens were defined as exclusively women’s domains and the use of showers was divided between a time for men and a time for women. Since real segregation of the sexes was impossible, social
relationships were redefined turning strangers into neighbours to conform to gender relation norms. When, by 1987, the majority of Palestinians lived in privately rented apartments in working class neighbourhoods, women defined exclusive collective public domains in which they could meet, such as the internal courtyard of a building, and formed networks which controlled domains. In 1980, the period in which asylum seekers were prohibited from working was extended from the first two years to five years. The presence of the unemployed father in the household restricted the freedom of movement of girls and young unmarried women. Women lost the help from other women in domestic work and child rearing. However, women had much of the regular contact with West Berlin officials and various legal and welfare organizations for refugees. Since the domestic arena was not integrated with the public and the political as it was in Lebanon, Palestinians established their collective identity through the re-definition of women as having only a private and domestic identity. The author discusses the conflicts between young Palestinian women, exposed through schools to German society, and their families, which were the result of differences in understanding of the nature of gender relations. She also notes the increasing trend of early, often arranged, marriages which many young women saw as advantageous. Divorce remained rare. In the late 1980s Palestinians were given the right of residence, accompanied by rights of movement, employment, and study. However, the author conjectures that, although a small number of women may achieve upward mobility, education and employment will not change the overall position of women. Despite the change in status, Palestinians continued to be discriminated against. Since women felt this discrimination more strongly than sexual discrimination inside the community, changes in their position and social empowerment within the household and family are unlikely. Yet, recently they have been exposed to the example of the progressive definition of women through the Intifada. Research is needed on the combined effects of the new right of residence and the Palestinian uprising on the role, position, and status of women in West Berlin.


INDEX TERMS: South Africans, exiles, country of origin conditions, persecution, detention, inhuman treatment, torture, sexual abuse, starvation, women, children, diseases, medical treatment, flight by land, country of first asylum, refugee experiences, resettlement country, Africans, refugees, addiction, mental disorders, suicide.

GEOGRAPHICAL TERMS: Netherlands.

This personal narrative recounts the horrors of being a black African in South Africa and the difficulties encountered living in exile. Detained because of her political activism, the author describes in detail the humiliating living conditions in prison as well as the torture and brutal treatment she received that resulted in a stroke and heart attack. Upon release,
she was hidden in intensive care in a nursing home until continued police surveillance forced her to flee the country. Her seven children, aged two-19, were already in exile. The family first sought exile in Zimbabwe, where they experienced hostility even from other Africans. Once in the Netherlands, she relates her frustration of having to answer “irritating” questions during a typical conversation, as well as her disappointment and disillusionment in discovering that those “who claim to support us in our struggle just want to boost their egos and image by being seen with you because of your stand against injustice.” She also believes the label ‘refugee’ is used to degrade, exploit, and abuse individuals as they are expected to be grateful that some people are ‘taking care’ of them. Drinking problems, drug addiction, mental illness and suicide are frequent among African exiles because of the frustrations and difficult conditions they find themselves in. She encourages everyone to continue to “struggle wherever you are” as the only way forward.


INDEX TERMS: rape, history, international armed conflict, Serbs, ethnic cleansing, genocide, pregnancy, Bosnians, Muslims, family, reports, international organizations, international law, war crimes, prosecution, Geneva conventions 1949, Geneva protocols 1977, declarations, treaties, womens rights, international criminal tribunals, UN Charter.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina.

In the Introduction to the Comment, the author notes that, although international law now recognizes the right of women not to be raped even during war, treaties have not effectively protected women. For the first time, the mass rape by rebel Serbs as part of their plan to ‘ethnically cleanse’ Bosnia of all Serbs is not ignored. Using several examples, Part I evaluates the historical acceptance of rape as a part of war. Part II discusses mass rape as a method of genocide in Bosnia by Bosnian Serbs, allegedly with the support of the Serbian Republic leader. Since the rape of a woman is also considered an attack on the woman’s family, the predominant victims were Muslim women in order to humiliate Bosnian Muslims into submission and to drive them away from Bosnia. Several reports by international organizations, including the UN panel of experts, the European Community, and Amnesty International are discussed to demonstrate the extent and objective of the rape. In Part III, the author argues that international law “is already sufficiently clear to allow prosecution of rapists” and that rape, therefore, need not be explicitly recognized as a war crime. In support of this argument, the Geneva Conventions are discussed and interpreted, particularly: Article Three which is common to all four Conventions; Article 27 of the Fourth Geneva Convention; Protocol I and II to the Geneva Conventions; and Customary International Law which recently recognized women’s rights in non-binding declaration and treaties. Party IV discusses the establishment and tasks of the international
war crimes tribunal under Chapter 7 of the UN Charter. In Part V three reasons are outlined which strengthen the case for prosecuting mass rape as a war crime in Bosnia. “First, the sheer numbers of rape victims and the fact that most of the victims are Muslim indicate rape is a deliberate policy of the Serbs. Second, Muslim victims and some Serb deserters reported that Serb officers ordered their men to rape and used the threat of rape to force people out of their homes....Third, reports indicate that Serb rapists intended to impregnate their rape victims with Serbian babies.”


INDEX TERMS: Croatian minorities, Bosnians, Hungarian minorities, children, rural refugees, refugee camps, ethnic identity, gender role, culture, refugee experiences, grief, post-traumatic stress disorders, alienation, violence against women, womens networks, receiving country, attitudes, refugee impact, xenophobia, emergency relief programmes, government policy, immigration policy, field research.

GEOGRAPHICAL TERMS: Hungary.

Based on preliminary research, conducted in 1992 mostly among Yugoslavian refugees in the refugee camp at Nagyatád in Southwestern Hungary, this article examines the effects of the refugee experience on women’s perception of their ethnic and gender identities; cultural heritage; and social, economic, and familial roles. It also inquires into the host population’s reactions to the refugee situation and some of the perceptions of self and others. Of the estimated 15 per cent of refugees from the former Yugoslavia staying in camps, 65-70 per cent were women and children. Close to two thirds of the camp population at Nagyatád were Croatians, followed by ethnic Hungarians and some Bosnians, and most adults were agrarian workers. As in other studies, women suffered from the physical and psychological effects, such as grieving and post-traumatic stress disorders, from the loss of home but particularly the loss of traditional support networks of female kin. Uncertainty about the future and worry about the whereabouts of male family members contributed to confusion, frustration and alienation. Domestic violence even by sons and grandchildren was present and became more frequent. Yet, trying to re-establish meaningful lives, women developed solidarity by recreating ties of kinship and fictive kinship beyond traditional spheres and often across boundaries of ethnic groups. Recounting stories of their flight and homeland was important for their process of adjustment. Hungarians’ reactions to the refugees were contradictory. Many people, despite the economic burden, were still proud to take in refugees but they were also angry at the indifferent attitudes of the West. Yet there were also hostile reactions, which juxtaposed the identities of ‘us’, as decent, helpful, hard-working Hungarians, to those of the ‘other’, as the evil foreign rabble who live better than Hungarians, stealing jobs and increasing crime. Nevertheless, “the imbalance is becoming
critical between Hungary’s real economic and social problems and Hungarians’ self-image as the noble, helpful nurturing folks... while the rest of the world is turning its back.” The author raises the question: “What is the West going to do with the current refugee crises in southeastern Europe?” and argues that, in addition to funds and needed supplies, there is a dire need for more attention, understanding, and a more open immigration policy.


INDEX TERMS: Africans, Somalis, Latin Americans, Asians, Middle Easterners, asylum seekers, social group persecution, gender discrimination, protection, gender role, one-parent families, violence against women, vulnerable groups, sexual abuse, asylum policy, decisions on refugee status, denial of refugee status, family unity, husbands, refugee participation, higher education, second language teaching, training, primary education, child care, cross-cultural communication, health services, pregnancy, female circumcision, self-help organizations, womens groups.

GEOGRAPHICAL TERMS: Netherlands.

The author, a member of the Federation of Refugee Organizations (VON), discusses issues affecting women refugees in the Netherlands. According to changes introduced in the Dutch asylum policy, since 1 January 1992 asylum can only be requested and granted in one of the nine so-called research centres. The ‘research time’ allotted to such decisions has been reduced from one year to thirty days, a time too short for sexual assault and harassment victims to talk to complete strangers about their traumatic experiences. If denied asylum and unable to return to their country of origin, under the ‘Toleration Rule’ they can remain in The Netherlands for a period of up to three years. During this time they have no right to be reunited with family members and are unable to work, except for language courses and lower forms of skill training. In addition, women with this status cannot get grants for, or even attain, higher education; cannot travel to any of the twelve EEC member states, cannot get decent permanent employment as their status is renewed annually, and on arrival cannot easily get information as to the rights of refugees. They should be offered more comprehensive health care committed to their needs especially for pregnant and nursing mothers and victims of female genital mutilation. The authors encourage women to strengthen their position and influence by organizing groups and, as an example, recount the experiences of the Women’s Council of VON.

INDEX TERMS: Bosnians, Croatians, Muslims, children, armed intervention, ethnic cleansing, rape, living conditions, housing, clothing, needs, refugee experiences, refugee camps, mobile health units, pregnancy, abortion, schools, mental health, armed intervention, UNICEF, NGOs, guidelines, UNHCR.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Croatia.

This report is the result of a visit to the former Yugoslavia in September 1992 by a delegation from the Women’s Commission for Refugee Women and Children. The authors discuss the conditions refugees are exposed to in Croatia and Bosnia, and specifically in the refugee camps of Resnik, Spansko, Gasinci, Stobrec (Croatia), and Posusje (Bosnia-Herzegovina). According to the report, women and children trapped inside Bosnia are currently most at risk and in urgent need of aid. The authors provide a list of urgent recommendations to save the lives of the innocent inside Bosnia, which include the provision of winter shelter and clothing, secure corridors for distribution of relief supplies, secure fuel and water supplies, medical relief, orderly departure, greater coordination between UN agencies and major donors, greater urgency from the United States, and NGO involvement. The borders around Bosnia are effectively closed, and Croatia, being overburdened with refugees and displaced persons, has closed its borders to new refugees. The report recommends that UNHCR provide greater organized attention and support to the 70,000 Bosnian refugee families living in collective settings throughout Croatia; and that UNHCR implement the Guidelines for Refugee Women and Children. In order to meet the medical and psychological needs of women, the report recommends organizing more mobile medical teams to screen and test women and girls for medical complications. It also recommends that the 600 unemployed physicians in Croatia be trained and incorporated into the mobile medical teams; that women, who are pregnant as a result of rape and who desire abortions, be sent to hospitals; that information on women as victims of this war be collected; and that women should be given opportunities to distribute relief and to participate in self-help projects. For children, schooling and mental health services need to be provided as soon as the basic survival needs are met. Furthermore, children need to be assured that they can remain with relatives and/or adults who are known to them whenever possible. The report argues it is the moral responsibility of the UN, the US and other nations to act to halt ethnic cleansing in the former Yugoslavia. The annexes include press coverage of current events in the Balkans.


INDEX TERMS: Africans, Somalis, Eritreans, Ethiopians, Sudanese, Zairians, female circumcision, national law, womens organizations, second language teaching, day care centres, family planning, health services, clinics, language barriers, interpretation services,
one-parent families, children, health education, birth, customs and traditions, men, midwives, patriarchal societies, NGOs, refugee-agency personnel, volunteers.

GEOGRAPHICAL TERMS: United Kingdom.

This article records a conversation between the author and Hadiyah Ahmed of the African Women’s Welfare Group in a north London church to talk about the group’s work against the practice of female genital mutilation (FGM). The group, established in 1988, works with 70 refugee women from the Horn of Africa to provide English classes twice a week and a creche for their children as well as round-the-clock support for problems in such areas as welfare, rights, health services, and housing. An interpreter accompanied the women when they visited a women’s health clinic for examinations. The group’s concerns about FGM include risks to mothers and babies attended by culturally unaware midwives in British hospitals, who require appropriate training, and the need for the education of African women themselves about the lasting health risks and psychological scarring of “circumcision.” Even though the practice is now illegal in Britain and many African countries, an estimated 10,000 girls living in Britain remain at risk. As far as the wider community is concerned, men’s unfavourable responses to the group’s work against FGM are seen as not rooted in their national, religious, or racial beliefs but simply as a male reaction to women’s attempts to talk about their bodies and, ultimately, to liberate themselves. For women from African communities practicing circumcision, life is not going to get easier without a fight.


INDEX TERMS: rape, Muslims, war crimes, Serbs, armed forces, human rights violations, family reunification, testimonies, detention, war crimes, religious institutions, refugee camps, pregnancy, abortion, violence against women, interviews, international organizations, NGOs, UNHCR, Red Cross.

GEOGRAPHICAL TERMS: Croatia.

This report recounts the issues and concerns emerging from a five-member Ecumenical Women’s Team’s visit to Zagreb, Croatia, in December 1992. The team’s primary objective was to investigate reports of mass rape of women in the context of the war in ex-Yugoslavia and to analyze the role of the churches in relation to these women. Team members visited and spoke with inmates and staff of three refugee camps at Karlovac, Resnik, and the Mosque in Zagreb. They met with representatives of women’s and peace groups, the Christian Information Centre, the Lutheran World Federation, documentation centres at Zenica and Zagreb, UNHCR and the International Committee for the Red Cross, local journalists and a Serbian Orthodox priest. Team members heard horrific accounts of
systematic rape practices by Serbian forces. The team presents many recommendations for action to support women raped in military conflict; to document the use of rape as a weapon of war and analyze the causes of the practice; to strengthen international instruments to ensure condemnation of rape as a war crime; to respond to the needs of refugees; and to bring about an end to the conflict. The annexes feature several statements, resolutions, and plans of action related to these rapes, published by the World Council of Churches, UNHCR, UN Security Council, European Council, and Zagreb Women’s Lobby. As well, they include a summary report of a delegation visit to Belgrade.


INDEX TERMS: Iranians, asylum seekers, Islam, exile, ethnic identity, educational background, social classes, women’s status, gender role, refugee experiences, housing, employment, social relationships, women’s rights, customs and traditions, research interviews, case studies, literature review.

GEOGRAPHICAL TERMS: Turkey, Germany.

Based on her previous research in Iran, the author became interested in the role of Islam in the present lives of refugees and asylum seekers. In this study of refugees in transition, the author focusses on Iranian refugee women’s reconstruction of their lives and identities in exile, and emphasizes “individual women’s active integration of all kinds of experiences and emotions into past and future life courses, within the context of their relationships with both men and women.” Fifty in-depth interviews with female and male exiles were conducted in Ankara, Turkey, and in Berlin and West Germany towns. The refugees had been outside Iran from three weeks to four years in Turkey and from six months to four years in Germany. Refugees in Germany came from professional or white collar households and had paid someone to ‘facilitate’ their arrival. More of the refugees in Turkey were working class and awaited official status, thus living on their own resources. Using case histories, the author discusses the conditions of exile in both countries. Within the social context of exile, she discusses problems with shared housing and close quarters, altered roles of men and women, fear of foreign contact negatively influencing their children, and questions of male and female behaviour. Islam, through expectations for women and through social structure, figured into their lives as illustrated in strategies for leaving and staying out of Iran, in the translation of their experiences into ‘official case histories’, in building new relationships, in the search for new activities, and in the daily project of transforming themselves. Women plan to find new independent lives but need the support of Iranian social networks, which impose expectations on them. Hence, Islam becomes part of the refugee struggle to find an explanation for what happened to Iran, to remember the past, to find a way for others to know, to justify exile, and to transform oneself in relation to
Iran by tearing away from old communities and reattaching to others.


INDEX TERMS: Somalis, children, trauma, political violence, asylum seekers, language barriers, illiteracy, interpretation services, second language teaching, extended family, child care, higher education, housing, refugee camps, unemployment, refugees, poverty.

GEOGRAPHICAL TERMS: United Kingdom.

Drawing on conversations with women from the Somali Refugee Centre in the London Borough of Ealing, the author discusses language, childcare, housing, employment, education, and financial difficulties facing Somali refugee women in the United Kingdom. Language is quoted as being the greatest problem. Being largely responsible for housework and raising children, Somali women lack formal education and have little exposure to English. Given a shortage of childcare in Britain, the high costs involved, and the frequency of Somali women with a large number of children, child minders are out of reach for most refugee women. This makes it very difficult for them to attend college courses on a regular basis, thus further hindering their adaptation to life in the United Kingdom. Upon arrival, most Somali refugee women and children receive inadequate housing. They are sent either to refugee camps or “bed and breakfast” accommodations, because the Housing Act does not mention shelter for refugees and because there is no obligation on the part of local authorities to provide housing. The difficulties refugees face when searching for jobs result not only from the high unemployment rate in the country but also from cultural differences. Underlying all of these difficulties is a lack of financial resources. Refugee centres providing services are underfunded and the education, which can help women to improve their low income placing them on the bottom of the financial and social ladder, is often out of reach due to language limitations, financial constraints, and inadequate childcare facilities.

g. Latin America

INDEX TERMS: reproductive health, Guatemalans, refugees, returnees, internally displaced persons, communities, NGOs, government, refugee camps, water supply, intestinal infectious diseases, hospitals, transport, basic needs, health personnel, midwives, ethnomedicine, maternal mortality, birth, abortion, family planning, AIDS, violence against women, women’s rights, country of origin conditions, indigenous groups, civil war, peace building, cease-fire, medical treatment, counselling, women’s organizations, mental health, UNHCR.

GEOGRAPHICAL TERMS: Mexico, Guatemala.

In January 1998, an RHR assessment team visited Mexico and Guatemala to determine the reproductive health status of Guatemalan refugees, the repatriated, and internally displaced. In Chiapas, Mexico, the team visited the El Porvenir refugee camp with approximately 350 people; and in El Peten, Guatemala, the Quetzel Returned Community of 1500 people. The proximity of Chiapas to Guatemala has led to a high concentration of refugees, despite Chiapas being one of the poorest states in Mexico. Refugee-elected bodies negotiate their return with the Guatemalan government. Many have been organized into “return blocks,” groups of families who agreed to establish a community together. Organized into three different sectors, each sector is supported by women’s organizations, such as Mama Maquin. After several years of negotiation, the first return occurred in 1993. 35,000 had returned to Guatemala by the time of this report, but only 30 per cent of the 16,000 refugees now living in camps in Chiapas are returning. Refugees fear that living conditions will be worse upon their return to Guatemala and that there will not be enough NGOs to make up for the lack of government support, but the overwhelming sentiment among refugees is that they do want to return. A number of local and international organizations were interviewed for the report; details about each are included. Chronic health problems are noted in the camps, with unsafe water, considerable distance from hospital and poor transportation. The refugees report being treated well at Mexican hospitals. Women’s clinics have been established in the refugee communities in response to discomfort among refugee women dealing with male health promoters. Midwives are the primary RH providers in the camps but lack training and supplies. Emergency obstetric care is only available at the hospital, over an hour drive away. Abortion is illegal in Mexico; the midwives report no abortions in their camps, but other health workers and NGOs contested that assertion, as women often seek medical attention due to complications from unsafe abortions. The complexities of family planning in refugee settings are discussed, as are issues of safe motherhood, the prevention of HIV and sexually transmitted diseases, sexual violence and the use of rape by the military in Guatemala, and incest which was frequently raised by refugees and NGOs. The section on Guatemala begins with a political overview, including descriptions of the war in Guatemala and the massive persecution of its people. Upon repatriation, refugees receive loans and food from the government for six months. Health care is also provided for a limited period of time. Few of the returned community health workers have been trained in RH and all of them in Mexico. Once settled in Guatemala, their skills deteriorate because of lack of support. Refugees are being returned to very remote locations, making
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the provision of RH and general health services a logistical and financial challenge for NGOs. Many repatriated refugees cross the border to Mexico for health care. Women’s groups have not directly addressed the issue of promoting RH care; they are too fearful of the political consequences or consider other issues more pressing. Since no emergency obstetric services are available in the returned community, the maternal mortality ratio will likely be higher than it is for Guatemala. Family planning, safe motherhood, the prevention of HIV and sexually transmitted diseases, and sexual violence are all issues demanding greater attention and resources. This report offers a number of conclusions and recommendations for the Mexican and Guatemalan sites, respectively.


INDEX TERMS: Guatemalans, Amerindians, refugees, border camps, men, midwives, training, women workers, husbands, political activities, household division of labour, living conditions, cultivation, community organizations, cooperatives, democracy, social networks, community development, land tenure, education, water supply, information flow, spouses, crafts, cooking, food distribution, womens centres, gender role, clinics, customs and traditions, maternal and child health care, construction, pre-natal care, water supply, social participation, UN, NGOs, European Union, case studies.

GEOGRAPHICAL TERMS: Mexico, Guatemala.

In the 1980s some 150,000 registered and not registered Guatemalan refugees living in border camps in Chiapas, Mexico, were rebuilding their lives. Since Guatemalan village community structures had been largely destroyed, group formation, essential for cooperation and reconstruction, came to the fore in local discourse. The permanent commission (CCPP), a local level political organization based on a democratic system, has defined over the past decade the needs of the refugee community with men and women electing their own representatives. The women’s group developed later into the successful Mama Maquin, named after an indigenous woman assassinated in 1978 during a massacre by the Guatemalan army, which organized several activities for women. Liminality, defined by Turner, as the state and process in the rite of passage also gave women space for learning: As several members of Mama Maquin put it, “Living in Mexico has been an education, like school for us. Our eyes were opened and we learned to organize.” Supported by the United Nations and particularly one of several NGOs, educational and technical training was provided for children and adults. One of these, the midwives certification programme was particularly successful. This chapter explores how midwives were able to redefine women’s work without threatening their husbands’ position. In the El Porvenir
camp, the 15 midwives organized financial support from the European Union to construct a
centre, La Casa de la Mujer (Women’s House), to serve as a clinic and outreach facility, but
the men refused to build a house exclusively for women for reasons connected to issues of
property, communal rights and male hegemony. Historically, the cultural division of labour
for Mayan women assigned them the duties as nurtures and in the camps it was only
acceptable for women to organize around women’s issues. Yet, the midwives took charge
in matters pertaining to construction, and then expected their husbands to finish it for them.
They began to understand that the men did not want to build a house they would not own or
probably never use. Thus, they needed some alternative plan that would not threaten their
husbands. As part of their strategy, they agreed to spend several hours a day carrying
supplies up the hill while the children were at school; for Saturdays they negotiated that
children would be left with their husbands while they carried bricks up the hill. When the
men began to complain that they were left to do women’s work, the women posted a sign-
up list, with one column headed construction worker and the other in replacement of. They
reasoned that husbands would find it appropriate to build La Casa as replacement labour for
their wives who would own part of the centre. The trade-off was that men negotiated the
traditional issue of property and communal ownership but also found it easier to complete
the structure within a month than being left at home on Saturdays indefinitely. The author
characterizes the outcome as “(a) subtle truce...between the sexes...(a) battle (which) left no
defeated party.” With the new centre, “women procured a new space within daily
discourse... (a) space (which) legitimized their common concerns about health, human
rights and other social issues.” The resolution of the construction controversy suggests that
these Guatemalan midwives, often perceived to be repositories of tradition and conservators
culture, are also protagonists of change.

MAMA MAQUIN REFUGEE WOMEN: PARTICIPATION AND
ORGANIZATION, Hernandez, Guadalupe Garcia; Garcia, Natividad. In
Development and Diaspora: Gender and the Refugee Experience, Giles, Wenona
(ed.); Moussa, Helene (ed.); Van Esterik, Penny (ed.). Dundas (Canada): Artemis

INDEX TERMS: Guatemalans, Amerindians, refugee camps, repatriation, womens
organizations, womens rights, refugee participation, leadership, literacy, education,
discrimination, violence against women, testimonies, UNHCR, NGOs.

GEOGRAPHICAL TERMS: Mexico.

This essay describes the formation of the Organization of Guatemalan Refugee Women, or
Mama Maquin, by refugee women living in Mexico. Named after an indigenous woman
killed during a massacre by the Guatemalan army, the organization was born in May 1990
out of the women’s desire for a greater presence and participation in the refugee community
in Mexico and to prepare for the eventual return to Guatemala. The organization’s struggle
is one for equal rights, for respect of women’s cultural role, and to challenge the system that
has ignored women’s contributions. At the time of writing, Mama Maquin had 8,000 members, extending beyond the refugee camps in Mexico and into Guatemala. The organization has taken an active leadership role in the community, focussing on class, ethnicity, and gender. While appreciating cultural values, these women have broken out of the world to which they were restricted, demanding literacy classes and technical training. Besides community recognition, Mama Maquin seeks to participate in NGOs and other bodies to show that women are capable of leading, directing, and making decisions. It seeks to coordinate activities with groups with similar mandates. The essay concludes with a testimony from a member of Mama Maquin illustrating how her participation in the organization changed her life.


INDEX TERMS: Amerindians, Guatemalans, child refugees, children, mothers, rural refugees, causes of flight, country of origin, massacres, abduction, refugee camps, UNHCR, refugee-assisting organizations, camp management, supplementary feeding, malnutrition, child labour, primary education, armed attacks on camps, somatic problems, post-traumatic stress disorders, neurotic and personality disorders, refugee experiences, parents, siblings, extended family, communities, social conflict, voluntary repatriation, teachers, history, research interviews, psychological tests, field research.

GEOGRAPHICAL TERMS: Mexico, Guatemala.

This study examines the mental health and psycho-social development of 58 “second generation” Mayan Indian refugee children ranging in age from seven to 16 years in two refugee camps in the Mexican state of Chiapas in 1993. Many of the children were born in the camps while others left Guatemala at a very young age. To assess the mental health of the children, a shortened version of the Child Behaviour Checklist (CBCL), which also includes a Post-Traumatic Stress Disorder (PTSD) Scale, was completed by their mothers. As expected, levels of psychological trauma in the sample were low, because most children had not been exposed to political violence. There was, however, a moderately strong correlation between the children’s depressive symptomatology and their mothers’ scores on a modified version of the Women Health Questionnaire (WHQ) regarding symptoms of physical and psychological distress, supporting the research hypothesis that violence and loss would indirectly affect children through its effect on their primary caretaker. The correlation was strongest for girls, since, by being kept close to their mothers, they were more exposed to the adverse effects of their mothers’ physical and emotional distress. The author discusses several caveats concerning the findings of the study; for instance, cultural inhibitions may have prevented overt expressions of trauma-related symptoms or the items
on the depression scale may potentially reflect, at least in part, the effects of the children’s malnutrition. Qualitative data from 40 children’s interviews focus on their understanding of why their families had fled Guatemala and their feelings about returning. Generally, they understood the reason for flight to be “la guerra” (the war) or “los soldados” (the soldiers) but few could attribute a cause to this violence. Their feelings about returning largely mirrored whether or not their families were planning to return in the near term. The author attributes the children’s resilience and relative psychological well-being to multiple nuclear and extended family relationships, the strong sense of community in the camps and the cognitively challenging social environment of their primary schools. In one of the camps, particularly, the recent history of Guatemala is being taught from the perspective of the oppressed. Thus, the children are provided with a socio-political and historical framework within which they could make sense of their experiences.

INDEX TERMS: Guatemalans, Amerindians, ethnic and national groups, rural refugees, repression, human rights violations, sexual violence, rape, trauma, refugee camps, women’s organizations, cultural identity, mother tongue, language barriers, surveys, needs assessment, illiteracy, literacy, women’s rights, gender role, crafts, camp management, women’s status, refugee-assisting organizations, family, primary health care, education, social relationships, customs and traditions, social change, repatriation, women’s rights, local settlement, UNHCR, field research.

GEOGRAPHICAL TERMS: Mexico, Guatemala.

This article describes how Guatemalan women from refugee camps of Chiapas, Mexico, became politically active. After nearly a decade as refugees, in 1990 eight women organized a first meeting of a refugee women’s organization, attended by 47 women from refugee camps in three Mexican states. They named their organization “Mama Maquin” after a Mayan ancianita beloved elder - killed in a massacre defending her land. Based on a survey conducted in 80 camps which identified illiteracy as the single most important problem, in 1991 Mama Maquin began a peer literacy programme in which more than 700 women in 27 camps participated. This programme and its organizing activities now cover the 132 camps in southern Mexico. Describing the situation in Guatemala that led to forced migration, the author notes that “sexual abuse of Indian women by soldiers is an institutionalized form of control, sanctioned by the government.” In addition to the trauma of sexual abuse and state terrorism, refugee women also experience the trauma of forced relocation in another country. Guatemalan refugees comprise eight ethno-linguistic groups, seven of which are indigenous Mayan groups. Each refugee camp includes a number of different ethnic groups, but eventually a kind of indigenous national identity developed among refugees based on their common experiences. In refugee camps, the community is supportive of refugee
women through extended family support, positive reinforcement of ethnic identities, and the development of a united Guatemalan Indian identity. Traditionally sex segregated, in the camps the roles of men were expanded with the internal administrative authority conferred on them by relief agencies, while the roles of women were reduced to that of mother and homemaker. However, by organizing, women are moving to redefine the social institutions of family and identity and what it means to be Indian women and Indian men. Women’s increased participation in community health, education, and technology has led to a shift toward greater equality between men and women. Now faced with repatriation or permanent settlement in Mexico, most members of Mama Maquin plan to return to continue organizing for women’s rights and democracy, while keeping connections with sisters who stay in Mexico.

h. Middle East


INDEX TERMS: Palestinians, refugees, mothers, grandparents, children, national liberation movements, marriage, extended family, patriarchal societies, family division of labour, child care, gender role, educational background, political participation, research, age groups, questionnaires.

GEOGRAPHICAL TERMS: Palestine.

The authors examine whether women’s family roles have changed as a result of the socio-economic, religious, and political upheavals in the West Bank and Gaza Strip. Questionnaires were administered to three groups of students and their families: refugee families in the West Bank, refugee families in Gaza, and non-refugee families in Gaza; over 7,000 ninth grade students and their parents completed them. Changes in the changes in the family roles were assessed by a) comparing the findings of this study with similar data collected in a 1982 study by Ata, and b) by dividing the age cohorts of women used in this study into younger (27 to 39 years of age), middle (40-52 years of age) and older (53 to 65 years of age) age groups. The three age groups were based on three key historical events in recent Palestinian history: the 1948 Arab-Israeli war; the 1967 Israeli occupation of East Jerusalem, the West Bank, and Gaza Strip, displacing thousands of additional Palestinians from their homes; and the 1987 Palestinian uprising or intifada. Assuming that these three historical events placed a cumulative strain upon the family, the authors anticipated that the younger cohort of wives would report more modern family behaviour as compared to the
more traditional roles of the older cohort of wives. Changes in family roles were assessed by examining the mate selection process. Both the comparison between the 1982 and 1995 samples and between the three age cohorts showed little change: over 40 per cent in each sample or cohorts had married a relative. However, currently couples are interacting significantly more before being married than they did in times past. For patriarchal families in the West Bank and Gaza Strip it was common of the husband’s family to select the spouse. According to the 1982 study, 70 per cent of the women indicated that their husband or his family selected them for marriage. However in this study, about 80 per cent of the women in each age cohort reported they selected their own husbands, and over a third reported that their families were primarily responsible. The study also found significant changes in the traditional role expectations for husbands and wives. In the early 1982 study 80 per cent of the women but in this study only 23 per cent reported that it was ‘the wife only’ who was responsible for child care in their families; a proportion which was somewhat lower for the older age women. Similarly, compared to the 1982 study, the proportion of women who reported children’s discipline was shared with their husbands was also higher in this study, an increase that the authors attribute to the Palestinian youth challenge of the Israeli occupation. The data also show a decline in the percentage of women reporting housekeeping as a ‘wife only’ occupation, a shift which, according to the authors, is part of a global trend affecting the larger Arab world but to which the Israeli occupation and the intifada may also have contributed. A comparison of women’s level of education between the 1982 and this study showed that “women have significantly increased their educational attainment during the past 20 years.” However, contrary to expectations, there is no relationship between women’s educational level and their traditional family roles. The authors also wanted to determine if intifada participation was related to more modern family roles. Although “a sizable number of mothers of ninth grade students” had been involved in the intifada by participating in activities or being victimized, the correlations between intifada participation and victimization to traditional family roles was very weak. The authors conclude “despite evidence of shifting expectations regarding women’s education and some domestic duties, the family roles of Palestinian women have experienced minimal change.”


INDEX TERMS: patriarchal societies, men, violence against women, Islam, ideologies, research, questionnaires, wives, educational background, Muslims, Christians, urban areas, rural communities, refugee camps, gender role.

GEOGRAPHICAL TERMS: Palestine.
The study examines Palestinian women’s beliefs about wife beating and the extent to which these beliefs are influenced by their patriarchal ideology. The hierarchical structure of patriarchal ideology, rooted in Arab societies, keeps men in positions of power, authority and control, thus rejecting an egalitarian structure in the public and private sphere. Since “Islam constitutes the fundamental sociological and organizational background of Palestinian society”, religion, as another dimension of patriarchal ideology, has to be considered in any discussion of gender roles and conjugal relations; relevant passages from the Qur’an are quoted. The study used a systematic random sample of 550 married Palestinian women from five cities, four villages, and three refuge camps in the West Bank and Gaza Strip. The self-administered questionnaire was completed by 425 respondents; their ages ranged from 16 to 65 years with an average age of 32.1 years; their educational levels ranged from grade school to some higher education; 95 per cent were Muslims, and 3 were Christians. Slightly more than half of the women expressed disapproval of wife beating by indicating that ‘there is no excuse for a man to beat his wife.’ However, the proportion of women who strongly agreed or agreed that a wife deserves to be beaten ranges from 69 per cent if she is ‘a sexually unfaithful wife’, to 42 if she ‘challenges her husband’s manhood’, and to 35 per cent if she ‘constantly disobeys her husband’. Although 69 per cent of the respondents strongly agreed or agreed that ‘abusive and violent husbands should always be held responsible for their behaviour’, 50 per cent still strongly agreed or agreed that ‘a violent husband is not solely responsible for his behavior, since his wife and circumstances of his daily life also play a major role.’ The author explains the findings primarily by the respondents’ familial patriarchal beliefs, rigid sex-role stereotypes, non-egalitarian expectations of marriage, and religiosity. Contrary to expectations, no differences were found between Palestinian women depending on their place or residence.

INDEX TERMS: Palestinians, adolescents, children, refugee camps, community health clinics, pregnancy, pre-natal care, maternal and child health care, infant mortality, family planning, medical personnel, psychologists, legal assistance, meetings, violence against women, international organizations, NGOs.

GEOGRAPHICAL TERMS: Palestine.

This article describes the reproductive health care provided by the Women’s Health Centre, which funded by UNFPA, opened in January 1996 at UNRWA’s Al-Bureij Refugee Camp, located between Gaza City and Khan Yunis. A local Palestinian NGO in cooperation with the Italian Association for Women in Development currently supports its service. The aim of the project, among others, is to reduce maternal and infant mortality, and to promote
responsible sexual behaviour and family planning. The women’s centre, one of UNFPA’s most successful projects, provides comprehensive services, including reproductive health services, pre- and post-natal care, safe delivery, family planning, legal assistance, and, most recently, exercise programmes to enable women to increase their physical fitness. Staff members include a gynecologist and a psychologist. The Centre holds a weekly lecture on a topic chosen by the women who attend, and offers seminars dealing with women’s legal rights. Women, the author talked to, describe the benefits they receive from the Centre’s services. Contrary to expectations, men from the camp have been supportive of the programme and many have encouraged their wives or daughters to attend. The Centre also provides an environment for female teenagers in which issues that are traditionally taboo, such as incest and rape, can be discussed. While family planning is a core issue being addressed by the donor community, the Centre is set apart from other programmes because of its direct focus on education, individual care and counselling.


INDEX TERMS: Palestinians, Muslims, mothers, refugee camps, living conditions, employment, education, health services, schools, refugee-assisting organizations, reproductive health, maternal and child health care, family planning, pregnancy, health education, birth, fertility statistics, infant mortality, abortion, violence against women, gender discrimination, patriarchal societies, womens rights, womens status, NGOs, UNRWA, UNHCR, CSR51.

GEOGRAPHICAL TERMS: Lebanon.

In 1997, three members of the Reproductive Health for Refugees Consortium (RPR) visited three Palestinian refugee camps in Lebanon, two in Beirut and one in Tripoli. This report describes the conditions of women’s reproductive health and the available services. Three agencies provide health care to Palestinians in refugee camps: UNRWA, the Palestinian Red Crescent Society, and Popular Aid for Relief and Development. Association Najdeh, an NO working with Palestinians, facilitated and funded reproductive health training in conjunction with these service providers. Overall, despite clean, well-staffed clinics and availability of supplies and equipment, pregnant women have high numbers of closely spaced births. A 1997 survey of 1501 Palestinian women living in five regions of Lebanon found, with respect to family size and family planning, that 63 per cent of the mothers had more than four children but only 22 per cent wanted more than five. Almost a third of the women surveyed were married at age 16 or below resulting in termination of schooling. Ninety-two per cent supported family planning and 43 per cent had used, or were using, both modern and traditional contraceptive methods. However, UNWRA data for 1996
indicated that, despite free family planning methods, only a small per cent accepted modern methods. The Najdeh survey on emergency obstetrics reported that 35 per cent of the mothers had suffered a child death and 49 of the women with children admitted to aborting an unwanted pregnancy due to too many children. Although statistics are not available, domestic abuse is thought to be high. Community involvement in issues of reproductive health and sexual violence is culturally constrained in traditionally conservative Muslim societies. The team concluded that Palestinian women face daunting challenges in attaining an active role in their society considering the cycle of discrimination and denial of civil rights.


INDEX TERMS: Palestinians, refugee camps, reproductive health, social networks, civil and political rights, customs and traditions, health services, one-parent families, family planning, health education, fertility statistics, pregnancy, birth statistics, abortion, infant mortality, health, employment opportunities, qualifications, vocational training, illiteracy, unemployment, employment, seasonal employment, education, occupations, service industry workers, professional workers, minimum wage, right to employment, remittances, poverty, political participation, womens status, community relations, UNRWA, NGOs, UN.

GEOGRAPHICAL TERMS: Lebanon.

This study is based on a sample of 1,501 Palestinian refugee women in Lebanon ranging in age from 15-60 years. Nearly all are registered with UNRWA and 80 per cent are camp residents. Due to budgetary constraints, UNRWA’s family planning programme offers limited services resulting in long-term negative impact on women’s health. Seventy-two per cent are currently or formerly married and 92 per cent of them have children with the majority having between four and nine children. Their high and early fertility rates, short birth intervals, frequent miscarriages increasing with short intervals between pregnancy and/or deliveries, and high child mortality affect women’s physical and psychological health, repress their educational and employment opportunities, and frustrate their personal aspirations. Reasons given by mothers for their low educational attainment were ‘tradition’, ‘marriage’ and ‘financial difficulties’, which the authors relate to parental desire for marriage and consider to be ‘an imposed choice’ at the cost of women’s education and maturity. Women seemed to view high numbers of children as a form of self-actualization, compensating for the narrow alternatives otherwise available to them, yet they also expressed a preference for fewer children if given the choice. Due to their low educational levels, working women are ill prepared to enter the workforce. Persistent low educational and training levels among young respondents show that current social patterns continue to
discourage economic activity, despite the women’s expressed aspiration for educational and economic attainment. Due to the denial of working rights and scarce jobs opportunities for Palestinians as a whole, unemployment is a major problem, with only about 16 per cent of adult women working and about six per cent regularly employed. Of those working, about a quarter are employed by UNWRA and NGOs; almost three-quarters earn less than the minimum wage and 80 per cent are the sole or the main income earner. Reflecting poor current economic conditions, almost 94 per cent of wage-earning families live below the poverty line, a percentage which increases from 79 per cent for families consisting of one to three members to 100 per cent for those with a family size of 16 and above. Working women’s economic contribution to their household is indispensable for family survival. Most working respondents are older women with multiple burdens and many are heads of households. The authors conclude that the low working rates confirm that the women’s economic productivity through paid work is limited and consider the need for integrated and qualitative educational training for women by UNRWA and NGOs as urgent.


INDEX TERMS: Palestinians, violence against women, sexual violence, patriarchal societies, marriage, gender role, children, women’s status, Islam, religious groups, divorce, national law, police, courts, Shari’ah.

GEOGRAPHICAL TERMS: Israel.

The author, director of a women’s centre in Nazareth, presents the true story of Fatma, a 29-year old married women with four children, who, during ten years of marriage, suffered physical, psychological, and sexual abuse from her husband. Using her experiences, the author examines the underlying cause and effect of violence against women in Palestinian society in Israel. In this patriarchal society, the use of corporal punishment in child-rearing is common and some forms of violence and spousal abuse are socially accepted. Women are taught to avoid violence and, if they experience a violent act, to withdraw. Girls and women learn that it is their place to stay home and confine themselves to domestic roles, thus creating a basis for the feeling of helplessness. Religion is used to legitimize violence against women as illustrated when the Qur'an's messages are taken out of context. Although in Israel the legal system enables a woman to open a claim against her husband if he beats her, Palestinian women, having been raised to accept violence and not to shame their families, are unlikely to pursue this course of action. As well, since there is a deeply rooted social belief that women are responsible for the success of their marriage, the victim of violence blames herself. Blaming the victim is common and has different social and political functions. As the author discusses, it liberates society from taking any action against the phenomenon of violence which is seen as “a personal problem”, maintains the
status quo in the patriarchal social system, and serves as an obstacle to both the solidarity of women and the development of social support systems. In Israel, the four main religious groups, each with its own legal system, have jurisdiction over their members; disputes concerning personal status and family law issues are heard before their courts, which are far from being objective. Women have come to realize that their personal problems are economically and politically rooted, a realization which has led to a support system for women and thus towards social and political action.


INDEX TERMS: Bosnians, men, Muslims, country of origin conditions, international armed conflict, Serbs, Croatian minorities, country of refuge, temporary refuge, family, social relationships, ethnic identity, adaptation, living conditions, housing, wealth and income, employment, family division of labour, gender role, children, family planning, immigrants, naturalization, second asylum applications, receiving country, family reunification.

GEOGRAPHICAL TERMS: Israel.

This article challenges the idea that refugees need to re-establish a new home in their country of refuge to avoid social disorganization and collective losses of identity and self-worth. In her study of 18 Bosnian Muslim families living in a small enclave among their Israeli hosts at Kibbutz Beit Oren, the author shows that the refugees are able to maintain family cohesion and ethno-national identity while they live in limbo. The author explores the Bosnian refugees’ subjective understandings of living in limbo, based upon several 1-3 day field visits from June 1993 to August 1994 consisting of observation of their circumstances and informal interviews and conversations in Serbo-Croatia. Focussing on the refugees’ family dynamics and inter-actions with other Bosnian refugees as well as how they present themselves as Bosnians, the author argues that the maintenance of a national core identity can be helpful in maintaining morale and forging group solidarity, and thus can aid in adaptation to the host society. The article briefly discusses the war in Yugoslavia. None of her informants was a victim of ‘ethnic cleansing’ nor did they witness torture and rape. They considered themselves fortunate to be alive, but confused by the inter-ethnic violence, since until a few years ago Croats, Serbs and Muslims lived together peacefully and intermarriage between the groups was frequent. Wanting to keep their families together and maintain the household, they chose Israel, because, unlike other countries, Israel was willing to accept entire families, including men. The male refugees were secular Muslims, and thus felt no incongruity being in a Jewish state. As well, they believed, as did the Israeli government, that this would be a temporary arrangement and they could return home soon. As opposed to the Croatian and Hungarian refugee camps, the living conditions of the Israeli kibbutz encourage familism. Each family has its own two-room apartment, with
bathroom and kitchen, and tends to its own food preparation, housecleaning, and laundry. The state of Israel pays for the apartments and utilities, but, because the Bosnians work at steady jobs, there is no sense of dependency or feelings of inefficacy or malaise. Since their arrival, all the men and some of the women have worked in the National Park or National Forest. By the beginning of 1994, all the women were employed in a variety of jobs on the Kibbutz guesthouse, including chambermaid or kitchen staff. Having lost their homes, Bosnian family members have refocussed their activities away from those directed at fixed property to an emphasis on portable capital, including an identity anchored in memories of their home territory. “Being Bosnian outside of Bosnia means strengthening the family through nourishment, encouragement, togetherness, financial assistance, and resisting the creation of attachments to another country or another piece of land.” Being Bosnian, both inside and outside the home country, is highly gendered with different tasks for men and women. While many held paid work in their homeland, in Israel women now hold jobs that are definitely not considered “women’s work.” Men and women receive the same pay for the same work, but the distribution of that pay is gendered, with the man’s wages going to basic household maintenance and the woman’s for “special” needs. In this way, the man remains the steady provider and is thus symbolic of the persistence of family and household. The desire to raise Bosnian children as best they can and to go home as quickly as possible, has led virtually all women to use some form of contraception, as they see no reason to have children if they cannot provide them with a home. However, their carefully constructed limbo is due to change. Originally admitted with tourist visas, Bosnians are now slated to receive temporary residents’ status. Thus, they will acquire Israeli identity cards, all citizenship rights and obligations, except the right to vote and military duty. After the end of a three year period, they must decide whether to take on Israeli citizenship or leave the country. They will also be able to move from the Kibbutz and work at better-paying jobs and rent apartments of their choice, but if they wish to remain, they must pay their own rent and utilities. Many Bosnians are not prepared to consider Israel-based plans for the future, and thus several have already left for other countries to extend their period of limbo. This article illustrates that Israel’s original offer of temporary sanctuary to Bosnian refugees was a satisfactory solution for the hosts as well as the newcomers themselves. Unlike refugees in refugee camps, the Bosnian refugees at Kibbutz Beit Oren did not become hopeless or marginal, family problems were not evident, and no crimes were committed. They are now being forced to consider the possibility that Bosnia, as they know it, may never again exist, and that they will be transformed from war refugees into immigrants. Although Israelis see the conferral of temporary residence status as a humanitarian offer, they are overlooking the Bosnians’ own preference for limbo. She concludes that living in limbo, if secure and family-based, can be an enabling experience, allowing refugees to restabilize their identity, family roles, and relationships, save resources, and re-establish self-worth. For this reason, host countries should give priority to family reunification and individual productivity, rather than focus upon naturalization and long-term residency.
This article consists of transcripts of interviews the author, a journalist, conducted with Palestinian women in the Jordanian refugee camps of Amman and Jerash in May and June 1994. The women were mostly in their 20s and 30s, well-educated, and working or looking for work in professions such as teaching and accounting. Some had been born in the camps. Some were married with children, others were single, and a few did not intend to marry. They were living in refugee camps, some in substantial dwellings housing an extended family. One, an activist and leader of the Women’s Union in Jordan, lived in a suburb of Amman. The interviews focussed on their life experiences and the struggles they, and other women, had to become independent economically, intellectually and socially. One common theme was their sense of solidarity with their families and refugee communities, which disposed them to remain in the camps, even though some might have liked to move out. Other themes were the central importance of maintaining their cultural identity as Palestinians, the importance of education for women, as well as the development of women’s understanding of their rights, and the potential of women’s movements both inside and outside the camps. They spoke of the difficulties girls and women have in obtaining adequate schooling and employment skills; in refusing the veil and seclusion, which most of them had succeeded in doing to some extent; and in obtaining appropriate documentation for purposes of education or mobility. They talked too about the emergence of new and more independent views among women on relationships and marriage, and the challenges posed by being a single woman in the camps.
Chapter 3 Asylum

To examine how Palestinian refugee women construct their past, their present, and their identity, this article focuses on the issue of “place”, defined by land, house, and country, for Palestinians who have been “(dis)placed” in the present period and immediately prior to 1948. Land for the women is of priority because lack of this place/space affects their productivity, leisure, socialization, safety, and health. Based on interviews with Palestinian women in camps in the West Bank and Gaza, the author discusses each of these topics illustrating how change of place has affected their identity within that space. Their former life lived in open spaces is contrasted with their present restricted camp space and crowded camp conditions, conditions that have caused both physical and psychological distress and has damaged their pride. The author concludes by suggesting that the need for “space/place/land” should be taken into consideration in future planning.


INDEX TERMS: Palestinians, UNRWA, refugee status, patrilineal societies, gender discrimination, women refugees, divorced persons, widowed persons, General Assembly resolutions, UN General Assembly, donors, receiving country, assistance, maternal and child health care, supplementary feeding, health services, children, educational discrimination, income-generating projects, family reunification, UNHCR, refugee status applications, CSR51, CSR67, peace efforts, declarations, right to return, self-determination, UN Charter, CEDAW79, ICESR66, ICCPR66, CRC89, CRS61, Arab countries, culture, Shari’ah, nationality, social movements, gender role, Israelis, resistance movements, equality before the law, legal decisions, League of Arab States.


This article assesses the ramifications of gender discrimination inherent in the working definition of Palestine refugee status, established by the United Nations Relief and Works Agency (UNWRA), and the political and social contexts under which the definition has evolved. UNRWA has established a patrilineal model for determining who is eligible to be registered as a UN “Palestine refugee.” According to the model, Palestine refugee status is passed from generation to generation through the father. However, refugee women who marry non-refugee men (MNRs) retain their refugee status but may not transmit this status to their children. By virtue of their husbands’ non-refugee status, these women as well as their children are ineligible for a vast array of UNRWA’s benefits. In contrast, refugee fathers married to non-refugee women may pass on refugee status to their children and the entire family is eligible for benefits. The author discusses the ramifications of the discriminatory treatment of MNRs in terms of access to UNRWA’s health services, education, and relief and social services. Although MNRs are eligible for “passive protection” under UNRWA’s recently instituted programme of “general assistance and
protection” in the Occupied Territories as a result of the Intifada and Israeli counter-measures, the children of MNRs have been able to benefit from it only to the limited extent as have other non-refugee Palestinians. As the author points out, registration with UNRWA also has implications for the legal status of Palestinians in exile both in and outside UNRWA’s area of operations and may affect their status under any future comprehensive peace settlement. The author raises questions as to the legality of UNRWA’s definition of “Palestine refugee” in view of the standards on gender discrimination, which have been established in various international instruments. Finally, the author provides examples to show that UNRWA’s “gender discrimination is more extensive than even that of the personal status and nationality laws in effect in the areas of UNRWA operations.”


INDEX TERMS: Palestinians, history, martial law, colonialism, national liberation movements, international relations, womens status, gender role, family, social relationships, social change, social networks, political participation, economic integration, development, Islam, Shari’ah.

GEOGRAPHICAL TERMS: Palestine.

This exploratory paper considers issues facing Palestinian women as they struggle for national and social liberation. The author situates Palestinian women’s experiences within a historical and theoretical context to illustrate the factors that impinge upon their current agendas and affect their social movement. Historically, the author discusses the impact of Israel’s colonial domination of the Occupied Territories on Palestinian society, particularly as they relate to the role of women. As Palestinians were dispossessed and proletarianized, women were freed from traditional roles and emerged in the public arena as activists for national and social liberation. However, their concerns remain absent in both the theoretical literature and the practical arena. Yet, during the occupation and especially during the Intifada, Palestinian women have been instrumental in creating alternative societal structures in the Palestinian community, mobilizing themselves and others in grassroots committees and participating in other organizational activities and frameworks to check and resist encroachment of the Israeli colonial state into the Occupied Territories. The author identifies three features likely to characterize relations between Israel and Palestinian “autonomous” region(s), each with its own dramatic impact on women. First, it is expected that the West Bank and Gaza Strip economy’s integration into, and dependence on, the Israeli economy will continue with the potential consequence of Palestinian women being exploited as cheap labour. Second, the expected authoritarian and centralized nature of the emerging Palestinian government threatens the independence of action for which women have struggled, and their concerns are likely to assume low priority during the interim stage.
Thirdly, allocation of development money designated for the Occupied Territories has largely been, and is expected to continue as, a system of punishment and reward, under which certain factions benefit at the expense of, among others, women’s organizations and activists. The article concludes with the suggestion that the absence of a Palestinian state may provide Palestinian men and women with a window to initiate a period of change. Women, particularly, must chart a new course in defining their public and private roles.

Black milk is a metaphor used to capture the essence of the Gazan female condition; an increasing inability to protect and nurture children. The author prefaces her discussion with a history of the occupation and occupiers of Gaza over the centuries. In the Gaza strip, 65 per cent of the residents, close to half a million people are refugees from the 1948 war and their descendants now entering their fifth generation of statelessness. Over 50 per cent are in camps and the remaining live in local villages and towns. The Gaza strip and its inhabitants are subject to a system of military law with the legal authority resting with the Strip’s military commander. The author discusses land dispossession, which is seen as a denial of Palestinian identity and an attempt to erase the Palestinian past, and illustrates its impact with field notes from a visit to a refugee camp where living conditions are cramped and oppressive. With the Intifada, a response to this oppression, things changed irrevocably. Suffering and violence increased; the Israeli army and law have become more repressive; economic conditions have deteriorated such that hunger is now a growing problem; the family unit has been weakened; children have been forced from the classroom; and children of all ages are traumatized. The author discusses a society devoid of childhood and family, where children are psychologically damaged, leave home for underground and illegal employment, have lost their homes and schools, and are incapable of conceptualizing authority. For the Gazans, the major issue is whether home exists at all, and if not, whether it can be created and preserved.
Within the broader context of the Arab-Israeli conflict and the related events which forced Palestinians to leave their homeland and become refugees, this article focusses upon one refugee woman’s identity and its transformation over time: initial awareness as a stigmatized refugee, accepting her refugee identity, developing refugee pride, and the replacement of her refugee identity with that of a Palestinian woman with a right to statehood. The woman, a Christian Palestinian, was forced from her home at gunpoint during the 1948 war, when she was 10 years old. She describes the experiences that led her through the aforementioned stages of transformation, as well as the lasting influence of the refugee identity. The article also describes current refugee and non-refugee life under Israeli occupation. Particular attention is paid to the Intifada, the aggressive non-violent resistance by the Palestinian people. For the Palestinians, the Intifada marked the beginning of the shift from the shock and denial of victimization as refugees towards the development of a survivor identity. The article also suggests that women and girls have empowered themselves by participating in the Intifada, achieving some freedom of movement, organizing demonstrations and delegations, and becoming caretakers and leaders of the communities through the Women’s Committees. However, despite these efforts, human rights violations of an oppressive Israeli occupation continue. Therefore, the international community must respond.
patriarchy. In fact, the author observes, women’s employment as seasonal wage labourers in agriculture and manufacturing, particularly the garment industry, reinforces patriarchy since they work under terms negotiated by their male relatives. As workers and Palestinians, they also endure such conditions as informal hiring and depressing wages, whether they work in the Occupied Territories or inside Israel. According to the author, what made Palestinian women, especially young women, contest patriarchy were the Israeli oppression, including the use of sexuality as a weapon of political intimidation and domination, and the ensuing national liberation struggle. During the Intifada in particular, women became politicized as part of the general struggle organizing into local committees. Through the opportunities and constraints manifested in the work of these committees, women also gained a gender consciousness to challenge patriarchal structures. However, there is a generational distinction that is closely related to the female life cycle and the woman’s power position within the household. While the older generation of activists has an investment in protecting patriarchal relations, the Intifada has marked a new period in the political and social development of the younger generation. The author concludes that the experience of the Palestinian women’s movement shows the need for a culturally and historically diversified feminist theory and for feminist movements that incorporate the experiences of all women.

INDEX TERMS: Palestinians, gender role, women, culture, repression, violence, national liberation movements, women’s networks, political opposition, education, economic self-sufficiency, development, women’s organizations, social work.

GEOGRAPHICAL TERMS: Palestine.

This article examines women’s role in the Intifada to answer the question whether women’s involvement in a national struggle can lead to a transformation in gender relations. Based on a brief description concerning the evolution of Palestinian women’s political and social involvement over the twentieth century, the author distinguishes three overlapping and cumulative stages. First, women trespass their traditional role by mobilizing in support of the national struggle, joining in demonstrations and undertaking resistance actions, and facing repression. At the second stage, women start to organize around charitable work in response to new and urgent needs generated by repression and the negation of their rights, extending their traditional role from nurturing the family to nurturing the community. However, some women assume a new leadership role by taking on organizational responsibilities. The third stage is characterized by a deepened political consciousness, an increased educational level, and participation in large numbers within the popular movement. They have effectively diversified their social involvement at the organizational level and assume increasingly leadership roles. Although present at every stage, women's
empowerment is significantly greater at the third stage. Palestinian women demonstrate their empowerment by resisting repression, assuming new responsibilities and leadership roles, challenging old sex role and the traditional restrictions on women’s movements, and obtaining higher education. However, the author concedes that “(t)he end of the road to national and gender liberation for Palestinian women is far from certain.” She concludes that reinforcement of democratic social models within Palestinian society under promising economic conditions for the majority is the only way to guarantee women’s rights in the future.


INDEX TERMS: Palestinians, mothers, refugee experiences, martial law, arbitrary arrest and detention, economic conditions, torture.

GEOGRAPHICAL TERMS: Palestine.

This is a short collection of narratives by several Palestinian women with first-hand accounts of life under Israeli occupation. The women express anger and frustration in the face of the continued occupation of their land and the repression they and their male relatives endure even after the start of the Israeli-Palestinian peace talks.


INDEX TERMS: Palestinians, history, Zionism, refugee camps, gender role, education, repression, patriarchal societies, national liberation movements, living conditions, cooperatives, day care centres, clinics, literacy, self-determination, NGOs, UN.

GEOGRAPHICAL TERMS: Palestine.

This article sketches the historical evolution of the Palestinian problem with special reference to women’s experience in the process. After tracing the root of the problem to the post-1917 British rule in Palestine, the author focusses on the consequences, for women in particular, of the establishment of Israel in parts of Palestine in 1948 and of the post-1967 Israeli occupation of the remaining parts. As targets of sexual oppression, cheap labour power, and as Palestinians, women bore the brunt of refugee camp life under Israeli occupation. Yet, with the Intifada (uprising) in the 1980s, Palestinian women began to
organize and actively participate in building their own infrastructure and preparing for autonomy. This led to the development of social, economic, and cultural projects such as agricultural and small-scale manufacturing cooperatives, literacy programmes, cooperative day cares, social and gender awareness programmes, initiatives for health clinics, and special research centres. In conclusion, the author identifies long-term, intermediate, and immediate solutions to the Palestinian problem, calling for international and Canadian support at all three stages. Mentioned among the immediate solutions are the expansion of NGO activities, encouragement of women’s associations, and assistance to women in opening kindergartens, maintaining literacy programmes, establishing health centres, and developing socio-cultural programmes.

i. **North America**


INDEX TERMS: violence against women, national refugee law, well-founded fear of persecution, safety of refugees, guidelines, gender-based persecution, legal decisions, undocumented migrants, visas, case studies.

GEOGRAPHICAL TERMS: United States.

The author discusses the inconsistencies in US asylum law for women fleeing domestic violence. Current grounds for asylum in the US include ‘credible fear of persecution’ due to race, religion, nationality, political opinion, or membership in a particular social group. US law has been inconsistent, relying on individual judges’ decisions, which can be overturned. In 1995 the Immigration and Naturalization Services issued Gender Guidelines for asylum officers to consider women persecuted because of their sex including rape, sexual abuse, domestic violence, infanticide, and genital mutilation. However, protection from domestic violence has been hard to obtain. As well, problems arise for undocumented and abused women already living in the US, whose abusive husbands refuse to file for a visa for their spouses in order to maintain control over them. The 1994 Violence against Women Act makes it possible for battered immigrants living in the US to self-petition for residency status.

However, the law requires women to return to their home countries for final processing, but re-entry could be denied because they were at one time living illegally in the US. At time of writing, Congress was to consider making corrections to the Act and increase the flexibility of the process. The stories of several women are presented to illustrate the difficulties abused women face in seeking asylum in the US.
This article examines how gender is implicated in the refugee determination process and in permanent settlement opportunities. While women outnumber men in UNHCR-assisted refugee populations in camps or centres, they are under-represented in asylum claims and/or settlement in industrial countries. “Although seemingly gender neutral, gender permeates the definitions, the process of refugee determination, selection for permanent settlement, and ultimately the sex composition of those who are settled.” The UN Convention definition of a refugee privileges the recognition of refugee status for men compared to women. This recognition occurs because persecution experienced by women in the private sphere is less likely to be recognized as grounds for persecution and the indirect role of the state in generating and/or sustaining harmful acts is not likely to be acknowledged. The refugee determination procedures frequently reproduce existing gender hierarchies. Gender roles also influence the refugee determination process owing to women’s reluctance to discuss rape and other forms of sexual violence due to the circumstances in which the interview is conducted. Even once accorded refugee status, women may find it difficult to become accepted for permanent settlement in an industrial country as they may not be able to meet the admissibility criteria, which usually include assessments of education, job skills and income potential. Based on unpublished data, the author reviews refugee admissions to Canada between 1985-1994, finding that men predominate and women are under-represented in the Convention Refugee and in humanitarian-based admissions, especially if single. Profiles of admissions suggest women are dependents, whereas men are autonomous migrants. Gender differences also exist in the mode of entry into Canada. Slightly over one-half of the men but less than half of the women had their refugee claims accepted. Reasons for this disparity suggested by immigration officials include that, compared to men, women are less likely to undertake a long and often clandestine journey to reach Canada, the lack of economic resources and networks for such journeys and the risks of rape and other forms of sexual violence while making the trip. The author discusses, and includes critiques of, the Canadian Guidelines on gender-related persecution. She concludes with an outline of the ‘Women-at-Risk’ initiative and some of its problems, such as the delay in removing women from dangerous situations, which is partly responsible in further reducing the small number of women admitted under this programme.
Chapter 3 Asylum


INDEX TERMS: violence against women, female circumcision, CEDAW79, law of asylum, CSR51, CSRP67, persecution, human rights violations, international instruments, legal decisions, guidelines, well-founded fear of persecution, social group persecution, gender-based persecution, internal flight alternative.

GEOGRAPHICAL TERMS: United States.

In Section I, Introduction, the author notes that the United States have been slow to recognize defects in asylum law and procedures pertaining to women refugees. Recently, efforts have been made to improve the situation nationally and internationally. In 1955 the Immigration and Naturalization Services (INS) provided persuasive, but not binding, Guidelines for asylum officers to use in adjudicating asylum claims involving women. In addition, the United States are party to the UN Declaration on the Elimination of Violence against Women and the Convention on the Elimination of All Forms of Discrimination Against Women. Section II identifies four kinds of treatment and harm women refugees experience: domestic violence, female genital mutilation, restrictions on life and liberty, and physical and psychological harm resulting from their imposition, and problems women experience in asylum interviews. Section III provides a comprehensive analysis of the definition of ‘refugee’, which, using court decisions, focusses on examining what conduct will constitute ‘persecution’ and evaluating whether an individual has a well-founded fear of persecution and its nexus to the five enumerated grounds. In Section IV, the author examines how internal flight alternatives affect the asylum eligibility of women refugees. The author concludes with recommendations for improving women’s chances at being granted asylum. These recommendations include approving a sixth enumerated ground for asylum based on gender or expanding the definition of ‘social group’ to encompass gender-based claims “(i)f binding legislation is too much of a commitment to women refugees,” and defining ‘persecution’ by a non-exhaustive lists of acts, behaviour, or conduct that constitutes persecution.


The author proposes 1) that the United States should formally adopt the Canadian Guidelines for assessing women’s gender-based persecution, and 2) that Congress should strengthen the decision in Kasinga, which recognized female genital mutilation (FGM) as a basis for persecution, by including gender within the definition of “particular social group” to the current US refugee definition. Part I offers a general description of FGM including countries where it is prevalent, its various forms, and its health implications. The author describes the traumatic effects of this practice including both physical injury and psychological harm and presents the frequently cited justifications for its continuation. Since most countries that practise FGM are governed by tribal, religious, or customs law rather than civil law, women receive little protection. Where legislation against female genital mutilation does exist, it is rarely enacted or enforced. In Part II the definition of persecution is analyzed and it is argued that female genital mutilation fits the definition adhered to in international human rights agreements. However, since most human rights violations, which are recognized prohibited forms of persecution, such as genocide, slavery, and torture, take place in the public domain, the practice of FGM, which is inflicted outside the public domain, does not qualify. Part III discusses the implications of the public/private dichotomy for gender-based persecution. Since FGM occurs in the private sphere, the domain of women, it has been ignored because only the public sphere is regarded as the domain of international law. Since, according to the author, “(t)he failure to incorporate ‘gender’ into the refugee definition relates directly back to the public/private dichotomy,” she recommends that the U.S. include gender-based persecution as one of the enumerated categories under the refugee statute. Because the Immigration and Nationality Act (INA) does not recognize gender-based persecution as grounds for asylum, women who have suffered persecution usually attempt to bring their claim under the “particular social group” category. Yet, courts have denied such claims. As well, there have been disparate judgments as to whether fear of FGM is a sufficient basis for granting political asylum. Part IV briefly discusses the 1993 Canadian Guidelines that recognize gender-based persecution as asylum claim. The author considers these Guidelines as a model for American Guidelines but notes that such Guidelines serve as short-term solutions to the current gender inequality in asylum law. Part V challenges the “floodgates” argument that can contribute to the reluctance of U.S. courts to grant refugee status to women fleeing FGM, as the implementation of the Canadian Guidelines has not led to an increase in the number of women applying for refugee status on this basis.
This Comment draws parallels between the asylum claims of gays and lesbians and women fleeing forced female genital mutilation, noting that all are based upon membership in a particular social group. Both groups are juxtaposed to analyze how the Acosta test, the test for granting asylum, is applied. Grants of asylum to women fleeing genital mutilation are supported by legal precedent, the Immigration and Naturalisation Service (INS) Guidelines, and the 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA). Grants of asylum to gays and lesbians are supported by legal precedent, ISN Guidelines, and growing humanitarian concern of the issues facing gays and lesbians. However the grants are not supported by any existing legislation, and both groups are only afforded ISN guideline status, by which immigration officials are not bound. This Comment raises the question why female genital mutilation is not an ISN regulation-approved ground for asylum, when there exists considerable public and legislative condemnation for the practice. However, despite the rights of states to criminalize consensual same-sex sodomy, gays and lesbians may be granted asylum based on reasonable fear of persecution. The Comment thus argues that women seeking asylum due to the threat of female genital mutilation should be granted INS regulation-approved status, rather than guideline status.

Section II discusses the five historical cases of asylum granted to women fleeing female genital mutilation; the BIA designation of the Kasinga case as precedent; the history and implications of the 1996 IIRIRA, and the status of asylum claims following from the above.

Section III presents the history of asylum grants to gays and lesbians seeking asylum in the United States. It remains very difficult for gays and lesbians to be awarded asylum; nonetheless, the numbers of grants are significantly higher than those awarded on the basis of female genital mutilation. Historical cases are presented, most notably the asylum grant to Fidel Toboso-Alfonso in 1990. In 1994, this case was designated by the Attorney General as precedent in all proceedings involving the same issue or issues, thus laying the foundation for finding persecution based on sexual orientation a basis for asylum. Since then, over one hundred gays, lesbians, and transgendered persons have been granted asylum. This Comment also seeks to explain the precedent in light of the Bowers vs. Hardwick decision, which upheld the right of individual states to criminalize same-sex sodomy. On this point, the author draws distinctions between punishment and persecution. Changes in public attitudes toward a more “liberal” view of gays and lesbians are also addressed. The INS Guidelines with respect to women fleeing female genital mutilation and gays and lesbians fleeing physical harm are explored in Section IV. In Section V, the issue...
of appropriateness of Guidelines versus regulations is considered. This Comment takes the position that the guideline status of gays and lesbians is appropriate, until such time as Bowers vs. Hardwick is overturned. However, since a federal statute has made female genital mutilation an illegal and criminal act within the United States, a regulation-approved status in asylum proceedings should be given to women fleeing forced genital mutilation.


INDEX TERMS: female circumcision, appeals, grant of asylum, tribal peoples, refugee definitions, social group persecution, evidence, well-founded fear of persecution, decisions on refugee status, refugee status determination procedures, legislation, offences, gender-based persecution.

GEOGRAPHICAL TERMS: United States.

This note reviews the implications of the In Re Kasinga decision by the Board of Immigration Appeals (BIA), which granted asylum in the United States to Fauziya Kasinga, a woman who opposed the practice of female genital mutilation (FGM) and has not been subjected to it. In this decision, the BIA recognized a segment of the tribe of Northern Togo, to which Kasinga belonged, as a ‘particular social group’ within the definition of ‘refugee’. This note contends that although the decision did not determine the status of women already subjected to FGM or establish Guidelines for analysis of those cases, it nevertheless may broaden the basis for findings of persecution in other gender related asylum claims. Some background to the Kasinga case is provided in Section II of the note. Section III discusses the decision by the Board of Immigration Appeals to reverse the denial of Kasinga’s asylum application by the immigration judge. The credibility of the evidence and the definition of ‘persecution’ are examined. The BIA’s interpretation of persecution ‘on account of membership in a particular social group’ and of a well-founded fear of future persecution is discussed. Recent legislation which makes FGM a crime when performed in the United States and asylum procedures are the focus of Section IV. The note concludes with a reminder that a general standard for adjudicating claims of gender-related persecution has yet to be established.

INDEX TERMS: violence against women, repression, country of origin, patriarchal societies, children, human rights violations, sexual violence, ethnic cleansing, CSR51, government policy, protection, receiving country, employment opportunities, equal opportunities, women-at-risk, one-parent families, refugee status determination procedures, guidelines, racism, alienation, extended family, decisions on refugee status, cultural sensitivity.

GEOGRAPHICAL TERMS: Canada, Rwanda, Yugoslavia.

This article examines how gender relations inform social, economic, cultural, and political realities in refugee women’s countries of origin and also in the countries where they may find asylum. Further, it provides an overview of the context of gender-related violence and oppression that may cause women to flee, and touches upon women’s vulnerability during flight and in asylum countries. Although refugee women are a diverse group, the author focuses on the similarities and patterns in their experiences to underscore how violence and gender oppression affect all women from patriarchal cultures, regardless of their background. This study is informed by the author’s work as a member of international committees and Canadian community committees, as well as interviews conducted over a number of years with refugee women. A synopsis of the global refugee situation highlights some of the reasons behind the forced displacement of so many people, the majority of who are women and children. In situations of war and repression, women and children are equally vulnerable to human rights violations; women and girls are particularly at risk of sexual violence. The extent of this violation, including the ‘ethnic cleansing’ in Rwanda and the former Yugoslavia, is discussed. Feminist criticism of UN and current Canadian policies is noted, because the definition of ‘refugee’ “does not include gender oppression and does not provide for special protection refugee women need because of gender inequalities in the countries producing and receiving refugees.” Perceptions of refugee women are also challenged, arguing that their portrayal as vulnerable victims creates expectations that they will be unable to cope or adapt to the receiving country. The author argues that refugee women should be seen “as victimized but not as passive victims.” Feminist research has documented the contributions of refugee women to development planning, as well as agricultural and other work. Still, economic opportunities for refugee women are limited, with prostitution being the only option for some. International assistance to refugees has slowly adopted gender and development approaches. For instance, the 1991 UNHCR Guidelines on the Protection of Refugee Women state that refugee women should be involved in all levels of decision-making that affect their social and economic lives. Canada’s low admission rate of women under the women-at-risk programme is critically analyzed and Canadian policy regarding refugee application for resettlement is explained in some detail. While Canada’s gender Guidelines have facilitated the applications of women fearing gender-based persecution, this article argues that, even if these women are able to go to Canada, other policies make staying in Canada difficult, most notably the “Right to Landing Fee.” The final section examines violence in refugee families, noting the barriers which prevent abused women to break their silence. The article
concludes with some recommendations for improving the Canadian Guidelines and their application.


INDEX TERMS: criminal law, Shari’ah, rape, violence against women, evidence, men, witnesses, persecution, country of origin conditions, women's status, imprisonment, prison conditions, receiving country, law of asylum, burden of proof, gender-based persecution, legal decisions, religious persecution, refugee status applications.

GEOGRAPHICAL TERMS: United States, Pakistan.

The author argues that Pakistan’s Zina Ordinance, introduced in 1977, should be recognized as persecution on account of religion when evaluating the asylum claims of Pakistani women. The Zina Ordinance is one of five laws, known as Hudood Ordinances, which are derived from the Shari’ah. The Zina Ordinance offenses cover extramarital sexual intercourse including intercourse between unmarried partners and adultery, rape, and abduction for the purposes of committing sexual offenses and subsequent punishments. The Ordinance technically applies equally to women and men. Indeed, the Constitution of Pakistan assumes all citizens to be equal before the law, but in reality Pakistani women have few rights. This is made particularly evident when the author examines how the Zina Ordinance contributes to the persecution of women. Three categories of persecution are discussed: rape, imprisonment for zina, and domestic violence. The evidentiary laws are such that women who report rape may be punished for failure to provide credible witnesses. Reporting rape is considered an admission that extramarital intercourse has occurred; thus up to 90 per cent of reported rape victims are in prison. Enforcement officials often subject women in custody to rape and torture. Because marital rape is not criminalized, police rarely treat reports of domestic abuse seriously. Fathers, brothers, or former husbands often bring charges of zina against women to prevent them from marrying against their wishes. The author discusses persecution on account of religion under US asylum law presenting examples of case law. He describes cases in which Pakistani women did not receive refugee status because they sought asylum, as they feared persecution based on membership in a social group. Lastly, the author argues that enforcement of the Zina Ordinance does constitute religious persecution as it subjects women to severe treatment and women are therefore entitled to grants of asylum based upon persecution on account of religion.

347 FEMALE GENITAL MUTILATION: THE MOVE TOWARD A RECOGNITION OF VIOLENCE AGAINST WOMEN AS A BASIS FOR ASYLUM IN THE UNITED STATES, Armstrong, Patricia A. Maryland Journal
INDEX TERMS: asylum seekers, Sierra Leoneans, female circumcision, case law, gender-based persecution, guidelines, refugee definitions, human rights, women's status, international law, national refugee law, social group persecution, legal decisions, refugee status determination procedures, UDHR48, CSR51, CEDAW79, ICCPR66.

GEOGRAPHICAL TERMS: United States, Canada.

This Comment demonstrates that 1995 marks a trend in the United States toward the recognition of gender-based persecution claims as a basis for asylum but that the rigid interpretation of the Refugee Act continues to hinder granting refugee status to women who have suffered female genital mutilation (FGM) or other violence particular to gender.

Section II offers an overview of the practice of FGM. Section III discusses the legal status of women in international law including equality and protection from violence; the status of refugees in international law; and refugee law in the United States including the Refugee Act and its interpretation of the definition of refugee by the Board of Immigration Appeals and federal courts, and the 1995 Immigration and Naturalization Services Guidelines which attempt to promote consistency in procedures and decisions regarding gender-based violence. Section IV presents two FGM cases before the US Immigration Courts. In one case, a female native of Sierra Leone was denied asylum on the grounds of fear of persecution because she had based the claim on fear of persecution for her daughters who were not within the Immigration Court’s jurisdiction and she herself had already been circumcised and did not qualify as member of a ‘social group’ under the statute. In the second case, another native of Sierra Leone was granted asylum because FGM was considered persecution defined as ‘physical, psychological, and verbal abuse that constitutes extreme conduct; violation of human rights instruments; and discriminatory treatment that would lead to inability to earn a living, practice religion or access education’. Section V analyzes these rulings in terms of the debate between the courts and human rights groups since the enactment of the Refugee Act as to whether to apply the refugee definition generously or restrictively. In Section VI, the author explains why the current acceptance of gender-based persecution and a generous application of the refugee definition are in accord with both United States and international law.
persecution, lawyers, national law, culture, belief systems, womens rights.

GEOGRAPHICAL TERMS: United States.

This article analyzes gender-based persecution claims of women and present asylum laws to demonstrate the gender bias within the present system. It seeks to demonstrate the need for re-definitions of “refugee” and “persecution” to accept that discrimination and violence against women constitute an encroachment of their human rights, which must be redressed. Victims of gender-based persecution should be protected; states, which have failed to prosecute violent acts and discriminatory behaviour against women and to guarantee women equal protection of the laws, have violated international obligations. Based on a discussion of United States case law, the considerable confusion in the area is demonstrated. What constitutes persecution is the focus of Part II of the article, as violence against women is still viewed as an issue within the private domain and not as human rights abuse; offending instances are seen as isolated instances that may be culturally or religiously specific. As well, the concept of persecution should not be confined to the examples listed in the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), since acts of violence against women in the domestic context, such as performing sexual acts against her will, mental and physical abuse, and genital mutilation, all constitute a violation of human rights amounting to persecution. The question of why a country’s failure to criminalize or punish gender-based violence should not be understood as condoning it is the focus of Part III. To demonstrate an inconsistent approach and the lack of appropriate fit of gender-based claims into existing categories, the author analyzes in Part IV decisions by the INS Immigration and Naturalization Service) and the BIA (Board of Immigration Appeal) and by different federal judicial circuit courts regarding cases which have been based on persecution due to membership in a particular social group and the political opinion category in asylum applications. The feasibility of considering gender of falling within the particular social group category is also discussed with reference to rejected and accepted cases in which such a claim was made. The definition of, and perceived difficulties associated with, gender-based particular social groups are examined in Part V. Two main concerns are noted: the importance of the group size (is the group too large?) and the implications of defining the group on the basis of the harm feared. The “floodgates” argument against delineating gender as a social group is addressed as unwarranted. In addition to the legal issues, practical obstacles to gender-based claims of persecution are mentioned in Part VI, such as the importance of advocates being familiar with the laws and the cultural, religious, and social mores pertaining to women, as well as understanding the reluctance of victims of violence to narrate their experiences. The article concludes that the recognition and acceptance of women as a particular social group is in keeping with the essence and purpose of asylum law, and that the acceptance of violence against women as persecution is critical. Present legislation, both in the United States and internationally, can accommodate these claims within the existing infrastructure. However, steps must be taken to narrow the gap between rhetoric and reality in affirming human rights as women’s rights.
From 1995 to 1997, the Women’s Commission for Refugee Women and Children (WCRWC) conducted an assessment of nine detention sites including seven county prisons in the United States and two detention sites in Puerto Rico. Pending the outcome of their asylum proceedings, women are detained by the Immigration and Naturalization Service (INS) and scattered across the United States in prisons and immigration detention centres. Chapter I provides a description of the United States asylum and detention systems and a synopsis of the applicable international legal standards. It also includes a discussion of the Women’s Commission detention project. Delegation members, who had expertise in refugee protection, asylum law, and the psycho-social needs of women, interviewed detainees and former detainees from various countries, INS and prison staff, attorneys, and advocates in the community. Chapter II discusses the conditions of detention. Delegation members investigated security issues and physical settings; treatment by INS and prison staff; translation assistance; health care and hygiene; diet, recreation and exercise; education; and spiritual support. Chapter III discusses access to detention centres, including visitor and attorney access; access to outside monitoring; and oversight of facilities by the INS. Chapter IV on asylum proceedings critically discusses the inconsistent implementation of the Asylum Pre-screening Programme (APSO) which allows for the release of asylum seekers from detention if they meet certain criteria, and the impact of detention on detainees’ ability to win asylum. Summarizing the findings, the WCRWC emphasized that women asylum seekers often endure lengthy imprisonment in remote locations under conditions that fail to meet international principles of refugee protection and basic standards of compassion and decency. Isolated and treated as criminal inmates, women detainees face neglect and abuse, do not have access to adequate health, nutritional, psycho-social, translation, cultural and educational services and supplies. They are held for months and even years in detention centres inaccessible to visitors, attorneys, and outside monitoring agencies. Chapter V of this report concludes with a series of conclusions and recommendations to improve asylum procedures and conditions of detention for women. The report also includes excerpts from affidavits filed by women asylum seekers in detention.
In March 1993, the Canadian Immigration and Refugee Board (IRB) released its precedent-setting Guidelines on Women Refugee Claimants Facing Gender-Related Persecution, updating them in November 1996. Although the Guidelines are not technically binding as law, they have had a major impact on the recognition of women’s rights and on the protection given to individual refugee women. This article describes the effect of the Guidelines and the treatment of women’s claims; especially those claims based on rape, in the asylum and refugee protection laws in Canada. After providing background to the Guidelines and their implementation, the author discusses the role of international human rights law in the treatment of gender claims in Canada. The author emphasizes the significance of the Canadian Supreme Court’s decision in Canada (Attorney General) v. Ward, made shortly after the Guidelines were issued. This decision clarified that the ‘particular social group’ category conceptually included claims by individuals fearing persecution on such bases as gender, linguistic background, and sexual orientation. In conjunction with the Guidelines, the Ward decision opened the way for the recognition of gender either independently or in conjunction with common victimization, as a basis for the ‘particular social group’ ground in the Refugee Convention definition. Hence, it has been particularly important for the acceptance of claims based on domestic violence and rape in the community. Other issues discussed in the Guidelines and IRB decisions include rape constituting persecution within the meaning of the Immigration Act and various human rights conventions; the recognition of non-state actors as potential agents of persecution; and the requirement of sufficient proof under the “well-founded fear” standard. The author concludes that, despite the positive effects of the Guidelines, there are problems in Canadian case law and signs of some uncertainty in the future.
In 1995 the Immigration and Naturalization Service (INS) adopted Gender Guidelines that specifically credit the Canadian Gender Guidelines as a model and example. By acknowledging the applicability of international human rights standards and making extensive reference to relevant human rights standards, the Gender Guidelines “have had a positive effect beyond the increased recognition and sympathetic treatment of women’s claims.” The authors raise a number of legal issues in American case law, both prior to the issuance of the Gender Guidelines and since their adoption, by discussing decisions on gender-related persecution, especially rape, as the basis for asylum claims. Although the Gender Guidelines constitute interpretations of law rather than specific legal precedent, they have resulted in immediate and concrete changes. Rape and female genital mutilation have been recognized as gender-specific violence amounting to persecution. However, as the authors note, recent federal court decisions, as well as those of the Board of Immigration Appeals mark a retreat or a change of direction, and indicate that the Gender Guidelines are not being implemented in a serious manner. Of particular concern is “a troubling recent trend of immigration judges requiring scientific evidence or corroboration of an applicant's claim based on rape.” This notion is incompatible with principles of gender equality and non-discrimination. “The claims of women to asylum protection, like those of men, may be established on the basis of credible testimony alone and any responsibility of providing evidence is shared by all parties in an asylum adjudication.” The article concludes by calling on the United Nation's Special Rapporteur on Violence Against Women to preserve the achievements of the Canadian and US Gender Guidelines and further advance the rights of refugee women.
INDEX TERMS: asylum seekers, gender-based persecution, violence, asylum policy, detention, Chinese, prison conditions, mental health, illegal immigration, refugee status determination procedures, special needs, legal representation, interpretation services, health services.

GEOGRAPHICAL TERMS: United States.

The United States Immigration and Naturalization Service (INS) detains thousands of asylum seekers each year, including hundreds of women fleeing gender-based persecution and other forms of violence, who are awaiting the outcome of their immigration proceedings. This report discusses the findings of an assessment by the Women’s Commission for Refugee Women and Children regarding conditions of women’s detention in six county prisons, from which INS contracts detention space, and of visits to two detention sites in Puerto Rico. The contractual arrangements with the county prisons fail to specify that any special provisions be made to accommodate asylum seekers and INS almost completely relinquishes its detention authority. Asylum seekers are treated almost exactly the same as criminal inmates and are often housed in maximum security areas. Women are mixed in with criminal inmates and have generally only minimal access to the outdoors; they have limited access to legal representation due to the remote location of the facilities and the frequent rate of transfer without notification; they lack language assistance during emergencies or medical examinations; and they typically do not receive English as a Second Language classes to facilitate communication and adjustment to detention. As well, they face poor health services, abuse by prison staff, and culturally inappropriate diets. In response to the increasing emphasis on detention due to the 1996 Immigration Act, this report supports INS’ plans to continue with the Asylum Pre-Screening Officer programme and implement reforms to the process. Other recommendations include revisions of the detention programme to address the harsh and inhumane conditions, and the development of alternatives to local prisons to uphold the fundamental principles of protection for asylum seekers.


INDEX TERMS: asylum seekers, refugee status determination procedures, CSR51, human rights instruments, gender-based persecution, guidelines, legal decisions, asylum policy, female circumcision, minors, offences, country of origin, value systems, customs and traditions, social group persecution, persecution for political opinion, political violence, rape, torture, UDHR48, CEDAW79, CAT84, declarations.

GEOGRAPHICAL TERMS: United States.
Chapter 3 Asylum

The two principal remedies available in the United States legal system for victims of human rights abuses committed in other countries are asylum and recovery of damages under the Alien Tort Claims Act. The author interprets some of the recent developments in asylum law particular to asylum claims of women, including the March 1994 decision in Matter of Oluloro when a judge suspended the deportation of a Nigerian woman because of the likely imposition of female genital mutilation on her citizen children, the Gender Guidelines by the US Immigration and Naturalization Service (INS) issued in May 1995, and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 which makes it a crime to practice female genital mutilation on minors. The language of US asylum law provides for asylum for women especially under the categories of persecution for political opinion and membership in a particular social group. Nevertheless, the Refugee Convention and its domestic implementing statute should be interpreted in the context of the post-World War II human rights regime and an informed understanding of events in asylee- and refugee-producing countries. The author presents arguments that, based on broadly accepted human rights instruments, culture cannot justify the persecution of women. Many of the atrocities inflicted upon women around the world easily rise to the level of torture as defined in the Convention against Torture. As well, he stresses that asylum cases must be adjudicated to reflect the realities of the alien’s experience in his or her country, since in many countries there is no clear distinction between personal and political realms. The article then counters the ‘floodgate’ argument that recognizing the persecution of women in asylum law will lead to a massive flight of women to the United States. The introduction of INS’s Gender Guidelines has led to no real increase in the number of gender-based asylum claims in the country. Moreover, asylum is an individual remedy. The requirements of US asylum law are stringent and the review of women’s cases by INS has been rigorous.

WOMEN WHOSE GOVERNMENTS ARE UNABLE OR UNWILLING TO PROVIDE REASONABLE PROTECTION FROM DOMESTIC VIOLENCE MAY QUALIFY AS REFUGEES UNDER UNITED STATES ASYLUM LAW,


INDEX TERMS: gender-based persecution, violence against women, asylum instruments, CSR51, CSRP67, womens rights, human rights, guidelines, national refugee law, law of asylum, refugee status applications, case law, ICCPR66, UDHR48, CEDAW79, gender discrimination, PRW53, CAT84, treaties, refugee-related declarations, rape, torture, persecution, UNHCR, manuals, agents of persecution, protection, legal decisions, international law, impunity, female circumcision, internal flight alternative, social status, children, standard of proof, well-founded fear of persecution, ethnic persecution, religious persecution, persecution for nationality, social group persecution, violation of cultural norms, persecution for political opinion, burden of proof, evidence.

GEOGRAPHICAL TERMS: United States.

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In 1995, the United States followed Canada’s lead by issuing the INS Gender Asylum Guidelines. The Guidelines both reflect and advance the recognition of women’s rights as human rights within the body of refugee law. However, some INS attorneys have suggested that domestic violence is a private family matter not subject to protection under US asylum law, even though the Guidelines state that it can be the basis for an asylum claim. Originally submitted as a position paper to INS, this article provides a framework for analysis of domestic violence as a human rights violation and as a basis for asylum protection. The authors first describe the international legal principles and instruments applicable to international women’s rights. The principles embodied in the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights are particularly emphasized as they provide the essential framework for the determination of claims of women to asylum protection. The authors next discuss some of the salient elements and issues raised in the interpretation of the refugee definition in the UN Refugee Convention/Protocol relevant to the asylum claims of female victims of domestic violence. The focus is on some issues, which have been most difficult or controversial, such as the statutory term ‘persecution’ and the doctrine that recognizes non-state actors as agents of persecution. The authors propose a framework and standards for establishing a state’s failure to protect against violations by non-state actors, implicit in existing US asylum case law and based on principles from international human rights law. Also discussed are such issues and statutory terms as the internal flight requirement, nexus or motives of the persecutor, and grounds for persecution—most importantly, political opinion and membership in a particular social group—along with some relevant Canadian case law. The authors conclude that, despite the commitment embodied in the Gender Guidelines, gender-related asylum claims in the United States are frequently subjected to special scrutiny and standards, and that improper and exceptional burdens of proof are imposed.

INDEX TERMS: gender-based persecution, guidelines, refugee definitions, protection, refugee status determination procedures, human rights violations, human rights instruments, evidence, arranged marriages, non-political crimes, women’s seclusion, social group persecution, persecution for political opinion, religious persecution, well-founded fear of persecution, meetings, case studies, UNHCR.

GEOGRAPHICAL TERMS: Canada.
This chapter provides a history of a series of initiatives undertaken by the Immigration and Refugee Board (IRB) Working Group on Refugee Women Claimants at the Toronto/Front Street office, which led to institutional changes at the IRB, including the formulation of the 1993 Guidelines for the adjudication of refugee claims made by women. The Working Group emerged out of concerns held by a number of IRB representatives, academics, and members of the legal and non-governmental communities, that the UN Convention’s definition of a refugee fails to recognize the nature of persecution experienced by, or directed at, women. From the beginning, the Working Group has promoted a human rights analysis of gender-based claims; that is, the use of international human rights instruments to assess the fear of persecution against the rights violated. The main objective of the Working Group has been to provide training that encourages members, refugee hearing officers, and legal advisors to develop the necessary analytical tools for dealing with gender-based refugee claims. The authors provide an overview of five professional development workshops on gender-related issues, which were organized by the Working Group between 1990 and 1993. A key issue for the Working Group has been the difficulties women claimants may experience in giving evidence in the hearing room. Three case studies from three different workshops organized by the Working Group are presented to illustrate the training process on gender issues employed at the IRB in Toronto since 1990. Questions considered in order to assess each particular case include: Is this claim gender-specific?; How serious are these violations?; What is the involvement of the state in the alleged persecution? Important points made in the Guidelines that reflect key issues in any gender-based analysis are outlined as are questions set out by the “Framework of Analysis” which is attached to the Guidelines.


GEOGRAPHICAL TERMS: Canada.
Women Refugees in International Perspectives

Development aid in general is designed to keep women at home in the South, whereas immigration and refugee policies are more accommodative of men in the North. The article examines the way women become defined as refugees by Canada and provides an analysis of development policies and the gendered definitions of ‘work’ and ‘skill’ shaping these policies, and the effects of the separation between development and refugee policies on the privatization of women’s lives. Skill levels, which are explicitly used to decide entry for independent immigrants, are implicitly present in the refugee policy to define appropriate entrants to Canada. Because of masculinized notions of “skill” and “work”, the majority of women who enter Canada as immigrants and refugees are dependents as women’s work and education are devalued. The 1987 Women-at-Risk programme has also had limited success in gaining access to Canada for women. A heterosexist bias is also evident as married women have been able to gain access as spouses but women who are not in legally binding relationships are not accepted. The 1993 Guidelines, issued by the Immigration and Refugee Board, affect few refugee women, because they only can claim status if they can manage to flee to Canada. The author also points to the racialization of Canada’s refugee policy, with women from Africa, West Asia, and South Asia consistently being under-represented. As well, the effects of the historically unequal relationship between the North and South on development aid policies are highlighted. The author concludes that refugee women must have knowledge of international conventions as means of empowerment.

INDEX TERMS: refugees, immigrants, migrant workers, immigration law, immigration policy, immigration categories, national refugee law, asylum policy, assimilation, naturalization, family reunification, violence against women, health services.

GEOGRAPHICAL TERMS: United States.
haven policy for Caribbean boat people and the increased protection being offered to women who are victims of gender-related violence. Part 5 looks at the new movement to cut back on US jus soli rules and not to grant citizenship to children born to aliens staying temporarily or illegally in the US. Academics, administrators and human rights advocates contributed to the proceedings. (UNHCR Abstract)


INDEX TERMS: Turkmens, human rights, violence against women, international humanitarian law, refugee status applications, refugee status determination procedures, grant of asylum, value systems, arranged marriages, tribal peoples, kinship, persecution for political opinion, national refugee law, CEDAW79, womens status, patriarchal societies.

GEOGRAPHICAL TERMS: Canada.

This chapter provides a preliminary examination of how the cultural domains of family and gender collide with the International Bill of Rights. To raise questions about group rights as opposed to individual rights, the author describes the bride-price practices and arranged marriages in Turkmenistan and explores the consequences for men and women who opt out of expected norms. The author, a member of Canada’s Immigration and Refugee Board from 1989 to 1996, examines the case of a Yomuti woman who was severely beaten by her brothers and disappeared for having a relationship with a man from the Tekke tribe group. The man was severely beaten and, feeling that he could not hide in Turkmenistan, purchased a plane ticket and escaped to Canada, where he applied for refugee status. The author, an anthropologist by training, had to confront cultural relativism in deciding whose rights - the group’s or the individual’s - took precedence in which context. When considering the legal issue of whether the tribal group’s rights to promote culture through arranged marriages and bride-wealth practices were more fundamental than the individual’s rights to free choice of marriage, she sided with the individual. She concluded, that the denial of the individual’s rights led to violation of right to life, cruel and unusual punishment, and the harm she feared constituted persecution. Contemporary interpretations of gender-based claims seek to protect those persons who are disenfranchised within their society. Since the kin group holds power over young men and women and power relations are political, the claim has to be considered within the real aln of political opinion. The International Bill of Rights is the only framework for making decisions on appropriate conduct in the treatment of human beings. While the state is usually the obligatory party, under international humanitarian law, individuals must respect the fundamental human rights of their fellow citizens. These fundamental parameters also provide a framework for granting refugee status without censoring the group’s customary norms. The author recommends a need for refugee decision makers to have anthropological training to
comprehend the cultural contexts of ‘evidence’ and concludes that persons engaged in human rights protection must not shy away from difficult issues because serious violations of basic human rights are made in the name of culture.


INDEX TERMS: female circumcision, gender-based persecution, guidelines, national refugee law, refugee status determination procedures, adverse health practices, testimonies, social group persecution, customs and traditions, belief systems, UNHCR, case law, patriarchal societies, Shari’ah, minors, courts, decisions on refugee status, CSR51, CRC89, UDHR48.

GEOGRAPHICAL TERMS: Canada, United States.

This article reviews and draws comparisons between Canadian and American responses to female genital mutilation (FGM). Both, Canada and the United States have adopted the 1951 UN Convention Relating to the Status of Refugees. Until the Immigration and Naturalization Service (INS) issued Guidelines in 1995, the United States had not recognized the threat of FGM as a basis for gender-related persecution. Canada was the first country to grant refugee status as part of its conventional refugee procedure. FGM is not illegal in the United States; refugee status is granted or rejected at the discretion of individual judges. For this reason, the new Guidelines are not being uniformly applied. Part I of the article reviews the types of FGM, where and by whom it is practised, and its effects, as well as reasons for its continuance such as tradition, fertility and childbirth, religious grounds, and hygiene and aesthetics. Part II presents an analysis of the Canadian position on FGM, including the Immigration and Refugee Board (IRB) Guidelines and case law as applied to these Guidelines. The cases of Attorney General versus Ward and Khadra Hassan Farah are discussed in detail. In Part III, the US Guidelines and case law, including the Oluloro decision, are reviewed. Part IV analyzes the Guidelines proposed by the Women’s Refugee Project of Cambridge, Massachusetts, and largely adopted by INS in light of the Canadian IRB Guidelines and the Farah case. Although neither the US nor Canadian Guidelines are legislatively binding, they are the first to address the problems caused by the Convention’s failure to explicitly recognize gender as a basis for refugee status. The article concludes that INS adoption of Guidelines recognizing the special needs of female asylum seekers is a step in the right direction.

INDEX TERMS: Togolese, asylum seekers, female circumcision, adverse health practices, flight, testimonies, detention, legal decisions, refugee status determination procedures, human rights violations, UN, WHO, national refugee law, guidelines, persecution, protection.

GEOGRAPHICAL TERMS: United States.

This article recounts the story of 17 year old Fauziya Kasinga who fled to the United States from her home in Togo to avoid female genital mutilation (FGM). In support of Fauziya’s asylum claims, the author describes in detail the atrocities of FGM and documents the inconsistencies of court decisions involving asylum claims based on FGM. The UN, WHO, and women’s conferences in Vienna and Beijing have criticized FGM as a human rights violation. Under Immigration and Naturalization Services (INS) 1995 Guidelines for handling women’s asylum cases, FGM can now be evidence of persecution, provided that a woman can also prove that she belongs to one of the groups protected by asylum law. However, the Guidelines apply only to decisions of asylum officers, not to those of immigration judges. As cited by the author, the INS is trying to create a legal framework that is fair to women, but that will not open the floodgates to millions of women who disagree with their countries traditions.


INDEX TERMS: asylum seekers, detention, guidelines, immigration law, immigration policy, prison conditions, criminals, special needs, legal assistance, interpretation services, language education, refugee status determination procedures.

GEOGRAPHICAL TERMS: United States.

This article reports on the detention of women asylum seekers in United States prisons by the Immigration and Naturalization Service (INS) pending the outcome of their asylum proceedings. Detentions can last for years, as the US adjudication process is multi-tiered. Four types of detention facilities are utilized by the INS: its own Service Processing Centers, two facilities managed jointly with the Bureau of Prisons, centres to hold only immigrants detainees contracted to private operators, and local jails and prisons as needed on a per diem basis. Since the INS has more asylum seekers than its funding and detention capacity provides for, US law allows INS to parole individuals from detention for emergency or humanitarian reasons and, under the 1992 Asylum Pre-Screening Officer Programme (APSO), to release asylum seekers provided they meet several criteria. Investigations of five prison facilities by The Women’s Commission for Refugee Women and Children to assess the conditions for women asylum seekers have found the detainees are treated the same as criminal inmates, frequently share cells with them, and are harassed...
by them. This practice was discontinued after the release of the Commission’s report. None of the facilities is equipped to handle the special needs of asylum seekers. Women are particularly at risk because they are outnumbered by male asylum seekers and because of cultural teachings in which women learn to respect authority and not question it. Isolated locations, limited visitation and telephone privileges, and minimal interpretation assistance restrict not only family contact but also communication with legal counsel. The author offers examples from several facilities to illustrate the conditions experienced by women detainees.


INDEX TERMS: Latin Americans, immigrants, asylum seekers, immigration policy, racism, gender discrimination, social classes, violence against women, rape, legal decisions, immigration officers, refugee status determination procedures, language barriers, case studies.

GEOGRAPHICAL TERMS: United States.

The author is a staff attorney for El Centro Hispanoamericano in Plainfield, New Jersey. The centre represents primarily Hispanic clients before the Immigration and Naturalization Service (INS) and in federal courts. This article is an address that she gave at a symposium on race, culture, and the law. The focus of the address is the impact of race, class, and gender issues on immigration and the Latin community. She discusses some of the cases she is representing and how they reflect these issues in different ways. One story concerns an asylum case based on claims of rape. In describing the role of the INS male investigating officer questioning the woman, the author shows how race and gender can play a decisive role in such asylum cases. To demonstrate the way in which class plays a role, she describes how a semi-literate woman, not equipped to understand US society or its language, went to see a local notario to get her the permiso, the document which enables her to work legally, and to get the social insurance number. However, the paper she signed turned out to be an application for political asylum and she found herself in deportation proceedings. The author uses these and other stories to encourage members of the audience to lobby against immigration legislation currently up before Congress.


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INDEX TERMS: convention refugees, asylum seekers, gender-based persecution, guidelines, refugee status determination procedures, refugee definitions, refugee law, discrimination, violence against women, sexual violence, persecution for political opinion, religious persecution, ethnic persecution, social group persecution, well-founded fear of persecution, legal decisions, internal flight alternative, changes of circumstances in home country, UNHCR, UN, OAU, OAS.

GEOGRAPHICAL TERMS: Canada.

In this article, the Canadian Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution are described and critiqued. The author first situates the Guidelines in the context of refugee definition and determination. Using the cases of two women, one who rejected oppressive gender roles and the other experiencing private persecution within the domestic sphere, the author illustrates how the Guidelines might be applied to their respective advantage. Under these Guidelines, fear of persecution relating to women, such as dowry burning, genital mutilation, forced marriage, and forced abortion, is to be considered by decision-makers reviewing refugee claims; however, they provide little assistance to determine when sexual discrimination is severe enough to be considered persecution. As such, the Guidelines do not list gender as a separate ground of persecution but favour consideration of it under race, religion, nationality, political opinion, or possibly membership in a particular social group. They attempt to sensitize adjudicators to the particular cultural and social barriers that impede women from discussing their experiences in a way that will be validated as credible according to traditional criteria. However, individual discretion still plays a part in decision-making. While the author acknowledges that the Guidelines attempt to be comprehensive in relevance to gender, she discusses two standard bases upon which a woman claimant may still be denied refugee status, namely, the internal flight alternative and cessation due to change of circumstances. In presenting arguments for and against simply adding gender to the list of grounds of persecution, she points out that there are also other groups, such as people who may be persecuted because of their disability, who are not named in the refugee definition. She concludes that the point of the article was not to condemn the Guidelines but to recognize their limited scope.

Women Refugees in International Perspectives

GEOGRAPHICAL TERMS: United States.

This Note examines the new Immigration and Naturalization Service (INS) Guidelines affecting female political asylum applicants to the United States and the need for legal workers to recognize post-traumatic stress disorder (PTSD) when representing these clients. Part II outlines the progression of basic refugee law and recent developments regarding the treatment of gender-specific asylum claims, including the 1993 Canadian Guidelines and recent US court decisions recognizing gender-specific persecution. Part III focusses upon the 1995 Memorandum entitled Considerations for Asylum Officers Adjudicating Asylum Claims for Women. This memorandum describes international policies that recognize and promote women’s rights as human rights; addresses procedural considerations that US Asylum Officers should follow when adjudicating gender-specific claims; gives preference to female asylum officers to conduct interviews because of the delicate issues involved with gender-specific claims; emphasizes the need for cultural sensitivity when asking for details of the sexual abuse; discusses the legal analysis of gender-specific claims; and addresses the training and monitoring of US Asylum Officers. In order to effectively represent their clients facing PTSD, attorneys must be able to recognize the symptoms and progression of the disorder so as to use appropriate techniques to elicit necessary information. In Part IV, the author describes the background, onset and symptoms of PTSD. Part V addresses specific experiences of female refugee victims of sexual violence and rape that can cause severe trauma that could result in developing PTSD. In Part VI, the author emphasizes that the description of PTSD and related symptoms, discussed in Part IV, will help legal workers determine if a person possibly has PTSD, but that a definite diagnosis should be done by a professional mental health worker who provides different treatment options. Several options are suggested as to how legal workers can effectively deal with female asylum applicants presenting symptoms of PTSD. The appendix includes a listing of organizations and individuals that work therapeutically with clients facing trauma.


INDEX TERMS: country of origin conditions, family planning, abortion, Chinese, refugee status applications, men, denial of refugee status, gender-based persecution, grant of asylum, well-founded fear of persecution, social group persecution, guidelines, appeals, judicial reviews, case law, immigration law, CSR51.

GEOGRAPHICAL TERMS: United States, Canada.
Chapter 3 Asylum

This Comment examines how the Immigration and Naturalization Service (INS) Guidelines on gender persecution will alter the policy of the United States on refugee status for those persons, especially women, fleeing the People’s Republic of China’s (PRC) population control policy of forced sterilization, abortion, and forced IUD use. It addresses the PRC’s one-couple, one-child policy, measures used to enforce it, and ways to assess if the United Nation’s definition of a refugee encompasses these control policies as a basis for asylum. Canada’s gender persecution Guidelines with respect to Chinese women seeking asylum based on the PRC’s population control measures are discussed. Quoting court decisions, the author shows that special consideration has been given to Chinese women. However, because the Canadian Guidelines addressed gender persecution directed specifically against women, court decisions have not shown any particular deference toward males. The author examines the recent history of this issue in the United States administrative and judicial policy. In speculating on the impact the INS gender persecution Guidelines, issued in 1995, could have on the ability of Chinese women to gain refugee status in the United States, the author is cautious not to overstate the positive effects, arguing that the Guidelines may conflict with existing immigration law and with established definitions of persecution. Although a concern, the author states it is unlikely that the Guidelines will open the flood gates. The author also contends that if Chinese women are able to gain asylum under the INS Guidelines, then one “ironic” corollary may be that similarly situated men from the PRC may not be eligible for asylum.


INDEX TERMS: Chinese, asylum seekers, political asylum, government, family planning, national refugee law, refugee status determination procedures, detention, imprisonment, prison conditions, translation services, second language teaching, diet, leisure activities, visitors, health, mental health, legal representation, UDHR48, ICCPR66, UNHCR, interviews.

GEOGRAPHICAL TERMS: United States.

This interim report describes an assessment in March 1995 by a delegation of the Women’s Commission for Refugee Women and Children regarding detention conditions of 13 Chinese women asylum seekers who entered the United States on the Golden Venture and who have been held for 21 months in prison facilities in Louisiana and Mississippi. The report contains background information that led to the current blanket detention US policy for the Chinese to deter “alien smuggling”, even though the women based their political asylum claims on China’s coercive family planning, for which directives were issued earlier. It includes an evaluation of the prisons’ physical conditions; the women’s access to legal counsel and interpretation; the level of protection provided; their physical, mental, and social well-being; and their understanding of the immigration proceedings. The delegation
interviewed five women prisoners and various immigration attorneys, civil rights lawyers, and social service providers. Although denied access to the New Orleans facility, through interviews with two of the ten detained women the delegation learned that translation assistance has been discontinued. The women receive almost no visitors; no education is provided; the diet is culturally inappropriate and unappetizing, the women exhibit emotional distress and health problems; and have irregular exercise and little recreation. The delegation’s time at the Mississippi’s facility included interviews with the three detained Chinese women and a visit to the living quarters. The same problems exist here; however, the women receive English classes, have a more varied but also culturally inappropriate diet, have recreation for one hour each day, live in a facility more accessible to visitors, and expressed concern about their mental health. The women at both detention facilities appeared confused about the immigration process and the status of their claims. The delegation concludes that it is inhumane to continue to hold these women in indefinite detention and that they should be released pending a final decision on their asylum claims. The report includes recommendations for further action by Immigration and Naturalization Service to address these issues.


INDEX TERMS: asylum seekers, gender-based persecution, guidelines, female circumcision, refugee status determination procedures, violence against women, rape, asylum policy, decisions on refugee status, well-founded fear of persecution, social group persecution, religious persecution, persecution for political opinion, CSR51.

GEOGRAPHICAL TERMS: Canada, United States.

In Part I of this article, the author points out that, unlike the Canadian system, US asylum law offers few concrete possibilities of asylum for women fleeing gender-based persecution, such as spousal abuse and rape claims or female genital mutilation. She takes the position that this injustice exists because any move to expand the definition of refugee to include forms of persecution occurring in the private sphere is feared to expose the United States to an onslaught of legitimate asylum claims. However, in the Canadian system, which recognizes gender-based persecution claims, the Canada Guidelines have established clear standards for distinguishing gender persecution and thus successfully controlled the floodgate problem. Part II focusses on the difficulties women refugee claimants face when making gender persecution claims in US courts, particularly, in the interview process and under the new asylum procedures of December 1944. The author asserts that these difficulties are due to narrowly defined categories of persecution in US
Chapter 3 Asylum

courts. Part III analyzes the Canada Guidelines that recognize race, religion, nationality, political opinion, and membership in a particular social group as grounds on which women may experience gender-related persecution in their countries of origin. The author discusses a representative sample of claims in each of the five Convention categories, which have been adjudicated by the Immigration and Refugee Board. The cases illustrate how the Guidelines can control the floodgate problem through procedural and substantive requirements that prevent judicial holdings that would allow large number of women suffering a particular abuse to seek asylum. The article concludes that US asylum policy is restrictive and should follow Canada’s lead.


INDEX TERMS: Chinese, Dominican Republicans, Ghanaians, Guineans, Haitians, Ivorians, Somalis, Sudanese, Trinidadians, Zairians, asylum seekers, detained persons, detention of asylum seekers, false documents, collective accommodation, monitoring, parole, guidelines, immigration status determination procedures, living conditions, interpretation services, reproductive health, criminals, diet, medical treatment, counselling, guidelines, research interviews.

GEOGRAPHICAL TERMS: United States.

As part of a nationwide assessment of the conditions of detention for women asylum seekers in the United States, the Women’s Commission for Refugee Women and Children visited two detention centres in Pennsylvania, the York County Prison and the Berks County Prisons, in Pennsylvania in September 1995. This is an interim report on the situation of 42 women held in these prisons pending the outcome of their asylum proceedings. Part I, Background, deals with the United States Immigration and Naturalisation Service (INS) detention practices, including the delegation of detention authority to INS District Directors and the 1992 Guidelines of the Asylum Pre-screening Officer programme (APSO) on the exercise of discretion for release. It also discusses the conditions at the Esmor Immigration Centre in New Jersey, operated by a private corrections company, where the women detainees in Pennsylvania had come from following a violent eruption attributed to “prolonged detention in inhumane conditions.” Part II, Conditions of Detention, discusses the conditions of detention at both the York County Prison and the Berks County Prison with respect to the poor and fearful physical setting, such as arbitrary transfers from minimum to maximum security areas and commingling with, and being afraid of, criminal inmates; lack of translator assistance; education opportunities hampered by language problems; inadequate diet, health care and hygiene, recreation, and physical exercise; and insufficient visitor access and isolation. York County Prison treats its criminal inmates humanely but it is an inappropriate facility
to deal with the cultural, legal, physical, and mental health needs of asylum seekers. Berks County Prison, a medium security facility, has the same problems compounded by a stifling atmosphere, small cells and a toilet with no privacy divider, the women’s isolation in medical quarantine at the time of the delegation’s visit, and no television, radio or reading materials. The problems voiced by the women detainees are best illustrated by the attitude of a warden at York County Prison who said, “when you come through the door, you’re all the same.” Part III, Asylum Proceedings and Due Process, deals with the difficulties detained women face in obtaining legal representation. Part IV, Oversight and Access to Facilities for Outside Monitoring, discusses the INS’s limited oversight of contract facilities and its delegation of detention responsibilities to local facility staff allowing them enormous discretion in the treatment of detainees. In Part V, Conclusions and Recommendations, it is pointed out that the INS frequently overlooks the special needs of women asylum seekers; that it is inhumane to hold them in prolonged and indefinite detention, particularly when APSO Guidelines acknowledge that asylum seekers who have credible claims to political asylum should be released; and that “(f)aulty documentation should not be an indication of flight risk, since asylum seekers are often forced to flee their homeland without papers.” Consistent and hands-on monitoring of these contract facilities should be carried out while at the same time exploring alternatives to detention, such as group homes developed by voluntary agencies with experience in addressing the needs of refugees and refugee-like populations.


INDEX TERMS: Nigerians, Yoruba, aliens, visas, marriage, divorce, violence against women, deportation, appeals, children, female circumcision, legal decisions, human rights violations, refugee status determination procedures, adverse health practices, immigration law, courts, asylum, gender-based persecution, well-founded fear of persecution, social group persecution, UDHR48, CSR51, CSRP67, CEDAW79.

GEOGRAPHICAL TERMS: United States.

This article explores the details and consequences of the suspension of deportation in the case of Lydia Oluloro, a Nigerian woman. The author asserts that the decision in this case highlights the need for the United States Immigration and Naturalization Service (INS) to consider human rights abuses targeted at women. Oluloro escaped deportation because, in addition to meeting other necessary criteria of duration of stay, good moral character, the presiding judge found that the risk of exposing Oluloro’s two US-born daughters to female genital mutilation (FGM) in Nigeria constituted an extreme hardship. The author describes the facts of the case, provides background information on the forms and consequences of FGM, and discusses aspects of US immigration law pertinent to the Oluloro case,
particularly, suspension of deportation and asylum and withholding of deportation. Women’s rights as human rights are discussed from an international perspective and the US is criticized for its lack of legislation prohibiting gender-based violence such as FGM. The author comments on the Oluloro decision and rationale and the potential problems, if Oluloro had pursued the asylum or withholding of deportation options. The author concludes that this case exposed two weaknesses that must be recognized in the US immigration system: the failure to recognize gender-based oppression and the failure to acknowledge that children also suffer because of such persecution.


INDEX TERMS: asylum seekers, gender-based persecution, guidelines, refugee status determination procedures, international law, human rights instruments, rape, women's status, ethnic persecution, religious persecution, persecution for nationality, persecution for political opinion, social group persecution, case law, violence against women, female circumcision, arranged marriages, patriarchal societies, CSR51, ICCPR66, ICESR66, CEDAW79, UNHCR.

GEOGRAPHICAL TERMS: Canada.

The author uses the 1993 Canadian Immigration and Refugee Board Guidelines entitled “Women Refugee Claimants Fearing Gender-Related Persecution” to inquire into the theoretical and practical implications of employing gender as a category in the current legal framework of refugee determination. The author analyzes how the Guidelines address the substantive and procedural aspects of gender. The substantive aspects concerning the various ways in which the Guidelines illuminate the implications of gender in both the recognition of harm and the attribution of state responsibility are discussed in some detail. The Guidelines cite relevant provisions from various international instruments for the definition of persecution in relation to gender-specific violations, such as rape, and also affirm that, under certain conditions, ‘severe discrimination on grounds of gender’ can contribute to a finding of persecution. As far as state accountability is concerned, the Guidelines declare that persecution includes not only acts of violence by public authorities, but also state failure to protect women from private or domestic violence. However, once a woman has proven persecution, she must establish a nexus between it and the listed grounds of race, religion, nationality, political opinion, or social group. Procedural issues, such as interviewing and the use of interpreters, the dearth of documentary evidence relevant to women’s situations, as well as the flaws and gaps in the Guidelines that could inhibit genuine claims also are addressed. The article concludes by examining critiques of the Guidelines related to cultural relativism and gender persecution, the effectiveness of the Guidelines’ reinterpretation of the existing refugee definition as opposed to adding gender
as a grounds of persecution, and the intersection of feminist thought and refugee law in addressing this issue.


INDEX TERMS: gender-based persecution, government policy, guidelines, special needs, training, receiving country, attitudes, refugee status determination procedures, legal decisions, training, resettlement selection criteria, women-at-risk, resettlement processing, humanitarian cases, sexual violence, safety of refugees, political parties, public opinion, consultants, research.

GEOGRAPHICAL TERMS: Canada.

The major goal of this report, presented to the House of Commons, is to examine if Canada is meeting the challenge of recognizing the particular risks women refugees face; if women’s special needs are reflected in training programmes, attitudes and actions and actions toward them; and if the systemic barriers facing women’s access to Canada’s protection are being removed. The report focuses on three major areas: the inland refugee determination system, the selection of sponsored refugees from abroad, and the treatment of women’s applications to remain in Canada on humanitarian and compassionate grounds.

The first part examines the 1993 Immigration and Refugee Board Guidelines, Women Refugee Claimants Fearing Gender-Related Persecution, as to their need, scope, and training requirements for decision-makers. Recommendations include the need to update the Guidelines in light of recent and future decisions by the Supreme Court of Canada. The second part discusses the systemic barriers refugee women abroad face in the selection process for resettlement in Canada. It is recommended that all aspects of the refugee selection process should be reviewed from a gender perspective in order to remove the direct and indirect barriers; that the government should review the criteria applied in assessing women’s potential for successful establishment; that officers and staff overseas should be gender-sensitive in the refugee selection process; and that problems with the Women-at-Risk Programme be addressed. The third part includes the recommendation that the Immigration Manual, which provides guidance to assist immigration officers in making decisions on humanitarian and compassionate applications, should be redrafted to reflect a more gender-sensitive approach. In conclusion, the report includes the recommendation that the government should make the Steering Committee for the Consultations on Gender Issues and Refugees permanent. The last part of the report includes the list of the twenty-nine recommendations; the list of witnesses; the list of submissions; the Bloc Quebecois dissenting opinion supporting a more vigorous policy for the benefit of women refugees; a
Reform party response urging a pro-active approach to refugee determination policies; and the minutes of the proceedings.


INDEX TERMS: asylum seekers, refugee definitions, human rights violations, refugee law, persecution, womens rights, ethnic persecution, social group persecution, persecution for political opinion, religious persecution, immigration law, case law, international instruments, civil war, rape, pregnancy, abortion, refugee status determination procedures, CSR51.

GEOGRAPHICAL TERMS: United States, Bosnia and Herzegovina, China.

Reproductive freedom is a basic human right. However, victims of reproductive rights violation cannot currently obtain asylum under the international definition of refugee, since such claims of persecution do not fit into any current statutory ground for asylum. As the author points out, reproductive rights include the right to complete autonomy in reproductive decision-making, which specifically means the right to make choices about contraception, sterilization, and abortion. World-wide violations of reproductive freedoms include forced impregnation and forced sterilization and abortion. Forced impregnation of Bosnian Muslims by Serbian troops was used as a tool of war in Bosnia-Herzegovina. Forced abortions, forced sterilization and severe economic sanctions are used by local officials in China. Current categories of persecution in the international definition of refugee law, which were incorporated into the United States refugee law, do not adequately account for reproductive rights violations that fit only tenuously into the existing grounds for persecution. Using examples of legal decisions of asylum claims made under existing grounds of persecution, the author demonstrates that the narrow and inconsistent interpretation of the social group category would lead to a rejection of victims of reproductive rights violations as a social group. Thus, a sixth category of persecution on account of reproductive ability is needed to provide for reproductive rights violations. The author discusses the changes necessary to international law and US law to establish this category and demonstrates how this proposal is consistent with general international law and US constitutional law. Yet, despite the appropriateness of such a category and its consistency with the humanitarian basis of refugee law, the likelihood of change is slim as recent US policy toward international reproductive rights has been inconsistent and unhelpful.

373 UNITED STATES ASYLUM LAW: RECOGNIZING PERSECUTION BASED ON GENDER USING CANADA AS A COMPARISON, Kandt, Kristin E.
In this Note the author advocates changing United States immigration policies so as to provide protection for women who are fleeing gender-based persecution. The article compares the United States immigration policies with those in Canada, particularly with the 1993 Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution that permit recognition of persecution based on gender under the United Nations High Commission of Refugees (UNHCR) social group category. Part I briefly discusses the history of American immigration law and the need for adopting gender-specific asylum laws. It includes specific cases to highlight the difference between the grant of asylum to men and women in the United States. Part II examines the recently enacted Canadian Guidelines and gives a history of their formulation. It provides a comparison between Canadian law under the new Guidelines and United States law without gender-sensitive guidelines as well as an assessment of the strengths and weaknesses of the Canadian model. Part III analyzes recently proposed Guidelines for Women’s Asylum Claims in the United States, which are similar to those adopted in Canada. The American Guidelines are compared with the Canadian Guidelines including an analysis of their strength and weaknesses. Since both the American and the Canadian Guidelines advocate examples of gender persecution being combined with the other UNHCR categories of persecution, the author argues that the United States should go one step further by amending its immigration laws so as to include gender-based persecution as a separate category on par with the other UNHCR categories of race, ethnicity, religion, social group and political opinion.
This article demonstrates how an asylum claim founded on gender-based persecution, particularly female genital mutilation (FGM), is tenable under current asylum law in the United States. The author further argues that a legislative addition to the refugee definition is fundamental for true gender equality before the law and advocates that women who fear and seek to escape FGM should be protected as refugees. Part I reviews the widespread practice of FGM and demonstrates that it is a socio-political means of oppressing, and exercising patriarchal control over, women. In Part II, the author describes the substantive requirements of an asylum claim and disparate judgments under current US law. Part III advocates, as a more immediate and pragmatic solution, that the current refugee statute be interpreted to provide protection to women who demonstrate a well-founded fear of gender-related persecution. It also includes references to recent judicial decisions involving gender-based claims, which, by varying considerably, provide little guidance to women seeking to present these claims. The judicial inconsistency demonstrates the need that a ‘gender’ category be included in an extended statutory definition of refugee. Part IV examines the Immigration and Naturalization Service’s (INS) 1995 memorandum entitled “Considerations for Asylum Officers Adjudicating Asylum Claims from Women,” which was prepared in response to the Canadian refugee determination Guidelines. While serving as a guide and useful tool for INS officers, the Memorandum does not ensure uniformity or consistency in asylum procedures or judicial decisions because it leaves the INS asylum officers much discretion and is not binding on courts. The author thus considers it to be only a “first step” toward a more just asylum policy for women. In Part V, the United States is urged to act on its commitments made at the UN Fourth World Conference on Women in Beijing, particularly by adding legislatively ‘gender’ to the refugee definition.
Women Refugees in International Perspective

Commission on Human Rights (IACHR) of the Organization of American States (OAS) in 1995. The OAS report reviewed the political situation in Haiti during 1994 and 1995 and documented human rights violations by the illegal regime. NGOs presented detailed information to the IACHR showing sexual violations and other types of violence, committed by representatives of the army and police against Haitian women and children, as a form of reprisal, intimidation, terror, and degradation. The OAS report concludes with recommendations for support to the democratic government of Haiti with regard to human rights, governance, elections, institution-building, and strengthening of the democracy. The third part is a publication of the Memorandum on Considerations for Asylum Officers Adjudicating Asylum Claims for Women, issued by the Immigration and Naturalization Service (INS) in 1995. The memorandum begins with a review of the historical and human rights context in which guidelines of gender-sensitive and gender-based adjudications have evolved internationally. The importance is emphasized of creating a “customer-friendly” asylum interview that, in the context of human rights and cross-cultural considerations, allows women claimants to discuss freely the elements and details of their claims. Based on INS and court decisions, a legal analysis of gender-based asylum claims and their various components is presented. It is noted that “membership in a particular social group” is perhaps the least clearly defined statutory ground and, citing circuit court decisions, that gender alone cannot define a “particular social group” but only along with other characteristics. Finally, it is emphasized that this guidance is required reading for all interviewing and supervising Asylum Officers. In-Service training is to be initiated to help Officers “to use this guidance, and reinforce their awareness of and sensitivity to gender and cross-cultural issues,” and Asylum Officers should be monitored. As case law on gender related issues evolves, this guidance will be revised from time to time.


INDEX TERMS: asylees, refugee definitions, human rights violations, sexual violence, gender-based persecution, rape, women’s rights, UDHR48, CSR51, CSRP67, CEDAW79, immigration law, law of asylum, refugee status determination procedures, evidence, well-founded fear of persecution, persecution, rape, legal decisions, discrimination, international law, social group persecution, protection, foreign policy, UN.

GEOGRAPHICAL TERMS: United States.

In modern law, asylum is provided to protect victims of selected human rights violations; however, despite a greater number of women asylees, the typical victim portrayed is male. This portrayal ignores the particular needs of women for protection against sexual assault, abuse, and institutionalized gender discrimination; needs that are a function of pervasive
gender discrimination and women’s resulting inferior position in most societies. This article addresses the need to change the law of asylum to adequately address this problem. Section II describes the types and scope of physical and sexual violence against women as a world-wide problem. It discusses acts of abuse committed against women by members of the military or other representatives of the state and at times more indirectly by the government when it tolerates or approves abuse flowing from cultural and social norms. Section III discusses international documents relating to the law of asylum noting that the UN definition of refugee that serves as a model for the domestic asylum laws of most western nations does not recognize persecution or well-founded fear of persecution on the basis of gender as grounds for asylum. The United States faces problems common to many countries with respect to the application and interpretation of the UN definition of refugee and hence is used as a model for this paper. Section IV presents the historical background and legal structure of U.S. asylum law where country of origin is still the most predictive factor in the success of an asylum claim. Section V discusses the problems women encounter in applying for asylum in the U.S. because of gender-based persecution in their country. To avoid these problems women have begun to seek refugee status based upon membership in particular social groups defined along lines of gender. Section VI discusses the resistance against this trend by U.S. courts. Section VII contains a proposal to add a sixth category of “gender” to the current U.S. and UN definition of refugee to reflect modern human rights standards and provide much needed protection to victims of gender-based persecution world-wide. Section VIII concludes with a review of some of the arguments against these changes such as a fear of opening the “floodgates” to immigration and foreign policy concerns; however, as the author states these arguments do not demonstrate sufficient reason not to add this sixth category.


INDEX TERMS: vulnerable groups, NGOs, womens organizations, religious institutions, womens networks, UN, meetings, UNHCR, admission policy, convention refugees, humanitarian assistance, South East Asians, admission quotas, government sponsorship, non-government sponsorship, protection, women-at-risk, immigration officers, resettlement selection criteria, resettlement programmes, statistical data, special needs, disabled refugees, unaccompanied minors.

GEOGRAPHICAL TERMS: Canada.

This article discusses a series of historical events, which led to the emergence of refugee women as a social issue during the decade 1978-88. The events include an increased number of refugees worldwide, the role of non-governmental organizations and women’s
organizations in raising awareness of refugee women as a social issue, and a governmental review of Canada’s refugee policies and admission criteria, which led to a pilot phase of the ‘Women-at-Risk Program’ (AWR) in 1987 and its official adoption in 1988. Women who are particularly disadvantaged culturally and socio-economically are admitted under the Joint Assistance Programme between the federal government and NGOs. Despite some concerns voiced by NGOs and the government about the programme, the author concludes that it has set a precedent and acted as a model for other countries. Its role substantiated the need to combine protection and assistance for refugees who are women. The article includes statistics concerning the admission of women under the AWR and other Joint Assistance Initiatives between private sponsors and the Canadian government.


INDEX TERMS: asylum seekers, gender-based persecution, national refugee law, refugee status determination procedures, sexual violence, communication barriers, rape, refugee definitions, refugee experiences, decisions on refugee status, persecution, agents of persecution, customs and traditions, persecution for political opinion, social group persecution, legal decisions, UNHCR.

GEOGRAPHICAL TERMS: United States.

The author argues that in the United States both the statutory definition of “refugee” and the discretion exercised in adjudicating asylum claims fail to account for the unique problems facing female asylum seekers. Part I discusses the United States refugee law, its original humanitarian intent and current status. Part II defines the problem associated with gender-based persecution. Using specific cases, the author shows how the denial of women’s asylum claims can be due to difficulties in communication because of the women’s reluctance to discuss sexual violence; credibility problems because of the judges’ unfamiliarity with private sphere activities; and the judges’ distinctions between the predominantly male-dominated public sphere and the female-dominated domestic sphere which can result in the perception of rape and sexual abuse as “private wrongs”, rather than political persecution, even when sexual violence is committed by government and military authorities. Part III discusses the inadequacies of the current legal framework. The judge must subjectively determine whether the applicant’s “well-founded fear of persecution” is credible and well-founded and then decide whether the applicant’s fear is based on one of the five grounds of persecution recognized in the Refugee Act. According to the author, political opinion and membership in a particular social group hold the greatest potential for asylum grants to women who face gender-based persecution. However, unlike men, female asylum seekers often express their political opinions through private sphere activities or through defiance of social norms in their home countries. In other cases, women’s attackers
may impute political opinions to their victims to justify sexual assault. Some women have attempted to demonstrate that they have been persecuted based on their membership in a particular social group, either instead of or in addition to their political opinion claims. Women have attempted to define this social group as their family or as a group of women defying specific social norms. According to the author, “(t)he strong reliance on judicial discretion combines with the structural biases against female refugees ... to undermine many gender-based persecution claims.” In Part IV, the author proposes that, following UNHCR’s suggestion, the US Refugee Act of 1980 be amended to include gender-based persecution as a sixth category of persecution qualifying its victims for asylum.


INDEX TERMS: gender-based persecution, CEDAW79, guidelines, CAT84, national refugee law, CSR51, CSRP67, UDHR48, refugee status determination procedures, ICCPR66, ICESR66, case law, asylees, grant of asylum, sexual abuse, protection, denial of refugee status, Iranians, human rights violations, well-founded fear of persecution, social group persecution, religious persecution, persecution for political opinion, grant of asylum.

GEOGRAPHICAL TERMS: United States, Canada.

The author examines gender-related persecution and US asylum law by reviewing its basis in international law and comparing US and Canadian case law and procedures. The US, case law demonstrates that women who have been persecuted on the basis of gender have little clear resources to asylum in the United States. In Part I, the author discusses relevant international human rights treaties to illustrate how the US is obligated by current treaty commitments to recognize gender-related claims of persecution and establish procedures for their proper adjudication. Part II presents US asylum practice to show that the standards are amenable to gender-related claims. The author examines case law illustrating how and when US practice has been a legacy of denial. Part III discusses Canadian social group jurisprudence and the Canadian Guidelines for Women Refugee Claimants, issued in 1993 by the Canadian Immigration and Refugee Board. Through case law examples, the author illustrates how courts have defined social group intrinsically and extrinsically and have developed non-state actor ‘particular social group’ cases that require the claimant to prove both a credible subjective fear and objective evidence of the state’s inability to protect her. According to the Guidelines, the ‘real issues’ in determining whether gender-specific crimes constitute persecution are whether the experienced or feared violence “is a serious violation of a fundamental human right for a Convention ground and in what circumstances can the risk of the violence be said to result from failure of state protection.” The Board notes that most ‘gender-specific’ claims involving fear of persecution for transgressing religious or social norms can be considered under the categories of religion or political
opinion. The author concludes that the “model represented by the Canadian case law and Guidelines should be literally applied to the development of US Guidelines,” because Canada’s courts and agencies accept women’s refugee claims that have been rejected in the past by US decision makers as belonging to the ‘private sphere’. The safeguards, established by Canadian precedents to counter the potential flood of claims without merit, should also be recognized, as cases continue to be assessed on an individual basis.


INDEX TERMS: gender-based persecution, CSR51, UDHR48, well-founded fear of persecution, sexual violence, rape, persecution for political opinion, religious persecution, violation of cultural norms, violence against women, gender discrimination, social group persecution, refugee status determination procedures, guidelines.

GEOGRAPHICAL TERMS: Canada, United States.

In 1993 Canada adopted refugee determination Guidelines specifically for women seeking refuge from gender-related persecution. These Guidelines “declare that women who cannot get state protection from spousal abuse; who are subjected to violence at the hands of public officials; or who fear persecution because they oppose laws or customs that discriminate against them, should be given special consideration for refugee status.” This Comment begins with a discussion of the development of the international refugee definition urging member-nations to embrace the original concept of the Convention as recognition of human rights rather than of political ideology. To meet the Convention definition of refugee, a person must establish ‘well-founded fear of persecution’ based on one of the five enumerated grounds; both criteria that present obstacles for women. Specifically, the author addresses how gender-specific persecution, such as sexual assault, transgressions of cultural mores, domestic violence, and sex discrimination, does not readily fit within the current interpretation of persecution for purposes of the Convention refugee definition in the United States. Membership in a particular social group is discussed as a means to overcome the inadequacies of the current Convention definition. Refugee determination in Canada and the United States is extensively reviewed and problems in the American system are identified. Under the current system, the United State’s ability to address the special needs of asylum applicants is questioned; however, they can follow Canada’s lead by adopting guidelines that recognize gender persecution within refugee determination proceedings.


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This legal information article drawing on US and international law provides a framework for analyzing and interpreting the claims of women asylum seekers, as well as guidance for interviewing women applicants and assessing the evidence they present in the United States. The author begins by mentioning that the UN-originated refugee definition under US law incorporates the general and gender-related claims of women asylum seekers. She then presents the statutory framework to evaluate gender-related claims in particular with respect to the incidence of persecution, including the types of harm specific to women, e.g., genital mutilation and forced abortion, and the grounds for it, such as actual or imputed political opinion, race, religion, nationality, and membership in a particular social group. Included in the particular social group category are various gender-based subcategories under which women are eligible for protection. After mentioning standards of proof of past or feared persecution, the author discusses evidentiary and procedural difficulties faced by women asylum applicants due to cultural differences or as a result of trauma. She concludes by referring to the UNHCR Guidelines on the Protection of Refugee Women that makes several recommendations to deal with these difficulties, such as employing women interviewers and interpreters, showing patience and sensitivity towards sexual assault victims, and understanding women’s special need for privacy.

In 1993, Canada’s Immigration and Refugee Board (IRB) issued Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution. The author critically examines the argument made in the Guidelines “that women refugee claimants can and should base their claims under the appropriate circumstances on the grounds of belonging to a particular
social group as outlined in the Convention definition.” The IRB Guidelines follow the precedent set during the 1980s by the European Parliament and UNHCR and the 1988 International Consultation of Refugee Women, which called upon states to consider women persecuted on the basis of gender as part of a ‘particular social group.’ However, rather than advocating that ‘gender’ be added as a legitimate grounds for basing a refugee claim, the IRB recommended instead that refugee claimants should declare themselves as belonging to a ‘particular social group’. The author argues that “the express purpose of the Guidelines is to compensate for the Convention definition’s omission of gender-related persecution.” Discussing several arguments that point out various implications of classifying women as a ‘particular social group’, the author argues that it is inappropriate to group women together on the basis of their biological characteristics. By thus legally defining women as a particular social group, women’s helplessness and subsequent legal status are ensured. Men, however, are not classified as a particular social group. She concludes that the legitimacy of gender-specific persecution should not rely upon the subordination of women as a whole, but gender-specific persecution should stand alone as a recognized basis for persecution from which some women suffer.


INDEX TERMS: guidelines, gender-based persecution, CSR51, UNHCR EXCOM Conclusions, sexual abuse, violence against women, UNHCR, rape, female circumcision, arranged marriages, religious persecution, ethnic persecution, persecution for nationality, persecution for political opinion, kinship, gender discrimination, sexual abuse, violence against women, protection, state, well-founded fear of persecution, violation of cultural norms, refugee status determination procedures, standard of proof, legal theory, value systems, human rights, women's rights, UDHR48, OAUR69, ICCPR66, ICESR66, CEDAW79, PRW53, legal decisions, debates, NGOs, treaties, territorial asylum, nationality.

GEOGRAPHICAL TERMS: Canada.

The author, a member of Canada’s Immigration and Refugee Board (IRB), discusses the Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution, which were issued by the IRB in 1993. “The purpose of the Guidelines is to provide substantive legal and procedural guidance in analyzing gender-related issues in women’s refugee claims.” Common forms of persecution directed primarily against women are outlined: persecution on the basis of kinship due to family members’ political views; severe discrimination based on the fact they are women; persecution for transgressing religious precepts, social mores, and legal or cultural norms; and exposure to violence by authorities or private actors, including domestic violence, from which the state is unable or unwilling to protect them.
The ‘Framework of Analysis,’ which accompanies the Guidelines, is a tool for analyzing the link between gender, the feared persecution and one or more of the grounds in the definition of a Convention refugee. It includes the factors to be assessed, such as the particular circumstances of the claimant’s fear, the seriousness of the treatment feared, and the adequacy of state protection. The author notes that the Guidelines explicitly address the public/private distinction which has prevented the recognition of women’s societal rights as human rights deserving of national and international protection, and which has also been challenged by Canadian jurisprudence since the proclamation of the Canadian Charter of Rights and Freedoms. Discussing the universality of human rights versus ‘cultural relativism’ as far as women’s human rights are concerned, the author quotes the IRB Chairperson who, in issuing the Guidelines, noted that for Canada ‘[t]his is not a matter of imposing western standards on other countries. It is a matter of respecting internationally accepted human rights standards.’ The Guidelines point to the use of several human rights instruments in adjudicating gender-based refugee claims, such as the Universal Declaration of Human Rights; the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the Convention on the Political Rights of Women; and the Convention on the Nationality of Married Women.


GEOGRAPHICAL TERMS: United States.

This article examines United States immigration and asylum law with respect to gender-related persecution. It identifies its limitations, and argues for the incorporation of international laws, which offer some protection for victims of gender-based persecution. Part I focusses on international human rights instruments, including the UN Charter, the Universal Declaration of Human Rights, and the Convention of the Elimination of All Forms of Discrimination Against Women, which could protect women if their home country fails to or is unable. The author further discusses the Guidelines on Refugee Women adopted by UNHCR in 1991 and the Canadian Guidelines on Women Refugee Claimants Fearing Gender-Related Persecution that confirm the existence of gender-based persecution. Discussing US asylum law in Part II, the author argues that two existing categories of asylum eligibility, membership in a particular social group and political
opinion, are categories into which sex-based persecution fits. Part III discusses interpretations of a “well founded fear” of persecution. Part IV and IV demonstrate that even though gender is not a category, persecution on account of political opinion or on account of a membership in a particular social group can be used to establish a well-founded fear of persecution. Case law in the United States is examined to show its inconsistent application of these two categories in women’s asylum claims. Part VI highlights the need for greater sensitivity in dealing with women seeking asylum. In Part VII, the author concludes by discussing the suspension on humanitarian grounds of a Nigerian woman’s deportation from the US to prevent her two daughters from being circumcized, if forced to return to Nigeria. However, the well founded fear of gender-based persecution was not explicitly announced in the suspension of deportation proceedings.

385 WOMEN AT RISK: PROGRAM REVIEW, Strategic Research, Analysis and Information Branch, Citizen and Immigration Canada, September 1994. 16 p. : annexes (Study Conducted for International Refugee and Migration Policy Branch, Citizen and Immigration Canada. Also in French)

INDEX TERMS: women-at-risk, CSR51, CDR84, OAU, refugee status determination procedures, resettlement selection criteria, resettlement processing, special needs, government sponsorship, non-government sponsorship, arrival procedures, ethnic communities, integration, monitoring, training, reception centres, culture shock, settlement assistance, health services, torture victims, employment, language barriers, health, psychological problems, day care centres, evaluation, research, questionnaires, interviews, UNHCR.

GEOGRAPHICAL TERMS: Canada.

From 1988 to the end of 1993, a total of 655 women and children have been resettled through Canada’s AWR programme which was established in 1988. The programme was reviewed in 1994. The research approach included questionnaire surveys of sponsoring groups, Master Agreement Holders (MAHs), regional and local government staff and visa officers overseas. In- person meetings were held with refugee women who came to Canada as women at risk, and with representatives of immigrant-serving agencies, settlement personnel and staff from regional and local Canada Immigration Centre (CIC) offices. The authors discuss their findings with respect to eligibility criteria, number of arrivals, processing, communication, matching, monitoring, training, settlement process, and sponsorship operation. Although the eligibility criteria meet the programme objectives, the application of the criteria due to lengthy processing times is problematic. As well, the admissibility criteria for selection, which include the need to demonstrate “potential for eventual successful establishment” need clarification. A major concern centred on the time it takes to process an application from the point of referral of the women-at-risk to their arrival in Canada as well as on the matching of women refugees with sponsors in small cities without an ethnic community. All stakeholders agreed that the channels of
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communication need improvement with respect to the operation of the programme. Regarding the services offered during the settlement process, it was suggested that women who were traumatized and had experienced torture should only be referred to areas where services are available to assist them. Sponsorship operations were reviewed and the primary role of provincial and territorial governments was pointed out in responding to long term settlement needs. The authors conclude “as for overall evaluation, all the key players feel that the programme is most worthwhile and should be continued.”


GEOGRAPHICAL TERMS: United States, Canada.

This article is prefaced with the stories of two women, a Honduran and a Pakistani, who were sexually and physically abused by their husbands to argue that United States immigration law has not addressed the problems presented by women in these abusive situations. The author takes the position that United States asylum law must recognize the advances in the international human rights arena regarding violence against women. In doing so, gender-based persecution claims must be recognized, including claims based on intimate violence, such as taking the life of a woman, physical and mental harm, forcing a woman to perform sexual or other acts against her will, confining a woman to the home, and repeated verbal and emotional abuse. Citing sources including the INS Manual, Board of Appeal decisions, Supreme Court rulings, international refugee and human rights instruments and commentaries by legal scholars, the author develops in some detail the theoretical basis for establishing eligibility for asylum under US immigration law. She first argues that women fleeing intimate violence meet the standard of persecution or of a well-founded fear of persecution and then discusses the accountability of the state in the perpetration of those acts. The final section of the article criticizes the failure of asylum law adjudicators to incorporate gender-based persecution claims into one of the existing five enumerated grounds. Barring gender as a category, the author demonstrates that these acts of persecution and fear of such future acts were and would continue to be on account of a
woman’s membership in a particular social group and/or political opinion, and thus offers two alternative definitions of social groups.

INDEX TERMS: gender-based persecution, human rights, refugee-related declarations, CSR51, persecution, well-founded fear of persecution, ethnic persecution, religious persecution, persecution for nationality, persecution for political opinion, social group persecution, UNHCR, guidelines, national law.

GEOGRAPHICAL TERMS: United States, Canada.

Beginning with a brief overview of international efforts to improve human rights legislation, this article emphasizes the need for greater sensitivity to the particular concerns of women and gender-specific rights abuses. Although recent developments in the international human rights community reflect a growing sensitivity to the particular concerns of women, there are serious problems in the treatment of women who are recognized as refugees, which must be addressed, including inadequate medical care, lack of educational and occupational opportunities, sexual and physical abuse. However this article focuses upon the issue of gender discrimination in the very process of achieving refugee status. The Refugee Convention considers a person a refugee if she has been persecuted or has a well-founded fear of persecution because of her race, religion, nationality, political opinion, or membership in a particular social group. Although many women seeking refugee status may be appropriately considered within one of these categories, the author argues that persecution on account of gender should be recognized as a category as well. International efforts to recognize gender-based persecution are discussed, including the 1993 Canadian Guidelines, ‘Women Refugee Claimants Fearing Gender-Related Persecution’, which allow for assessing gender-based persecution claims under any of the five grounds. In contrast, American asylum law is strongly critiqued for not recognizing gender-based persecution. The author argues the United States “must embrace the advances made” in recognizing gender-based persecution as a first step in ensuring respect for the human rights of all people.

Chapter 3 Asylum

GEOGRAPHICAL TERMS: United States.

In this article the author examines the existing law regarding gender-related persecution in addition to proposing a framework for evaluating cases of women asylum applicants under United States law. Until recently, the asylum claims of women refugees have, to a great degree, gone unaddressed under both the US Immigration and Nationality Act and the 1951 Convention Relating to the Status of Refugees. In the introduction the author provides a brief analysis of this neglect of gender-related claims in the interpretation of refugee law and how, through the work of human rights groups, advocates and adjudicators, changes are beginning to occur. The first two sections review the general principles of US asylum law and, more specifically, asylum law with regard to gender-related claims of women. The author refers to specific case law to demonstrate the lack of a cohesive framework within which to evaluate gender-related claims of women. The remainder of the article sets out a proposed framework for evaluating such cases. The framework categorizes asylum claims into those involving gender-specific persecution, where the type of persecution is tied to the applicant’s gender; and gender-based persecution, where the persecution is inflicted because of a basis which is rooted in the applicant’s gender. After specifying the distinctions between the categories, the framework is outlined in detail. This is followed by a brief discussion on improving the procedures for adjudicating women’s cases. The author concludes by reiterating the need for a multifaceted approach to addressing the claims of women asylum applicants that would include a legal recognition of the harm women experience and the illegitimacy of governmental indifference to women’s suffering.


GEOGRAPHICAL TERMS: Canada.

Since gender is not an independent enumerated ground for a well-founded fear of persecution within the Convention refugee definition, the Canadian Immigration and Refugee Board issued these Guidelines for women refugee claimants fearing gender-related persecution. The Guidelines address four critical issues that are brought forward by most gender-related refugee claims. They concern the extent to which women making claims based upon gender-related fear of persecution can successfully rely upon any one, or a combination, of the five enumerated grounds of the Convention refugee definition; the
circumstances under which sexual violence, a threat thereof, or other prejudicial treatment constitute persecution; the key evidentiary elements which decision-makers should consider for gender-related claims; and special problems women may face when called upon to state their claim at refugee determination hearings. Before determining the appropriate ground(s) applicable to the claim, decision-makers must first identify the nature of the persecution feared by the claimant. The nature of persecution is described in four categories: fear of persecution on the same Convention grounds, and in similar circumstances, as men; fear of persecution for reasons solely pertaining to kinship; fear of persecution due to severe discrimination on grounds of gender or acts of violence either by public authorities or at the hands of private citizens from whose action the state is unwilling or unable to provide adequate protection; and fear of persecution for failing to conform to, or for transgressing, certain gender-discriminating religious or customary laws and practices in their country of origin. The grounds of persecution due to race, religion, nationality, and political opinion are described and the applicability of membership in a particular social group category is discussed in some detail. This document also provides guidance on assessing fear of gender-related persecution, using pertinent international human rights instruments, presented evidence, and avoiding cross-cultural misunderstandings. The Guidelines conclude with a framework of analysis for assessing the particular circumstances which have given rise to the claimant’s fear of persecution, the general conditions in the claimant’s country of origin, the seriousness of feared treatment, the applicability of the claim to the grounds enumerated in the Convention refugee definition, the availability of adequate state protection, and whether the claimant has a well-founded fear of persecution.
transgressed religious laws or social mores and domestic violence. With respect to the first issue, it is a matter of respecting internationally accepted human rights standards. With respect to domestic violence, the Guidelines indicate that these women, without a reasonable state protection, can be found to be members of a particular social group. Considerations such as user friendly rooms; recognition that women claimants fear testifying in front of men, especially when the issues involve sexual violence; and the option of testifying outside the hearing room by affidavit or videotape or, wherever possible, in front of Members and Refugee Hearing Officers specifically trained in dealing with violence against women are discussed. Culture-specific documentation about the position of women in the claimants’ countries of origin, the incidence of violence including both sexual and domestic violence, and the adequacy of state protection will be made available by the IRB Documentation, Information and Research Branch. As well, the author suggests training initiatives devoted to issues of gender and culture as well as appropriate monitoring of the impact of decisions regarding gender-related persecution. In conclusion, the author believes that the Guidelines are progressive and will provide protection to those genuinely in need.


INDEX TERMS: asylum seekers, gender-based persecution, social groups, refugee status determination procedures, national refugee law, human rights violations, well-founded fear of persecution, women’s rights, sexual violence, rape, violence against women, prostitution, female circumcision, case law, legal decisions, burden of proof, UNHCR, CSR51, CSR5P67.

GEOGRAPHICAL TERMS: United States.

The Introduction of this article discusses the failure of current United States asylum law to recognize gender-based violence as gender persecution of a distinct social group, a failure that involves government participation or complicity. Women who are victimized on account of religion, political opinion, race, or nationality may be granted asylum whereas women who are victimized because of their gender have no such recourse. The author argues that asylum laws must include gender-based violence in the definition of persecution and recognize women as a particular social group in order to provide adequate and equal protection for them. She further argues that the framework for such interpretation presently exists in US asylum law if the statute is broadly interpreted. Part II of the article provides a background to US asylum law. Part III, giving a definition of persecution, illustrates how gender-based violence, such as sexual assault, forced prostitution, domestic abuse, and female genital mutilation, violates women’s human rights and constitutes persecution. In Part IV, the need to recognize women as a social group, along with the origin and definition of the social group category, is discussed. Additional barriers to obtaining asylum imposed
by the Board of Immigration Appeals and the courts are discussed in Part V. Finally, Part VI addresses judicial concerns about potential risk of ‘opening the floodgates’ with respect to recognizing women as a social group, demonstrating why these concerns are invalid and violate the intent of US asylum law.


INDEX TERMS: Malians, Muslims, Copts, Jews, judicial reviews, female circumcision, convention refugees, violation of cultural norms, customs and traditions, belief systems, patrilineal societies, illiteracy, cultural identity, midwives, patriarchal societies, refugee status determination procedures, CSR51, gender-based persecution, national refugee law, CEDAW79, case law, violence against women, persecution, human rights violations, UNHCR, guidelines, social group persecution, religious persecution, persecution for political opinion, CAT84, adverse health practices, UNESCO, kinship, extended family, evidence.

GEOGRAPHICAL TERMS: Canada, France.

This article begins by describing a “landmark ruling” rendered in 1991 by the French Court of Appeals, which recognized female circumcision as a form of persecution under the terms of the 1951 UN Convention Relating to the Status of Refugees. The author discusses arguments that may be used when such a case will present itself to the Canadian Immigration and Refugee Board (IRB). A general overview of female circumcision is provided including its various forms, the geographical areas where the practice is common, and the social, religious and cultural justifications for its persistence. Canada’s Immigration Act aims to fulfill two objectives which are important to women, namely, that standards of admission are applied which are consistent with the Canadian Charter of Rights and Freedoms and with Canada’s obligations to ratified international treaty law, particularly Canada’s ratification of the 1979 Convention on the Elimination of All Forms of Discrimination Against Women. In January 1993, Canada’s Minister of Employment and Immigration announced that female claimants may now qualify as refugees if they fear gender based persecution. In March 1993, the Immigration and Refugee Board issued Guidelines on how gender persecution is to be read into the existing statutory definition. In the remaining sections of the article, the author explores in detail, citing case law, the specific arguments that could be made on behalf of women claimants fleeing female circumcision. Among the issues discussed are (a) whether women can be seen as a social group for the purposes of refugee determination, (b) whether women’s political opinions can be considered as a reason for persecution of women fleeing circumcision, (c) how female circumcision can be considered persecution, and (d) evidentiary problems faced by women in trying to establish that circumcision is a form of persecution.
The comments in this article were prepared by the author for the National Consultation on Women’s Issues in Immigration and Refugee Protection Agenda Setting Meeting. The author discusses the three themes suggested for this agenda and gender issues in the refugee determination system. Referring to international human rights instruments, she begins by demonstrating the need to bring attention to gender issues in refugee protection and immigration, as well as the importance of analyzing these issues within the context of fundamental human rights. The first theme deals with gender issues in determining refugee status. Since women and men experience different forms of persecution, the author emphasizes that the specific forms of persecution against women are difficult to substantiate. These persecutions raise legal, practical, and evidentiary problems, which are respectively discussed in the article. A second theme raised is the relationship of gender issues to alternative inland mechanisms for protection. Such protective measures must preserve the integrity of the refugee determination system; the Post-Determination Refugee Claimants Class (PDRCC) is considered essential. Although not necessarily based on conditions of the country of origin, the humanitarian and compassionate review is a crucial tool in dealing with the complicated issue of domestic violence and spousal sponsorship. As the author points out, the Employment and Immigration Commission (EIC) is recommending that decisions in PDRCC cases and applications for humanitarian and compassionate review be taken in light of the Immigration and Refugee Board (IRB) Guidelines. The final theme addressed in this article is that of gender issues relating to refugees and immigrants abroad. To ensure protection of refugee claimants, the author recommends that EIC’s Guidelines on Immigration and Gender be supplied to selection staff abroad. She also comments that significant progress has been made in tailoring Canada’s integration programmes to immigrant and refugee women’s needs.
INDEX TERMS: Salvadorans, Guatemalans, men, asylum seekers, illegal entry, detention, trauma, refugee status determination procedures, deportation, national law, refugee definitions, mental health, post-traumatic stress disorders, refugee experiences, legal representation, legal proceedings.

GEOGRAPHICAL TERMS: United States.

Using anecdotal data collected from Guatemalan and Salvadoran women and men refugees, the author describes the problems refugees face seeking political asylum in the United States. The majority enters illegally across the southern border. Refugees are apprehended either upon entry or while living ‘underground’, hand-cuffed and taken to immigration detention centres or farmed out to county jails to await formal deportation. Men are separated from their wives and children. Once out of jail, refugees must find a lawyer, who will guide them through the legal system and try to keep them from being deported. Few lawyers have had any psychological training to help them understand the emotional problems faced by refugees, many of whom are traumatized, may have forgotten or blocked out painful facts, and suffer from memory gaps or seeming inconsistencies in details or dates. During refugee trial hearings, which depend in large part on personal testimony, the judge must decide the case upon what the refugee says and whether the testimony is found to be credible. Some refugees under stress testify in court about things they never mentioned to their lawyer while others forget vital information. In 1991, as a result of a national class action suit, the INS agreed to stop all deportation of Salvadorans and Guatemalans already in the country, and to grant a rehearing of their asylum cases before new specially trained hearing officers, called Asylum Officers (AOs). All affirmation asylum applications, regardless of country of origin, will now be presented first to the AOs instead of INS hearing officers. In conclusion, the author recommends that counsellors take part in the legal process by helping shed light on the psychological effects of the process. A mental health practitioner can provide a written evaluation of the refugee’s mental condition which, admissible in court, is submitted along with the asylum application. The report can explain that the symptoms the refugee suffers are consistent with the story and are, in fact, proof that something traumatic has occurred. The report should also explain that Post-Traumatic Stress Disorder is a response to stress outside normal experience with an identifiable cluster of symptoms.


INDEX TERMS: testimonies, psychotherapy, trauma, publicity, Chileans, state, repression, rape, armed forces, Salvadorans, exiles, illegal immigrants, deportation, refugees, political asylum, psychiatric tests, Guatemalans.

GEOGRAPHICAL TERMS: Central America, South America, Chile, El Salvador, United States.
This article discusses the “Testimonio”, or Testimony, as a therapeutic tool in the treatment of people who have suffered psychological trauma under state terrorism. It was introduced in Chile in the 1970s as a means of re-establishing the personal and political ties severed by the oppression of state terrorism. Political repression in parts of Central and South America has brought forth Testimonio not only as a clinical tool, but also as a public therapeutic act outside the clinical context. Women in particular have made effective use of this simple tool of courage, which validates personal experience as a basis for truth and knowledge, and personal morality as a standard for public virtue. “It is a form of sociotherapy, healing wounds of social trauma inflicted by the terrorist state.” The toxic effects on the community of state-sponsored terrorism are examined and Testimonio’s therapeutic value as a healing process for both the individual and the community is illustrated through the public telling of her story by a young Salvadoran woman raped by soldiers. The article also examines the specific difficulties of testimony in a clinical setting for women in exile. She may tell the story to a clinician of the host culture, who, without any insight into the damage to a life caused by torture and forced exile, may lack the capacity to help her. In the United States the most serious impediment is the refugee’s fear that, by disclosing her ambiguous immigration status, she may be deported. Yet for the few who come forward to seek political asylum, the chance of success is much greater if their declaration to authorities is accompanied by a psychotherapist’s psychological evaluation. The form of Testimonio underlying the evaluation should take place in the context of a “bond of commitment”, an ethically non-neutral attitude towards the client’s suffering, which takes for granted that the victim’s disturbance is the result of a traumatic experience inflicted for political reasons. Using several examples, the author discusses how, through the use of testimony, trust can be re-established and the victim’s personal and social values reclaimed. In conclusion, a brief critique of public testimonies is presented. To be therapeutic, a refugee’s public testimonio must be a voluntary act.


INDEX TERMS: asylum seekers, legal decisions, convention refugees, agents of persecution, social group persecution, well-founded fear of persecution, refugee status determination procedures, gender-based persecution.

GEOGRAPHICAL TERMS: Canada.

This article reviews the case of Ward vs. Minister of Employment and Immigration. It focusses on the interpretation of the definition of social group and, discussing the issue of the agents of persecution and the requirement of state involvement, how it relates to claims by women. Ward, the first case in which the Supreme Court of Canada was asked to
interpret the Convention refugee definition, was seeking asylum due to his fear of persecution from the Irish National Liberation Army. The author compares the differing arguments and interpretations of the Federal Court of Appeal and the decision by the Supreme Court of Canada pertaining to the issues of social group and agents of persecution/state involvement. The author illustrates, through this case, that persecution directed at men tends to arise from public activity, whereas, for women, it is within the private domain. This public/private distinction masks the fact that the state sanctions or does not prevent persecution directed at women. Hence, by requiring that the state be an agent of persecution for a successful refugee claim, many women’s claims will not succeed. Interveners in this case used the concept of ‘the failure of state protection’ rather than ‘direct persecution’ by the state, and argued that if a state fails to protect women, actively or passively, this failure is sufficient to ground a claim to refugee status.

INDEX TERMS: asylum seekers, gender-based persecution, refugee definitions, refugee status determination procedures, persecution for political opinion, religious persecution, persecution for nationality, violation of cultural norms, persecution of family members, social group persecution, CSR51, sexual violence, legal proceedings, legal decisions, gender discrimination.

GEOGRAPHICAL TERMS: Canada.

This article states that the most common motives of persecution against women are their political or religious opinions and race or nationality, violation of the moral standards of their society, belonging to a family of political activists or prisoners, and being a woman. Since persecution on the basis of gender is not explicit in the UN definition of ‘refugee’, the best way to include women in the definition is to base their claims on the concept of a particular social group. From her perspective as a lawyer specializing in the field of political refugees, the author presents her observations of the problems refugee women confront as claimants before the Immigration and Refugee Board (IRB) in Canada. She quotes passages from an IRB decision to demonstrate the verbal and non-verbal intimidating behaviours of members of the tribunal. The Federal Appeal Court reversed the IRB decision on the grounds that the sexist remarks were such as to appear biased. Since the decision alone cannot eliminate this kind of behaviour towards women, the author considers it important that the selection and training of Board members be improved and that support/advocacy groups for refugees be invited to participate in the process.
j. **South Asia**


INDEX TERMS: gender discrimination, schools, employment, widowed persons, one-parent families, NGOs, humanitarian assistance, unemployment, UNICEF, educational programmes, illiteracy, landmines, children, mental health, refugees, basic needs, passports, arbitrary arrest and detention, UN, international organizations, refugee rights, health, education.

GEOGRAPHICAL TERMS: Afghanistan, Pakistan.

The author, an Afghan refugee herself, presents an overview of the situation of women in Afghanistan today. She discusses how the imposition of gender discrimination by the Taliban has led to the continued closure of schools for girls and, in Kabul, to banning women, mostly widows with dependent children, from going to work. Banning women from work has interrupted the work of the United Nations and NGOs, as many of their employees are females. Continuous war and school closure have resulted in increasing rates of illiteracy. With few NGOs continuing their clearance programmes, the number of embedded mines increases; thus more civilians, including children, are killed and disabled. Children suffer from mental health trauma because of the death of a parent or a close family member and witnessing acts of violence. In Pakistan, Afghan refugees live in poor economic conditions that affect particularly families headed by widows who lost their husbands in the war. Afghan refugees, including children, are routinely detained for not possessing valid passports or visas. The author pleads for the attention of the United Nations, the international community, governments and NGOs to safeguard the rights of Afghan refugees and to assist in promoting their health and education.


INDEX TERMS: Afghans, men, international organizations, reproductive health, country of origin conditions, maternal mortality, customs and traditions, Islam, traditional birth attendants, repatriation, refugee camps, mobile health units, primary health care, medical personnel, volunteers, health education, pre-natal care, pregnancy, abortion, poverty,
malnutrition, infectious diseases, education, birth, transport, sexual abuse, family planning, cultural sensitivity, research interviews.

GEOGRAPHICAL TERMS: Pakistan.

Since 1980 the International Rescue Committee (IRC) has assisted Afghan refugees in the Northwest Frontier Province of Pakistan through a medical programme that provides curative and preventive health services. In 1996, the programme had increasingly focussed its attention on defining and addressing the unmet reproductive health care needs. This report outlines the substantial progress made in the first year of the reproductive health project in Pakistan, which was carried out in a conservative social context and under the waning donor interest in Afghan refugees. Findings from a 1996 IRC reproductive health needs assessment showed the major reproductive health problem as high risk pregnancies due to social economic factors, such as poverty and malnutrition, as well as anaemia-related pregnancy complications facilitated by malaria, women’s lack of sufficient education regarding pregnancy and delivery, traditional cultural beliefs inhibiting contraceptive demand, and a high prevalence of domestic violence. The author advocates that, in order to prevent pregnancy-related death, an integrated approach to safe motherhood must include family planning, ante-natal care, and emergency obstetrical care (EmOC). Since EmOC is vital in preventing maternal mortality, potential barriers to it must be overcome, such as delays in deciding to seek care, in reaching a treatment facility and receiving adequate treatment at the facility. Lessons learned include, among others, providing reproductive health education to women and men; improving treatment of anaemia and vitamin deficiency among women; conducting a sexually transmitted disease (STD) prevalence study; providing free treatment for STDs and increasing awareness about STDs and HIV; and developing culturally appropriate education materials and media messages.

INDEX TERMS: Tibetans, Chinese, children, womens organizations, causes of flight, repression, flight by land, transit, landmines, elderly, refugee experiences, religious institutions, Lamaism, abduction, foreign occupation, adverse health practices, genocide, schools, ethnomedicine, traditional healers, religious practice, culture, income-generating projects, crafts, resettlement programmes, protest.

GEOGRAPHICAL TERMS: India.

This brief article reports on the activities of the Tibetan Women’s Association (TWA) in Sikkim, a small state in Northeast India, wedged between Tibet, Bhutan, and Nepal. Sikkim is one of the main points of arrival and a transit and rest point for Tibetan refugees. Tibetan refugee women are active in publicizing the plight of Tibet and have created a dynamic international network in 35 countries. They have brought international attention to the
Chinese occupation of Tibet and the forced sterilization of Tibetan women and girls. In Sikkim the TWA carries out many relief and development programmes for refugees. Nearly 200 members provide support to at least 25,000 refugees including sponsorship of schools, provision of medical services from traditional healers, religious and cultural programmes, income-generating craft activities, resettlement support, and political activism. TWA members attended the 1995 UN Decade for Women Conference in Beijing, but were not recognized as a legitimate group by the Chinese. Several members made a courageous political statement by appearing in public blinded and gagged.

INDEX TERMS: Afghans, Pathans, internally displaced persons, widowed persons, child refugees, country of origin conditions, refugee camps, refugee experiences, bourgeoisie, urban refugees, health education, hygiene, refugee participation, emergency relief programmes, social networks, emergency relief organizations, gender role, grief, family disunity, women’s seclusion, conflict of generations, dependency, NGOs.

GEOGRAPHICAL TERMS: Afghanistan.

Drawing upon a series of four focus group discussions held in 1994, each with 8-10 women, the author, an Oxfam UK/I country representative, discusses the situation of displaced women from Kabul, now living in camps in Jalalabad. Most women found it hard to talk about the notion of ‘home’. While they had difficulty explaining what home was, they were clear about what it was not - a refugee tent where they exist but do not live. The author notes that health education in this context is not about basic hygiene, which many of the women understand, but about helping them to identify the new health risks, due to overcrowding and lack of water and sanitation, which can lead to epidemics. The author recommends that an ‘empowering’ model of health education should enable women to analyze their new environment, understand the risks, and counteract them. In an emergency a communication mechanism is needed to feed information about safeguarding health to women quickly and effectively and to obtain feedback from them. Networks of women, set up to meet health objectives, can quickly become supportive social gatherings and provide a forum to share experiences and grieving. All an agency can do, however, is set up networks to meet practical aims of ensuring the refugees’ physical health and well-being. It should not try to create mutual support artificially, but recognize it and facilitate it as it develops. For widows, the loss of husband and home was devastating, but the loss of hope and belief in a better future was even more difficult to deal with. Children too felt this acutely. The stress of homelessness tended to affect men and women differently. While women are typically busy preparing food and caring for children, men with no means of supporting their family can lose their sense of identity. Men can leave the home and find comfort in the
public sphere. However, because of seclusion, home is the only space available to women who, in camps, live side by side with other families, with little privacy. Women with husbands may have worsening marital and family problems, but many more who are heads of households face isolation and lack of family support. According to the author, people rebuild their lives sooner and more successfully where there is not much aid available. They “retain self-sufficiency and self-reliance which relief agencies often struggle to promote after hand-outs have been given.” In many cases a dependency syndrome develops and people are reluctant to leave, as the camp becomes a settlement. Ironically, because of the strength and solidarity fostered through the women’s networks, women may be less anxious to leave the camp. This is a dilemma faced by agencies, for which no easy solutions are available. However, OXFAM learnt one lesson: “working in emergency situations with a gender perspective - which encourages questioning - is very different from implementing the paternalistic ‘women’s programmes’, which many aid workers accept so uncritically.”

INDEX TERMS: Bhutanese, refugee camps, basic education, educational programmes, public health, dependency, literacy, food distribution, womens organizations, refugee participation, NGOs.

GEOGRAPHICAL TERMS: Nepal.

This article discusses the Non-Formal Education (NFE) component of the Oxfam Bhutanese Refugees Support Programme in Nepal. Implemented between 1992 and 1994 with its three levels, the NFE helped to develop literacy skills of refugees in Nepali and English, raise awareness of public health issues, and enable refugee women in particular to meet for emotional support and to articulate their needs to relief personnel. Efforts were made to relate the lessons to the participants’ daily lives, provide opportunities for discussions, and be culturally appropriate. As a result, women learned important literacy skills that enabled them to communicate better and participate in decision-making both at the household and camp levels. The author recommends that issues concerning participation, transfer of responsibility, and ownership of the learning process need to be considered to ensure the long-term sustainability of such a program. However, she states that the Nepal experience has provided a valuable understanding of social development and emergencies.

INDEX TERMS: Rape, survivors, Nepal.

This article discusses the management of rape survivors in Nepal. The authors highlight the need for culturally appropriate and sensitive interventions to address the emotional and physical needs of survivors. The study includes a comprehensive approach involving medical care, psychological support, and legal assistance. The authors recommend the establishment of specialized centers to provide comprehensive care to survivors and the training of healthcare providers to ensure the provision of gender-sensitive services.

GEOGRAPHICAL TERMS: Nepal.

This article provides a detailed account of the management of rape survivors in Nepal. The authors emphasize the importance of integrating cultural sensitivity and gender perspectives in the provision of care. The study includes a description of the methods used to assess and treat survivors, highlighting the need for a multidisciplinary approach. The authors conclude that the establishment of specialized centers and the training of healthcare providers are crucial for providing effective and sustainable support to survivors.
Approximately 87,000 refugees from Bhutan, almost all ethnically Nepali, are living in eight refugee camps. Many women were victims of rape and were suffering the psychological sequelae of rape, including severe depression and psychosis. Because of the urgent need to help these women and lack of sufficient personnel, the Nepali Centre for Victims of Torture (CVICT) introduced in 1992 a programme to train refugee women as helpers for female rape survivor. The selected refugee women were taught case work and counselling skills with rape victims. The trainees then returned to their respective camps where they were assigned the task of identifying rape survivors and offering them support. They went discretely from hut to hut, slowly gaining the trust of women. Women with physical illness were referred to the available medical services in the camps and more serious cases to the monthly CVICT supervision team. The helpers visited the clients regularly according to their needs for counselling and support. As of November 1994, the helpers identified and referred for further help, a total of 235 rape survivors in seven refugee camps, with nearly all the cases of rape occurring in Bhutan between 1990 and 1992. All clients showed signs of progress over the year. Many have enrolled in the adult literacy programme and the Oxfam knitting project; some have joined women’s groups; others work as community health visitors; and many have been enrolled in skills training and income generating programmes. A survey conducted by a UNHCR consultant on victims of violence in the Bhutanese refugee camps stated that the service seemed to be of benefit to most of the women who use(d) it. With an increasing number of refugees, CVICT received a proposal from UNHCR to train more women in the new camps to work with female rape victims and torture survivors who had not been included in the programme initially. In March 1994, in co-operation with UNHCR, the rape survivors’ programme has been transformed into a community-based programme for the rehabilitation of all torture survivors in the camps. The authors conclude that the success of the programme was probably due to the involvement of the community, particularly of women with similar experiences of exile and trauma, and that direct involvement from professionals would have been more intimidating. This model of befriending, together with medical treatment and other services, is probably more appropriate, the authors state, to the cultural context than is psychotherapy as a foreign and strange concept.
INDEX TERMS: Afghans, traditional birth attendants, married persons, courses, refugee camps, international organizations, WHO, mothers, pre-natal care, home delivery, sanitation, infectious diseases, immunization, breast feeding, nutrition, hygiene, communities, surveys, interviews, questionnaires.

GEOGRAPHICAL TERMS: Pakistan.

This report describes and evaluates training programmes developed for traditional birth attendants among Afghan refugee women in Pakistan. The programme was administered in three refugee camps in the province of Baluchistan at first by Médecins Sans Frontières - Belgium, and then by Mercy Corps International, an American NGO. Between September 1990 and March 1993, 720 traditional birth attendants were trained by seven Afghan women in accordance with a curriculum adapted from material provided by WHO, UNICEF, the Save the Children Fund, UNHCR, and the Pakistan Chief Commissioner for Afghan refugees. Classes of eight to ten students met for 75 hours over a period of ten weeks. Students accepted for the course were married, between 18-45 years of age, and experienced birth attendants. In assessing the programme, interview questionnaires were conducted with 30 trained and 20 untrained birth attendants in January 1992; a second survey, in September 1992, covered 25 birth attendants and 25 mothers who had recently been delivered by them. Compared to their untrained counterparts, the trained birth attendants exhibited a marked improvement in their knowledge and skills in regard to pre-natal practice and delivery, post-partum care and breast-feeding, sanitation practices, disease and its prevention. The authors found that the women who were delivered by trained birth attendants generally followed their recommendations about breast-feeding, maternal nutrition, immunization and hygiene before and after delivery. There were also far fewer complications and deaths associated with deliveries performed by trained attendants than with those conducted by the untrained attendants. Evidence of improved family health in neighbourhoods with trained birth attendants has encouraged many community leaders to request training programmes in their areas. Refresher courses to improve the knowledge and maintain the skills of trained traditional birth attendants are recommended.


INDEX TERMS: history, women, Afghans, ethnic and national groups, refugee camps, living conditions, dispensaries, social relationships, infant mortality, bacterial diseases, psychological problems, income-generating projects, crafts, womens seclusion, transport, rural areas, urban areas, international organizations, widowed persons, orphans, NGOs, primary education, secondary education, schools, gender discrimination, UNHCR, resistance movements, social integration.

GEOGRAPHICAL TERMS: Pakistan, Afghanistan.
This chapter provides an historical overview of the initiatives and campaigns directed toward women’s emancipation beginning with the rule of King Amanullah in the 1920’s up to and including the Communist Regime. The author then discusses the situation of Afghan refugees previous to 1992 as well as of refugees who had not yet returned to their home country. She begins with a discussion of the crowded and tight living conditions in Afghan refugee villages and their impact on the lives of women. As the Basic Health Unit or the NGO dispensary is the only place they can go to, Afghan women have quickly learned how to use these services as an excuse to get out of their quarters and spend hours talking among themselves. Thanks to better medical supervision and improved sanitary conditions, infant mortality has not only diminished compared to that in Afghanistan but is also lower than that of rural Pakistan. For men and women tuberculosis remains the major health problem. Few women suffer from emotional problems caused by anxiety and stress. Exile has been a learning experience for some women by attending large-scale education and training programmes in health care, addressed directly to them. However, only a few income generating projects are available, which women can only attend if the activities can be carried out within their homes or near camps where purdah and transportation can be guaranteed. Women of some ethnic groups in rural areas have easier access to remunerated activities because of their tradition of feminine crafts. These activities also enabled them to establish contacts with urban Afghan women who acted as intermediaries between the producers and those in charge of the international aid organizations. Certain educated women and girls in Peshawa and Quetta work in the NGOs only on conditions that they can preserve their Muslim identity, including proximity to the workplace or adequate transportation and absence of contact with men. Women who were students in Kabul before the war and who walked in the streets without head covering find it very difficult to adapt to the constraints imposed by purdah. The war situation has also led to emergence of widows and orphans, groups considered to be at special risk, who have drawn the attention of international organizations, NGOs, and the political parties of the resistance. In response to a ‘widows camp’, organized by a foreign organization, the Hizb-i Islami has established a huge private camp for its staff, and widows and orphans of its mujahidin martyred in Afghanistan. According to the author, the discussion of the ‘reinforcement of purdah’ should be seen “as an attempt to preserve the family, a cultural and ethnic nucleus, in a context of deconstruction.” The education of girls remains a sensitive issue; Afghan political parties insist on compulsory education but under the condition that it be carried out separately for boys and girls. Several schools were set up by UNHCR and by the political parties. Adolescent girls whose education was interrupted by the war hardly find it possible to continue. A few secondary schools in Peshawar and Islamabad were founded under the auspices of the political parties of the resistance, by the Muslim Sisters of Afghanistan, or through private patronage. In Quetta, four schools, including one for girls were set up by Shi’ite organizations. However, only girls can attend them whose parents live in the city and already believe in education. A few girls whose parents live in camps attend a boarding school in Quetta to continue their education. The author concludes that in everyday life and
in social integration, women’s position has regressed. “It is as if the development of their ‘emancipation’ has come to a halt.”


INDEX TERMS: Afghans, widowed persons, one-parent families, special needs, refugee camps, receiving country, refugee aid and development, agriculture, economic self-sufficiency, employment opportunities, qualifications, clandestine employment, income-generating projects, small-scale enterprises, UNHCR, international organizations, guidelines, women’s seclusion, repatriation, vocational centres, religious leaders, refugee participation, case studies, literature review.

GEOGRAPHICAL TERMS: Pakistan.

Based on published reports, this article provides a case study of Afghan refugees in Pakistan. It begins with a background discussion of refugee women’s special needs and projects designed to make them economically self-reliant. The case study discusses programmes introduced by UNHCR, the International Rescue Committee, and the government of Pakistan to cast light on how the international community has sought to promote women’s self-sufficiency. In evaluating the programmes, the author points at several shortcomings, such as fuzzy goals and objectives, lack of proper planning, excessive administrative costs and/or inadequate funding; inadequate consultation with the refugee community; and rarely conducted feasibility studies. Her recommendations include a four step plan for the international community to promote refugees women’s economic self-reliance, namely; a strong commitment to income generation; research on refugee women before, during, and after a crisis occurs; complete policy guidelines for the establishment of programmes; and efficient planning and implementation of these guidelines with the participation of refugee women.


INDEX TERMS: Afghans, Muslims, donors, food aid, refugee camps, internally displaced persons, returnees, resistance movements, CSR51, refugees, causes of flight, country of origin conditions, internal conflict, environmental degradation, starvation, human rights violations, rejection at border, landmines, disabled persons, children, widowed persons, orphans, employment, sexual violence, rape, country of first asylum, prostitution, education, fundamentalism, repatriation.

GEOGRAPHICAL TERMS: Afghanistan, Pakistan.
Chapter 3 Asylum

This author points out that, following the Soviet withdrawal; international donor cutback in aid to Afghanistan has resulted in sharp reductions in food rations to Afghan refugees and increased host country hostility toward them. The majority of returnees to Afghanistan are male armed resistance fighters who do not fall under the UN refugee definition. Little is said about the new generation of refugees leaving Afghanistan because of ongoing war, hunger and human rights violations, or of the return to the border of voluntary returnees for the same reasons. In response, Pakistan and Iran have closed their borders and camps have been set up inside Afghanistan. With current conditions not conducive to successful repatriation, the environments both inside Afghanistan and among Afghan refugees affect women and their children, particularly. Women inside the country are primary breadwinners in their families but under continual threat of sexual violence if they are perceived as supporters and relatives of members of rival factions. In refugee camps in Pakistan, girls are being sold and forced into prostitution. Despite decreased access to education, women, particularly, have sharpened their survival and economic skills and are interested in maintaining direct linkages to the outside world to counter misrepresentation of their agenda and issues by the male leadership. The author urges that women from the international community must advocate for such direct communication and partnership with Afghan women as well as with women from the Muslim word generally, as religious fundamentalism is yet another form of male patriarchy. The remaining article discusses some of the hardships which Afghan women and girls face as a result of fourteen years of economic and political instability and, considering the internal situation, offers suggestions as to how a civil society in Afghanistan may be rebuilt.


INDEX TERMS: Myanmarans, Muslims, ethnic and national groups, men, country of origin conditions, armed forces, forced conscription, rape, torture, refugee camps, emergency relief programmes, health services, clinics, children, immunization, mortality statistics, malnutrition, special needs, gender role, food supply, water supply, value systems, mental health, trauma, primary health care, refugee participation, needs assessment, registration of refugees, budgeting, planning, NGOs, UNHCR.

GEOGRAPHICAL TERMS: Bangladesh, Myanmar, Pakistan.

This is the text of an address on gender differences in refugee health that the author, US Deputy Assistant Secretary for International Refugee Assistance, gave to the 1992 annual meeting of the Institute of Medicine. She demonstrates the health needs of refugee women in emergency situations by discussing the provision of health care services to the 265,000 Rohingya Muslims who sought refuge from persecution by the Burmese military in Bangladesh. Three months into the crisis UNHCR learned that twice as many women as
men were dying, while outpatient visits to camp clinics were much higher for men than
women. Owing to cultural considerations, women were reluctant to visit clinics staffed
primarily by males. The clinics’ central location in the refugee camps was also
inappropriate given the demands on women’s time for collecting water, preparing meals,
caring for children, and other domestic tasks, particularly in female-headed households.
Time was not available to go to the clinic either for treatment or to collect information to
prevent disease. UNHCR responded by rapidly expanding preventive and curative health
services. Satellite health posts were created throughout the camps from which outreach
teams would visit the sheds, and emphasis was placed on increasing female health workers.
The lesson to be learned, according to the author, is to know the characteristics of the
refugee population from the needs assessment stage of the emergency, based on refugee
registration. In this case neither the actual demographic breakdown of the refugee
population nor cultural considerations were taken into account in programming, budgeting
or planning.

HOW CAN WE BE KOOCHI? WAR THREATENS TO PERMANENTLY
DIMINISH THE STATUS OF WOMEN AMONG AFGHAN KOOCHI
REFUGEES, Davis, Diana. Cultural Survival Quarterly. Vol. 16, no. 4 (Winter
bibl.

INDEX TERMS: Koochis, civil war, refugee camps, nomads, animal husbandry, country of
origin conditions, cultural identity, economic systems, economic self-sufficiency, gender
role, womens status, quality of life, poverty, deficiency diseases, food supply, water supply,
Islam, womens seclusion, research.
GEOGRAPHICAL TERMS: Pakistan.

Based on her research while a consultant for the United States Agency for International
Development in Quetta, Pakistan, the author examines the role and lifestyle, before and
after the Afghanistan war, of women from the Afghan pastoral nomadic people called
Koochi. In the mid-1970s, there were approximately two million Afghan Koochi nomads
who migrated with their sheep and goats, raising, selling, and trading animals and animal
products as a basis of an economy in which women played an integral role. However,
forty years of war have altered the women’s economic role and daily lives, as well as
their status in the family and society. They have lost their animals and consequently their
economic power to support themselves and travel freely. Koochi women discuss the
hardships they face as refugees in Quetta, including poverty, illness, the lack of food and
water, dependency, and boredom. They also discuss the pressures they feel to conform to
the cultural restrictions of Islam, such as the imperatives of purdah. The majority of women
no longer envision returning to their nomadic life, preferring to become sedentary farmers if
they return to Afghanistan. However, several women would prefer the freedom and open
spaces that accompany their traditional way of life.
This chapter consists of refugee women’s stories of flight and life in exile, which reveal their fears and feelings of losing control over their lives while simultaneously maintaining great courage and a will to go on. More specifically, the chapter examines how the needs of refugee women are not being met, especially in the areas of protection; education; economic independence; and health care. Yet, when given the opportunity, women of “uncommon resiliency” were able to develop their own projects in response to some of these needs. Two women, with support from the International Rescue Committee (ICR), were able to establish the Afghan Women’s Centre to help women understand their place in Islam and to provide the poorest women with skills for self-sufficiency. In their narrative the women compare their lives as educated women in Afghanistan at a time when girls’ education and women’s rights were becoming accepted, and what they later experienced as refugees when fundamentalist Muslims had taken control of the life of the refugee community. One of the two women explains her commitment in terms of literacy: “Without (it) a woman has no control over herself...she will have no access to information...(she) cannot become part of the decision-making process in the wider community....Being able to read about nutrition and child health-care will contribute to the well-being of her family. Reading skills will open doors to employment...and she will be able to understand her rights.” Another account concerns a former teacher in Afghanistan who persevered in her search for a sponsor for a secondary school for Afghan female refugees. She succeeded with the support of IRC, and the school opened in March 1987. It soon had a student body of 200 young women. A former secondary school teacher from Afghanistan worked with a Swiss woman, a long-time advocate for poor women refugees in many developing countries, who initiated an income-generating project. The project enabled refugee women in remote camps to make school uniforms and quilts, commissioned by UNHCR, by providing them with a group setting, sewing machines, training and materials. Finally the author describes the outreach work in remote refugee villages of two Pakistani women, a doctor and a mother-child health trainer, who provide classes to upgrade the skills of traditional midwives. With more Pakistani female health workers, health care among women has improved. In many cases, Basic Health Units (BHUs) provide the first health care for women. Since they are the only
places women could go to beyond the seclusion of their homes, BHUs also became social gathering places where women could talk and children play. The article concludes with recommendations improving refugee women’s participation in the planning and implementation of programmes.


INDEX TERMS: Afghans, refugee camps, men, ideologies, humanitarian assistance, Islam, value systems, gender role, training, higher education, educational programmes, medicine, scholarships, science, technology, agriculture, second language teaching, public administration, computers, child health care, hospitals, project management, vulnerable groups, widowed persons, wives, disabled persons, orphans, rural areas, health education, sanitation, income-generating projects, wages, discrimination, assistance programmes, repatriation, refugee experiences.

GEOGRAPHICAL TERMS: Pakistan.

The author describes the strategies used in an Islamic campaign in the early months of 1990 in Pakistan, a campaign which was critical of humanitarian assistance and the involvement of Afghan women in particular. Despite a number of hostilities directed at foreign assistance organizations and at Afghan women working with agencies funded by foreign money, refugee women are enrolling in training courses, mainly in the fields of education and medicine. The University of Afghan Muslim Women, with six faculties, was opened in March 1990. Most, if not all, staff members of hospitals for Afghan refugee women are Afghan women. Mobile teams, with only male drivers as escorts, visit outlying refugee camps daily. Women staff and administer primary and secondary girls schools, and direct projects for vulnerable groups that include instruction in Islamic studies, literacy classes, and training in income-generating projects. Newly trained women professionals and para-professionals reach many rural women in Pakistan through informal basic health and sanitation education projects and income-generating programmes. However, the ability of trained women to seek employment is hindered by travel restrictions, discrepancy in male and female pay scales, and unrealistic job requirements by agencies seeking to employ them. Regarding repatriation, the author notes that women have learned to consider their options but see few chances of doing so under the prevailing circumstances in Afghanistan.

k. South East Asia

INDEX TERMS: Myanmarans, tribal peoples, children, refugee camps, malnutrition, diseases, pregnancy, infant mortality, community health workers, midwives, traditional birth attendants, maternal and child health care, family planning, training programmes, refugee participation, reproductive health, NGOs.

GEOGRAPHICAL TERMS: Thailand, Myanmar.

In 1992, the American Refugee Committee (ARC) administered the Burmese Border Medical Project, which provided services to several scattered refugee camps in remote areas along the Thai-Myanmar border where there had previously been no international health agency presence. Camp members needed to develop their own resources beyond reliance on outside assistance, a move compatible with ARC’s policy of community development along with emergency relief. In 1994, the author became the maternal and child health coordinator in order to address the many conditions suffered by child bearing women. Women suffered, for instance, from malnutrition, micro-nutrient deficiencies, diarrhoea, high rates of miscarriage, stillbirth, neonatal death and limited access to family planning. Babies died in their first month of life mainly because of low birth weight, damage during birth, diarrhoea, respiratory infections and beriberi. A programme was developed to provide needed midwifery knowledge and skills. Female students, who had training as community health workers, were selected and gathered in a single camp for initial training. The author describes how the curriculum evolved, considering the immediate needs of childbearing women and available resources. The class held community awareness sessions and the students received community-based clinical experience. The author reports that within a year the midwives were preventing problems; recognizing and treating illness; managing problems before they escalated into emergencies; and making sure that severe complications were identified early and the mother or baby stabilized for transportation to a hospital. A ‘level 2’ training course was planned for the following dry season, whereby the most skilled midwives would be sent for further training to the mission hospital or clinic.


INDEX TERMS: Myanmarans, Shan, Karenni, Karen, Mon, country of origin conditions, civil war, rape, human rights violations, illegal immigrants, refugee camps, emergency relief organizations, NGOs, UNHCR, living conditions, employment opportunities, income-generating projects, health, maternal and child health care, traditional birth attendants, health services, family planning, health education, AIDS, infectious diseases.

GEOGRAPHICAL TERMS: Thailand.

This report details the findings on reproductive health (RH) practices and services among Burmese women of ethnic minority origin living in four refugee camps in Thailand in October 1997. The three-member delegation met with a number of organizations assisting
refugees in basic relief and health services, including the American Refugee Committee, Burma Border Consortium, International Rescue Committee, Médecins Sans Frontières, and UNHCR, as well as a number of local agencies. The delegation found that most organizations had successfully integrated reproductive health services within their programmes but noted that increased cooperation among NGOs would improve these services. Refugees had access through camp clinics to family planning information and services, safe motherhood programmes, and sexually transmitted disease STD/HIV prevention and education. In contrast, the illegal Burmese in Thailand work in exploitative work environments, such as the sex trade or as low-paid construction workers, with no access to health care, education or basic necessities. While the delegation noted a high level of RH services in the camps, it recommended an increased effort towards collecting and using data on RH programme management, confidential STD counselling, community-based condom distribution, health education targeted at men, and an increased focus on post-partum health and family planning. The report also includes a brief discussion of political and social conditions in Burma.

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THE REPRODUCTIVE HEALTH NEEDS OF ADOLESCENT REFUGEES,

INDEX TERMS: Myanmarans, Hmong, Vietnamese, Lao, adolescents, men, infectious diseases, pregnancy, abortion, maternal mortality, prostitution, family planning, reproductive health, health services, AIDS, pre-natal care, health education, illegal presence, addiction, UNHCR, refugee and immigrant services centres, second language teaching, legal assistance, counselling, fertility statistics, husbands, violence against women, single persons, unaccompanied minors, IOM, medical treatment, posters, preventive medicine, needs assessment, refugee participation, NGOs, leadership, data collection, research interviews, case studies.

GEOGRAPHICAL TERMS: Thailand.

Based on visits to several refugee programmes in early 1995, this article presents two case studies that illustrate the diverse reproductive health needs of adolescent refugees. The first study concerns Burmese students, mostly young men, who have fled to Thailand over the last decade and made their way to Bangkok, where they reside without legal status or access to public services. The uncertainty, boredom and loneliness of their lives leads some into behaviours, such as sexual activity with prostitutes and drug problems, which put them at high risk of contracting sexually transmitted diseases (STD and AIDS). To help the young men survive in the new country, the UNHCR Centre for non-Indochinese provides information and services to reduce high-risk behaviour through their clinic and through their educational, mental health and legal assistance activities. The second study concerns two distinct cultural groups in a UNHCR camp some distance from Bangkok: Hmong
refugees from Laos and lowland Lao and Vietnamese. The young Hmong women married early in their teens and bore children soon after. Their fertility rate was high and they were usually unwilling to make family planning decisions without the husbands’ permission. Thus, family planning counselling and services were provided with the husbands usually present. Their reproductive health needs were those related to safe pregnancy care. Most women only practised family planning after they had achieved the desired family size. In contrast, the Vietnamese and Laotian teenagers, who were often unaccompanied minors, tended to be unmarried and inexperienced in romantic relationships. They needed information about sex, pregnancy prevention and STD prevention. The authors conclude that the differences among the three groups demonstrate that programmes for adolescent refugees must take into account cultural norms and current behaviour and that a needs assessment is, therefore, important in designing reproductive health programmes. Several criteria are suggested for conducting an assessment. An important finding during their site visits was the presence in all groups of natural leaders who were potential collaborators in developing and communicating reproductive health programmes.


INDEX TERMS: Lao, Hmong, ethnic and national groups, refugee camps, Thais, government, camp management, protection of camps, UNHCR, refugee rights, repatriation, Europeans, North Americans, NGOs, refugees, men, camp maintenance obligation, marriage, divorce, food supply, household, gender discrimination, family division of labour, family disunity, customs and traditions, legislation, assistance programmes, women workers, adults, literacy, children, pre-school education, primary education, teachers, health education, ethnomedicine, family planning, vocational training, income-generating projects, resettlement, polygamy, repatriation, cultural identity, gender role, anthropology, research.

GEOGRAPHICAL TERMS: Thailand.

Based on ethnographic research conducted in 1992 at Chieng Kham and Napho refugee camps in Thailand, this article examines the participation of women in camp life and in the relocation planning process. Chieng Kham’s population is mostly Hmong while the Napho camp includes about equal proportions of Hmong and Lao Lum and a small number of other ethnic minorities. The camps are administered by the Ministry of Interior of the Royal Thai Government working in collaboration with UNHCR and NGOs. At the lowest level of the camp structure, refugees, as “elected” members of refugee committees, have limited authority dealing mainly with educational curricula, domestic disputes, and marriages and divorces. Women have become the primary income earners in both camps and, together with their dependent children, make up the majority of the camp populations. However, not one woman was involved as a member of camp administration. As a result of the split between the domestic (female) and the political (male), women’s needs and wants are
mediated through their husbands and male relatives. In divorce cases, clan leaders’ and
refugee committees’ deliberations are based on Hmong common law that favours men at
the expense of women. Male committee members, but not their wives, are granted travel
privileges enabling them to go to the local post office or shopping in nearby towns. The
absence of women’s leadership in the camps and their general invisibility translate into
programmes that fail to understand or meet the needs of women refugees. The authors use
the examples of literacy training, traditional medicine, and income generation and training
programmes to illustrate the rifts between service providers and female service receivers in
terms of relevant and appropriate programming. Women have no forum to express their
concerns and interests. Women’s absence in leadership roles also affects their ability to
pursue their desire regarding relocation. Hmong men want to return to Laos as they believe
that in the United States women are too free and that Hmong will not have any political
power. However, Hmong women want to resettle in the West as their major concern is to
improve their own and their children’s lives. As the authors point out, the invisibility of
women should also be attributed to “the principle of cultural preservation” adhered to by
international development workers who are, therefore, reluctant to affect any changes in the
role of women. However, what is being preserved is not the pre-war Hmong and Lao
cultures but a refugee camp culture, which has developed over the past 17 years of refugee
closure. The authors conclude with several recommendations to achieve the aim of liberal
planning for women.

This study, carried out in April and May 1991 in Khao I Dang Holding Centre for
Kampuchean returnees (KID) near the Thai-Cambodia border, addressed the significance of
gender and gender relationships in the context of refugee health training and employment
by examining the central training programme of health workers at the Khmer Health
Training Centre (KHTC). It included unstructured participant observation, an examination
of the sex and training course records of KHTC graduates for the years 1985-90, and five
focus groups with Khor women healers and health workers. A sixth focus group
discussion was held with KHTC Khmer instructors who were only asked questions
pertaining to KID and repatriation. The focus groups first discussed women’s changing
roles and status in health care, customs and traditions that support and prevent women in

studying and working, and expectations for repatriation. Each group was defined by a work area: traditional midwives; hospital, clinic and laboratory workers; maternal and child health workers; public health workers; and para-social workers. The participants agreed that communities needed the women traditional healers (kru Khmer) and traditional midwives (chmop) and that they were respected and valued. They also agreed that the roles available to women healers in contemporary Cambodia have greatly expanded to include institution-based positions such as nurses, midwives, doctors or surgeons. In considering the types of jobs women have held in KID, participants did not agree whether there had been any change. Indeed, data collected on health training graduates and workers showed that changes in women’s roles in the camp had been minimal in terms of the courses from which they were graduating and their job classifications. Cultural and practical barriers to women’s training and employment, identified by the participants, included family and spousal attitudes to women studying or working with men, early marriage, pregnancy, family responsibilities, and insufficient education and English. The authors conclude that, with the repatriation process nearly completed, “the necessity to act on the issues defined by Khmer women is even more urgent.”


INDEX TERMS: Myanmarans, Karen, Shan, tribal peoples, students, illegal immigrants, displaced persons, children, students, protest, detention, AIDS, health education, refugee experiences, flight, refugee camps, prostitution, forced labour, rape, vocational training, country of origin conditions, needs, health services, sanitation, family planning, maternal and child health care, food distribution, living conditions, medical treatment, diseases, clinics, NGOs, UNICEF, UNDP, international organizations, Vietnamese, detention of asylum seekers.

GEOGRAPHICAL TERMS: Myanmar, Thailand, Hong Kong.

In April-May 1993, a two-member Women’s Commission for Refugee Women and Children delegation travelled to the detention centres in Bangkok, to remote jungle refugee camps along the Burmese-Thai border, to a rehabilitation centre for former prostitutes in Chiang Mai, and to Burma where the delegation visited with doctors and nurses serving some of Burma’s poorest population. The delegation’s purpose was to report on the conditions of four different groups of Burmese women: women ‘students’ who fled to Thailand after the 1988 national anti-government strike in Burma and now hide as illegals, with no papers; refugee women and children living in malaria-infested jungle camps along the border with Thailand; the very young Burmese women sold, lured or taken from their impoverished villages in the hills of Burma to work as prostitutes in Bangkok and other Thai cities; and young mothers and girls inside Burma living out of sight from most voluntary agencies and donor countries. The report includes personal stories of three
Based on their visit to Burma, the delegation members conclude that the Burmese in Burma are not receiving adequate support from international relief agencies and recommend further consultation with the current government to improve conditions for implementation of humanitarian assistance. Regarding student refugees, the report recommends resettlement in the United States and other refugee receiving countries; establishment of a ‘safe area’ to house Burmese students, particularly women, who remain in Thailand; scholarship opportunities offered by governments to enable students to complete their education at universities and at the secondary level. For the internally displaced families to the Burmese-Thai border, the report recommends immunization programmes and programmes addressing basic public health and sanitation issues, birth-spacing opportunities for women, education for children, and skill development for women. For the young women who “are denied legal status and virtually enslaved to the brothel owner” and who fall outside the current international humanitarian support system established by the UN, the commission urges a protector at the international level, AIDS education, HIV hostels, and international legal prosecution of people who lure young women into prostitution as well as clients who have sex with a minor. Priority recommendations for women in Burma include assisting the Burmese government in nationwide dissemination of birth control devices to meet the demand for birth-spacing, clean water systems development, improved public health and immunization services, and a focus on maternal-child health programmes. The report also includes a special section on Vietnamese women and children in Hong Kong detention centres.

INDEX TERMS: Indo-Chinese, women, piracy, rape, family, death, trauma, psychological problems, social problems, culture, Confucianism, Buddhism, gender role, refugee camps, counsellors, police, medical screening, social services, abortion, resettlement country, ethnic communities, UNHCR, repatriation policy, case studies.

GEOGRAPHICAL TERMS: Malaysia.

Based on her experience as a rape victim counsellor in two Malaysian refugee camps from December 1987 to December 1988, the author uses two case studies to present the traumatic experiences of Indochinese refugee women survivors of rape by pirates and to analyze their consequent psychological and social problems. She stresses that the rape survivors’ mental dissonance results from the clash between the moral and social codes of their culture, that have made them submissive and dependent, and new self-concepts built on independence and self-worth necessary to get beyond the sense of social and individual annihilation that rape entails and recover from their traumas. The case studies also demonstrate the importance of a counsellor’s presence at the interviews by camp police and
medical examinations and the early provision of information on the counselling services available and on women’s health needs which were neglected in the upbringing of Indochinese girls. Women trained to listen to the victim’s repeated telling of her story are seen to be a key resource. The author calls for more counselling and service resources which, though never adequate, decreased since the 1990 UNHCR repatriation policy, and close cooperation, with exchange of information and referral, between the survivors’ ethnic communities and specialized counselling services.

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INDEX TERMS: Cambodians, border camps, mothers, children, supplementary feeding, maternal and child health care, malnutrition, immunization, viral diseases, food distribution, health education, dependency, UNBRO, surveys.

GEOGRAPHICAL TERMS: Thailand.

This article examines the difficulties of administering nutritionally adequate food aid through the Mother-Child Health (MCH) programmes from 1986 to May 1990 in Site 2 North, a camp in Thailand for Cambodian (Khmer) refugees. The author presents two cases: the changes from a centre-based to a community-based nutrition programme for acutely malnourished children and the use of supplementary feeding as an incentive to attend the Under Fives clinic which provided growth monitoring and immunization for all children under five years of age. She discusses the main problems related to the centre-based programme and notes that the change to a community-based programme was not a result of these problems, but rather due to decreased funding and a poliomyelitis outbreak, both of which demanded immediate crisis management. A comparison of both programmes showed that the weight gain and increase in weight/height percentage of the same children and the malnutrition rate for children 0-5 years of age remained essentially the same. However, the initial attendance of mothers and children for growth monitoring and dry pack distribution under the community-based programme approached 100 percent. Discussing the Supplementary Feeding programme, the author notes that incentives are often needed for compliance with preventive health measures but, when food is used as an incentive, negative effects in the health of the community can occur when the food is later removed. Supplementary Feeding Dry Packs were first offered in 1985 to pregnant and lactating women and for all children under three years as an incentive for attendance at the Under Five’s clinic. However, when the Dry Pack distribution was reduced to those less than two years and later to less than one year of age, attendance at the Under Five Clinic decreased dramatically with a subsequent loss of growth monitoring and decreased immunization coverage. While non-food incentives were considered, it was recognized that the dependency on the incentive would only continue. The author concludes that the use of
Supplementary Feeding or food as incentives linked with preventive health services should be avoided if possible. As well, systems of food distribution need to be continually evaluated to determine if they foster a welfare dependency attitude that is counter to long term self-reliance.
Chapter 4

Countries of Resettlement: Refugees' Special Needs

A: Language, Employment, Occupation and Education

1. General/Multiple Ethnic and National Groups


INDEX TERMS: conference papers, special needs, settlement assistance, immigration, medical treatment, housing, income supplement assistance, employment, vocational training, second language.

GEOGRAPHICAL TERMS: Australia.

In the introduction to this collection of papers and proceedings, the principle objective of the conference is discussed. Policy makers, service providers, and refugee women were brought together to “present and examine that which is already being done for refugee women in key areas of settlement and, by extension, to identify the gaps and shortfalls and stress the reasons why these should be addressed.” The focus was on five key areas of settlement: immigration issues and settlement services; sensitive and appropriate health care; secure affordable accommodation; income support, employment, and training; and English language skills. These areas were identified both internationally and domestically as the most important ingredients for successful settlement; all these must be in place for a refugee woman to become independent and rebuild her life. Papers were presented in each of the thematic session from the personal perspective of a refugee woman, the relevant government agency(ies) perspective, and a critical perspective. This organization is reproduced in the collection of papers. As well, in “Grab Bag” sessions people from various parts of the country outlined the programmes on which they are working. Twenty-two papers are included in this collection, as well as the conference’s opening and closing remarks and the keynote address by Eileen Pittaway.


INDEX TERMS: migrants, asylum seekers, Somalis, Africans, Kurds, Tamils, European Union, Schengen Convention, national refugee law, nationality, freedom of movement, xenophobia, racism, economic social and cultural rights, dual-labour market, unemployment, vulnerable groups, dependants, domestic workers, refugee status, family reunification, wealth and income, housing, marriage, violence against women, stress,
trauma, underemployment, one-parent families, language barriers, poverty.

GEOGRAPHICAL TERMS: United Kingdom, Europe.

This article examines the impact of the increasingly exclusionary policies adopted by European Union (EU) member states on migrants, particularly refugees, whose country of origin is outside the EU. Within the EU, two distinct sets of citizenship rights are developing: EU nationals have freedom of movement within the union, access to employment and welfare rights, while non-nationals’ mobility is increasingly restricted and conditional on employment. European equality law only applies to persons in the formal labour market. In Britain, welfare and other services are used increasingly for surveillance, as access to these services is conditional on proof of immigration status. This article is the result of the first stage of a research project examining the impact of these processes on minority ethnic workers in Waltham Forest, part of the Lee Valley area of northeast London, which is recognized as an area of deprivation in need of economic regeneration. Based on a variety of sources, the first section of this article examines the processes of European integration and the development of the ‘social dimension’, including policies on equal opportunities and migration. By focussing on the specific experience of refugees, the second section discusses the ways in which the intersection of gender and race restricts access to citizenship rights of blacks and minority ethnic workers. An estimated 3000 refugees, most of whom are recent arrivals, live in Waltham Forest. The African and Turkish Kurdish communities are almost entirely composed of refugees. Few community networks or links with local agencies exist. Refugees face multiple barriers to employment such as their precarious legal status. Insecurity of status and long delays in processing asylum applications especially for people ‘with exceptional leave to remain’ (ELR), exposing applicants to enormous stress. Women entering an EU state as a ‘dependent’ have no immediate residence status in their own right and are no longer able to apply for work permits. Thus, they are tied to failing and sometimes violent marriages in order to maintain their and their children’s right to residence. Women who are single parents must negotiate their new status while also coping with the problems of lone parenting. In Waltham Forest, the unemployment rate for black and minority ethnic men and, especially, women, is high. Refugees are particularly vulnerable to exploitation within an increasingly casual labour market because of discrimination, and lack of experience in and knowledge of the job market in Britain. The authors argue the EU policy is fundamentally contradictory. The governments of most member states are attempting to develop a sophisticated body of social and economic rights, but no practical steps have been taken to ensure that the most vulnerable groups have access to these rights. “In the context of high levels of unemployment and increasing casualization, the most recently arrived groups of migrants and refugees, particularly women, experience this exclusion in its most extreme form.” The authors recommend a dramatic reversal of current political strategies in order to break the cycle of poverty and dependence experience by these excluded groups.
In November 1993, the Office of Refugee Resettlement convened a meeting of policy makers, service providers, and individuals involved in refugee women’s issues. This report summarizes the outcomes from each of the five workshops of the Mission Refocus: Focus on Women conference and presents a framework for policy and programme development. The workshop topics were: Separate vs. Integrated Programmes for Refugee Women; Reaching and Empowering Refugee Women Who Stay at Home; Establishing Collaborations and Partnerships; Working with Special Populations, such as girls, teenage women, women with disabilities, older women, chronically ill, academically disadvantaged, and victims of violence; and Improving Services to Women and Families. Included in the appendices is a discussion paper on the deliberations of the Office of Refugee Resettlement task force categorized under the topics of language and literacy, family life and parenting, economic adjustment, physical violence and victimization, and connection to the community. Also presented are strengths, needs, and service strategies for special populations.

INDEX TERMS: resettlement, conference papers, integration, resettlement programmes, language barriers, literacy, conflict of generations, family division of labour, employment, violence against women, health education, health, mental health.

GEOGRAPHICAL TERMS: United States.

GEOGRAPHICAL TERMS: Australia.
This article reviews primarily census data published by the Australian Bureau of Statistics as well as other data sources and literature bearing on the situation of immigrants of Asian origin in Australia in the late 1980s. It covers topics such as the immigrants’ birthplace, the eligibility categories under which they were admitted, including the category of refugee, their demographic characteristics and geographic distribution, income, labour force participation, employment, and housing. The 1989-90 statistics from the Bureau of Immigration Research show that, based on birthplace, Vietnamese dominate the refugee and humanitarian category, with only relatively small numbers from Laos, Cambodia, Afghanistan, Hong Kong, and Thailand. Based on 1986 census data, the Asian-born as a group earned somewhat less than the Australian-born median, with Vietnamese having the lowest income levels. Compared to the Australian born, in 1987 over-seas born and Asian-born have a slightly lower labour force participation rate than the Australian-born. However, Vietnamese women, particularly, had a labour force participation rate that is 10 percentage points higher than the average for over-seas born women. The author notes that, considering Vietnamese values, this finding is striking as the high costs of housing and other essentials in Sydney and Melbourne have accelerated changes in the role of Vietnamese women and their position in the family. However, partly because of the high proportion who do not speak English, compounded by an unfavourable labour market and other factors, Vietnamese had an unemployment rate which is three times higher than the rate for the Australian born and for all immigrants.


INDEX TERMS: Vietnamese, Indians, Korean minorities, Chinese, Filipinos, Japanese, immigrants, married persons, wives, labour market, economic adaptation, women workers, wages, wealth and income, children, education, employment opportunities, age groups, extended family, economics, statistical data.

GEOGRAPHICAL TERMS: United States.

The author presents a statistical research study based on economic theory that links labour participation to the decision of time allocation between work and home activity. The goal of this study is to identify the economic and family conditions under which immigrant families are likely to utilize potential economic contributions of wives. The sample, selected from the 1980 US Census, included married couples, 18-64 years of age, from six separate Asian groups: Japanese, Vietnamese, Asian Indian, Korean, Chinese, and Filipino. The study examines four groups of variables that are expected to affect the wives’ decision to participate in the labour market: individual characteristics that reflect opportunities and tastes for work; economic factors; family constraints that determine the ability of a wife to be an economic contributor; and labour market conditions that reflect demand factors. The
decision of wives to participate in the labour market was the dependent variable while explanatory variables included market wage rates, individual characteristics such as age, education, length of residency, and English ability, family constraints, and market conditions. The analysis indicates that family constraints play a major role in the decision to work by women of all ethnic groups; however, differences emerge among the groups due to domestic conditions, economic needs of the family and/or labour market factors. Most of the findings are consistent with existing theories and research, and indicate that immigrant women base their economic behaviour on factors and conditions similar to those important for non-immigrant wives. Nevertheless, interesting differences emerged between the groups. The author concludes with the observation that these differences indicate a need to further study these conditions and to develop strategies to assist immigrants to overcome the difficulties in settling in a new country.


INDEX TERMS: Vietnamese, Cambodians, Lao, Latin Americans, Chileans, Nicaraguans, Salvadorans, Middle Easterners, Iranians, Afghans, Europeans, Hungarians, Romanians, Russians, Africans, Buddhists, Christians, Bahais, Muslims, pre-literate societies, elderly, rural refugees, urban refugees, professional workers, secondary education, post-secondary education, refugee experiences, torture victims, violence against women, trauma, age discrimination, gender discrimination, racial prejudice, settlement assistance, collective accommodation, second language teaching, bilingualism, mother tongue teaching, living conditions, housing allowances, employment opportunities, vocational training, employment services, counselling, psychotherapy, child care, cultural orientation, mental disorders, social security, orientation programmes, trauma clinics, UNHCR, social workers, research interviews, case studies.

GEOGRAPHICAL TERMS: Australia, South East Asia.

This research report identifies the resettlement needs of refugee women during their first two years in Australia and assesses how well these needs are met. The research was based on interviews with a sample of 204 refugee women in their first four years of settlement, thirty-five service providers, and twenty-five established refugees. The sample of refugees included women from different countries of origin, across all age groups, family types, social status, and educational levels. Seventy-three per cent of the women had suffered from medium to high levels of torture and trauma. Personal variables, such as age, educational level and degree of torture and trauma experience, were found to have a significant impact on needs and the most effective methods of fulfilling these. Women’s identification of the most essential resettlement services showed that English language instruction was the most
important resettlement need. The main problems identified in this context were the limited hours of tuition allowed, time limits for enrolling in classes, long waiting lists for classes, shortage of classes for groups with special needs, problems in composition of classes, and the lack of bilingual teachers. Other needs frequently cited were secure and affordable accommodation; employment and skill training, opportunities that recognize overseas qualifications and expertise and the need for English proficiency; and orientation and information services adapted to their special needs. The women also expressed the need for a range of models of emotional support for trauma and torture victims. Culturally specific child care should be available to allow women to avail themselves of all orientation services, to attend English classes, and to enter the workforce. Of the other major resettlement services, health care was given the most favourable review over education, social security, material aid, interpreter services, and special migrant welfare services. Much of the dissatisfaction with a range of services is based on racist or culturally unaware attitudes by staff and lack of communication and information sharing between service providers and refugee women. Service providers identified a huge gap between what they saw as essential and what they could provide within existing policy and funding frameworks. To illustrate the problems the women experienced, case studies and quotes from interviews are provided for each topic discussed in the report. In view of the high expectation placed on the Community Refugee Support Scheme (CRSS), volunteer groups who wish to sponsor refugees need a comprehensive training package and specialist trainers should be provided by the Department of Immigration, Local Government and Ethnic Affairs (DILGEA) to assist in the training of CRSS groups. It is also recommended that women who are part of the Women-at-Risk Programme or had spent over four years in a refugee camp be given additional support either from CRSS groups or from officers of DILGEA; that, whenever possible, gender-sensitive female DILGEA officers interview women who may be eligible to enter as part of the Women-at-Risk Programme; and that, as a guide to future service provision, uniform records be kept to document the resettlement experience of women receiving special support.

2. **Africans**


INDEX TERMS: Somalis, children, mothers, gender role, patriarchal societies, womens status, one-parent families, refugee status applications, language barriers, neurotic and personality disorders, family division of labour, parental authority, school adaptation,
grandparents, employment, second language teaching, courses, child care.

GEOGRAPHICAL TERMS: Canada.

Seventy per cent of the 70,000 Somali refugees in Canada are women and children. Although “naturally” dominated by men, Somali women remain the backbone of family and society. The educational, economic and social disadvantages women face in traditional Somali society are perpetuated in Canada. As well, separation from loved ones may cause further trauma, often exacerbated by the uncertainty and the lengthy processing of women’s refugee claims. Life in Canada presents new problems, including a new environment, harsh weather, and language and cultural barriers. As a result, Somali women in Canada experience frustration, isolation, anxiety and depression. Children also encounter difficulties: language and cultural barriers impede school performance and inter-action with other children; contact with extended family, especially grandparents who in Somali culture are the teachers of tradition, is missed; and there are conflicts between Somali gender expectations, discipline, on the one hand, and Canadian law, on the other. Lack of subsidized daycare limits women’s opportunities to attend second language courses and thus they cannot get work, a limitation which in turn affects their chances at earning landed immigrant status. Recommendations include the provision of adequate resources for language and skills training, especially in computer literacy, as well as opportunities for meaningful employment to Somali women and men who work as volunteer interpreters.

3. **Europeans**


INDEX TERMS: Russians, family, men, adolescents, adaptation, belief systems, value systems, counselling, family disunity, cultural identity, religious practice, customs and traditions, social security, health insurance, welfare dependency, parental authority, community organizations, basic education, pre-school education, second language teaching, educational guidance, social integration, literature review.

GEOGRAPHICAL TERMS: United States.

This article, based on a two year ethnographic study of a Russian community in Yolo City, California, discusses how 12 recent refugee families developed adaptation strategies through their participation in family educational programmes, how these programmes helped them realize their ambitions, and how they changed the power relations between families and community members and within families to permit participation in the
community. The Russian parents affiliation with the Russian Orthodox, Pentecostal, and Baptist churches shapes their cultural cohesion as they rely on their church’s counsel to deal with child behaviour problems. Parents wanted their children to be successful Americans while maintaining their Russian heritage, language, religion, and customs. Most of the adults had the equivalent of high school education, but no formal professional training. While in Russia both parents usually worked outside the home, now most parents are dependent on welfare, a situation that contributes to a change in men’s roles and diminished parental authority. The Family English Literacy Programme sponsored by the Baptist church provided English classes for adults organized around relevant life problems. The Home Base Programme intervention involved the Russian families and provided them with educational services by using the philosophy that parents are children’s most important teachers, and that they had to be involved actively in their children’s academic performance. According to the author, families employ a system of collective social and economic support driven by the belief that their religion is the code of values by which they conduct their life. Despite potential conflicts, she concludes that the availability of intense English-language programmes for adults and the family education programmes for parents and children provided an important start for these families whose goals were integration into white Euro American society.

4. **Middle Easterners**


INDEX TERMS: Iranians, exiles, refugees, asylees, Muslims, Jews, self-employment, employment, domestic trade, small-scale enterprises, crafts, gender role, working conditions, hours of work, customs and traditions, social networks, ethnic identity, social relationships, case studies.

GEOGRAPHICAL TERMS: United States.

Following the 1979 revolution, the United States saw a large influx of Iranians of diverse cultural and ethnic minorities. The author, an Iranian, examines the entrepreneurial activity of Muslim and Jewish Iranian women in Los Angeles. Her data, derived from a larger study, are based on participant observation and open-ended interviews conducted in Persian with 60 women aged twenty to seventy-five, who were either self-employed or working in the ethnic economy. Women’s use of gender, ethnic, and class resources is illustrated through two case studies of women’s entrepreneurial endeavors in home-operated businesses and family-run businesses. In home businesses, women are able to use ethnic resources, particularly social and family networks, their traditional social and domestic
skills, and to transfer cultural and social resources to their work environment. Thus, socializing is part of the conduct of business. Work is labour intensive, confined to a small space, and has low start-up costs. Through their networks, women acquire and retain customers, finance start-up costs, and create jobs for co-ethnic women. In family-run businesses, women are not dependent unpaid helpers but coequal partners. Characteristics of these businesses include labour intensive work over long hours, the use of ethnic and class resources to start up the enterprise, and a setting that stresses ethnicity and the non-material dimensions of relationships with customers. The author concludes that the study demonstrates how gender is a definitive factor in determining immigrant entrepreneurial activity and the types of ethnic resources used to form and maintain their small businesses.


INDEX TERMS: Iranians, bourgeoisie, exiles, refugees, men, small-scale enterprises, private sector, informal sector, service industry workers, domestic work, family division of labour, gender role, patriarchal societies, ethnic communities, research interviews.

GEOGRAPHICAL TERMS: Canada.

Based on participant observation and interviews with 40 Iranian middle class men and women, the author discusses the gender division of labour in Iranian small business entrepreneurship in relation to class and ethnic relations in Montreal, Canada. Countering the view of immigrant women as passive and dependent, the study shows that women occupy essential places in the marketplace, the home or the informal economy and that the division between the public and private, as traditionally defined, is absent. Women’s entrepreneurial activities contribute significantly to the formation and development of ethnic enterprises in both the formal and informal economies, although their participation is limited to the ethnic sector thus reinforcing the gender segregation in the context of the Iranian patriarchal family. In the formal economy, the majority of Iranian entrepreneurs in Montreal are located in three sectors: the taxi business, shoe repair shops and restaurants. While women do not participate in the male dominated taxi business, their contribution is often integral to the success of the family shoe repair business and the restaurant business. In the shoe repair shop, the wife provides usually unpaid services such as public relations, writing receipts and managing incoming and outgoing monies, cleaning the workplace, and so forth. Thus, the traditional Iranian male/female roles where the wife is dependent upon the husband are reinforced and the gender division of labour is reproduced. In the restaurant business, women’s participation has contributed to what the author calls the “feminization” of the service sector. Waitresses have replaced waiters because they are perceived to excel at offering the hospitality of a home to clients and to be more flexible and less demanding. In the informal economy women’s entrepreneurial activities are invisible as they are carried
out in the private sphere of the home. Women are active in clothing, sewing, baking, and catering. Products produced by women entrepreneurs at home are exchanged for money but are considered extensions of a woman’s familial role. Thus, women’s entrepreneurship is dependent on the ethnic economy and community members while ethnic enterprises remain generally dominated by men. By confining women within their ethnicity, the practice of gender segregation is reinforced.

5. South East Asians/Indo-Chinese

a. General/Multiple Groups

Based on the author’s research of Indochinese communities for nearly twenty years and other studies, the “book is written for Australians, to give an account of the great changes in Australian society and how these changes have affected the settlement of Indochinese amongst them.” The author argues that these changes in the structure of the economy, the work that Australians do, where they live, the worsening distribution of income, life style and culture, and social relations have affected Indochinese more profoundly than any other group. Compared to the experiences of other Australians, the settlement experiences of Indochinese are extremely polarized. Indochinese have the highest rate of unemployment but also the highest rates of university attendance; they are the most residentially concentrated group, but movement out of these areas is faster than for other immigrants; and, along with Aborigines, they are the most frequent targets of racist behaviour. The book is divided into five chapters, each dealing with a major issue. The politics of entry and settlement are discussed in Chapter 1 and residential concentration in Chapter 2. In Chapter 3, employment and unemployment are discussed within the economic context and the impact of Australia’s recession. Several factors contributing to Vietnamese unemployment are examined, such as age structure, skills and education, English proficiency, the impact of gender, ethnicity, refugee status, and racial discrimination. Because of the increasing diversity within the Indochinese groups, the multiple experiences of living inside and
outside the communities are the focus of Chapter 4. The author discusses the influence of class, status and gender in the Indochinese groups, the influence of ethnicity on Indochinese settlement in Australia, and the impact of generation and family change on these experiences. The problem of drugs, crime and violence in Indochinese communities and the politics in the communities are also examined. The author raises central issues that emerged from the examination of these influences on the diverse experiences of the Indochinese. The issue of the final chapter concerns social relations between Indochinese and other Australians. Each of the chapters discusses primarily the situation or experiences of Vietnamese who constituted the majority of Indochinese refugees and, when information was available, of Cambodians and Laos.


INDEX TERMS: Indo-Chinese, resettlement, family, school children, school adaptation, examinations, second language, siblings, teaching methods, learning methods, value systems, customs and traditions, family division of labour, life styles, cultural identity, adaptation, Confucianism, Buddhism, mother tongue, interviews, research.

GEOGRAPHICAL TERMS: United States.

Part of a larger study conducted in the early 1980s, this article discusses research findings based on a random sample of 200 Indochinese nuclear families and their 536 children in grades one through 12 who had been in the United States for an average of three and a half years. Their numerical grade point average (GPA) and standardized test scores of the California Achievement Test (CAT) placed the children just above the national average, particularly, in mathematics. In subjects requiring English language skills, the children’s mean score was only slightly below the national average. As opposed to other findings, the number of siblings was positively related to the children’s GPAs. Asked to rate the importance of Asian values included in 26 questions, the authors found that parents and children rated the perceived values in similar fashion and that conserved cultural values played an important role in educational achievement as a source of motivation and direction for the family. The family’s commitment to education is most evident in the time spent by children on homework, which exceeds that of American students by two to three times, with older children helping their younger siblings. Parents reading regularly to young children either in English or in their native language as well as gender egalitarianism and role sharing, both between parents and siblings, were positively related to academic performance. Other factors contributing to performance included love of learning and a sense of the importance of effort as opposed to ability. Other cultural values showed the family’s ability to integrate its past and traditions, the realities of the present, and future possibilities, with education being seen as central to social acceptance and economic
success. The authors conclude by suggesting that the American school system learn from the Indochinese to encourage meaningful education through the identification of cultural elements that promote academic achievement.

b. **Cambodians**


INDEX TERMS: Cambodians, parents, education, urban areas, family disunity, stress, conflict of generations, parental authority, cultural conflict, settlement assistance, social networks, needs, alcoholism, juvenile delinquency, child abuse, nutrition, belief systems, project evaluation, interviews, surveys.

GEOGRAPHICAL TERMS: United States.

This guide is intended to assist in designing parent education courses for refugee and immigrant parents, especially those who are having problems with their children. It is based on the experience of three parent education projects, sponsored and coordinated by the International Catholic Child Bureau in Providence, Rhode Island; Tacoma, Washington; and the Bronx, New York. Each of the three programmes conducted an eight-week course for Cambodian refugees who were experiencing difficulties in their parenting role. All three programmes deal with parental empowerment; preventing and improving “conflictful” parent/child relationships. Chapter II discusses the cultural historical backgrounds of Cambodian refugees in America. Chapters III, IV, and V present each site’s attempt to meet the participants’ needs. Included in these accounts are observations gathered by the author in two-day visits to each site in the second-last week of each course. In addition, he also conducted interviews with staff and parents, observed a class session, and collected programme documents. Based on the knowledge gained from the three projects, in Chapter VI the author offers a planning outline for the design and implementation of other parent education programmes, especially those serving immigrant and refugee populations. Chapter VII discusses some of the patterns, ideas, and conclusions from the three projects. In Chapter VIII, the author describes the processes of evaluating the impact of the programmes, using a group survey of parents attending the class and two individual parent interviews.

The guide concludes with reports of some patterns of significant changes in parents’ relations with young children.
c. **Hmong/Lao**


INDEX TERMS: Hmong, rural refugees, somatic problems, post-traumatic stress disorders, neurotic and personality disorders, country of origin, value systems, refugee experiences, social security, health, health insurance, psychological rehabilitation, employment opportunities, counselling, cross-cultural communication, disabled persons, training programmes, cultural sensitivity, psychological tests, field research.

GEOGRAPHICAL TERMS: United States.

This article presents the findings from a three month work exploration project to learn how Hmong women with psychiatric disabilities would respond to vocational interest surveys, visits to job sites, Americans with disabilities, and information on rehabilitation counselling. The final goal was to place them in a supportive employment program. The participants included fifteen Hmong women, aged 28 to 50, diagnosed with major depression and post-traumatic stress disorder, who did not participate in household activities or child rearing. Their psycho-social history dates back to their home land, their escape and poor living conditions in refugee camps in Thailand. Most of the participants received financial support from Aid to Families with Dependent Children (AFDC) or General Relief (GR) with other government supplements such as Medi-Cal and food stamps. All were exempted from mandatory job training programmes due to their disability, as were their spouses who had to take care of the household. After visits to an independent living centre, a sheltered workshop, and a Special Olympics event to expose them to Americans with disabilities, the women became discouraged and viewed themselves as worse off than those with severe mental retardation. To identify vocational interests, two pictorial interest tests, the Geist Picture Interest Inventory and the Wide Range Interest Inventory were administered to nine of the participants. However, based on the women’s interpretations of the pictures, it was concluded that such cultural bound inventories were an inappropriate measure. Visits to potential job sites proved unsuccessful as they were afraid of the machinery and felt they were still too ill to work. In conclusion, the participants were seriously hindered by their attitudes towards their disabilities and working. Their disabilities precluded them from working in brightly lit, fast paced, and noisy environments and the nature of their chronic pain would most likely interfere with their ability to maintain part-time employment. In addition, because of educational, language, and cultural barriers, vocational rehabilitation was considered “a remote possibility”. What the participants needed was independent living skills, such as learning to
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participate in daily life activities and cultural sensitivity in diagnosing and treating their vocational deficits.

d. **Vietnamese**


INDEX TERMS: Vietnamese, adolescents, education, single persons, women, men, secondary education, post-secondary education, patriarchal societies, gender role, fathers, mothers, wealth and income, marriage, social status, culture, surveys, research interviews.

GEOGRAPHICAL TERMS: United States.

This article examines how concepts of gender roles are influencing the adaptation of young Vietnamese women to American society by affecting their scholastic performance. The author’s 1994 survey, administered to Vietnamese students in three high schools in New Orleans, corroborates the findings of the US Census that women who had received their education in Vietnam had a significantly lower educational attainment than men, but that among the younger generation educated in the United States, unmarried women are significantly more likely to be enrolled in college than young men. Female students have significantly higher grades, spend more time on homework, and attach more importance to college attendance than do male adolescents. The author attributes the young women’s performance to the persistence of patriarchal views, which place greater social controls on young women than on young men. Unstructured interviews conducted between 1993-1995 with 135 members of the Vietnamese community show that fathers expect obedience from daughters and consider achievement to be a product of obedience. All of the fathers interviewed not only tolerated but expected education for their daughters in order that they may be able to contribute to the income of their future family, to be suitable wives to relatively high status husbands, and to give status to families of origin. Like the fathers, mothers tended to see education and eventual employment of their daughters not as a rejection but as affirmation of ‘traditional’ Vietnamese gender roles. Mothers expect daughters to marry and maintain Vietnamese culture in their role as mothers, and see education as a means for daughters to improve their bargaining position within traditional gender roles. Both fathers and mothers expressed the view that daughters require more control than sons because of the part played by the sexual double standard in determining the marriageability of young women. Mothers controlled the behaviour of their daughters by expecting them to stay home and help with the housework. Daughters, though somewhat
uncomfortable with the gender roles they are presented with, generally accept them. The author speculates that discomfort and resistance is likely to increase with the elevation in their status initially fostered by social control.


INDEX TERMS: Vietnamese, men, elderly, children, youth, household division of labour, family, customs and traditions, economic adaptation, labour market, unemployment, employment, women workers, unskilled workers, part-time employment, wages, informal sector, settlement assistance, social welfare, sponsors, social relationships, employment opportunities, educational opportunities, loans, ethnic communities, social networks, social classes, income sources, gender role, kinship, education, assimilation.

GEOGRAPHICAL TERMS: United States.

This article argues that the composition of households and family ideology defining the normative patterns of exchange within the household economy play a critical role in the economic adaptation of refugees. This framework was further developed through an ethnographic study of 31 newly arrived Vietnamese refugees in Philadelphia, conducted between 1983-1985. Most of the participants were of urban middle class, the men had worked in military or government service and women in family business or small-scale informal trading. In the United States, refugee households encountered three social arenas that provided structural parameters for the households’ economic behaviour: the labour market, government policies, and the Vietnamese ethnic community. The labour market held limited opportunities for them, due to the conditions of the local economy and the group’s job skills. As ‘political refugees’, they were initially eligible for federal cash assistance and medical benefits and, later, welfare assistance. In addition, the cash and medical assistance provided them with access to valuable social relationships, or ‘social capital’. Some refugees developed close relationships with individual social service agency workers or sponsors, relying on them as a source of information about jobs, bank loans, educational opportunities, and job referrals. Although the ethnic community was underdeveloped, ethnic social networks provided an important resource for financial loans, and information about jobs, housing and welfare. Often based on kinship ties, these social networks were also organized around age, gender, and social class background. Based on three case studies of households with high, medium, and low diversity in terms of age and gender composition, the author illustrates how households responded to scarcity of resources by ‘patchworking’ or bringing together and sharing various resources available to household members. While composition structures a household’s access to societal resources, the manner in which these resources were utilized was critically shaped by the
ideology of family collectivism. Two components of this ideology - the notion that the kin group is more significant than the individual and the belief that the family is an individual’s most reliable source of support - underpin ‘patchworking’. The author illustrates how this ideology is being challenged by migration. Although migration has diminished the traditional authority of men and the elderly with women contributing a major share of the household finances, overall shared goals promote consensus, particularly in regard to education of the young as a means for the family as a whole to achieve mobility and material rewards. However, young Vietnamese Americans pose the most significant challenge, as they are increasingly likely to favour an individualistic familial approach to economic activities.


INDEX TERMS: Vietnamese, refugees, men, adolescents, widowed persons, single persons, educational background, social classes, country of origin conditions, patriarchal societies, patrilineal societies, Confucianism, family, kinship, customs and traditions, family division of labour, gender role, settlement assistance, social security, unemployment, poverty, employment, minimum wage, sexual abuse, conflict of generations, research.

GEOGRAPHICAL TERMS: United States

The author discusses the findings of her study that focussed on how Vietnamese Americans reconstruct and redefine the meaning of family life in response to the economic and social challenges during their early years of resettlement. The study was conducted with a sample of 12 households of Vietnamese Americans living in an impoverished inner-city area of Philadelphia during 1983-1985. The author employed several research methods including visits to the households, in-depth interviews with household members, and observations of the informal community at neighbourhood businesses run by Vietnamese Americans. Chapter 1 discusses assimilation and adaptation theories. Although the author considers the latter approach to be insightful, it still neglects conflict and change in immigrant life. Chapter 2 describes the study and the setting, research methods and the social background of the informants. Chapter 3 explores the historical and cultural roots of Vietnamese Americans with special attention given to the lives of urban pre-1975 middle-class South Vietnamese and their traditions and experience of family life and gender relations. Chapter 4 describes “patchworking” in Vietnamese American households; a term, which connotes the merging of many different kinds of resources as a central economic practice rather than “pooling” which connotes the sharing of income or finances only. Three case studies with very different household compositions are included to show that “patchworking was rarely a smooth process... (but) one marked by contention and clashes over economic activities and decisions among household members,” and several conditions are identified which contribute to its quality. Patchworking, as a negotiated process, was supported by an
ideology of family collectivism according to which the kin group was more significant than the individual. In chapter 5, the author examines “how migration shifted the relative resources of men and women in favour of women, thus changing the gender balance of power.” However, Vietnamese refugee women continued to support the maintenance of the traditional Vietnamese family relations. Chapter 6 explores the migration-induced shift in the balance of power between generations and the familial attitudes and experiences of the young are analyzed. In chapter 7, the author summarizes her major findings and discusses some likely further changes that may affect Vietnamese American family life beyond the early years of resettlement.


INDEX TERMS: Vietnamese, boat people, value systems, stress, refugee experiences, flight by sea, refugee camps, extended family, sponsors, employment, language barriers, discrimination, adaptation, population composition, health personnel, literature review, case studies.

GEOGRAPHICAL TERMS: United States.

This article recounts the experiences of a South Vietnamese refugee boat person, including the flight and life in the refugee camp of Bidong Island, the eventual sponsorship of her extended family to the United States, and employment. The author analyzes her story through reference to literature on coping and stress and documents the importance of early correlates of later attitudes. The author suggests that, to effectively help refugee women deal with the psychological effects of their varied stresses, clinicians should adopt a stress and coping conceptual model that distinguishes between several classes of inter-related variables: demographic variables, acute and chronic pre-migration and post-migration stresses, coping resources, and coping behaviours. According to the author, the case study helps to clarify what kinds of adaptive reactions are most successful and which ones, when combined with clinical insights, can assist practitioners in appreciating a client’s strengths and areas of needed support.

B: Health, Mental Health and Health Care Delivery

1. General/Multiple Ethnic and National Groups

This paper provides an overview of two conferences focusing on the practice of female genital mutilation (FGM): the Second Study Conference on Genital Mutilation of Girls in Europe, held in Goteborg, Sweden, July 1998; and a Brighton, UK conference on “Violence, Abuse and Women’s Citizenship” which took place in November 1996 and devoted two days to discussions of FGM. The presentations at the Brighton conference are each briefly described, with a range of issues being addressed. Several workshops looked at strategies to combat the practice of female genital mutilation, and the education efforts of Mimi Ramsey, an Ethiopian woman mutilated as a young girl, are highlighted. At the Swedish conference, attended by 180 professionals from more than 20 countries, the principal aims were the prevention and abolition of the practice, as well as the provision of adequate and appropriate medical care for those already affected by it. Goteborg was chosen, as the site, because it is the home of 120 different nationalities and 17,000 FGM victims live in Sweden. Whereas the denouncement of patriarchy and male privilege was a theme of the Brighton conference, in Sweden it was argued that patriarchal power must be harnessed and used toward the goal of abolition. Funding is needed for campaigns in Europe to train the professionals who deal with victims, particularly physicians and surgeons, and specifically to rehabilitate African women, as well as for courses in sensitivity and tact for the staff. Research funding must be increased, since empirical data are essential for reaching policymakers and members of the European Parliament. The respective legislation of several European countries is briefly described.

In the Introduction to this collection, Barbara Ferguson notes that the papers are based on the experience of the authors who have worked together in Australia for a number of years in efforts to understand, intervene and reduce the trauma of the refugee woman’s experience. Although not exhaustive, the topics illustrate that while there are commonalities in the experience of refugee women, each group also has unique issues based on the
particular context which generated their flight. In Refugee women - the unsung heroes, Eileen Pittaway provides an overview of the refugee experiences of women, in particular the sexual violence women are exposed to in their countries of origin and refugee camps, the loss of family members, and “battling with bureaucracy”. The potential effects, particularly, of torture, rape and domestic violence on their mental health are explored and the Australian policy responses to the needs of refugee women are described. In The shadow hanging over you: refugee trauma and Vietnamese women in Australia, Barbara Ferguson discusses the findings of a study that was designed to ascertain how, twenty years after resettlement, Vietnamese women are coping in resettlement and how adequate the mental health services are in helping them with the unresolved trauma of their refugee experience. The professionals interviewed in the study recommended that dual strategies have to be implemented concurrently to educate the Vietnamese community about the consequences of refugee trauma and the services available to deal with it, and to ensure that more appropriate and readily available services are provided. She notes that the recommendations would benefit all refugee women. Felicia Paul, English acquisition and mental health for Somali women, discusses the findings of a qualitative study which she conducted in Sydney while teaching English to eight Somali women. Unable to communicate in English and some of them illiterate in their own language, the women experienced a sense of isolation and dependence on their children, could not participate in everyday activities, and felt that they cannot fulfil their role as parent. When the women discussed their feelings about their situation, it became evident that the women’s psychological and emotional well-being was linked to their difficulties with communication. According to the author, the challenge is to offer English language classes which consider the women’s special needs, such as offering the classes in a safe place where they would be ensured privacy, providing on-site child care, and allowing them to adhere to their religious practices. In Working towards well-being: the link between employment and mental health problems experienced by refugee women, Velvy Holden examines the link between the experience of torture and trauma, mental health and the ability to seek and maintain employment. Employment is part of the healing process for refugee women, enabling them to feel useful and regain self-respect. Barriers to gaining and maintaining employment are explored. Labour market programmes, which are run by the Australian National Committee on Refugee Women (ANCORW) and funded by the federal government, are evaluated by the participants. Participants were also asked for their recommendations as to what improvements need to be implemented in order to assist refugee women to gain and maintain employment. The psychological and physical effects of female genital mutilation are addressed in Unuttered screams: the psychological effects of female genital mutilation by Juliana Nkrumah. In addition to describing the short-term and long-term psychological effects, the author also discusses the experience of girls who “are hardly prepared for what is to happen to them because FGM is a taboo topic;” the role of FGM as a tool for social control in practising communities precluding the expression of psychological effects; behavioural changes in children revealing long-term psychological effects of FGM; the role migration plays in expressing the psychological effects of FGM;
and the triggers of psychological effects. Iranian refugee women in Australia: their experience of marriage, divorce and gender roles by Cherie Lamb is based on a small, qualitative study of Iranian refugee women in Australia. The study was initiated to determine the effects of marriage, divorce, and patriarchal attitudes and gender roles. A delicate issue: perceptions of sexual assault in the Vietnamese community by Jan Thompson is also based on interviews. Questions posed to the women and their specific answers to them provide insights into what needs to be done at the international, national, and State levels. The volume concludes with a poem by Chris Murphy, challenging the secrecy surrounding the violence and trauma endured by refugee women.

This article critiques Australian humanitarian programmes, which do not recognize the ongoing influence of gender by examining the limitations of the Women-at-Risk category and the resettlement difficulties experienced by female humanitarian immigrants as a result of their gender. Introduced in 1989, the Women-at-Risk (WAR) programme, sets annual quotas for women who must meet specific criteria, outlined in the article, to immigrate to Australia. However, some flexibility may be exercised in order to meet specific quotas. Both men and women face risk during times of conflict, but women are also vulnerable to gender-specific violence. As well, women and children constitute disproportionate numbers of refugees and displaced persons. The Women-at-Risk category is a response to these facts. However, this article charges, it is limited in a number of ways. First, it is a legal and political category rather than a programme addressing women’s vulnerabilities at the time of migration and, in the longer term, to overcome social and cultural impediments to agency and control. Second, there is a gap between the objective category of the five Convention grounds and subjective experiences of persecution, which makes the operationalization of these criteria difficult. The gap continues post migration, resulting in a failure to recognize that women may remain “at risk” once in Australia – at risk of sexual violence, sexual advances, and limited access to work and financial vulnerability because of the need to care for children. As the authors’ research has shown, women without partners tend to have worse physical and mental health than women with partners. Settlement programmes are
provided but these are short term and specific and, as far as Women-at-Risk are concerned, aim to provide them with knowledge of the system and its resources. However, the resources are limited and often inadequate to address the women’s personal, social and cultural issues. Specific programmes need to be developed that recognize the implications of the heightened vulnerability of women during the period of resettlement.


INDEX TERMS: female circumcision, diseases, death, psychological problems, national law, cultural sensitivity, gender role, women's status, minors, non-political crimes, professional education, dissemination of information, research.

GEOGRAPHICAL TERMS: United Kingdom, United States.

The author addresses the policy implications for increasing numbers of female genital mutilation (FGM) affected women in the United States. The major types of FGM are defined and estimates of its prevalence are provided. The negative physical and psychological health impacts of FGM are discussed as well as the psychosexual, religious, sociological, and hygienic-aesthetic purposes or justifications for FGM and international trends to abolish the practice. In the United Kingdom where FGM has been illegal since 1985 through the Prohibition of Female Circumcision Act, health professionals combat FGM through policy development, in-service training on minority and immigrant issues; clearing house, information, and referral and crisis counselling; and a specialized medical clinic. As far as the US are concerned, the author argues that effective policy development must be culture and gender sensitive. The 1996 Illegal Immigration Reform and Immigrant Responsibility Act make it a criminal offence for anyone to perform FGM on a female under age 18. She outlines several recommendations for public health care workers and encourages their involvement in policy development and services.


INDEX TERMS: Africans, Somalis, Ethiopians, Sudanese, Central Americans, asylum seekers, pregnancy, health personnel, pre-natal care, bacterial diseases, parasitic diseases, female circumcision, rape, abortion, health services, cultural sensitivity, questionnaires.

GEOGRAPHICAL TERMS: United States.
The authors, nurses at a Buffalo, New York refugee shelter for Canada-bound asylum seekers, discuss the findings of their health assessments of pregnant women refugees. The descriptive study evaluated the access, timing, and frequency of pre-natal care and clinical findings in what the authors call “a potentially high-risk population.” The sample consisted of 59 pregnant women, who were identified by health screenings at the shelter’s on-site clinic during 1992. The women were administered a structured health questionnaire with the help of multilingual staff or interpreters, if required. For purposes of analysis, the respondents from eight different countries were assigned to one of three groups: Central Americans, Africans and Sri Lankans. The authors compared basic demographic and pre-natal information, the incidence of various diseases, bacterial and parasitic infections, and health conditions, such as low weight gain and anaemia, between the three groups. Female genital mutilation (FGM) had been experienced by all 33 Somali women, one Ethiopian and one Sudanese woman. The majority had experienced violence. Many witnessed the death of family members, lost children or had to leave children behind. Three women were pregnant after they had been raped while in transit to the United States. Two of the women had an abortion in Buffalo and the third reportedly had her pregnancy terminated in Canada. Since FGM may potentially cause health problems in women and children, the authors argue that it is essential that females who have undergone FGM receive optimum, culturally and medically appropriate health care. Several limitations of the study are mentioned, such as the small sample size and the difficulty of obtaining valid and reliable health histories, as they required the use of interpreters who often were men.

INDEX TERMS: children, immigrants, refugees, adaptation, mental health, resettlement, stress, maladjustment, ethnic communities, admission policy, psycho-social problems, women, refugee experiences, post-traumatic stress disorders, family, poverty, conflict of generations, neurotic and personality disorders, second language, country of origin, age groups, ethnic identity, education, cultural sensitivity, research, literature review.

GEOGRAPHICAL TERMS: Canada.

This literature review examines research conducted on the adaptation and mental health of immigrant and refugee children. According to the authors, there is a dearth of research in this area, and that which has been done has yielded inconsistent and sometimes conflicting results. While such inconsistency does not necessarily call the validity of the research into question, it does perhaps challenge commonly-held ideas about the effects of resettlement on children. The model proposed by the authors casts socio-demographic variables as integral components of the dynamics of resettlement: for instance, refugee children are more likely than immigrant children to have experienced catastrophic pre-migration stress,
and some immigrants settle in cities with established ethnic communities. A brief review of Canadian immigration policy is provided, noting that, in 1995, 90 per cent of the people to be admitted will be immigrants and the remaining 10 per cent will be refugees. The differences in admission policy between immigrants, refugees selected abroad, and refugee claimants are briefly described. The major part of the article reviews the often inconsistent findings on mental health in such research areas as pre- and post-migration stresses and resettlement outcomes; physical health; psycho-pathology including pre-migration trauma, poverty, separation from parents, and self-esteem; and personal and social determinants of outcome, such as language acquisition, disjunctures between parental and host country values, age, and construction of ethnic identity. The authors also criticize the research focus on psycho-pathology, which implies that the absence of disorder is the most important determinant of successful adaptation, and note that, although a component, it alone does not guarantee a successful outcome. The article concludes with recommendations for future research on children, emphasizing the distinction between immigrant and refugee experience; sensitivity to the heterogeneous ethnic backgrounds and experiences; the need for theoretical frameworks that are complex enough to do justice to complex processes.


INDEX TERMS: Arabs, Cambodians, Chinese, Lao, Spaniards, Latin Americans, Vietnamese, Croatian minorities, Serbs, Greeks, Italians, Filipinos, Samoans (American), immigrants, communication barriers, cultural conflict, health services, information, birth, pregnancy, interpretation services, nurses, midwives, training programmes, maternal and child health care, primary health care, value systems, customs and traditions, diet, hygiene, health education, ethnic communities, community organizations, hospitals, cultural sensitivity, health personnel.

GEOGRAPHICAL TERMS: Australia.

This article describes the Ethnic Obstetric Liaison Programme in Sydney and the Bilingual Community Educator Project at The Brisbane Women’s Health Centre, both projects established to meet the needs of the rising number of women from non-English speaking backgrounds, who face linguistic and cultural barriers in accessing the Australian health care delivery system. The Ethnic Obstetric Liaison Programme provides information and support through liaison officers to pregnant women and new mothers of Arabic, Cambodian, Chinese, Lao, Spanish, and Vietnamese background. The liaison officers, qualified nurses with a midwifery certificate or midwifery experience, attend a special training course to update their knowledge of obstetrics and other matters. The use of these liaison officers, all of whom can speak the languages of, and are familiar with, the needs of the patients, assist in easing the transition from hospital to community, and facilitating
access to primary care and early childhood services. The Bilingual Community Educator Project: cervical smears and breast self-examination uses bilingual community educators who are familiar with the cultures of the communities to address concerns of breast and cervical cancer. Arabic, Chinese, Croatian, Greek, Italian, Philippine, Samoan, Serbian, Spanish-speaking, Tongan, and Vietnamese women, totalling 767, participated in 80 group sessions over six weeks. Despite some initial problems regarding the use of interpreters, discussion of sensitive areas, and arrangements for cervical smears and mammograms, the project raised the awareness and confidence levels of both educators and participants and subsequently received further funding. These projects highlighted the need to provide linguistically and culturally appropriate information to non-English speaking women using appropriately trained workers and to address not only health issues but also access, child care, and understanding of the administrative process.

INDEX TERMS: refugee camps, family, maternal and child health care, infant mortality, mortality statistics, adolescents, elderly, infectious diseases, immunization, cultural sensitivity, customs and traditions, female circumcision, birth, breast feeding, gender role, health personnel, health services, traditional birth attendants, water, sanitation, food supply, malnutrition, mental health, UNHCR.

This article examines the response of UNHCR to refugee families’ health care needs by recognizing that the best way to help the family as a whole is by helping women. Mother and Child Health Care (MCH) programmes were organized in an attempt to reduce infant and maternal mortality rates. However, MCH programmes restrict women to the role of mother and thus need to be expanded to target teenage girls and elderly women to prevent the spread of diseases. Cultural sensitivity is the key to efficient programmes. While cultural beliefs and traditions must be respected, the major health problems brought about by such practices as female genital mutilation, unsafe delivery methods, fasting for days after birth and not breast-feeding must be understood. Since the question of gender is one of the most fundamental cultural issues in many societies, the availability of female health staff can be essential when women are reluctant to consult a male doctor. Access to health care centres needs to be improved by developing outreach programmes. Health care services need to be co-ordinated with other services, such as water, sanitation and food provision. Mental health needs must also be considered.
INDEX TERMS: refugees, immigrants, women, Africans, Latin Americans, South East Asians, Caribbeans, pregnancy, birth, home delivery, country of origin, resettlement country, medical treatment, refugee and immigrant services centres, undocumented migrants, midwives, hospitals, maternal and child health care, cultural conflict, language barriers, print media, medical personnel, health insurance, female circumcision, cross-cultural communication, education, cultural sensitivity.

GEOGRAPHICAL TERMS: Canada.

This article was prepared by the Equity Committee of the Interim Regulatory Council on Midwifery (IRCM), an organization set up by the provincial government in order to eventually regulate the practice of Midwifery in Ontario. Between 1989 and 1992 IRCM met in three cities with immigrant and refugee women from Africa, Latin America, South East Asia to talk about their experiences with childbirth in their home countries and in Canada. The authors report that immigrant and refugee women, through their own personal experience or that of others, expressed a high degree of dissatisfaction with treatment in the Ontario health care system, particularly hospitals. Specifically, they spoke of issues of not just language barriers but of cultural bias in pre-natal classes and in written pre-natal information distributed to them during pregnancy, which are based on cultural appropriateness. Language barriers are a major problem for many women seeking maternity care. Women who have been circumcized may face health care workers who are both unbelieving and judgmental. Suggested solutions to such cultural biases as female genital mutilation emphasized the importance of a strong cultural component in midwifery education; continuity of care so that midwives can be sensitive to woman’s needs; and choice of birth place between home or hospital. Given the large number of immigrants and refugees in Ontario, the authors conclude that midwives must make every effort to become aware of cultural differences regarding experiences and expectations and to ensure that midwifery care is both culturally sensitive to each individual woman’s needs and empowers each woman to have control over her own experiences.


INDEX TERMS: female circumcision, medical treatment, pluralistic policy, customs and traditions, belief systems, religious practice, medical personnel, national law, child abuse, women's status, adverse health practices.

GEOGRAPHICAL TERMS: United States.

This article discusses the practice of female circumcision and the challenges it presents to hospital ethics committees guided by principles of autonomy and multiculturalism. Female circumcision is regarded widely in Western nations as morally unacceptable, a response
which the author sees as contradicting the principle of multiculturalism and the liberal philosophy underlying health care ethics. The dilemma is clearly illustrated by female circumcision because it is culturally defined, considered necessary to normal life within those cultures, defended in terms of the same principles Westerners use to support their own cultural norms, and requested by the patient or family. The author considers whether the failure to tolerate female circumcision constitutes cultural imperialism. Countering arguments made by opponents of medical participation in female circumcision, he argues that unnecessary practices are performed frequently within the medical system. The idea of female circumcision as mutilation is similarly countered by reference to other practices such as breast augmentation, face lifting, tummy tucking, and male circumcision. He also asserts that the procedure is safe when performed by a competent medical practitioner. Finally, he suggests that the debate is analogous to that surrounding the legal availability of abortion and drugs. The article concludes by asking whether liberal society’s revulsion at female circumcision and its attempts to outlaw it are evidence that not all cultural practices are equally worthy of respect and whether autonomy may be subordinate to other principles.

Two codas appear as alternative conclusions to the article: One echoes the questions posed by the author but ultimately concludes that female circumcision should not be allowed while the other strongly condemns female circumcision and rejects the arguments presented by the author.


INDEX TERMS: Middle Easterners, Latin Americans, women, refugees, exiles, educational background, political activities, imprisonment, trauma, torture, rape, sexual violence, human rights violations, testimonies, womens status, patriarchal societies, sexual abuse, persecution of family members, refugee experiences, abduction, repression, exile, mothers, children, husbands, family, marital conflict, research.

GEOGRAPHICAL TERMS: Denmark.

The “Blue Room” is the name given by the author, a therapist for traumatized refugees, to the ritual space she created while interviewing refugee women and conducting her research. The author uses the metaphor of rooms to represent a psychological, social, physical, and historical dimension of experiences and relationships in women’s lives and the metaphor of boundaries, especially crossing boundaries, to illustrate the danger in their lives. A total of forty traumatized refugee women from ten countries in the Middle East and Latin America tell their different stories. The fieldwork was carried out in The Blue Room which was both, a real room with blue walls in her apartment and which also symbolized the healing space in which two people belonging to two different cultures can meet. After the interviews were finished, she organized the stories of The Blue Room into a series of
“rooms” in a women’s house of exile. The house and its rooms are seen as spaces in which the trauma stories can be integrated. The rooms are each fragments of a universe in a woman’s world of exile, and each and all of them together contain different dimensions of a woman’s life. In the written text, the metaphor of rooms provides the narrative structure and the metaphor of boundaries, especially crossing boundaries, expresses the danger lurking in the lives of women interviewed. The refugee women are all well-educated; most were politically active; about half had rejected their religion; and were motivated to discuss conditions in their homelands. They are in exile in Denmark; the Latin American women have lived there for about twelve 12 years and the Middle Eastern women, an average of four years. Through their testimonies, the author tried to understand how the disciplinary punishment of politically active women is connected with the sexual and political power structure and with the historically transmitted definitions of ‘the shameful’ and ‘the unclean’, thus adding to the understanding of the problem of complicity. In The Blue Room, a room of exile, the woman tells her story with an insight influenced by the country of exile and the author’s presence as a Danish woman. From this room of insight, the author goes back to a series of spaces in the past. The Daughter’s Room represents the girl’s physical development into a woman, her psychological reactions to her development and the control reactions that her development calls forth from the surroundings. The narrative is based on the stories of Middle Eastern women. The Father’s Room defines the girl’s life in a male-centred universe, where her own sexual boundaries can be transgressed. The next space, The Cell, is the decisive turning point in the narrative, as it here that she meets organized political violence, the concrete reason for being a refugee in The Blue Room. She feels how the already internalized power of shame can be exploited. In the Mother’s Room, a space is entered which is defined by the woman’s relationship to her child and to herself as mother. The psychological conflict between her identity as political activist is enacted and her relation to her children during flight and in exile is developed. The Living Room represents daily life of exile and the changes within the family system. Roles and responsibilities have to be newly assigned; new boundaries and a new division of power have to be defined; and the family system has to be flexible in relation to these changes. In The Veranda, a space of the ‘present’, the author attempts to invent and define a psychological and social space, in which the traumatic story could be integrated and healed.

HEALTH CARELESSNESS AND THE PLIGHT OF IMMIGRANT WOMEN,
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INDEX TERMS: Cambodians, Vietnamese, Latin Americans, ethnic and national groups, immigrants, medical treatment, maternal and child health care, health services, hospitals, refugee experiences, torture, abduction, customs and traditions, language barriers, cultural orientation, health education, medical personnel, racism, cultural sensitivity, adaptation, ethnomedicine, child abuse.

GEOGRAPHICAL TERMS: Canada.
This author discusses the difficulties immigrant women can encounter in seeking medical treatment due to their misunderstanding of medical practices and lack of understanding by health care professionals of the newcomers’ culture. The author argues that newcomers to Canada do not receive the same kind of health care as long time residents and that due to their experiences of warfare, torture, and sexual violence they cannot be expected to respond to hospitals and doctors in the same way. Health educators at Planned Parenthood Manitoba have eased the transition of many newcomers by educating Canadian health professionals about cultural diversity and the impact on the health of their patients. The experiences of one Cambodian, two Latin American, and one Vietnamese women are presented to illustrate how cultural factors such as cultural insensitivity, language barriers, racism, and failures of communication, can adversely effect the health of these women and their infants.

INDEX TERMS: vulnerable groups, Somalis, Vietnamese, Afghans, orphans, resettlement, torture, rape, killings, flight by land, refugee camps, birth, resettlement, neurotic and personality disorders, psychological rehabilitation, NGOs, employment, piracy, pregnancy, country of first asylum, psychological problems, psychotherapy, non-political crimes, national law, prosecution, UNHCR, resettlement guarantees, parole, psychoses, economic self-sufficiency, child abuse, diseases, medical treatment, hospitals, IOM, medical rehabilitation, fostering.

GEOGRAPHICAL TERMS: Europe, Denmark, Switzerland.

Using three case histories, this article describes the special problems which are faced by refugees defined as vulnerable. A Somali woman tells in her own words how she was raped and tortured by rebels in her home while her two children were beaten, one of them to death, and how, following the murder of her husband, she fled, lost her other child to gunfire, and reached a camp. She kept the child born of the trauma and loved him, “because...(t)his child is mine. It’s not his fault. He’s the only thing I have in my life today...” but fell into a deep depression soon after being resettled in Europe. She was provided psychological treatment as well as support for herself and her child by an NGO. Today she is working as an assistant in a kindergarten. A Vietnamese woman, who had been raped and impregnated by pirates while fleeing Vietnam with her fiancé, suffered psychological problems in her country of first asylum which led her, despite psychiatric care, to kill the baby. Charged under national law, she faced a long imprisonment. UNHCR, however, was able to arrange her release following her conviction, if a resettlement guarantee was obtained prior to the trial. Denmark provided the guarantee. On arrival she received strong integration support and specialized care. She recovered considerably, is now working and financially self-sufficient. In Iran, the UNHCR office became aware of an
abused and abandoned 11 year old Afghan orphan in urgent need of a kidney transplant. Arrangements were quickly made with Switzerland and Terredes Hommes, an NGO which negotiated with a University Hospital for his admission and confirmed to the government its willingness to care for him. The operation was successful and the boy found a home with two medical professionals and their children.


INDEX TERMS: Iranians, Afghans, Cambodians, Lao, Vietnamese, mothers, breast feeding, country of origin, customs and traditions, resettlement country, education, social relationships, birth, schools, employment, supplementary feeding, medical personnel, nurses, health services, social services, second language teaching, day care centres, surveys, research interviews.

GEOGRAPHICAL TERMS: United States.

This article examines the cultural, social, and economic factors associated with the breast-feeding practices of Iranian, Afghan and South East Asian immigrant mothers in the United States. As part of a larger study, this doctoral study is based on formal interviews conducted with 150 mothers who had resided in the US from 1980-1988, had participated or were eligible for the Supplemental Food Programme for Women, Infants, and Children (WIC), and who had borne a child in their native country and in the US. Most of these mothers had exclusively breast-fed in their native country for at least five months. After immigration, only 32 per cent did so, 38 per cent used a combination of breast and formula feeding, and the remainder only formula-fed their infants. Feeding practices differed significantly depending on mothers’ ethnicity and level of education. Women with more education were more likely to exclusively breast-feed than less-educated mothers. Combined breast and formula feeding and exclusive formula feeding were found to be associated with economic considerations: the need to return to school or to work, and the availability of free formula.

The author concludes that immigrant mothers need information about how to coordinate school and work with breast-feeding; health care professionals need to be more sensitive to the social and cultural context for breast-feeding; not only free formula but also free support for breast-feeding needs to be made available; English as a Second Language adult school programmes need to coordinate with WIC nutritionists to increase mothers’ awareness of infant feeding practices; and hospitals need to discourage early formula supplementation.

INDEX TERMS: rape, sexual violence, boat people, piracy, flight, international armed conflict, torture, prostitution, abduction, refugee camps, trauma, infectious diseases, pregnancy, Asians, Africans, customs and traditions, belief systems, refugee-agency personnel, somatic problems, post-traumatic stress disorders, resettlement, family, men, violence against women, social role, economic adaptation, conflict of generations, stress, health personnel, training, counsellors, language barriers, communities, leadership, cultural sensitivity, education.

GEOGRAPHICAL TERMS: United States.

The particular hazards which women face because of their gender are ignored, since most of the programmes and services offered to refugees are developed, implemented and administered by men. This article begins with a brief discussion of the problems of rape, abduction, and sexual assault which refugee women experience during war, during flight, and in camps. In addition to the emotional trauma, many victimized women sustain physical injuries, contract venereal disease or become pregnant. The situation for women from Asian and African cultures is further worsened by the religious and cultural attitudes surrounding rape. Because women are considered to be the property and ‘honour’ of men, rape victims are considered ‘ruined’ and are ostracized by their communities. Thus, victimized refugee women are often unwilling to disclose their experiences to refugee workers and will approach a relief worker with psycho-somatic symptoms. Workers should be trained to recognize symptoms of post-traumatic stress and, by understanding such cultures and religions, determine appropriate intervention. The author then discusses some of the challenges refugee families face upon resettlement and notes that the move to self-sufficiency can be hindered by their ‘escape trauma’, a term used to refer to the scars left from the experience of fleeing one’s country of persecution. With changes in family roles and frustration of economic difficulties, men, especially whose wives and daughters have been raped, feel a sense of failure. In response, many refugee men turn to domestic violence as a means to re-establish control and increase their power. In resettlement, mainstream health workers, who in many cases are the first people to come into contact with refugee victims of domestic violence, need to be able to identify psycho-somatic symptoms related to rape or resettlement trauma. Training on domestic violence should be incorporated into mainstream programmes such as medical and nursing schools. As well, bi-cultural workers should be enlisted to assist mainstream service providers, since refugee women are more likely to be open and comfortable with women of their own ethnicity. Language barriers can thereby be reduced between refugee women and counsellors. The author points to a model developed and tested by Refugee Women in Development (RefWID) for training refugee and main service providers. Educating the refugee community is a further important step towards reducing domestic violence. Refugee women must be given the resources for
empowerment, including leadership and organizational training, to enable them to better communicate with each other and break their isolation. Community leaders must also be educated about domestic violence and rape trauma through culturally appropriate methods concerning the legal aspects of domestic violence and the implications of traditional attitudes that place blame on the victim.


INDEX TERMS: exiles, mothers, second generation migrants, Muslims, psychotherapy, trauma, refugee experiences, political asylum, grief, somatic problems, underemployment, family disunity, language barriers, parental authority, conflict of generations, arranged marriages, divorce, social relationships, social networks, adaptation, psycho-social problems, psychological tests.

**GEOGRAPHICAL TERMS**: United States.

This article reviews case histories of women in exile and their relationships with their children. Based on psychological consultations with the author, a clinical psychologist, the examples show the different ways these women cope with the traumatic loss of, and separation from, families and social networks, loss of cultural and professional roles, and problems of identity and self-esteem. Three typical styles of women’s relationship with their children are defined and discussed: ‘Binding’ refers to the tendency of mothers to bind to their children too strongly. ‘Delegation’ refers to the way mothers may come to rely on the child’s ability to learn to handle the new world far more quickly than they can. The third style is ‘expulsion’. As their children grow older parents come to feel exasperated when they find themselves unable to reassert the parental authority they had earlier given away. If parental functions cannot be re-established, the child may be labelled of bad character or ‘evil’ and expelled from the home. The author also discusses how these styles are related to the risk of associated typical behaviours in the second generation. The article concludes by presenting the story of the woman expelled from her family, who was hidden by a family in the new country for almost a year. During this time she talked about the comradeship and activities among refugees and the family she had been hiding with. Together with a ‘co-hider’, a musician from another continent, she organized a musical performance for a human rights festival. The author wonders whether such a project could “become the prototype for a music-dance-drama group treatment modality for people who have lost their old networks?”

INDEX TERMS: immigrants, vulnerable groups, health, stress, gender role, ethnic identity, health services, needs, health personnel, Arabs, patients, cultural sensitivity, cultural conflict.

GEOGRAPHICAL TERMS: United States.

This article was written as the keynote address for the Fourth International Congress on Women’s Health Issues. The author argues that immigrant women should be considered a population at high risk for mental and physical distress due to the dynamic interplay between expectations of women’s country-of-origin communities and the host-country communities. Immigrant women are at risk because of their many roles; their efforts to understand conflicting cultural patterns and make their values understood and accepted; differences in language and between symbolic meanings in their inter-actions and the way they interpret these inter-actions; and “disappointments resulting from an emerging life trajectory that does not correspond with the cultural script they grew up with.” To address the interplay of conflicting expectations, the author discusses three properties of immigrant women that may help in understanding the nature of their identities and role expectations: uniqueness vs. stereotyping, permanence vs. temporariness, and host country values vs. country-of-origin values. The effort to balance these properties, living with two sets of values, and the lack of support by the host society may create a stressful situation for immigrant women. As well, “(t)he health-care professionals’ view of immigrants tends to exacerbate the stress and support the immigrants’ perceptions of being misunderstood.” Thus, when dealing with immigrants health care needs, health care providers should consider the time demands on immigrants which restrict their access to health care; provide bilingual, bi-cultural and gender-appropriate staff; recognize cultural differences in the patients’ description of symptoms, and develop a trusting relationship and environment. Discussing appropriate methods for research, the author suggests several principles for considering women who are representing two cultures: involvement in the community, focussing on the lived experience of research or clinical participants, and attention to the satisfaction and stress in the roles women are expected to play. In conclusion, the author proposes an agenda for the future to help host countries promote an understanding of the needs of women who live between two cultures. It includes identifying high-risk women, finding different methods of study, and developing population-specific interventions including advocacy, empowerment programmes, and time out.

HEALTHSHARING, Lurch, Michelle Andrene; Thobani, Sunera; Pilowsky, Judith Elizabeth; Skodra, Eleni; Szekely, Eva; Bhayana, Bhooma; Vargas, Mary; Jimenez, Melida. A Canadian Women’s Health Quarterly. Vol. 12, no. 3 (1991). Toronto (Canada): Women Healthsharing. ISSN 0226-1510. 42 p.

INDEX TERMS: immigrants, ethnic and national groups, health services, cultural sensitivity, violence against women, pregnancy, stress, mental health, psychiatrists, health, family planning, racism, gender discrimination, language barriers, counselling, special
Chapter 4 Countries of Resettlement: Refugees' Special Needs

needs, national law, ethnomedicine, psychiatry, customs and traditions, womens organizations, primary health care, mobile health units, community health clinics.

GEOGRAPHICAL TERMS: Canada.

This special issue of Healthsharing calls attention to the inequities immigrant and refugee women encounter with respect to the Canadian health care system and informs them about their rights and responsibilities as users of these services. The lack of culturally sensitive and linguistically appropriate services can lead to poor diagnosis, insensitive treatment, over-prescription of drugs, and unnecessary surgical procedures. The issue considers the specific implications for refugee and immigrant women of wife assault, new reproductive technologies, pregnancy and delivery, stress and mental health, psychiatry, and cultural contradictions in health care and advice or health shock. As well, the commitments by, and survival struggles of, four women’s health organizations working towards providing health care counselling and family planning to immigrant women are profiled. The issue aims to educate health professionals and activists about the difficulties immigrant women face and how they can be part of the solution to ensure greater access and sensitivity in health care as well as help immigrant and refugee women to achieve positive changes to their social, physical and emotional well-being.


INDEX TERMS: refugees, adaptation, resettlement, vulnerable groups, mental health, special needs, public health, cultural integration, stress, Cambodians, children, trauma, Buddhism, ceremonies, fostering, schools, psychologists, border camps, mental disorders, UNBRO, cross-cultural communication, cultural sensitivity, ethnic communities.

GEOGRAPHICAL TERMS: Canada, United States.

This article examines the special needs of refugees adapting to resettlement in Western countries such as Canada and the United States. Specifically, it is concerned with primary prevention and its roots in public health. Research has demonstrated that refugees are at higher risk for mental disorders; however, with little public health planning, their mental health needs have been neglected. In addressing this issue, the article begins by outlining definitions and models of prevention. The concept of acculturation is discussed at the group and individual level, with a more detailed explanation of acculturative stress including the factors affecting it. Case illustrations are provided for each of the three broad levels at which primary prevention may be implemented: local community, national, and international. At the community level a mental health promotion programme was developed in Tacoma, Washington, to facilitate the resettlement of traumatized Khmer children. Three Theravada Buddhist ceremonies and rituals, two of them conducted annually, were included
honouring the children’s dead family. Ban Skol, a memorial for absent family members, was conducted within a few months of the child’s arrival, in the foster home to allow the child to remember lost relatives and begin seeing the foster family, their friends and agency case workers as sources of support. Schools are also identified as useful sites for preventive intervention. By introducing children to a range of backgrounds and experiences, the development of negative attitudes of the dominant group toward acculturating groups will be prevented or reduced. The establishment in 1986 of the Canadian National Task Force on Mental Health Issues Affecting Immigrants and Refugees is presented as an example of a national effort. An American example, the Refugee Assistance Programme - Mental Health, is also profiled. At the international level, most refugee relief efforts in human health services are remedial, rather than preventive. The Khmer border camps are cited as demonstrating the need for primary prevention intervention, noting the deteriorating physical conditions have led to a “major mental health crisis.” The article concludes by identifying several ways in which psychologists can contribute to the mental health of refugees. First of all, the mental health needs of this population need to be recognized. Next, the acquisition of skills is necessary to provide psychological services to refugees. A cross-cultural perspective is required which is rooted in a full understanding of the groups. To this end, the professional distancing, characteristic of psychology, needs to be replaced by more “field work,” be it work-site visits, attending lectures and training sessions, or more informal contact such as attending ethnic celebrations. The need for greater collaboration between mental health professionals and the ethnic community is emphasized.

2. **Africans**


GEOGRAPHICAL TERMS: United Kingdom.

This article considers legal issues for nurses and midwives in providing care for women and female children who have experienced female genital mutilation (FGM), specifically in the United Kingdom. There is also evidence of FGM performed in the United Kingdom on young girls, especially among refugees from Eritrea, Somalia and the Yemen. The author examines the procedure, associated medical problems, cultural justifications, and legal
concerns. However, although the law may influence change, to be effective it must align with education, counselling, and socio-economic and attitudinal changes. Despite international conventions to protect women and children from FGM, arguments of cultural relativism hinder enforcement. In Britain the law protects against the practice; however, agencies involved in child protection face a moral dilemma fearing accusations of racism and of imposing Western values. In addition, the 1985 Prohibition of Female Circumcision Act contains no provisions to prevent children from being taken out of the country for the procedure. Issues of consent are discussed, contrasting the right to self-determination with categorizing FGM as abuse. As well, the author presents the implications of legal enforcement, lending support to clear policy development concerning appropriate intervention and multi-agency collaboration. Thus the role of the nurse/midwife must incorporate that of advocate, cultural liaison, educator, skilled knowledgeable practitioner, and confidant. The author provides guidance regarding professional responsibilities towards patients by increasing awareness and assisting with the development of policy guidelines.

INDEX TERMS: Somalis, refugees, urban areas, female circumcision, medical personnel, women, alienation, customs and traditions, medical problems, special needs, medical treatment, community health clinics, communities, needs assessment, research.

GEOGRAPHICAL TERMS: United Kingdom.

The issue of whether the health care needs of Somali women are being met is the focus of this article, which reports on research conducted in Tower Hamlets in London, one of England’s most deprived inner-city areas with a growing large Somali population, estimated at about 10,000. This study is part of a proposed collaborative project with the London Black Women’s Health Action Group. The authors suggest that health care professionals who do not understand the cultural context of the practice and instead concentrate on its biological effects may alienate women who have undergone circumcision. The use of the term “circumcision” is explained, noting that many Somali women interviewed for this study find the term “mutilation” stigmatizing. The types of female circumcision and the reasons cited for its practice are briefly discussed, as are medical complications associated with the procedure. The actual health care needs and expectations of women who have been circumcized are not well known, since information regarding female circumcision is not collected during routine health assessments. In Tower Hamlets, the main focus of health care provision is deinfibulation, a procedure which is carried out in a community clinic on an out-patient basis. However, more information needs to be disseminated about its availability. Some voluntary organizations offer support for women, but their efforts are often restricted by financial constraints. Without systematic
collection of information about Somali women’s health care needs from the community itself, inappropriate and insufficient services will continue to be provided. Community participation is key to health care planning; thus understanding female genital mutilation from the perspectives of women who have undergone it is essential for the provision of appropriate health services.

INDEX TERMS: Somalis, female circumcision, culture, medical personnel, medical treatment, children, offences, criminal law, educational programmes, health services, ethnic communities, health, psychological problems, customs and traditions.

GEOGRAPHICAL TERMS: New Zealand.

In the Introduction, the author notes that, due to the increasing number of African refugees from the Horn of Africa, female genital mutilation (FGM) has become an important public health issue in New Zealand. Since the historical and cultural context of FGM is barely understood, most health professionals have little or no knowledge or experience with the health issues surrounding FGM and have struggled to provide sensitive and effective care. Child protection professionals have also lacked the knowledge of providing appropriate prevention strategies. For African women affected by FGM, the vocal disapproval of the practice and the lack of skilled medical care has been confusing and distressing. In 1996, responding to widespread concerns over the issue, the New Zealand Government made performing FGM or sending a child overseas for the procedure a criminal offence under an amendment to the Crimes Act. However, those working with the communities affected by FGM felt that, for the law to be effective, FGM health services and community education and support must be improved. In 1997 a National Education Programme was, therefore, established which focussed on improving health care services, establishing child protection strategies and networks, and providing education for communities affected by FGM.

Divided into six sections and focussing largely on FGM from a Somali perspective, this manual addresses and explores some of the health and protection issues surrounding FGM to provide deeper insight and perspective into communities affected by the practice. It begins with detailed background information on FGM regarding its definition, classification, origins and prevalence. It then describes the health, psychological, and sexual consequences of FGM and the beliefs and issues sustaining the practice. Finally, it discusses the implications for New Zealand’s health and child protection services and the initiatives taken in the 1997 New Zealand FGM Education Program. The annexes include the New Zealand Crimes Act Amendment 1996, a list of international instruments and advocacy groups, and a select bibliography.
Chapter 4 Countries of Resettlement: Refugees' Special Needs


INDEX TERMS: Africans, Sudanese, Somalis, Ethiopians, Eritrea, reproductive health, health education, special needs, medical personnel, interpretation services, language barriers, one-parent families, womens centres, NGOs, project reports.

GEOGRAPHICAL TERMS: Australia.

This paper looks at the Family Planning South Australia’s “Ululu” project, designed to provide sexual and reproductive health services for refugees from Africa. “Ululu” is an Ethiopian term to express surprise and to greet people cheerfully. Under the Humanitarian Programme, approximately 12,000 refugees persons settle in Australia each year. Refugee from the Horn of Africa started to arrive in 1990; most them did not have families or relatives who could have supported and introduced them to Australian society. This peer education project was developed in the spirit of reaching out to these women and give them the opportunity to control their own health. The project has two main objectives: to increase women’s knowledge about sexual and reproductive health, and to increase access to corresponding services. African women from Sudan, Somalia, Ethiopia, and Eritrea were selected based on a number of criteria: they are a minority from emerging communities and, as such, are in need and least resourced; they are invisible to most services; a lack of health care practitioners and interpreters; race, language, religious, and cultural barriers to resettlement; and one-parent families. Ten women recruited to the programme eventually became peer educators for other recently arrived women. They planned community education efforts; decided on a poster and sticker promoting health awareness and services with their photos as if they were speaking the words promoting sexual and reproductive health in their own language and in English; and formed an African Women’s Association. These women continue to meet weekly to prioritize issues and conduct further planning. This article reports the project has been a success for everyone involved, enabling the women to develop skills and knowledge about sexual and reproductive health and increasing confidence and mutual support from other participants. By creating an environment of access, understanding, support and safety for vulnerable women, the project will make a real difference for future women arrivals to Australia.


INDEX TERMS: female circumcision, health personnel, medical personnel, midwives, nurses, birth, pre-natal care, Africans, educational background, medical problems, health services, language barriers, cultural sensitivity, counselling, questionnaires, interviews, needs assessment.
Women Refugees in International Perspectives

GEOGRAPHICAL TERMS: United States.

This article reports the findings of a needs assessment project conducted between August 1996 and January 1997 in African immigrant communities of New York City. The project sought to establish the extent of female circumcision/female genital mutilation (FC/FGM) in these communities; identify the health and social service needs of women affected by the practice; and determine the training and information needs of health and social service providers. Surveys of obstetric/gynaecology providers were administered in eight public hospitals. Of 600 questionnaires distributed, 148 were completed and returned by mail. Respondents included physicians, nurse-midwives and nurses. Overall, 87 per cent reported having knowledge of FC/FGM, mostly through patient contact. Almost two-thirds had treated circumcized women, generally for labour and delivery and pre-natal care. Most of the physicians who treated circumcized women recommended health care follow-up. Less than half of the providers who had treated circumcized women initiated discussion of FC/FGM with patients on a range of issues. While more than half felt that they should discuss circumcision with the women, over one quarter were unsure because of cultural reasons. Health care providers acknowledged language barriers; their lack of knowledge of the cultural, medical, and social implications of FC/FGM; their acceptance of it as a valid cultural practice; and circumcized women’s reluctance or embarrassment as the main obstacle to service provision. A pilot purposive sample of 20 African women from seven FGM practising countries was selected. The twenty women were interviewed in their respective languages and ranged in age from 23 to 52 years. Eighteen women reported having one of the three types of female circumcision. Topics addressed included the women’s awareness of problems associated with FC/FGM, their gynaecological problems, their access to, and perception of, health care providers. The difficulty in obtaining accurate data on immigrant communities is identified as a limitation to the study, and the authors caution against drawing inferences about the prevalence of female circumcision/genital mutilation in immigrant communities. Other limitations include a limited response rate; several hospitals declining to participate; and the difficult nature of the subject matter likely lowering the numbers of women who agreed to be interviewed. This study found reluctance within African immigrant communities to talk about the practice; respondents describe it as ‘private’ and thus consider discussion disrespectful. A variety of feelings about the practice are expressed. The article concludes that in tandem with legislation, counselling and education must be provided to those affected by female genital mutilation. Barriers to appropriate services - most notably linguistic disadvantages and cultural differences - are highlighted.

This paper explains the development of estimates by the Center for Disease Control and Prevention (CDC) of girls and women living in the United States who have experienced or are at risk for female genital mutilation/female circumcision (FGM/FC). In 1996, the US House and Senate passed legislation making it a crime to perform FGM/FC on girls under 18 years of age. In addition, seven states have outlawed the practice since 1995. Congress directed the Department of Health and Human Services to compile data on the extent of FGM/FC in the United States to help the Department identify communities that practice FGM/FC, develop outreach and education directed at communities where FGM/FC might be practised, and educate health care professionals and students about the medical consequences of FGM/FC. Estimates were derived from two data sources: a public use data set from the 1990 Census based on a five per cent sample of total households who were asked to answer a detailed questionnaire, and country-specific, prevalence estimates of 27 African countries with a reported FGM/FC prevalence over five per cent, compiled from numerous sources by Nahid Toubia. Using the list of the countries with a reported FGM/FC prevalence, the researchers identified from the 1990 Census the number of women and girls living in the United States whose ancestry or place of birth was reported to be one of those countries or a larger region in which one or more of these countries are located. Applying country-specific or weighted regional prevalence rates, the researcher found that an estimated 168,000 women and girls living in the United States in 1990 had experienced or may have been at risk for FGM/FC with an estimated 48,000 under the age of 18. States with large African immigrant populations were found to have the greatest numbers with, or potentially at risk for, FGM/FC and these women were more likely to live in metropolitan areas. The researchers note a number of limitations to the CDC estimates. The analysis assumes that immigrant populations resemble populations in their homelands with respect to observing cultural FGM/FC practices. There is no direct information on FGM/FC in the United States. The census data were based on a small sample of women who reported ancestry or place of birth; thus some range of error must be acknowledged. Significant numbers of immigrants from high FGM/FC countries have entered the United States since 1990 but data from the Immigration and Naturalization Service (INS) could not be incorporated. Countries of origin were not available for many respondents and the accuracy of country-specific FGM/FC rates is unknown. Some suggestions for alternative estimates and steps to stop FGM/FC are presented.
FEMALE GENITAL MUTILATION: A HEALTH ISSUE FOR NEW

INDEX TERMS: Africans, Somalis, Ethiopians, Muslims, female circumcision, children-at-risk, criminal law, racial prejudice, patriarchal societies, life styles, value systems, belief systems, customs and traditions, cultural identity, gender role, adverse health practices, pregnancy, birth, Caesarian birth, medical personnel, midwives, medical treatment, health education, field research.

GEOGRAPHICAL TERMS: New Zealand.

The author discusses the implications for New Zealand’s health services of the recent rise in the number of African refugees and thus prevalence of female genital mutilation (FGM). In New Zealand, the performance of FGM or sending a child overseas for this purpose is a criminal offense. Yet, the historical and social context of FGM is little understood. The author describes the practice and discusses its adverse health effects and the problems that can arise due to a lack of understanding by health professionals. In discussion groups held in Auckland with Somali women, 98 per cent of whom had undergone infibulation, participants expressed concern over the health professionals’ lack of skill, understanding, and sensitivity, and their own apprehensiveness about going back to their doctors, midwives or GPs. The author attributes the continuance of the practice, despite a mother’s awareness of its harmful effects, to the women’s deeply embedded belief in the practice and its perceived benefits of social approval, eligibility for marriage, and the preservation of family honour and the family line. The author calls for a greater knowledge and understanding of FGM by New Zealanders to provide more skilled and effective health care, support, and education for genitally mutilated women and for young girls at risk.

FEMALE GENITAL MUTILATION IN THE UNITED STATES: CHILD

INDEX TERMS: female circumcision, child abuse, adverse health practices, psychological problems, legislation, customs and traditions, national law, criminal law, economic social and cultural rights, legal decisions, constitutions, punishment, patriarchal societies, repression, human rights, value systems, parental authority, freedom of religion, Islam.

GEOGRAPHICAL TERMS: United States.

Divided into four sections, this Note examines the legal and constitutional issues surrounding the criminalization of female genital mutilation (FGM) in the United States under existing child abuse statutes. Section I presents an overview of the procedures, health consequences, and the most common reasons given for the practice. Section II on criminalization of FGM under existing laws shows that FGM meets the definition of child
abuse under the federal statute and most state statutes. Section III focusses on the legal and constitutional issues surrounding the proposition that FGM is a form of child abuse. Citing relevant court decisions in child abuse cases, the author argues that FGM cannot be ignored or defended on the basis of culture, parental authority, or religion. Justifying FGM as a cultural practice should not be defended, as it is a systemic method of oppression and brutalization, and an example of the use of patriarchal power to withhold, in the guise of culture and tradition, fundamental human rights. However, a cultural defense should perhaps be taken into consideration to mitigate the punishment of a first offense, which has to be coupled with a mandatory programme of education to inform parents and practitioners of the harmful consequences of FGM. As far as the rights of parents are concerned, the author argues that the resulting harm to a child subjected to FGM clearly outweighs the right to parental autonomy. As well, criminalization of FGM would not violate the two clauses in the First Amendment to the Constitution, which are designed to protect religious freedom. Section IV concludes with an overview of international attempts to ban FGM and proposed measures designed to prohibit FGM in the United States.


INDEX TERMS: Somalis, Muslims, Malians, Nigerians, female circumcision, Shari’ah, patriarchal societies, intermarriage, clans, family, customs and traditions, womens status, polygamy, divorce, gender discrimination, women-at-risk, resettlement, family reunification, infectious diseases, bacterial diseases, psychological problems, cultural identity, health personnel, health education, health services, cultural integration, WHO, UNHCR.

GEOGRAPHICAL TERMS: New Zealand.

In this brief article a student nurse from Somalia, who has been in New Zealand for five years and considers herself part of both cultures, wants to share her knowledge and experience of Somali customs and beliefs, particularly of female genital mutilation (FGM), with other nurses and health care professionals. Nearly all Somalis are Muslims and predominantly rural and nomadic people. Somali customs are interwoven with Islamic traditions. FGM is practised on about 98 percent of Somali women. With the resettlement in 1991 of 91 Somali, mostly women and children, under the Women-at-Risk Programme and the subsequent arrival of other Somali women as part of family reunification, FGM is also becoming a problem in New Zealand. The practice predates Islam but many believe its performance is a religious obligation, even though it is not mentioned in the Qur'an. The author believes that FGM still persists because it is a source of cultural identity which binds communities together and a right of passage for women, which confers social acceptance. New Zealand nurses, midwives and other health care professionals are likely to become involved with Somali women through ante-natal, gynaecology, obstetric and family planning centres. They should be aware of the legal and ethical implication, as FGM is
illegal since January 1996. Many African immigrants will want to continue the practice as a way of maintaining their cultural and national identity. Nurses have a responsibility to educate New Zealanders about the meaning and significance behind the practice, to inform Somali women about its short and long-term complications and make them feel comfortable and safe in using health services. She invites nurses and other health professionals to communicate with her about the subject.


INDEX TERMS: Somalis, torture victims, resettlement, female circumcision, trauma, rape, torture, counselling, mental health, customs and traditions, value systems, psychotherapy, survivor syndrome, women, meetings, needs assessment, needs, housing, adaptation, discrimination, post-traumatic stress disorders, child care, health education, womens networks, extended family, cultural sensitivity.

GEOGRAPHICAL TERMS: Canada.

The Canadian Centre for Victims of Torture (CCVT) is a non-profit organization founded to assist survivors of torture and their families. In the fall of 1989 the Centre became aware that an increasing number of its clients were Somali women who had been raped, tortured, and/or imprisoned in Somalia. At that time, the Somali community was new in Toronto and there was no organizational support for this group of women. As a result, the CCVT was inspired to form a Somali women’s mutual support group. This article summarizes the development of these support groups and presents a model of mutual support that may be useful for other individuals and agencies working with torture survivors. After providing a brief cultural and political background of Somalia, the authors outline the characteristics of women as torture survivors, which result in women feeling profoundly isolated - physically, socially and psychologically. To address such isolation some form of group support as opposed to one-on-one psychotherapy was deemed an appropriate form of intervention. Furthermore, instead of setting up a formal psychotherapeutic group run by a mental health professional, it was decided to structure the groups as a mutual support or self-help group which was co-facilitated by two public health nurses, one from Toronto and one from Somalia. Detailed rationales for structuring the groups in this way are provided by the authors. The remainder of the article discusses the planning and development of the first mutual support group including the membership of the group, identifying the women’s needs, how the weekly meetings were structured, and the topics discussed. Although no formal evaluations regarding the outcome of the support group was undertaken, the authors provide qualitative evidence as to its success, including assistance in meeting women’s
basic needs, the change of the group into an extended family, women’s progression from a relatively passive, accepting stance of “victim” to a more active stance of “survivor” and “advocate”, and ability to deal with traumatic issues, such as torture, PSD and infibulations in a culturally sensitive manner. Based on this success, the CCVT instituted a Mutual Support Group Programme with women and men’s groups for several refugee communities including West Africans, Tamils, Central Americans, Iranians and Bosnians. These groups have been based on the model derived from the Somali refugee women’s groups of a time-limited, open membership group that meets weekly. The authors conclude by offering their explanations for the success of the groups, as well as raising issues of concern.


INDEX TERMS: Somalis, Liberians, Kenyans, Muslims, female circumcision, health personnel, customs and traditions, adverse health practices, Islam, needs assessment, ceremonies, family, nurses, health personnel, integration, cultural sensitivity, family planning.

GEOGRAPHICAL TERMS: Liberia, Kenya, United States.

This article describes an ethnographic study of the types of female circumcision, the reasons for and against this practice, the health implications, and the cultural attitudes of circumcised women both in Western Africa and as migrant refugees living in the United States. Ethno-nursing research methods were used to gain a greater understanding of people’s daily life experiences. Data were collected from the literature, the author’s clinical and research experiences in western Kenya in the early 1980s and in Liberia in the late 1980s, a community needs assessment of Somalis in East San Diego, and case studies of Somali clients. The findings provide an insight into the ethical dilemmas faced by health care providers when dealing with this practice in the United States. Health care providers must become familiar with the culture of FGM and actively participate in policy decisions and legal issues affecting the continuation of the practice. Working together with the Somali community, health care providers must reach a delicate balance between accepting diversity and promoting change.

The goal of this study was to better understand Somali women’s cultural beliefs and behaviours concerning pregnancy and to determine their attitudes towards their pre-natal care experiences in San Diego in order to inform providers and enhance culturally relevant service programmes. The researchers conducted four focus groups interviews with 14 women. The majority of the women had lived in San Diego for less than one year and spoke no English; few had post-secondary schooling; and all were Muslims. The results showed that Somalis are a community-oriented people with a strong social support system. During pregnancy and throughout the 40-day post partum period, the woman receives help around the home from the women of her extended family. Regarding pre-natal practices, the women were already familiar with most practices from Somalia but encountered, to their discomfort, fetal sex determination by ultrasound and contraception advice only in the United States. They were well-informed about the importance of a good diet and, although not required, they felt that the fast of Ramadan could be observed, as it was good for the woman spiritually. They supported refraining from the use of tobacco, alcohol, and drugs but accepted medicinal drugs, such as vitamin and mineral supplements. The religion of health care providers did not matter but, in view of Muslim practice, all of the study participants preferred to be seen by female pre-natal care workers. All participants felt that the use of technology makes no difference, as they trusted their doctor to assess the baby’s health. Some participants wanted health care providers to be informed about their circumcision, as the providers’ reaction was humiliating. The women uniformly did not favour contraception or abortion and accepted large family size. The women were also against caesarian section delivery because of their beliefs regarding its effects on future pregnancies. Their cultural practices do not encourage participation of the father during labour and delivery but allow him greater time to choose the baby’s name. The authors conclude that the findings from this exploratory study should be helpful to perinatal care providers and suggest how to increase the satisfaction of the experience for both the patient and the provider.


INDEX TERMS: female circumcision, health services, cultural sensitivity, hospitals, clinics, pregnancy, birth, midwives, maternal and child health care, pre-natal care, health education, health personnel, medical problems, customs and traditions, infant mortality, infectious diseases, hygiene, husbands, family, special needs, value systems.
This article examines the need for health care workers in Australia to increase their knowledge and understanding of the cultural beliefs and special needs of women who have undergone infibulation or pharaonic circumcision. The reasons why cultural groups circumcise their female children include economic influences, cultural locus of sexual control, superstition, and perceived curative factors. She discusses in some detail the potential problems in the pre-natal, intra-partum, and post-partum periods that are influenced by the extent of anatomic alteration, the strength of cultural influence and the individual response to pregnancy. The author suggests strategies for appropriate care that relate mainly to the education of health professionals, circumcized women and their families. In order to establish a trusting relationship, midwives and health service managers must demonstrate an understanding of female circumcision and the cultural groups. Given that many cultures only permit women contact with female health care professionals, the author sees the opportunities for greater responsibilities for the midwife who, by providing culturally sensitive and family-centred care, may be the most appropriate coordinator of obstetric services. The author urges midwives to be sensitive to the needs of the circumcized woman and provide non-judgmental care. The direction for developing health care services through health policymaking that provide family-centered and consumer-driven models of health care delivery will assist in the fulfillment of these aims.

INDEX TERMS: Muslims, Christians, Eritreans, Ethiopians, Somalis, Yemenis, children, female circumcision, medical personnel, medical treatment, criminal law, punishment, prosecution, cultural conflict, legislation, child abuse, children-at-risk, social services, leadership, community organizations, media, men, educational programmes.

GEOGRAPHICAL TERMS: United Kingdom.

The authors briefly discuss the historical background of the practice of female genital mutilation, types of female genital mutilation including complications resulting from them, and cultural traditions supporting the practice. With the immigration of groups of Eritreans, Ethiopians, Somalis and Yemenis to Britain during the past three or four decades, there is evidence that the operation is being performed illegally in Britain by medically qualified and unqualified practitioners and that children are being sent abroad for a “holiday” to have it performed. In Britain the procedure is usually performed on girls between the ages of seven to nine. Female genital mutilation was made illegal by the 1985 Prohibition of Female Circumcision Act, but there have been no prosecutions. Female genital mutilation is considered child abuse under British law, but, as the authors point out, it differs from common understandings of child abuse as it is done with best intentions for the future welfare of the child, not repeated, and approved of by sections of the communities in which
it is practised. It presents, therefore, a cross-cultural problem. The authors discuss the various procedures available under the 1989 Children Act when it is suspected or known that a child is at risk. The authors recommend that social services departments should take the lead in developing awareness of female genital mutilation and how to approach it; that joint consultative bodies be established which include community leaders in addition to relevant professionals; that there should be close liaison with local community groups which should be supported in campaigns against female genital mutilation; and that cooperation from the media be sought. Since men insist upon female genital mutilation, they should be included and involved in educational programmes.


INDEX TERMS: Africans, immigrants, female circumcision, customs and traditions, psychological problems, health, Caesarian birth, medical personnel, paramedical personnel, administration of justice, maternal and child health care, interpretation services, information, family, legislation, courts, punishment, fathers, children-at-risk, child abuse.

GEOGRAPHICAL TERMS: France.

In this article, the author provides a brief review of France’s response to female genital mutilation since 1977. Early protests by the French Family Planning Association arose from feminist concerns regarding women’s rights, rather than direct experience or knowledge of female genital mutilation. However, with increased immigration of African women and children, female genital mutilation became a tangible concern for family planning centres and other counselling organizations. The author offers a personal recollection of the dramatic personality changes she witnessed in a child who underwent this procedure, noting the previously happy and talkative girl required several years of therapy to regain speech after the trauma. Initially, medical staff and magistrates considered this a cultural issue, an example of folklore or underdevelopment in which their intervention would be inappropriate. However, in 1982, authorities were forced to take a stand when two girls died from the effects of female genital mutilation. Action came in the form of prevention and penal repression. In the past decade, the judicial system has imposed sentences upon excisers as well as fathers, not, as previously only on mothers. Medical staff and social workers can and do report children at risk or who have suffered female genital mutilation through normal channels for cases of child abuse. However, as the author notes, the numbers of women-at-risk for, or who have suffered, female genital mutilation, continue to be high.

FEMALE GENITAL MUTILATION: CONSEQUENCES FOR REPRODUCTIVE AND SEXUAL HEALTH, McCaffrey, Mary. Sexual and
Chapter 4 Countries of Resettlement: Refugees' Special Needs


INDEX TERMS: Somalis, Sudanese, female circumcision, reproductive health, adverse health practices, pregnancy, birth, cultural conflict, mental health, national law, medical personnel, midwives, cultural sensitivity, counselling, case studies.

GEOGRAPHICAL TERMS: United Kingdom.

The author describes the varying forms of female genital mutilation (FGM) and their effects on women’s physical and psychological health. Immediate complications, later gynaecological complications, effects on pregnancy and childbirth, and on sexuality are discussed. Several individual case histories illustrating these effects are included. FGM in the United Kingdom is discussed in comparison with legislation in other Western countries. In the UK, the 1985 Prohibition of Female Circumcision Act made FGM illegal. However, increasing immigration from Somalia and Sudan has meant health care professionals in the UK are providing more services for infibulated women. Obstetric care for these women demands particular expertise. In this context, the author describes a particular initiative, the Northwick Park Hospital African Well Woman Clinic, which is designed to present a range of obstetric and gynaecological services, including counselling, for infibulated women. She concludes that health professionals need to understand, and be trained in, the cultural and medical needs of these women, exercising tact and sensitivity in health care delivery. Continuous counselling, education, and support of families are necessary to break the cycle of FGM.


INDEX TERMS: female circumcision, adverse health practices, medical problems, Caesarian birth, health services, psychological problems, customs and traditions, cultural identity, extended family, marriage, national law, child abuse, medical personnel, medical treatment, human rights, WHO.

GEOGRAPHICAL TERMS: Sweden, United Kingdom, France, Netherlands, Belgium, United States.

The author, who has extensive clinical experience in Sudan, advances “a newer system of classification” of the most common forms of female circumcision and discusses their physical complications and psychological and sexual effects, and the challenges of providing appropriate care to genitally mutilated women. The importance of the practice to the cultural identity of some groups is noted, as female circumcision is part of the socialization of girls into acceptable womanhood. The author briefly reviews the legislative and professional actions in various countries in recent years. For instance, Sweden and the United Kingdom each passed a law making all forms of female circumcision illegal. In
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France several cases against parents for circumcising or intending to circumcise their French-born daughters were tried under child-abuse law. Another medico-legal question concerns the legality and ethics of reinfibulating a woman after vaginal delivery, which, according to a press release of the Royal College of Obstetrics and Gynaecology, is illegal in the United Kingdom. Although debate about the interpretation of various laws will continue, the medical profession must develop its own rules of ethical conduct concerning the clinical aspects of the practice. Two areas of concern for health practitioners are identified: the danger that a trained and licensed practitioner could be expected to assist in circumcising a girl, a question which legislation will resolve, and how to deliver appropriate clinical care and psychological support to women and girls who have undergone the practice.


INDEX TERMS: Somalis, female circumcision, health personnel, birth, adverse health practices, pre-natal care, health services, cultural sensitivity, case studies.

GEOGRAPHICAL TERMS: Canada.

This article aims to raise awareness, among perinatal caregivers in North America, of the needs of women who have undergone female genital mutilation (FGM). With 70,000 Somalis now living in Canada (50,000 of whom reside in Toronto), Canadian caregivers need to be sensitive to different customs and values, and be knowledgeable about their medical consequences on a woman’s health. Increased contacts with patients with FGM have led Canadian medical organizations to prohibit the practice. The author presents a case report of a pregnant 25-year-old Somali woman with the infibulation type of FGM, outlining the medical interventions performed to alleviate difficulties with both intercourse and delivery. As well, he discusses the immediate and long-term gynaecological effects of FGM. Reiterating the need for an obstetric care plan, the author urges medical practitioners to be non-judgmental and culturally sensitive, and includes some specific practitioner techniques to address the needs of women who have undergone FGM.


GEOGRAPHICAL TERMS: United States.
As a member of the United States House of Representatives, the author introduced a bill in Congress “to prohibit the practice of female genital mutilation of girls in the United States and to provide education to immigrant communities on the health risks and legal liabilities of the practice.” In this article, the author addresses the position that such efforts are “culturally imperialistic,” arguing that immigrants are required, under American law, to give up a number of practices upon moving to the US, such as polygamy and slavery, and that this practice should be similarly prohibited. She refers to the long history of case law that has established that parents cannot endanger the physical and mental well-being of children, despite their right to raise their children according to their beliefs, and that government intervention is permissible under compelling circumstances. Examples of such cases are briefly mentioned. Though these have tended to involve issues of religious freedom rather than cultural differences, the author contends that the rulings suggest how the courts would treat a charge of child abuse in a case of female genital mutilation. The emphasis must be on the protection of children, regardless of parents’ customs and beliefs.

INDEX TERMS: medical treatment, medical personnel, female circumcision, adverse health practices, pre-natal care, health education, birth, cultural sensitivity.

This pamphlet presents answers to questions, asked by health care professionals, about pre- and post-natal care for women who have undergone female genital mutilation (FGM), specifically infibulation. In order to provide a culturally sensitive approach and care, the questions addressed are how to discuss FGM with a patient, education of the patient during the pre-natal period and awareness that reinfibulation is illegal, special consideration for delivery including episiotomy procedures and care, and special complications and post-partum needs. The pamphlet encourages family education and support to protect the daughters of women who have been subjected to FGM from being at risk for this procedure.

INDEX TERMS: Somalis, Muslims, Christians, Jews, refugee camps, female circumcision, belief systems, customs and traditions, testimonies, adverse health practices, medical problems, psychological problems, marriage, husbands, birth, infant mortality, medical personnel, health personnel, health education, social networks, womens centres, offences, human rights.

GEOGRAPHICAL TERMS: Canada, Somalia.
Initially, the author presents an account by a Somalian woman, who now works as Community Educator and Counsellor at the Birth Control Venereal Disease Information Centre, of her personal experiences with female genital mutilation (FGM). The author then describes the practice of FGM; its immediate and long-term adverse health effects; its sexual and psychological consequences; and the customs, attitudes, and beliefs surrounding it. As well, the author discusses the problems women experience during labour and childbirth. The maternal mortality rate is high in countries in which FGM is practised; babies are often born brain-damaged or dead. Although the College of Physicians and Surgeons of Ontario banned genital mutilation in 1992, with a significant number of Somalis in Canada, infibulation likely is still being performed. Hence, medical professionals and the public need to be educated about, and be sensitive to, the condition and needs of infibulated women and afflicted women need to develop an informal network to share their experiences, lend support, and channel information to health workers.


INDEX TERMS: Somalis, Muslims, Islam, female circumcision, customs and traditions, marriage, medical problems, psychological problems, wounds and injuries, pregnancy, birth, midwives, medical personnel, policy making, educational programmes, literature review, research interviews.

United States

Reviewing the literature, the authors describe the practice of female circumcision among groups world-wide and its clinical sequelae. The authors acknowledge the difficulty of determining sequelae due to factors such as a general lack of knowledge and understanding of circumcision outside of areas where it is practised, the poor understanding of anatomy and reproductive health among affected women, and their reluctance to seek help. Most of the data about circumcision concern its physical complications, with little about psychological consequences, such as fear of sexual activity, chronic irritability, depression, and psychosis. The physical complications are usually classified as immediate and delayed. Immediate complications following surgical procedures include bleeding, wound infection, swelling, and shock. Delayed complications comprise obstetrical and gynaecological/genitourinary problems. Improving the education of women appears to be the best strategy to eradicate circumcision. Using a standardized questionnaire the authors interviewed a ‘convenient’ sample of 12 Somali women who resided in a refugee centre in Buffalo in 1990 while awaiting immigration to Canada. The results of this descriptive study support some of the findings reported in the literature, such as the age of circumcision and
Ritual genital mutilation of females is still widely practised in Africa where it affects an estimated 100 million women. The most extreme form, pharaonic circumcision or infibulation which is the norm along the Horn of Africa, can result in chronic pain and disability including difficulty in urinating; complications with menstruation, sexual intercourse, pregnancy, and delivery; and infections of the reproductive and renal systems. Among an estimated 200,000 immigrants into the United States from countries where female genital mutilation is customary, women are practically invisible and silent regarding medical services. To obtain medical services, they must first obtain the permission of their husbands or other dominant/protective male relatives who have to be present during the women’s examination and treatment, and medical personnel must all be female. When a genitally mutilated woman is living in her own country, she accept her disabilities as being ‘a woman’s lot’; however, in Western culture, where the practice is not understood, their disabilities may be compounded further by emotional conflict and psychic pain. The article concludes by offering several suggestions to help circumcized women, such as raising the awareness of the general public that a growing number of female immigrants are thus afflicted, providing health care services staffed exclusively by women, involving the husbands to obtain their co-operation, and introducing legislation to prevent female circumcision. Although legislation forbidding genital mutilation has been enacted in several African countries with little results, the small beginnings of a movement to abolish the practice are underway among African intellectuals; a movement the author feels must be actively supported.
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INDEX TERMS: medical personnel, patients, female circumcision, birth, pregnancy, adverse health practices, medical treatment, cultural sensitivity, case studies, maternal and child health care, patriarchal societies, husbands, culture.

GEOGRAPHICAL TERMS: United States.

Having managed the case of a patient during labour who had undergone pharaonic circumcision as a young girl and finding little information on this topic in the obstetric and gynaecological literature, the authors share their experience and provide suggestions on intra-partum management. In particular, a method of releasing the anterior vulvar scar tissue to allow vaginal delivery is described. The immediate health risks of female circumcision, as well as the long-term gynecologic and obstetric complications associated with it, are also discussed. The authors stress the need for sensitivity and a non-judgmental approach to provide culturally appropriate care for the women with female circumcision.


INDEX TERMS: female circumcision, adverse health practices, legislation, women, children, medical personnel, value systems, cultural sensitivity.

GEOGRAPHICAL TERMS: Canada.

The question of whether physicians should perform female circumcision is addressed in this article. Medical professionals can look to ethical guidelines, which forbid performing procedures with no therapeutic value and are potentially harmful; thus, performing female circumcision is unethical. However, the cultural values of the woman requesting the procedure for her young daughter should not be dismissed or insulted, because a physician who refuses to perform the procedure is not making a judgment about the ethical acceptability of these values. Physicians may not impose their own values on their patients, but that does not mean that they must be ethically uncritical. If a womancompetently requests the circumcision for herself and fully understands its nature and implications, it is essentially a request for cosmetic surgery. A physician does not have to perform the procedure automatically as the nature of the physician-patient relationship and the ethical duties of the medical profession come into play. If what a patient wants violates a fundamental ethical principle, the physician does not have to agree to do it as a matter of basic universal and fundamental ethical principles. However, since the request for female circumcision is usually made by a woman acting as a proxy, it should be refused by the physician. Proxy decision makers must do what is in the best interests of the incompetent person. They may use their own values only as long as this will not imperil the welfare of their charge and does not demean the incompetent person. The author notes that Canada is a mosaic of cultures and does not require people to abandon their cultural heritage upon
entering the country. However, respect of individual cultures is not the same as unreflective acceptance, and physicians cannot consistently accept the principle of respect and “then perform procedures that are known to be medically harmful and demeaning only because they do not want to offend a misplaced cultural sensitivity.” The author suggests that just as female circumcision cannot be medically justified, male circumcision is similarly unjustified, and failure to recognize it as such constitutes discrimination on the basis of sex.


GEOGRAPHICAL TERMS: United Kingdom.

These guidelines provide a framework for preventative action within the British context for health, education, and social work professionals who are involved in communities in which the practice of female genital mutilation (FGM) is prevalent. The legal context of FGM is discussed including the 1985 Prohibition of Female Circumcision Act, which made FGM illegal in Britain and the 1989 Children Act which specifies the duties of local authorities in investigating and preventing the practice. Basic information is provided on what is FGM, its medical and physical complications, reasons for its practice such as religion, social, culture and tradition, and the denial of a woman’s natural sexual feelings within some societies. The authors present data estimating the extent of the practice in Africa to provide criteria for establishing the ‘at risk’ rating of children in the African community living in the United Kingdom. The British context including social work intervention and action for prevention is outlined. The recommendations of the 1989 First UK National Conference on FGM are included which propose that the term FGM be used rather than female circumcision; a person who subjects a female to the practice commits a criminal offence; FGM constitutes child abuse, but not child sexual abuse; and it denies a child’s basic human rights. Proposed strategies include, among others, educating social service workers, as well as teachers, police, lawyers, and judges; to increase the categories of the children ‘at risk’ register to include FGM; to enhance community involvement and cooperation; and to set up local support groups to sensitize and counsel parents on the ill-effects of FGM. Cultural sensitivity is encouraged when dealing with FGM. The authors raise a number of issues to help professionals identify families at risk and take action, emphasizing, for instance, that preventing FGM is a matter of child protection and not racist. Finally, the authors present a schematic plan for a child protection system.
This pamphlet offers some general guidelines and suggestions for professionals to provide practical and emotional support to the individual, families and communities struggling to develop respect for the rights of children and women, including giving up female genital mutilation (FGM). Included are skills for active listening, a theoretical basis for counselling, and ways to recognize the connection between physical and emotional pain. Several case scenarios specific to female genital mutilation are presented, outlining the possible emotions arising in each, and how the subject of female genital mutilation might be raised and discussed with families, mothers, fathers, and young women, respectively. The potential need for in-depth counselling for women who have experienced female genital mutilation is noted. The use of discussion groups for assisting people to come to terms with giving up FGM is outlined. As well, the importance of support for those working as counsellors is emphasized, noting this role can be especially difficult for women. Workers must also recognize and deal with their own racism or the accusation of racism, as the denouncing of the practice of female genital mutilation may be interpreted as rejection of the people who practise it.

3. *Europeans*

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INDEX TERMS: womans rights, counselling, parents, cultural sensitivity, traditional societies, childrens rights, health education, conflict of generations, racism.

GEOGRAPHICAL TERMS: United Kingdom.

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**GEOGRAPHICAL TERMS**: United Kingdom.
According to the authors, the knowledge gained from mental health work with refugee women in various socio-historical contexts has drawn attention to the women’s suffering and was also fundamental for the current work with refugee women from Bosnia-Herzegovina. The mental health literature has only began to draw attention to the interactions between the psychiatric sequelae of traumatization and the familial, social, and cultural contexts of women’s lives. The conditions of Bosnian refugee women have presented new challenges, particularly the most publicized issue of mass rape. Drawing on their experiences working with Bosnian refugee women resettling in the United States, the authors suggest that the foci of sexual traumas and severe psychiatric symptoms, however legitimate, do not provide an accurate representation of the majority of these women’s lives. The authors search for alternative ways of understanding these women’s experiences that would not focus exclusively on trauma nor objectify their experiences by utilizing medical terminology, yet acknowledge the harsh transformations in their lives. Thus, their work with Bosnian refugee women, the majority of whom did not suffer sexual traumas, has been shaped by Daniel Levinson’s (1996) concept of a woman’s life cycle as a sequence of specific eras, each having their own developmental opportunities and challenges. In their dialogues with refugee women, the authors combined testimony to address the traumas of the survivor and Intensive Biographical Interviewing to address the adult developmental struggles of refugee women. The voices of two Bosnian refugee women at mid-life over a three year period are presented in a condensed version. Discussing the patterns of these women’s experiences in the private and public sphere, the authors argue that their experiences are not only changed by their traumas but also by the transition from early to middle adulthood. Recovery for the refugee woman and her children will be further shaped by the contours of her continued adult development.


INDEX TERMS: Bosnians, Muslims, country of origin conditions, international armed conflict, sexual violence, ethnic cleansing, rape, torture, resettlement, psychological problems, trauma, social networks, counselling, language barriers, cultural sensitivity, mental health, social workers, training programmes, NGOs, UNHCR.

GEOGRAPHICAL TERM: Canada.

With large numbers of displaced Bosnians resettling in Canada, settlement agencies lack the necessary programmes to deal specifically with women who are victims of sexual violence. The Research Resource Division for Refugees in conjunction with the Ottawa Bosnian community undertook an assessment of the needs of Bosnian refugees to make recommendations for a culturally and gender sensitive remedial programme. The
assessment involved a cultural profile of Bosnian Muslims; a review of the conditions of conflict in Bosnia, consultation with agencies and refugees; a review of assistance programmes; and a review of problems of, and counselling for, survivors of rape and sexual violence. The authors first discusses the use of rape in Bosnia-Herzegovina as a strategy of war and the resultant feelings of humility, shame, degradation, and ostracism. In Bosnia and Croatia, UNHCR shelter workers, government, NGOs, and local women’s groups have begun to address the psycho-social needs of women survivors of violence, using an integrated approach and highly skilled local people. However, the social service programme was not implement until February 1993. In Canada, intervention requires culturally sensitive counsellors who are knowledgeable in various treatment methods, as well as a safe non-threatening environment coupled with community programmes and self-help groups. The authors recommend the formation of a consultation group to work in partnership with the Canadian Centre for Victims of Torture to facilitate an understanding of issues relevant to Bosnians and establish links between individuals and organizations. As well, they suggest training packages for professionals that include cross-cultural training seminars, a briefing on the political situation in Bosnia, materials on gender-specific empowerment models of counselling, and training in areas of rape and sexual violence. Lastly, they recommend consideration for a national study to co-ordinate services throughout the country.


INDEX TERMS: Bosnians, ethnic cleansing, post-traumatic stress disorders, neurotic and personality disorders, trauma, age groups, gender groups, psychiatric tests, research.

GEOGRAPHICAL TERMS: United States.

This report details the results from clinical assessments and trauma testimonies of a group of twenty adult and adolescent, ten male and ten female, Bosnian refugees of ethnic cleansing who were seen a few months after their resettlement in the United States. Clinical interviews included standardized clinical psychiatric assessments scales, the PTSD Symptoms Scale and a Communal Traumatic Experience Inventory, specifically designed for the treatment of Bosnian refugees and based on other screening instruments used for refugees of genocidal trauma. The overall results show all subjects had a Communal Traumatic Experience Inventory score greater than five and all but one had a score greater than ten. Traumatic events experienced included violence, hardships, betrayal by neighbours, and shattering of their human and physical environment as part of the Serbian genocidal campaign euphemistically called “ethnic cleansing”. Post-traumatic stress
disorder (PTSD) occurred in 65 per cent of the refugees, most frequently in middle and late adulthood with the two most severe symptoms being intrusive memories and avoiding thoughts of war. Depressive disorder, manifested in grieving, demoralization, and humiliation, occurred in 35 per cent of the refugees. The high frequency of the 17 traumatic stress symptoms and the three symptom clusters of PTSD seem consistent with massive psychic trauma; however, the presence of other symptoms suggests that PTSD in survivors of ethnic cleansing may evolve with a different pattern of symptom clusters than it does in cases resulting from disasters and combat. Several trauma testimonies illustrate not only traumatic stress but also responses to the mutilation of identity and core relationships. The authors discuss the limitations of their study and suggest a need for further larger, ethnoculturally sound, longitudinal studies of trauma-related syndromes in Bosnian refugees during the early phases of resettlement.


INDEX TERMS: Bosnians, Muslims, sexual violence, rape, torture, counselling, country of origin conditions, resettlement, mental health, UNHCR, history, economic conditions, education, occupations, language, family, marriage, Islam, needs assessment, ethnic communities, guidelines, culture, language, gender role, women's status, nationalism, political movements, women's networks, interviews, research, literature review.

GEOGRAPHICAL TERMS: Canada.

Sexual violence can result in severe trauma which may not manifest itself until women refugees are resettled in a community, at which point they may face greater isolation and be less likely to access remedial services. This situation can be compounded by language barriers and cultural and religious perceptions of, and responses to, sexual violence. This report is based on a needs assessment of Bosnian refugees undertaken in conjunction with the Bosnian community of Ottawa in order to suggest guidelines and make recommendations for the development of a culture- and gender-sensitive remedial program. The assessment consisted of six parts: a cultural profile of Bosnian Muslims; a review of the conditions of conflict in Bosnia; consultation with the Ottawa Bosnia-Herzegovina Medical Relief Fund and Information Centre; an information session with Bosnian women refugees in Ottawa; a review of assistance programmes which have been set up for women refugees from Bosnia; and a review of problems of, and counselling for, victims of rape and sexual violence based on existing literature and other material. Part I of the report, “Developing a Culturally Sensitive Framework for Assisting Bosnian Women Refugees,” includes discussions of the Bosnian Kosmar (nightmare) and the contextualization of rape, torture and psycho-sexual torture. It also presents a suggested intervention framework and
related recommendations. Part II, “Bosnia-Herzegovina: Cultural Profile,” provides information on topics such as the origin of Yugoslav Muslims, economic conditions, social and cultural relations, Islamic relations, and Muslim nationalism. The annexes present the model of a mutual support (self-help) group approach for newcomers to Canada and the training package for a peer support programme which are referred to in the recommendations of Part I.

4. **Latin Americans**


INDEX TERMS: Latin Americans, Chileans, Salvadorans, Nicaraguans, Guatemalans, refugees, married persons, mothers, resettlement, educational background, torture, trauma, refugee experiences, social welfare, health, medical problems, psychological problems, alienation, violence against women, health services, medical personnel, psychiatrists, health personnel, cross-cultural communication, cultural sensitivity, needs assessment.

GEOGRAPHICAL TERMS: Australia.

This article reports the health problems identified in a needs assessment of refugee women from Latin America, now living in Perth, Western Australia. It begins with a discussion of some of the findings regarding the experiences of being a refugee and of the available refugee settlement services in Western Australia. The needs assessment was conducted using semi-structured and in-depth interviews along with focus group discussions. The sample consisted of 67 women from Chile, El Salvador, Nicaragua, and Guatemala, all of whom had migrated under the Special Humanitarian Program. None had been in Australia less than six months or more than three years. A snowball sampling approach was used to recruit the women in the sample. Ages ranged from 21 to 50 years old; 78 per cent were currently married, half with children six years old or younger. The women came from different socio-economic backgrounds, ranging from unskilled, semi-literate workers to highly educated professionals. These differences were an important social barrier to the group’s coherence, despite the fact that all had since become reliant upon social welfare. Uncertainty of others’ political affiliations also generated mistrust and furthered isolation. Most of the women reported having been threatened and/or experienced some form of trauma or torture prior to arriving in Australia. Based on the women’s self-reports, their definition of health covered physical conditions as well as social factors perceived as affecting their overall well-being. The majority of women reported feeling less healthy than they had prior to their arrival. Common problems included insomnia, depression,
headaches, and several other physical and psychological complaints. Two conditions, not usually reported to health services, were nervios and susto. Susto, literally translated as fear, was used to refer to a group of often chronic physical symptoms caused by a “loss of soul.” The five women who reported susto included three women with no formal education and two who were well educated; all of them reported having undergone some degree of torture or trauma. Nervios, meaning nerves, was reported by eight women and used to express distress which also presented itself in physical symptoms. Social isolation and domestic abuse are described as health problems by the women. Asked for the help they were seeking for their identified health problems, the women discussed their discomfort with the Australian health care system, including an inability to develop a relationship with the medical practitioners, referral systems, language barriers, the gender of the psychologist, not being listened to by the doctors, and having their health problems attributed to stress. Since sexual violence was reported as one of the most common methods of torture, the author has several recommendations regarding the psychological services offered for torture and trauma survivors. As well, local practitioners need to be provided with the skills to handle problems of patients from different cultures and health care workers need to familiarize themselves with specific culture-bound syndromes.

Based on two case studies, one of a male Salvadoran and the other of a female Guatemalan refugee, and a review of 73 publications, the authors argue that somatization, symptoms for which no organic pathological explanation can be found, appears frequently among immigrants and refugees in the primary care setting and that it is linked to cross-cultural differences in symptom presentation and the experience of traumatic life experiences and post-traumatic stress disorder (PTSD). The authors discuss how language barriers and cultural differences in communication, medical roles, explanatory models of disease, social conditions, and emotional impact and stigma of illness can impede the recognition of somatoform symptoms in a primary care. The authors note that the diagnosis of somatoform disorders is not straightforward in either psychiatric or primary care settings and refer to the
criticism concerning the types of somatoform disorders published in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Little research has examined the co-occurrence of somatoform symptoms with other comorbid conditions in a primary care setting. Despite a strong association between somatization and depression, found in the general population, there is epidemiological evidence that this association may vary substantially by ethnic group. The relationship of PTSD with somatization has not been well studied, but the authors’ observations indicate that this relationship may be prevalent among Central American patients. The degree of acculturation after immigration may also prove to be an important variable mediating the relationship between culture and somatization. The authors conclude that attention to cross-cultural issues is required for the recognition and treatment of somatization in primary care, and point to the need for a ‘therapeutic alliance’ of trust between provider and patient so that the somatizing refugee or immigrant can feel safe.


INDEX TERMS: Central Americans, Salvadorans, Guatemalans, Nicaraguans, Mexicans, refugees, immigrants, mothers, children, political violence, violence against women, psychiatric tests, post-traumatic stress disorders, family disunity, mental health, neurotic and personality disorders, fathers, unemployed, unskilled workers, death, widowed persons, second language, extended family, social services, community health clinics, schools, interviews.

GEOGRAPHICAL TERMS: United States.

This study assesses the mental health of Latin American immigrant families in the United States. Three groups of families were included: refugee mothers and children from Central America who were fleeing political violence; immigrant Mexican battered women and their children who had experienced domestic violence; and for comparative purposes, Mexican immigrant families reporting little family violence. Based on a review of the available literature, a number of stressors felt particularly strongly in Latin American families are described. A total of 70 mother-child pairs living in Tucson were interviewed. Central American women were recruited through a refugee support organization and the Mexican immigrant families were part of a larger study on battered women. Interviews were conducted in Spanish or English, depending on participants’ language preference. Different post-traumatic stress inventories were used for the maternal and child interviews. Central American women and Mexican women with violent partners experienced a high level of violence, both directly and as witnesses to other events. As expected, the level of family
violence in the comparison sample is significantly lower than that in the sample of battered women. The rates of perceived or remembered violence differ for the mothers and children and are unrelated. More children of battered women recount violence between their parents than Central American children report political violence. However, in both groups the proportion of children who recollect witnessing violence was lower than for the mothers. Central American children displayed similar depressive profiles than did Mexican children of battered mothers. Contrary to original predictions, the data revealed notable differences in socio-economic circumstances and family networks. Central American families had the highest unemployment and lowest level of occupational status. These differences notwithstanding, mothers and children who had experienced violence expressed the same levels of psycho-pathology across national origin, and all had more problems than the comparison group. Children exposed to violence scored highest on the sub-scales of depression with Central American children appearing more aggressive and hyperactive. Mexican children were affected by their mothers’ employment as an additional stressor, as they appear to be sensitive to the destabilizing of traditional parental sex roles. Central American children were more vulnerable to maternal psycho-pathology and their fathers’ demise. Some limitations to the study are noted, as are several areas for intervention suggested by the research: greater outreach by social and community mental health services, with a concerted effort to reach families at risk; and reaching refugee and immigrant children through the schools.

INDEX TERMS: Salvadorans, Guatemalans, indigenous groups, country of origin conditions, disappeared persons, sexual abuse, rape, armed forces, repression, terrorism, post-traumatic stress disorders, undocumented asylum seekers, denial of refugee status, research, psychotherapy, case studies.

GEOGRAPHICAL TERMS: United States.

This paper examines sexual abuse as a precipitating factor in the on-set of post-traumatic stress disorder (PTSD) among Salvadoran and Guatemalan women. In Guatemala, where the term “disappearance” was coined, indigenous people were particularly targeted, while in El Salvador government violence is directed against those believed to have sympathized with the guerillas. In this context, sexual abuse is not an isolated criminal act but, rather, a normative means of social control. The widespread rape of women is a military strategy intended to weaken the opposition. In this paper, sexual abuses are categorized based upon whether they are part of the standard operation procedures for women in detention; the standard operating procedure while women are in the community; or improvised abuses.
generated by extreme situations. Documented cases within each of these categories are described. When committed by the Armed Forces, the devastating experience of women who are sexually abused is a detail in a much larger picture, every part of which evokes terror. This condition ‘outside the range of usual human experience’ produces PTSD in individuals who live through it. Refugee women do not differ with regard to the incidence of PTSD following direct or indirect abuse. A number of research issues regarding rape and the onset of PTSD are identified. Studies of rape need to pay greater attention to overlapping and interactive traumatic stressors, including the pre-trauma environment and post-trauma experience. These are often culturally specific, and thus rape studies based on U.S. data may not be appropriate. Furthermore, there are distinct differences between non-institutionalized assault and institutionalized assault; thus specific research is needed. Research questions must also be raised concerning issues of relocation, the refugees’ legal status, support following victimization, and re-victimization, and how these issues may be different within the context of institutionalized versus non-institutionalized violence. With respect to treatment, the case of a Salvadoran woman who developed PTSD is presented to demonstrate the need for addressing cautiously the massive extent of trauma experienced, not just the event of sexual abuse. In order to effectively help women with PTSD, the enormity and range of concerns must be acknowledged and dealt with over time. This paper concludes with a reminder of the need to understand the special circumstances of PTSD as experienced by Central American women.


INDEX TERMS: Salvadorean, Guatemalan, Nicaraguan, Central Americans, Mozambicans, undocumented asylum seekers, needs assessment, mothers, children-at-risk, trauma, stress, neurotic and personality disorders, somatic problems, spouses, WHO, questionnaires, psychological tests, statistical data.

GEOGRAPHICAL TERMS: United States.

This report presents the results of a multivariate statistical analysis of responses to questionnaires administered in the early 1990s to 111 Central American refugee women in Washington, D.C. The questionnaires covered their experience of traumatic events, the stress of their daily lives, their psychological well-being, the social support available to them, and their children’s emotional and developmental well-being. Of these women, 85 were survivors of traumatic events, such as witnessing a murder or knowing someone who was murdered. Most had experienced several events. On a 19-point questionnaire about stress in their current lives most reported stress on most points. The Self Report Questionnaire, designed by WHO, was used to determine the prevalence of emotional problems. The majority of the respondents suffered from frequent headaches and feelings of
fearfulness and anxiety, unhappiness and difficulty in decision making. Their experience of stress-provoking situations appears to have an additive effect resulting in emotional distress. Of the various factors which might be thought to provide these women with some support and protection, such as family, friends and religion, only a good relationship with a husband or partner was associated with a lower level of distress. Women without legal status, who have also been victims of trauma, were the worst affected. The respondents’ children, two to four years old, were assessed using the Achenbach Child Behaviour Checklist which was completed by their mothers. There was a strong association between the mother’s level of distress, especially that of victims, and the child’s behaviour, such as social withdrawal, depressive, sleep and somatic problems, and aggressive behaviour. The author concludes that survivors’ children will likely be the most vulnerable to negative developmental consequences due to effects of their mothers’ experiences.

5. **South Asians**


INDEX TERMS: Afghans, Muslims, health, health education, country of origin conditions, country of first asylum, civil war, ethnic conflict, resettlement, ethnic communities, elite, bourgeoisie, illiteracy, value systems, extended family, cultural conflict, gender role, refugee experiences, men, age groups, married persons, educational background, wealth and income, basic needs, social welfare, professional workers, downward mobility, skilled workers, employment, unemployment, stress, trauma, death, imprisonment, torture, customs and traditions, adaptation, working conditions, medical problems, diseases, dental care, psychological problems, neurotic and personality disorders, somatic problems, preventive medicine, elderly, nutrition, print media, television, cultural sensitivity, meetings, interviews, questionnaires, surveys.

GEOGRAPHICAL TERMS: United States.

This study by the Afghan Health Education Project (AHEP) examines the health concerns and need for health education in the Afghan refugee and immigrant community of the San Francisco Bay Area. The community is a mixture of the urban, formerly wealthy, highly educated elite and middle-class people with less education and some illiterate in their own language. Based on a telephone survey and seven community meetings, the authors developed a questionnaire that was administered through interviews to a convenience sample of 196 families comprising 951 family members. The study found that more than half of the respondents perceived their income as inadequate or barely adequate to meet the
family needs. Professional men and women experienced downward mobility; over one third of the men reported that they were unemployed but women did so rarely. Perception of health was not related significantly to gender, income, or length of time in the United States. Overall, mental health problems were mentioned most frequently, such as depression and physical symptoms related to high levels of stress. Sources of stress were past refugee trauma and loss, occupational and economic problems, culture conflict and social isolation in the elderly. Heart disease and diabetes were the physical problems of most concern. Dental problems were prominent and need for dental care was significantly related to insurance and money problems and language barriers. Preventive care is not commonly utilized, because of health care access problems in general and older women’s reluctance to use gynaecological screening. Barriers to health education are largely environmental and social, that is, constraints due to Afghans’ refugee trauma and stress; language, economic, transportation, and occupational problems; fear of walking in unsafe neighbourhoods; and problems in access to and lack of language-appropriate and culturally sensitive health care. Overall, this study found that Afghans who have no previous experience with health education are interested in learning about it and receiving information presented in a language- and culturally-appropriate manner, but prefer to do so in a group or social setting.


INDEX TERMS: Afghans, Muslims, urban refugees, education, social classes, elite, rural refugees, illiteracy, patriarchal societies, gender role, household division of labour, women’s status, value systems, health, mental health, neurotic and personality disorders, stress, trauma, unemployment, cultural conflict, elderly, language barriers, preventive medicine, medical treatment, cultural sensitivity, health education, pregnancy, maternal and child health care, violence against women, husbands, research.

GEOGRAPHICAL TERMS: United States.

The composition of some 20,000 Muslim Afghans living in the San Francisco Bay Area is heterogeneous including members of the highly educated urban elite, the less educated urban middle classes, and some traditional fundamentalist rural people, many of whom are illiterate. Afghan culture being patriarchal strictly defines gender roles and division of labour in the household where women have less status and their behaviours are controlled by parents, older siblings, and spouses. This article discusses findings from the Afghan community health assessment that followed six years of ethnographic research with Afghans in the San Francisco Bay Area. Conducted between 1992 and 1993 by the Afghan Health Education Project, the assessment includes 39 exploratory telephone interviews, seven community meetings, four of which were with women alone, and a survey of 196
Afghan families. The data from all sources showed consistent themes: mental health problems, mainly depression and physical symptoms related to refugee trauma and loss, occupational and economic problems, culture conflict, and social isolation among the elderly; heart disease and diabetes; and financial problems regarding access to language and culturally sensitive health care and health education. Findings, obtained from the four women’s community meetings and the survey, with additional examples drawn from ethnographic data, showed four interconnected issues: women’s access to health care, women’s use of preventive care, control of information about bodies and sexuality, and wife abuse. Apart from health insurance problems, women face additional access problems to health care because of cultural emphasis on modesty, separation of men and women, and men’s gate keeping which is most evident among traditional fundamentalist families. Women cite lack of education as the main reason for not knowing how to take care of their health regarding menstruation, hormones, menopause, constipation, bowels, or kidney or bladder. As well they explain that female oriented topics are considered ‘haram’ (sinful), especially among rural women and thus difficult to talk about. The problem of wife battering is of concern to Afghan women but, since the marital relationship is considered private family information, no data on prevalence are available. In conclusion, the authors note that Afghan women’s health issues are similar to issues of women in other immigrant groups, especially women from patriarchal societies and hence they offer some suggestions for culturally appropriate health education and services.

INDEX TERMS: Afghans, Muslims, stress, neurotic and personality disorders, customs and traditions, patriarchal societies, resettlement, social welfare, cultural conflict, elderly, gender role, polygamy, family, children, gender role, health personnel, intestinal infectious diseases, bacterial diseases, education, post-traumatic stress disorders, somatic problems, ethnomedicine, health services, cultural sensitivity, language barriers, medical personnel, interpretation services, health education, research interviews.

GEOGRAPHICAL TERMS: United States.

This article is based on ethnographic research and clinical work with Afghan refugees in California including an interview study from 1985-1988 with 28 Afghans reporting 70 ongoing symptoms, psychosomatic indications of stress based on the Health Opinion Survey. In addition, research included interviews with 20 health and social service providers and 62 Afghans in Dari or Pashto as well as interviews with 60 Afghans from three generations regarding family inter-generational conflict and the adjustment of elders. The authors briefly describes Afghan culture, a culture which is not homogeneous and in
transition in the United States with respect to family and women’s roles. Afghan refugees have problems with English, employment, cultural conflict, children’s education, and the absence of culturally appropriate health and social services, all of which affect their adjustment to the new life. As far as health problems in the United States are concerned, the most frequently diagnosed medical conditions include dental caries, dermatological disorders, intestinal parasites, gastrointestinal disorders, and musculoskeletal pain. Furthermore, unfamiliarity and inexperience with urban driving lead to motor vehicle injuries. Public health nurses, interpreters, and Afghan community members note evidence of active tuberculosis, diabetes, asthma, and hypertension. Birth control is a problem and many women do not want pap smears or breast examinations. Post-traumatic stress disorder, expressed in nightmares, sleep disorders, somatic complaints, and depressions, to mention some of the symptoms, is also common. The authors present insight into the health and illness beliefs of Afghans such as concepts of purity and impurity which are integrated into ideas of health and disease; natural illness for which both traditional and Western biomedical treatments are used; and supernatural illness which is attributed to jinns who are described as ghosts or spirits, the “evil eye” or punishment from God. The authors provide some practical implications for providing culturally sensitive health care to Afghans with respect to access to service, gender and communication issues, traditional health beliefs and remedies, and health education and community support services.

THE BALANCING ACT: PLIGHT OF AFGHAN WOMEN REFUGEES,

INDEX TERMS: Afghans, elderly, widowed persons, extended family, men, refugee experiences, belief systems, country of origin conditions, schools, life styles, causes of flight, disappeared persons, forced conscription, flight by land, country of refuge, housing, diseases, hygiene, nutritional needs, employment, assistance, food supply, refugee-assisting organizations, primary health care, medical drugs, resistance movements, gender role, resettlement country, working conditions, language education, social adaptation, economic adaptation, cultural conflict, psychiatrists, psychologists, social workers, case studies.

GEOGRAPHICAL TERMS: United States, Pakistan.

This article presents the stories told by two Afghan women refugees who fled after the Soviet invasion and takeover in 1979 and are now resettled in the United States. The stories cover their lives before the invasion, their flight to safety and their continued struggles in their new environments. One story is of a younger woman, the daughter of parents in poor health, who found work both in asylum and in resettlement, and now tries to cope with long hours of wage labour, which leave her little time, money, or energy for her family and relatives or for learning English. The other is of the widow of a government official who was arrested and killed in Afghanistan. After her older son fled to avoid conscription, she escaped together with the remaining family members. In asylum she organized the family
into a street vending enterprise to help them survive. Her struggle in resettlement is with her grief over the loss of her homeland and her concern over the erosion of Afghan values in her community. The author points out that the women were faced with new situations and transitions for which they were neither skilled nor prepared and that the range of new demands has made social adaptation extraordinarily difficult for most of them. Afghan refugees, women particularly, are continually faced with social, cultural, and economic adjustments and cross-cultural clashes. In order to deal with these daily dilemmas, the women have to barter values they had taken to be non-negotiable. Their present lives are further complicated by the difficulty men have accepting that their wives, mothers and sisters work at jobs which are often difficult and demanding. She concludes by listing questions which psychiatrists, psychologists, social workers and counsellors should use to in “exposing” the problems women refugees generally face in their new host societies.

This article presents an interview with Sima Walis, Executive Director of Refugee Women in Development (RefWID), an Afghan refugee who arrived in the United States in 1978. Based on her experience as a refugee woman, she considers patriarchy and power politics as the principal factors in the creation of refugee movements and in the relegation of refugee women to a forgotten population. RefWID, an organization run by refugee women, assists refugee women who have been resettled in the United States. RefWID is particularly concerned about the psychological needs of refugee women, especially those brought on by rape during flight or in camps and domestic violence. Studies have shown that, in the United States, rape trauma has an adverse impact on the social and economic adjustment of refugee women and their families. RefWID offers an integrated approach, “based on the principle that the emotional and economic needs of refugee women must be addressed simultaneously if they are to become independent and self-sufficient.” It offers three basic programmes: a protection programme to educate refugee communities and train refugee practitioners in the prevention of domestic violence; leadership training to support existing and emerging refugee women leaders throughout the United States; and a voice for refugee women to advocate policies addressing their needs and resources in national and international fora. Voluntary agencies and the international community must begin to
implement programmes in which women are integral components in the social and economic development of their communities, whether in a refugee camp, a country of first asylum, a resettlement country or country of origin.

6. South East Asians/Indo-Chinese

a. General/Multiple Groups

This article discusses the findings of a qualitative pilot study on cancer knowledge, beliefs, and attitudes among Cambodian and Vietnamese living in Philadelphia. Although data on Cambodian women are not available, Vietnamese women have the highest age-adjusted incidence rate of cervical cancer in the United States. The current study is based on the health belief model (1974), in which the beliefs of the individual, along with some modifying factors, are considered to be predictive of actions. Interviews contained both closed and open-ended questions, and were conducted by two female bilingual/bicultural interviewers, Cambodian and Vietnamese, respectively. A convenience sample of Cambodian women was obtained through a patient registry at a local obstetrics and gynaecology clinic and of Vietnamese women from the registry of a community organization serving the Vietnamese community. Of the 60 women contacted, 38 - 28 from the clinic and ten from the community source - agreed to participate. All participants were over 21 years of age; 71 per cent of women - 47 per cent of Vietnamese and 84 per cent of Cambodians - did not know what cancer was, and those who did frequently described it using “fatalist” imagery; and 74 per cent could not identify a cancer prevention strategy. Greater knowledge about cancer was associated with working outside the home, though the difference was not statistically significant; with higher education levels; and with increased age. Number of years living in the United States was not associated with knowledge about cancer. None of the 38 women went to a physician who spoke their native language. This article acknowledges that the size of the sample and the use of convenience samples affect the reliability and validity of the results, but notes that the study reveals poor awareness about cancer and identifies some of the problems which educational efforts need to address, such as ‘erroneous’ beliefs and language differences.

INDEX TERMS: Vietnamese, Cambodians, Lao, Hmong, men, marital status, employment, rural areas, urban areas, trauma, stress, mental health, wealth and income, neurotic and personality disorders, post-traumatic stress disorders, somatic problems, social workers, policy, second language, education, adaptation, health, self-help organizations, interviews, psychiatric tests, cultural sensitivity, statistical data, literature review.

GEOGRAPHICAL TERMS: United States.

Using path analysis, this study examines the direct and indirect effects of a series of pre- and post-emigration factors on mental health status among 447 South East Asian refugees. Examples of pre-emigration factors include traumatic events experienced or witnessed, and individual background characteristics. Post-emigration factors include an index of current stress, self-perceived health status, and income levels. The convenience sample was evenly divided by gender, employment status and rural or urban backgrounds, and evenly distributed among Vietnamese, Cambodian, Laotian, and Hmong. Subjects had to have lived in the United States for at least four years and to be at least 35 years of age. Standardized mental health measures included the Harvard Trauma Questionnaire (HTQ), the Hopkins Symptom Checklist-25 (HSCL-25) and the Current Stressors Scale (CSS), which was developed for the project from clinical experience with the population under study. Nearly 20 years after leaving their home countries, 40 per cent had clinical depression, 35 per cent had clinical anxiety, and 14 per cent had post-traumatic stress disorder (PTSD). Almost 50 per cent rated their health as only fair to poor. Although one pre-emigration factor, experienced traumatic events, directly affected all three mental health outcomes and PTSD in particular; two post-emigration factors, the degree of current stress and perceived health status, had direct effects on all outcome measures with current stress as the strongest overall predictor of mental health. The author concludes that policies and programmes designed to solve specific acculturative problems will ultimately reduce mental health difficulties. Further, social supports and mutual assistance programmes will strengthen ties in the newcomer communities and lessen cultural bereavement. Culturally sensitive measures should be designed to separate cultural bereavement from other, more Westernized diagnostic criteria, which, in turn, would advance knowledge about appropriate treatment.

This study examines the relationship between welfare status and psychological well-being among four South East Asian refugee groups: Vietnamese, Cambodian, Laotian, and Hmong. The authors note that the trend for refugees to remain on welfare longer than the general population has been documented in a number of other studies. Based on a review of the relevant literature, three hypotheses are tested for the four groups: there will be 1) a high percentage of welfare dependents after living in the United States for a period of time, 2) a relationship between welfare and psychological distress, and 3) long-term effects from receiving welfare. The data used in this study are from the California South East Asian Mental Health Needs Assessment Study, which had a total sample of 2482 (1094 women, 1338 men), ranging in age from 18-68 years, with a median age of 35 years. Statistics regarding numbers in sample, length of time in the United States, education, language proficiency, previous occupation, and household size are provided for each of the four groups under study. Details on methods and the depression and anxiety sub-scales of the Health Opinion Survey used, as measures of psychological distress, are included. Multiple regression analyses were performed to assess differences among three welfare groups: those who have never received welfare; those who did at one time, but no longer receive it; and those who continue to depend upon welfare. Separate multiple regression analyses were performed for the respective refugee groups. All three hypotheses of this study were supported. After controlling for the above mentioned variables, Vietnamese, Cambodians, and Lao who continued to receive welfare were more likely to report psychological distress than those who had never received it, with refugee women more likely reporting psychological distress than men. However, no significant difference was found among Cambodians, Vietnamese and Lao who continued and those who had stopped receiving it. The authors note that this is an important finding, as previous research has demonstrated a correlation between current welfare recipients and psychological distress, but not between past recipients and psychological problems. Cultural ideas of shame and loss of face are suggested as possible reasons for this shared pattern. For the Hmong, those who had stopped receiving welfare were more likely to experience psychological distress than those who continued to receive it. The authors quote several studies of the Hmong’s unique adjustment difficulties, and discuss several factors, such as their rural background, their closed communities, and war experiences, which may account for their finding. The South East Asians’ welfare-dependency after five to six years of resettlement is attributed to their high unemployment rates with poor English proficiency and limited educational level as contributing factors, emotional and mental fatigue, and psychological barriers. By ignoring the serious mental health problems that interfere with adjustment and emphasizing instead financial self-sufficiency and language training, the refugee policy “generates low morale
and self-esteem and contributes to feelings of depression and demoralization, which, in turn, may have a causal relationship with psychological well-being and dependency on welfare.” The authors stress the need for intervention in the interrelated cycle of welfare exposure and psychological distress so that refugees may become both self-sufficient and psychologically healthy.


INDEX TERMS: South East Asians, Vietnamese, Cambodians, Hmong, ethnic and national groups, country of origin conditions, flight, rape, refugee camps, refugee experiences, starvation, violence, resettlement, pregnancy, birth, maternal and child health care, clinics, hospitals, language barriers, illiteracy, translation services, bilingualism, customs and traditions, health personnel, ethnomedicine, traditional healers, medical drugs, pre-natal care, diet, dissemination of information, nutrition, breast feeding, hygiene, health education, medical personnel, nurses, cultural sensitivity.

GEOGRAPHICAL TERMS: United States.

This article begins by briefly describing the South East Asian refugees’ experiences during flight and in refugee camps as well as factors in their lifestyles after resettlement, which contribute to health problems. Since language problems present the most serious barrier in the refugees’ attempt to access available health care services, the use of bilingual and bi-cultural interpreters is recommended. The author discusses how traditional healing practices and childbearing beliefs among Southeast Asians affect refugee women’s interaction with Western health care providers during pregnancy and childbirth. She describes a South East Asian Health Project (SEAHP), which was initiated to respond to the need for culturally sensitive maternal and child health care among South East Asian refugees in Long Beach, California. Using bilingual, bi-cultural workers, SEAHP’s community outreach programme provided information to refugees about the importance of preventive health care in general and pre-natal care in particular. Community outreach workers were involved in developing resource materials and teaching oral classes. SEAHP has also provided education for the professional and ancillary workers of the medical centre clinic and hospital and neighbouring health centres. The author concludes that understanding the folk beliefs of health, pregnancy, and childbirth can help Western health care providers integrate South East Asian clients into American and Canadian practices. She also stresses the importance of being culturally sensitive to the needs of other ethnic groups whose values, customs, and languages are not addressed by existing health care models.

EFFECTS OF FAMILY DISRUPTION ON SOUTHEAST ASIAN REFUGEE WOMEN, Fox, Patricia G.; Cowell, Julia Muennich; Johnson, Margaret M.
Women Refugees in International Perspectives


INDEX TERMS: Vietnamese, Cambodians, Lao, widowed persons, international armed conflict, flight, divorce, neurotic and personality disorders, post-traumatic stress disorders, nurses, culture, extended family, grief, siblings, parents, children, death, stress, resettlement, trauma, adaptation, somatic problems, gender role, social networks, ethnic communities, psychological tests, research.

GEOGRAPHICAL TERMS: United States.

This article discusses the findings of an assessment of South East Asian refugee women experiencing emotional distress due to the disruption of family ties that occurred during war, escape and resettlement. Data were collected on home visits with 75 South East Asian refugee women ranging in age from 27 to 47 and representing 42 Vietnamese, 20 Cambodians, and four Lao who arrived in the United States since 1983. They were interviewed to identify pre- and post-migration socio-economic factors and evaluated for emotional distress using the Hopkins Symptoms Checklist 25 (HSCL). Among the 41 respondents who were separated from family members due to war, flight, death, abandonment or divorce, the most compelling theme was grief over broken family ties. Other sources of emotional distress included changes in gender role, increased family responsibilities and lack of traditional family support. Based on their HSCL score, 21 or 51 per cent of the separated women and 11 or 32 per cent of those who did not report separation were at risk for depression. However “probably due to the small sample size,” the difference in the HSCL scores between those reporting separation and those who did not was not statistically significant. The pain of separation was compounded by feelings of guilt and concern about parents, siblings and children left behind and helplessness at being unable to ensure children’s survival during flight. Nor was their emotional pain eased by time. Some were still mourning family losses ten years and more later. The authors draw several implications for nurses from their findings. More needs to be known about the impact of pre-migration experiences upon adaptation. Unrecognized grief and mourning due to unresolved issues of loss and painful memory may predispose refugees to depression and impair their ability to cope with major life changes in a new environment. In order to assess the impact of the loss of family members on the lives of refugee women, nurses should consider socio-cultural differences with respect to family roles and identities and the importance of the extended family. They must be aware of the trauma and violence that most refugees have experienced, and the signs and symptoms of post-traumatic stress disorder. The authors conclude that nurses will want to design intervention programmes that encourage social support networks, family viability and ethnic community development.

503 DETERMINANTS OF INFANT FEEDING CHOICES AMONG SOUTHEAST ASIAN IMMIGRANTS IN NORTHERN CALIFORNIA, Tuttle, Cynthia Reeves; Dewey, Kathryn G. Journal of the American Dietetic Association. Vol. 94, no. 3
Chapter 4 Countries of Resettlement: Refugees' Special Needs


INDEX TERMS: Hmong, Vietnamese, mothers, breast feeding, maternal and child health care, diet, customs and traditions, health services, health education, statistical data, questionnaires, interviews.

GEOGRAPHICAL TERMS: United States.

This study documents obstacles to successful lactation among South East Asian women. The initial sample of Hmong and Vietnamese women, recruited at clinic sites of the Special Supplemental Food Programme for Women, Infants and Children (WIC) in northern California, was expanded to include, by visiting neighbourhoods, ten Hmong and three Vietnamese women who breast-fed and who were all enrolled in WIC. Thus the total sample consisted of 65 Hmong and 57 Vietnamese women whose youngest child was less than 12 months old. While most women had breast-fed their children in South East Asia, in the initial sample only five of the Hmong and three of the Vietnamese women did so in the United States. The most common reasons for not breast-feeding were convenience, return to work or school, the ability for the infant to be fed by others, and concern about insufficient milk. The vast majority of both Hmong and Vietnamese women perceived that formula-feeding was more popular in the United States. Statistical analysis of the interviews showed that, for Hmong women, variables positively related to breast-feeding included the number of times they had enrolled in WIC and the number of children previously breast-fed while the total number of children and receiving free formula were negatively related to breast-feeding. For Vietnamese women, only two variables were significantly associated with breast-feeding: maternal age was negatively associated and number of children previously breast-fed was positively associated. For both groups breast-feeding was negatively related to receiving free formula at the time of discharge from the hospital.


INDEX TERMS: Vietnamese, Cambodians, Lao, Hmong, Chinese minorities, medical treatment, medical personnel, ethnomedicine, traditional healers, country of origin, resettlement, educational background, second language, gender groups, age groups, cultural sensitivity, statistical data.

GEOGRAPHICAL TERMS: United States.

This study examined the help-seeking behaviour of Vietnamese, Cambodians, Lao, Hmong, and Chinese Vietnamese refugees by comparing their help-seeking patterns in their native country with those used after resettlement in the United States. Data were originally collected by the 1986 California Southeast Asian Health Needs Assessment Project. The
sample of 2773 consisted, in descending numbers, of Vietnamese, Lao, Cambodians, Hmong, and Chinese Vietnamese. Participants ranged in age from 18 to 68 years, with a median age of 35, and had lived in the United States on the average for 6.1 years. Vietnamese were the most highly and Hmong the least educated. Variables examined pertained to help-seeking behaviour in the home country, in Asia and in the United States. Frequencies were calculated for three different health care categories: traditional practitioner, Eastern practitioner, and Western doctor. Logistic regressions were used to examine inter-group differences. In Asia and the United States, across all five regressions, respondents with high English proficiency and younger respondents were more likely to use Western medicine. When confounding variables (age, gender, education level, and English proficiency) were controlled for, significant inter-group differences emerged. In Asia, Vietnamese were more likely and Hmong least likely to utilize Western medicine. In the United States, Cambodians were more likely and Hmong least likely to utilize mainstream services. There were no significant gender differences within and between groups in help-seeking behaviour in Asia and the United States. Although in United States, there was a significant increase in the utilization of Western medicine among all groups, traditional health care methods continued to be important, suggesting that the refugees utilize a dual health care system. The authors note several implications of these findings for health care providers: The effectiveness of mainstream services in treating the South East Asian population needs to be assessed, since high utilization does not necessarily reflect effective treatment outcome, but a desperate need for services and not necessarily client satisfaction with care received. Also, the pattern of using a dual health care system deserves greater attention from health care providers. Health care providers mistakenly assume that their clients do not use unconventional medicine for serious problems. Unless clients are routinely asked about their use of alternative medicine, these methods may at times interact with biomedicine leading to harmful results. Cultural differences in conceptualization of mental health must be understood and the diversity among South East Asian refugees must be recognized, rather than categorizing them as one group. Attention to these issues will facilitate more effective mental health treatments and outcomes.

INDEX TERMS: South East Asians, Cambodians, post-traumatic stress disorders, country of origin conditions, political violence, flight, refugee camps, rape, sexual violence, somatic problems, mental health, stress, medical treatment, customs and traditions, belief systems, psychotherapy, counselling, language barriers, benefits, family, social relationships, cultural sensitivity, community health workers, bilingualism, literature review.

GEOGRAPHICAL TERMS: United States.
This article describes manifestations of post-traumatic stress disorder (PTSD) among Cambodian women who had suffered under the Khmer Rouge regime and discusses intervention strategies based on what can be learned from those reports. For women fleeing the Khmer Rouge stressful events occurred in three distinct periods: during the war, during their escape and in refugee camps. Under the Khmer Rouge women were not only raped but also often tortured sexually. PTSD among refugees is reported to consist of an intrusive phase of symptoms - re-experiencing the trauma and having nightmares and daytime visions - and an avoidance or denial phase - numbness, withdrawal and avoidance of memories. Owing to a tradition of somatization of mental problems, intrusive symptoms are mostly manifested as physical complaints, since South East Asian culture discourages the direct expression of emotions. In the home countries an institutionalized system or special professions are not available to help people with emotional problems. However, seeking the help of a medical practitioner who will treat the concern with physiological and pharmaceutical means is acceptable. Thus, the literature does not describe success with intensive Western-style psychotherapy. Barriers convincing the women of the need for therapy are due to cultural beliefs about mental health problems; often in part the nature of the disorder to be revealed, namely rape or other sexual abuse; and the lack of professionals who speak the indigenous languages. The author identifies some of the problems that require attention when a woman agrees to participate in counselling services and, when they are alleviated, therapeutic intervention strategies. The interview setting should be as non-threatening as possible with a relaxed and non-confrontational approach to avoid stimulating terrifying memories. Questions should be medical in nature and the professional should ask only as much as is needed to obtain a history and then follow the woman’s lead about how much other information to try to elicit. It should be expected that a women would only share her history after having established a trusting relationship with the professional. Social support through assistance from welfare agencies, churches or refugee support groups can help by stabilizing the women’s income and living situation, thus reducing the current stress. The author warns that current stresses and losses in the refugees’ lives may reactivate post-traumatic symptoms. Respect for traditional Cambodian values should be shown and the use of traditional mental health practices encouraged. The author emphasizes the need for more South East Asian therapists and the use of multi-disciplinary programmes, and strongly recommends the use of bilingual and bi-cultural community workers as part of any effort of outreach programmes.

b. Cambodians

Based on a case study of a Cambodian women refugee, this article discusses barriers to health care experienced by foreign-born women and demonstrates how cultural competence increases the effectiveness of health care providers in meeting the unique needs of this population. “Cultural competence” is defined “as a set of behaviours, attitudes, and policies that enable a system, agency, and/or individual to function effectively with culturally diverse populations and communities.” Five key components of culturally competent primary care are identified: ensuring accessibility by addressing geographic, financial, cultural, and linguistic barriers; fostering accountability by providing high-quality care with efficient use of resources; developing a sustained partnership by building a trusting, continuous, respectful and responsible relationship between a health care provider and client; providing health care in the context of the family by understanding the importance of the extended family; and providing health care in the context of the community. The application of these five components is demonstrated by describing the inter-actions of the Cambodian woman with the nurse-midwife.

The author contends that the experience of trauma, multiple losses, and survival needs in a foreign community places refugees at risk for diminished health and psychological well-being during their resettlement. Thus, the notion of recovery should be extended to include the period of resettlement. However, the health care needs of Cambodian women refugees are little known. Facing the challenge of providing culturally sensitive and appropriate care to specific ethnic groups, nursing professionals need to redefine and re-evaluate its practice.
and the social context in which it occurs. Without such re-evaluation, the assumptive biases, to which they adhere, hinder care and recovery. By delineating the situational and cultural context relevant to the migration experience of Cambodian women, the author examines the value assumptions of psychological well-being from micro and macro perspectives and their relevance to Cambodian women. Reflecting the dominant Western focus on individualism, the primary value assumption of psychological well-being from a micro perspective places the responsibility for changing adverse conditions, events, or removing barriers on the individual, a supposition that opposes the Cambodian cultural value encouraging reliance on one’s immediate and extended family. In contrast, the primary value assumption of psychological well-being from a macro perspective is that it is a socially defined and socially constructed process including inter-action with, exposure to, effective functioning in, adjustment and acculturation to the host culture, and adaptation and acceptance of the host’s ways. The author concludes that the concept of psychological well-being needs to be reframed at the micro level to include concepts such as harmony and balance and at the macro level to consider factors in the health infrastructure that marginalize refugee women’s experience and their explanation of life events.

INDEX TERMS: Cambodians, country of origin conditions, unaccompanied minors, one-parent families, educational background, trauma, illiteracy, medical treatment, special needs, settlement assistance, adaptation, integration, post-traumatic stress disorders, linguistic adaptation, employment, welfare dependency, ethnomedicine, Buddhists, religious leaders, traditional healers, gender role, family disunity, violence against women, juvenile delinquency, addiction.

GEOGRAPHICAL TERMS: Canada.

The author recounts the stories of suffering and survival of Cambodian refugee women in Ontario under the communist-based Khmer Rouge from 1975-1979. As survivors, the women endured food and medical deprivation, physical injury and torture, imprisonment in slave labour or re-education camps, and often separation from children and other family members. Large numbers of these refugees resettled in Canada were “unaccompanied minors” or orphans and female-headed households, rural people with little education, and in poor physical health. Governmental and non-governmental agencies were not aware that the residual effects of the trauma suffered by the entire Cambodian community would prolong and increase the need for specialized settlement services, both then and now. This chapter argues that the women’s lingering trauma, exacerbated by illiteracy and culturally
inappropriate treatments regarding their health needs, has impacted on their long term adaptation and integration into Canadian society. Many of the difficulties experienced by these Cambodian women are the result of unresolved and unacknowledged symptoms of post-traumatic stress disorder (PTSD) and cultural bereavement. The symptoms include long-term difficulties in learning English, such as lack of concentration, memory, and capacity to absorb new information; barriers in obtaining employment; extended dependency on service providers; mistrust of Khmer service workers and each other; apathetic participation in programmes; social withdrawal and isolation; and increasing family breakdown. The absence of culturally appropriate treatments for health needs of Cambodian women is attributed to the lack of Buddhist monks and traditional Khmer specialists involved in ongoing mental health treatment. Because of their communication barriers, Cambodian women in Ontario remain dependent on interpretation, documentation, escort and translation. Their low linguistic capacity also impacts on their participation in the labour force and in accessing job training programmes or educational upgrading. The roles of men and women within the Cambodian community still follow the hierarchical nature of Khmer society. Men are recognized as the heads of the family and women are defined as wives and mothers. Widows, as heads of household, are expected to manage children and settlement alone. Within the last twelve years, stress within families has escalated, manifested in increased incidence of family breakdown, domestic violence, juvenile delinquency, gambling and alcohol abuse, family separation and divorce. Yet help from the outside will only be sought in extreme crisis because disclosing abuse or stress is considered a source of shame and family dishonour. In the past these women enjoyed considerable authority and independence. What they need now is for non-Cambodian Canadians, educators, medical personnel, social workers and government officials, to acknowledge their reservoir of strengths and to help the women to recognize their own inner capacities and to build upon them.

INDEX TERMS: Cambodians, resettlement, cultural integration, customs and traditions, value systems, belief systems, cultural orientation, reintegration, ethnic discrimination, refugee/local community relations, mental disorders, age groups, gender groups, marital status, social status, educational background, assimilation, pluralism, gender role, womens status, family division of labour, educational opportunities, employment opportunities, sponsorship, surveys.

GEOGRAPHICAL TERMS: New Zealand.
Based on structured interviews with 223 adult Cambodian refugees who had been resettled in Dunedin, New Zealand, this article examines the inter-relationship between socio-demographic variables, acculturation, and psychiatric morbidity. The researchers constructed a nine-item acculturation scale and used a 28-item version of the General Health Questionnaire (GHQ-28) as the case identification instrument for non-psychotic conditions. The population was roughly divided evenly between males and females; ranged in age from 18 to 86, with three-quarters less than 44 years of age; and most participants had little education and low socio-economic status. Their duration of stay varied from a few months to over ten years. Most of the participants retained a strong orientation to traditional beliefs and practices; yet would like to speak better English, have more New Zealander friends, and preferred New Zealand as their home. The survey found significant associations between acculturation score and all socio-demographic variables except sex. Older, widowed participants with lower educational level and socio-economic status and shorter stay were less acculturated. Overall the least acculturated were found to have the highest psychiatric morbidity rate. When age and sex were controlled, the association between acculturation and psychiatric morbidity remained significant for females aged 31 to 50, but not among the men. Overall the associations between psychiatric morbidity and acculturation were significant for marital status, duration of stay, educational level, and socio-economic status. Finally, the author addresses several conceptual and methodological issues in the interpretation of the findings including the use of a one-dimensional measure of acculturation, the conceptualization of the measure of acculturation, the level of acculturation of the subjects relative to subjects in other studies, the possibility of Type II error, the cross-sectional nature of the study, and the etic approach adopted.
symptoms undesirable to the Cambodian belief of keeping their bodies in a state of balance. Vasectomy was mentioned but not used because it was believed to cause impotence. The majority knew about tubal ligation and some women and wives had the operation or planned to have it done. Since tubal ligation is believed to release passion in a woman and lead her to seek out other men, it is forbidden by many husbands and some wives fear its side effects. Several women and a few men mentioned the rhythm method and the intra-uterine device (IUD). However, only one woman had used the IUD and none knew how it worked. Therapeutic abortion was considered a means of family planning and some had used it, even though it was thought to be contrary to the Buddhist beliefs and opposed by some husbands. The condom was known to both men and women, but rarely used because of its association with prostitutes and the belief that it burns the uterus. Six older women and one older man as well as the krou or healer knew of tnam khmer, a traditional family planning method, described as part of a plant and usually mixed with wine and drank on a daily basis, to keep the body hot in order to prevent conception. The younger informants may not have been familiar with it due to, for instance, a decreased opportunity to learn about it, and lack of interest in traditional treatments. The author points out that the Cambodian community under study continues to use traditional ceremonies and knowledge with individuals displaying a unique life style in their dietary habits, language, and social inter-actions. Cambodians remain concerned about chastity and family honour; thus sexuality is rarely openly discussed. However, there is a gap between the knowledge about different family planning methods and how they work. The author concludes that family planning education among Cambodians remains a challenge. She advocates the development and implementation of programmes after consulting with the target community; developing programmes that are based on the target community’s culture and beliefs; working with other agencies that serve the community; and a Cambodian worker to teach the information, make the community contacts, and act as interpreter.


INDEX TERMS: Cambodians, infants, mothers, resettlement, child care, breast feeding, customs and traditions, child health care, health education, nurses, nutrition, cultural sensitivity, interviews.

GEOGRAPHICAL TERMS: United States.

This article discusses the findings of a longitudinal study on infant feeding practices and cultural adaptation among Cambodians in Dallas, Texas. Through networking with community leaders, a snowball sample of 100 Cambodian households containing at least one pre-school child born in the United States was used. Pre-tested interviews were conducted with 100 mothers of the child over several visits. Feeding data were obtained for
246 children in the 100 households. For Cambodians in their rural pre-war society, breast milk provided the main nourishment for babies. As breast milk was said to develop from maternal blood, nursing imparted strength, komlang, directly to the child. Thus, with one exception, all the children born either in Cambodia or in camps were breast-fed. However, in the United States, infant feeding changed to a near total reliance on bottle-feeding with the mothers using the formula provided by the WIC supplementary nutrition programme. Yet, Cambodians’ underlying cultural beliefs concerning the care and feeding of infants and children remained largely unchanged. One of the most influential cultural practices, indulging the wishes of the child, continued to be observed, as infants and children were permitted to carry their own bottles continuously, even when the parents were aware of the deleterious consequences of extended feeding. Pacifiers were generally not utilized, and weaning the child from the bottle tended to be a gradual, permissive, and late process. The authors express serious concerns about the poor health and nutritional outcomes associated with these practices, including dental caries and ‘bottle-mouth syndrome’, chronic otitis media and hearing loss, and iron-deficiency anaemia. The article concludes with several recommendations including a greater investment in the education of new mothers in the appropriate techniques for bottle use and in the difference between breast milk and formula and between the breast and the bottle. Also stressed is the role which community health nurses and pediatric nurses can play in preparing culturally sensitive educational presentations about proper bottle-feeding and infant nutrition.

INDEX TERMS: Cambodians, country of origin conditions, extralegal executions, violence, trauma, refugee camps, refugee experiences, psychological tests, post-traumatic stress disorders, alienation, neurotic and personality disorders, counselling, health services, social services, psychiatric treatment, disability benefits, dissemination of information, publicity, research.

GEOGRAPHICAL TERMS: United States, Cambodia.

This article examines the phenomenon of trauma-based psychogenic blindness among older Cambodian refugee women living in California. This blindness is a state of vision loss ranging from 20/200 to no vision at all, in which the brain is nevertheless receiving visual input from the eyes, as determined through visual evoked potentials. The author, an Electro Physiologist, became aware of the phenomenon when an increasing number of older Cambodian refugee women were referred to her for evaluation. Most women had previously been diagnosed as malingerers, people who feign blindness, usually for the primary gain of obtaining money. When acting blind, however, malingerers tend to exhibit physical behaviours that are not consistent with actual blindness, whereas none of the Cambodian women did. As well, all spoke of their personal trauma history under Pol Pot’s
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Khmer Rouge regime, and all had become blind only after witnessing and living through the atrocities of that regime. In a typical pattern, the women reported having experienced beatings, starvation, forced labour, and the death and abuse of a loved one immediately prior to the onset of vision loss. While the literature had little to say on trauma-based blindness, the authors concluded they were dealing with a unique clinical entity which they termed ‘war trauma syndrome’; blindness accompanied by other symptoms such as depression, isolation, crying, intrusive thoughts, nightmares, mental confusion and fear. In setting up a modest intervention programme, the authors describe how they gained the women’s confidence. The intervention programme consisted of two groups which met at a university psychology clinic: a therapy group in which a Cambodian social worker helped the women to tell their stories and share their experiences and a skill building group in which they learned skills such as how to make emergency phone calls. To compare the relative efficacy of the two interventions a control group was used. At the end of the ten week period, sixty percent of the women in the two groups had made measurable improvements in visual and psychological function, compared to no improvement in the control group. The authors then made their results known to area ophthalmologists, with the effect that such cases are now commonly referred to a psychiatrist, making the patient eligible for psychiatric benefits from the state.


INDEX TERMS: Cambodians, men, customs and traditions, country of origin conditions, refugee camps, resettlement country, gender role, ethnomedicine, refugee-assisting organizations, family planning, birth rate, nurses, community health workers, ethnic communities, children, schools, pregnancy, video, cultural sensitivity, research interviews. GEOGRAPHICAL TERMS: United States.

The author, a nurse, presents her findings on the sexuality beliefs regarding menstruation, sexual intercourse and family planning of a sample of 53 Cambodians, 30 women and 23 men, in a Northern California Cambodian community. Using participant observation and ethnographic interviews, the study investigated the role and status changes Cambodian women experienced after resettlement and how such changes are related to family planning methods. Sexuality beliefs and their origin are discussed during the four time periods identified by resettled Cambodians: before the war, the Khmer Rouge years, the refugee camp years, and the resettlement period. Topics include the timing and exchange of sexual knowledge as it is received from female elders and sometimes the accha or lay priest, the experience of puberty rites, healing and other ceremonies, the use of traditional family planning methods (tram khmer) and medicine before the war; the physiological disruptions brought about during the Khmer Rouge years; the rapid birth rate increase and Cambodians’
apprehension about family planning programmes in refugee camps; and the influence of resettlement on the Cambodian view of sexuality. Based on her findings, the author has several suggestions for health care professionals to develop and implement culturally appropriate health education. These include the need to understand the traditional beliefs; when presenting sexuality information, the importance to work in collaboration with the Cambodian community and use community resource individuals such as interpreters, resettlement workers, community leaders and female elders; the use of similar strategies in planning and delivering family planning classes or pre-natal education and the proper use of videotapes.


INDEX TERMS: Cambodians, country of origin conditions, trauma, stress, health services, mental health, educational background, one-parent families, dependants, children, somatic problems, family disunity, language barriers, culture shock, civil war, medical drugs, medical personnel, nurses, cultural sensitivity, research interviews.

GEOGRAPHICAL TERMS: United States.

The more than 147,000 Cambodians living in the United States are said to be the most traumatized of all South East Asians, yet few of them receive mental health services. This study is aimed at improving understanding of the beliefs of Cambodian refugee women about the stressors that affect their families and how the resulting stress is handled. Based on snowball sampling, two samples of 60 women each in Long Beach on the west coast and Lowell on the East coast were interviewed in their homes using open-ended, structured interviews, translated into Cambodian. While similar in size, income, and age, the east coast group had fewer years in the United States, reported significantly less education before emigration, had a greater number of young dependents in the home, and was significantly more likely to have a woman head the household. The behaviours reported with stress or ‘thinking too much’ (Koucharang), were primarily somatic, including headaches, sickness, chest pain, shortness of breath, sleeping a lot, and being quiet. The most commonly perceived causes of stress for the east coast group were related to money and language problems while the west coast group mentioned recalling the war, ‘other’ individual concerns, and family conflicts. There was general agreement that the avoidance of sad thoughts and being alone were appropriate coping strategies when experiencing stress. Both groups agreed that it was important for the family, especially for the woman to provide encouraging words, discourage sad thoughts, and not leave people alone who are stressed. Women who headed households with several dependent children, such as the east coast sample, were more likely to believe that they felt unable to take constructive action to reduce the stress the family might be experiencing. Confidence in the woman’s ability to
help people suffering stress was low among the most recent immigrants and “remarkably” high in the group with ten or more years of residency. The authors caution that responses may have been biased by translation error and emphasize the importance for health care providers to be aware of undeclared problems.


INDEX TERMS: Cambodians, educational background, one-parent families, country of origin conditions, civil war, torture, starvation, trauma, flight, refugee experiences, Buddhism, ethnomedicine, psycho-social problems, stress, suicide, alcoholism, drug addiction, somatic problems, culture, psychological rehabilitation, family, community health workers, nurses, cultural sensitivity, research interviews.

GEOGRAPHICAL TERMS: United States.

Characterized by behavioural changes and somatic complaints, kouchang, “thinking too much,” is a Cambodian culture-bound syndrome in response to the violence the refugees experienced during the Khmer Rouge regime. This study identifies the cultural themes that frame the syndrome and dictate its management within the culture. Based on a “snowball” sampling technique, 120 Cambodian refugee women, 60 in Long Beach, California and 60 in Lowell, Massachusetts, were interviewed in the Khmer language. Focused and open-ended interviews and participant observation were conducted in the homes of the informants. The data were analyzed by using triangulation of responses and observation. The educational level of the total sample was low, with a mean of 1.26 years of schooling in Cambodia. Compared to the Long Beach sample, the Lowell sample was slightly poorer, younger, and less educated with more under age dependents and more single heads of households. Whereas 93 per cent of the Long Beach sample identified memories of war experience in Cambodia as the main causative factor of the syndrome, 76 per cent of the Lowell sample identified current financial stress as its main cause. Informants consistently identified coping strategies that could be classified as two cultural themes used by the refugee family in managing the disabling condition, namely, withdrawal and sheltering. Withdrawal behaviours, the most frequently used coping strategy, included suppression of sad thoughts, use of sleeping pills or alcohol to block emotional pain, and frequent consideration of suicide. Sheltering or protective behaviour is shown by using encouraging words, “talking softly,” and “talking sweetly” with the ill family member. Laughter also played a part in the sheltering time, as sadness must be balanced with happiness. The authors highlight the implications of these findings for nursing practice, identifying nursing strategies that approach the symptoms within the Cambodian perceptual framework and thus promote trust in the nurse-patient-family relationship and respect for cultural values. The authors warn that community health nurses may be exposed to emotional risks, when
confronted with the tragedies Cambodian families experienced. Some coping mechanisms are briefly discussed.


GEOGRAPHICAL TERMS: United States.

The author discusses her use of oral history as a technique of treatment for a group of fourteen Cambodian women refugees at the Marjorie Kovler Center for the Rehabilitation of Torture Survivors in Chicago, Illinois. All but one of the women were widows upon arrival in the United States; only one of them has since remarried; and twelve women are single parents with an average of two children. Of rural origin, they were poor and most are illiterate in Cambodian and semi-literate in English. They were resettled in the United States after having spent an average of four years in a refugee camp in Thailand. Each woman was diagnosed with Post-Traumatic Stress Disorder, suffering from memory and concentration problems exhibited by inhibited language learning; detachment from feelings and experiences; avoidance of memories; and nightmares and flashbacks. Somatic complaints, such as headaches or psychosomatic pain in the chest area, were the most extensive and common symptoms. With a multi-disciplinary approach, the community-based Kovler Center treats clients as survivors rather than victims, emphasizing the survivor and his/her family. The author discusses her use of oral history with the Cambodian women to develop trust with the therapist, deal with memory problems, encourage women to verbalize or tell their stories in the group setting, and express and release their anger as a means of empowerment.


INDEX TERMS: Cambodians, primary health care, country of origin conditions, genocide, mental health, trauma, colonialism, refugee experiences, customs and traditions, resettlement, second language, basic needs, medical treatment, dental care, housing, benefits, family reunification, education, employment, adaptation, nurses.

GEOGRAPHICAL TERMS: United States.
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This article presents the “voices and reflections” of a Cambodian woman and an American white woman who worked together in 1988 in a community mental health project with Cambodian women in Portland, Maine. Sieng discusses the role of women in Cambodia; her personal difficulties as a single mother to obtain a university education; and the problems which Cambodian women face, such as language barriers, culture shock, and the psychological scars resulting from the Cambodian genocide. Thompson, a nurse and associate professor at the University of Southern Maine, examines her work with women refugees from a feminist perspective. The project’s purpose was to explore psycho-social adjustment among refugee women and the cultural traditions influencing their adjustment and responses to trauma and assault. Meetings were held every two weeks with a group of 12-16 Cambodian women. About half of the women spoke English and Sieng interpreted for the remaining women. With language as an ever present tension, Thompson was conscious of the politics encoded in her use of an interpreter and felt “the distanciation of translating a life history or a trauma history from Khmer into English,” The meetings included discussions of immediate material and social needs of health care, dental care, housing, social assistance, family reunification, education, and jobs. The group explored gender and culture in Cambodia; the country’s legends, myths, folk beliefs about health, sexuality, and childbirth; and the women’s dreams and dream interpretation in Cambodia. Recurrent themes in the dream narratives included violence and searching for safety; communications from relatives, spirits or ancestors; good omens/bad luck; and sexuality or relationships with men, and connections to the land. The experience became a powerful ground for learning as the author realized that she grafted a Western feminist template onto practice with refugee women and that she was also doing this work for herself.


INDEX TERMS: Cambodians, medical problems, somatic problems, country of origin conditions, refugee camps, sexual abuse, armed forces, trauma, illiteracy, family, language barriers, culture, medical personnel, psychotherapy, psychological rehabilitation, research, interviews.

GEOGRAPHICAL TERMS: United States.

Based on previous interviews with 30 Cambodian refugee women who presented with functional blindness, an extreme form of psychosomatic illness, the authors found that each of the women described witnessing or experiencing atrocities immediately prior to the onset of their vision loss. This study investigates possible treatment modalities for trauma-induced psychosomatic blindness of Cambodian refugee women, which take into account the background and cultural beliefs of Cambodians. One treatment group was based on “talk” therapy and the second used training in daily living skills; Khmer speaking
Cambodian social workers implemented both treatments. Fifteen psychosomatically blind women agreed to participate in the study. Ten women were randomly assigned to one of the two treatment groups that met for an hour each week for ten consecutive weeks and the remaining five formed a self-selected no-treatment control group. The women ranged in age from 47 to 63 years; eight were widowed, six were married, and one was divorced; ten had received no formal education; and all lived with other people. About three-quarters had lost close family members and one quarter had witnessed the deaths; two-thirds saw the destruction of their villages; and at least half of them were assaulted physically and/or sexually by male soldiers or guards in either Cambodia or Thailand. In evaluating the efficacy of the treatment modalities, the data suggest that both treatments were effective in increasing their feelings of happiness, decreasing the respondents’ feelings of sadness, reducing the frequency of crying, and improving their vision. There was virtually no change in the control group. As far as percentage changes across variables are concerned, talk therapy may have been more effective than the skills group in producing the desired outcomes. However, considering the over-all results, the authors point out that ‘treatment’ per se rather than a specific treatment modality may be the necessary ingredient for improvement. Since some ophthalmologists do not readily identify psychosomatic blindness, Cambodians have been diagnosed inappropriately as malingering to receive disability benefits. The authors recommend a treatment strategy that combines group therapy, living skills training and traditional Cambodian health practices as being most beneficial for psychosomatically blind Cambodians.

INDEX TERMS: Cambodians, Buddhism, family, children, adolescents, customs and traditions, ethnomedicine, traditional healers, medical problems, psycho-social problems, pre-natal care, home delivery, health services, medical personnel, nurses, language barriers, cross-cultural communication, interpretation services, adaptation, cultural sensitivity, research interviews, literature review.

GEOGRAPHICAL TERMS: United States.

The author discusses the findings of her unpublished doctoral research, a qualitative study on the cultural beliefs and health-seeking behaviour of 30 Cambodian refugee women in Southern California, who were interviewed in Khmer at home. The purpose of the study was to identify the cultural themes basic to health care decision-making. Based on Buddhist philosophy, health is considered a state of equilibrium and illness occurs when equilibrium is disturbed. Using several examples, the author discusses the traditional beliefs that define the perceived kinds and causes of illness and the treatments through which equilibrium can be restored. However, there was also a pragmatic mixing of traditional treatments with
scientific medicine, especially for infants, children and adolescents. Yet, childbearing mothers closely adhered to traditional practices and sought limited pre-natal care and hospital admissions for birthing. Except for emergencies, the participants accessed care in distant settings of linguistic and cultural comfort. Physicians were chosen based on their ability to speak Khmer or the availability of a translator, and on the perception that they had a caring attitude and were making an effort to understand Cambodian ways. Discussing the implications for nursing practice, the author emphasizes that, based on Cambodian culture, the goal of restoring equilibrium is the core on which nursing care can be planned for the Cambodian patient and family. Although the classification and causes of illness by Cambodians differ from the classification scheme utilized by the professional nurse, they share a common element as the Cambodian concept of equilibrium corresponds to the nursing concept of homeostasis. The nurse is in a key position to explain this cultural expression of homeostasis to other health-care providers and, as advocate, encourage them to avoid interference with these traditional practices unless they are harmful. As an interpreter of the culture, the nurse can promote the adaptation of care to include Cambodian ways, thus encouraging Cambodian patients to seek routine health care locally. She concludes that in the interest of providing culturally sensitive nursing care, the nurse has multiple roles to play, as advocate, cultural broker, educator, and friend.

INDEX TERMS: Cambodians, men, age groups, illiteracy, rural refugees, peasants, business men, teachers, married persons, widowed persons, psychiatric treatment, somatic problems, neurotic and personality disorders, grief, post-traumatic stress disorders, ethnomedicine, belief systems, religious practice, customs and traditions, value systems, medical personnel, psychological tests, research interviews.

GEOGRAPHICAL TERMS: United States.

Since “explanatory models” (EMs), which patients have for their illnesses, are shaped by the patients’ culture, religion, educational background and exposure to health care, they frequently present a cultural barrier to effective Western medical care. This study examines common concepts of symptom etiology among Cambodian refugees who, having survived the Khmer Rouge regime, experience significant physical and mental health problems. The study is based on interviews with 76 Cambodian refugees, 50 years of age and older, in San Jose, California. In order to identify any differences in symptoms and EMs between them, participants were evenly divided between two groups: psychiatric patients at an Asian American community-based agency and non-patients. All subjects were interviewed in Khmer by the first author. They were mostly female; came from a rural background; had no formal education and were illiterate in both English and Khmer. Half of them were
widowed and almost half had lost at least one child during the Khmer Rouge rule. Seventy per cent were women. There were no significant differences between the two groups. The recorded diagnosis of the psychiatric patients, based on clinical judgment and Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III-R) criteria, showed more than half with depressive disorders, followed by anxiety disorders, mostly post-traumatic stress disorders. Chronic headache was the most common symptom and also the most frequent chief complaint among both psychiatric patients and non-patients. Psychiatric patients reported headaches significantly more frequently and it was the only symptom positively associated with the diagnosis of a depressive disorder. Participants attributed their chief complaint to multiple causes but used 'pruiy chiit kiit chraen' as their primary explanatory model, expressions describing extreme sadness and thinking too much, that is, having disturbing memories of experiences in Cambodia and recurrent thoughts about deceased relatives and friends and concern about living relatives in Thailand and Cambodia. This condition can be described as unresolved grief with symptoms analogous to post-traumatic stress disorder. The majority of participants combined recourse to Western medicine and to traditional healing and religious practices. The authors note that, in contrast to other studies, the emphasis on somatic complaints was not associated with denial of an underlying psychological or emotional basis for symptoms. Complaints of chronic headache should alert clinicians to the need to evaluate Cambodian patients for depression.

c. **Hmong/Lao**


INDEX TERMS: Hmong, mothers, educational background, value systems, patriarchal societies, gender role, education, family, extended family, employment, infants, husbands, second language, health services, child care, interpretation services, family planning, medical personnel, research interviews.

GEOGRAPHICAL TERMS: United States.

The purpose of this study is to provide health care workers with greater insight into variables related to post-partum family support and life satisfaction among Hmong women living in northeast and central Wisconsin. Using semi-structured and audio-taped interviews, the authors collected data from a “convenience” sample of 52 post-partal Hmong women with the aid of female Hmong interpreters. The women were all married, ranged in age from 18 to 44 years, had from one to 11 children, were mostly homemakers
with no education or minimal schooling. The data were transcribed verbatim and analyzed by the sensitization method. The study found that paternal involvement in child-rearing tasks was evident in the majority of Hmong families. Seventy-five per cent of the women reported that they were satisfied with the fathers’ support and involvement in child care, in addition to support from mothers, mothers-in-law, and friends. Husbands were very supportive in caring for the newborn; giving helpful advice; providing comfort when the baby is fussing and crying; comforting the mother in cases of minor emotional upsets; and giving the mother time and energy for self-care. However, most mothers had difficulty in finding time to relax and wanted someone to help them with child care. Life satisfaction depended on length of stay in the United States and was generally related to competency in English, education, employment, independence in self-care but conforming with the Hmong cultural role expectations, a desire for a smaller family, and the ability to access existing resources for child care. As well, the women desired to be successful like other Hmong who had settled in the country earlier. In conclusion, the authors feel that, given the importance of the family in Hmong culture, the women may be receptive to new information and education, only if they perceive these to be beneficial to their families’ health and well-being and to be compatible with their cultural values and beliefs.

INDEX TERMS: Hmong, birth, maternal and child health care, mental health, health, customs and traditions, value systems, married persons, resettlement, wealth and income, educational background, language barriers, neurotic and personality disorders, spouses, interviews, family, questionnaires, health personnel, cultural sensitivity, research interviews.

GEOGRAPHICAL TERMS: United States.

This study explores post-partum depression among Hmong women living in the United States and the influences of cultural practices on post-partum depression. Other studies have suggested that post-partum depression is a culture-bound syndrome in Western societies and that non-Western societies may have rites and rituals surrounding childbirth as well as post-partum activities that cushion or alleviate depression. The post-partum period is defined as the first year following childbirth. The researchers conducted ethnographic qualitative research in the form of face-to-face, in-depth interviews with a “convenience sample” of 52 post-partal Hmong women living in northeastern and central Wisconsin. Of the women who were all married, most were homemakers, 13.5 per cent were primiparae, and 75 per cent had no education. Interviews were guided by a childbirth questionnaire including various questions on signs and symptoms of clinical depression, as well as by a questionnaire exploring how cultural beliefs and practices help a mother cope with her feelings following childbirth. Qualitative data were analyzed through the sensitization method. Pertinent categories on the childbirth questionnaire asked about eating patterns,
crying spells, sleeping patterns, dizzy spells, energy levels, headaches, ease of doing things the women used to, confusion, decision-making, mood swings, having a full life, concentration, frightening dreams, nervousness/tension, hopefulness about the future, and physical and emotional health (pre- and post-childbirth). Overall, Hmong women did not report symptoms associated with post-partum depression. High levels of support from spouses and relatives, combined with the cultural practice of a 30-day rest period, may have made them less vulnerable to post-partum depression. Any depressive symptoms reported were associated with living in a different culture, language difficulties, lack of education and income, and raising children with limited means. As a result, health care providers need to be sensitive to these problems.

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INDEX TERMS: Hmong, maternal and child health care, Caesarian birth, pre-natal care, breast feeding, medical personnel, nurses, family planning, belief systems, value systems, medical drugs, health education, communication barriers, cultural sensitivity, research interviews.

GEOGRAPHICAL TERMS: United States.

Part of a larger study, this descriptive study explored the concerns of Wisconsin Hmong refugee women during pregnancy and childbirth and their implications for health care givers. With the help of Hmong interpreters, the researchers interviewed a “convenience sample” of 52 women about 4.6 months after childbirth. Seventy-five per cent had no or minimal schooling and 25 per cent had 12 or more years of education. All had made their first pre-natal office visit within the first seven months of gestation. All births took place in hospital and all but four fathers were with their wives in the delivery room. None of the women had a caesarian delivery and all of them experienced minimal complications. Twenty-five per cent of them were offered birthing in the squatting position. Most women expressed satisfaction with the level of support they received from the obstetrician, pediatrician, and hospital staff. All but two women bottle-feed because of perceived convenience, cultural norms in the United States, and constraints of breast-feeding such as insufficient milk and stale milk if they waited too long to breast-fed. While some respondents had no knowledge of contraception and its methods, others mentioned that the cultural belief of the importance of a child to the mother makes it difficult for women to practise birth control. Additional findings showed concerns about lack of communication, being touched by nurses and doctors, and procedures during hospitalization. The authors relate these issues to underlying Hmong culture, such as the Hmong concept of a balance between hot and cold and the belief in the head and shoulders as sacred parts of the body. Some of the health education instruments and practices in Wisconsin, that are sensitive to
Hmong culture, language, and ways of learning, are outlined and further improvements are recommended.


INDEX TERMS: Hmong, reproductive health, culture, customs and traditions, birth, gender-based persecution, womens status, elderly, children, kinship, extended family, family division of labour, patrilineal societies, mothers, grandparents, traditional societies, interviews, anthropology.

GEOGRAPHICAL TERMS: Australia.

Maintaining that menopause is a biological event, the experience of which differs according to the socio-cultural context of the affected women, the author discusses the meaning of menopause and the experience of changes as perceived by Hmong women from Laos who are adapting to living in Australia. The author provides background information on Hmong culture, family patterns, and Hmong refugees in Australia. Data were collected using participant observations and ethnographic interviews with 23 Hmong women in Melbourne. Most women in the study had between four to six children and the majority had experienced childbirth while living in Laos or in a refugee camp in Thailand as well as in hospitals in Melbourne. While the author found that no equivalent word for menopause existed in the Hmong language, menopause was understood as the transition from fertility to infertility, part of growing old. The author discusses interpretations of menopause as they are related to Hmong cultural values and traditions, particularly the significance of bearing numerous children and the respect accorded older women who become a ‘grandmother’ to all. Despite its importance for conception, menstruation is seen as polluted, shameful, and embarrassing and hence Hmong women look forward to menopause. The women interviewed could not recall any physical or emotional changes during menopause, other than irregular, lighter menstruation, and were surprised to learn of some ill health experienced by Australian women. The author discusses the Hmong women’s positive attitude and experience of menopause by examining the nature of menopause within the theoretical anthropological frameworks, paying particular attention to their respected status and absence of menopausal symptoms.

INDEX TERMS: Hmong, pre-natal care, birth, urban areas, family planning, ethnomedicine, cultural sensitivity, midwives, nurses, research interviews.

GEOGRAPHICAL TERMS: United States.

In an effort to understand the socio-cultural context of pre-natal care underused by an immigrant population in the United States, this article examines two groups of urban Hmong women who all received pre-natal care and delivered infants at the same facility. The research is based on ethnographic, in-depth interviews conducted first in 1987-88 with forty-eight women who had delivered infants between 1984 and 1988, and then in 1993 with eighteen women delivering infants between 1990 and 1992. The idea for the second set of interviews was to see if the reforms, introduced to the facility’s pre-natal care programme after the first set of interviews, were effective. Two factors investigated in the use of pre-natal care were the Hmong belief in the power of ritual and botanical therapies, and the facility’s culturally asymmetrical setting. In the 1987-88 interviews, the researchers found that a majority of women objected to pelvic examination as the most bodily invasive of the six biomedical procedures performed at the facility and to being attended by several doctors. Another concern was poor communication with staff. The subsequent changes to the programme, such as the addition of a nurse-midwife familiar with the Hmong language, the reduction of pelvic examinations, the production of a Hmong language instructional videotape, resulted in the increased acceptability of the programme as shown by the 1993 interviews. The researchers conclude that the programme’s use and acceptability were positively related to its acknowledgement of indigenous medical strategies and culture-specific concerns.


INDEX TERMS: Hmong, cross-cultural communication, culture, customs and traditions, ethnic communities, fathers, mothers, extended family, household division of labour, health services, maternal and child health care, nurses, value systems, second language, gender role, nutrition education, birth, ethnomedicine, health personnel, family planning, cultural sensitivity.

GEOGRAPHICAL TERMS: United States.

This commentary urges cross-cultural understanding and the avoidance of ethnocentrism in the provision of health care to the Hmong who participate in their own integrated cultural system. The Hmong have been ethnically distinct for centuries, with cultural traditions that have allowed them to survive and adapt. They brought their culture, social and community organization, values, and world view with them to America, and they continue to live in the same small-scale, formally organized community units that they have always generated.
Because to Westerners they are different, are “refugees” and often “indigent”, there is a tendency by health personnel to make false and counterproductive assumptions about them. For instance, adverse perceptions of Hmong women’s birth rates do not take into account Hmong cultural values according to which children are loved and attended to after birth by the entire extended family, nor the traditional pattern of sharing of experience and responsibilities between mother and father during birth and afterwards. Cultural bias leads to a misunderstanding of the male interest in, and attendance at, nutrition programmes, which is consistent with the Hmong cultural strategy of a complementary male and female division of labour where contact and accommodation with the dominant societies is part of the male role. Misperceptions about the family’s lack of concern about the woman’s postpartum needs and their expectations that she return to work prematurely fail to understand that the Hmong place a high value on a healthy and complete recovery within three to five days in order to prevent the assault of evil spirits on the mother’s health. Although retaining their value system and supportive roles with regard to birth, the Hmong have made significant accommodations to American birth practice. However, the authors contend that when their obstetric risk factors are being assessed, they must be measured in terms of a cultural and ethnic framework. Risk factors that result in increased prematurity, low birth weight babies or caesarian sections in one group do not necessarily hold the same risks for the Hmong. They conclude that the ‘socio-cultural problems’ related to birth which tend to be attributed to the Hmong exist largely in the American cultural domain of the ‘network of professionals’, rather than in the world of the Hmong.

INDEX TERMS: Hmong, resettlement, pre-natal care, health personnel, medical personnel, volunteers, health services, pregnancy, birth, community organizations, interpretation services, family planning, nutrition, immunization, customs and traditions, language barriers, arranged marriages, adolescents, education, adaptation, data collection, research interviews.

GEOGRAPHICAL TERMS: United States.

Earlier research found that Hmong women continued their practice of self-care during pregnancy and made limited use of pre-natal health care resources, yet had few pre-natal health risks and good outcomes to their pregnancies. This article reports the findings of an inquiry in 1990 into the perinatal needs of some 50 Hmong women of childbearing age in a rural southeastern community of the United States. The study was conducted through an examination of hospital records and semi-structured interviews with 16 professionals in significant contact with them, including nurses, physicians, social workers and school counsellors, among others, as well as with two women from the community, one a volunteer and the other a young Hmong woman. Hmong women who give birth at the local
hospital use health care services. The community provides transportation and interpretation services. According to the health caregivers, the women tend to enter the health care system at five months, the point at which they define pregnancy, until after childbirth. After childbirth they return to the physicians for one post-partum visit and to the health department for assistance under the Women, Infants, and Children (WIC) program, for child health care and immunizations. There were no reports of alcohol, drug or tobacco use by Hmong women, but a high birth rate and child spacing due to resistance to oral contraceptives were of concern. An examination of hospital labour and delivery records for five years from June 1985 to June 1990 showed that this concern was not warranted. Most of the 64 Hmong women who delivered infants at term during this period had single births and only one had more than two. No medical complications were reported such as hypertension or diabetes. The babies’ birth weights were comparable with those of other healthy newborns. Some professionals expressed concern about arranged marriages for very young women and the inherent potential for the health risks associated with early adolescent pregnancy and interference with education. Although as the author notes, the findings of this rural study may not be applicable to Hmong living in urban areas, they allay her personal concern that Hmong would become part of the under-served immigrant population with accompanying high levels of infant mortality.


INDEX TERMS: Hmong, USA nationals, mothers, pregnancy, birth, Caesarian birth, public relief, second language, birth statistics.

GEOGRAPHICAL TERMS: United States.

The purpose of this study was to compare reproductive factors among Hmong immigrant women and White, non-Hispanic women in two counties of California. Based on birth certificates, 3776 White, non-Hispanic births were compared with 1937 Hmong births occurring between 1985 and 1988. Mean birth weight was lower in singleton Hmong births, but the overall low birth weight was not statistically significant from that for Whites. Parity and maternal age showed marked differences. The proportion of Whites who were primiparous, that is, had their first child, was significantly higher than that of Hmong. The proportions of young mothers, that is, under the age of 18, and of mothers over age 40 were both significantly higher among Hmong than among Whites. Cesarean sections were significantly lower among Hmong than among White mothers: 3.9 as against 23.8 per cent. Although White mothers tended to begin pre-natal care earlier, the proportion of those with no pre-natal care was higher among White mothers than among Hmong. As to the difference in the Cesarian-section rates, the authors refer to “anecdotal” reports that Hmong
women refuse this procedure, even when recommended, but acknowledge that a formal study has not been done.


INDEX TERMS: Hmong, medical treatment, patrilineal societies, clans, extended family, traditional healers, culture, health, ethnomedicine, medical personnel, cultural conflict, nutrition, pregnancy, birth, hospitals, guidelines, health personnel, nurses, research, interviews.

GEOGRAPHICAL TERMS: United States.

This article, written by women who have nursing experience, is directed at members of the health care profession, with an aim to improving the care given to Southeast Asians. The authors interviewed members of 13 Hmong families from five clans in Spokane, Washington as well as people involved in their resettlement. Several beliefs and practices of Hmong culture are highlighted, with recommendations as to how these might be incorporated into nursing care. For instance, Hmong society is patrilineal, with the eldest male in the extended family making decisions for all other members. Health care providers need to establish with whom they should speak regarding the person presenting as ill. Respect and politeness are highly valued; efforts to appear relaxed and casual may be interpreted by the Hmong as rude. The article presents examples where the Hmong and Western cultures collide, such as the meaning of a healthy person as one who maintains a balance between hot and cold properties; the kind of symptoms of illness which affect the decision about where to seek help, including the use of shamans and traditional medicine; legends related to losing blood; the uterus as the center of female energy and its connection to the blood flow of the whole body; the role of the spirit in well being; and ideas about food and nutrition, particularly for pregnant and post-partum women. The article concludes with a number of suggestions for making the hospital experience more comfortable for Hmong patients.

d. Vietnamese


INDEX TERMS: Vietnamese, Christians, Baptists, Catholics, Buddhists, educational background, family planning, children, fertility statistics, economic conditions,
women workers, stress, child care, employment, ethnic communities, extended family, family, husbands, second language, cultural sensitivity, research interviews.

GEOGRAPHICAL TERMS: United States.

This qualitative study examines some socio-cultural factors influencing family planning practices of Vietnamese refugee women. The purposive sample included 15 Vietnamese women in a medium-sized city in Washington. They ranged in age from 23 to 51, and had been in the United States for two months to ten years. All were married and had low levels of education. Using closed-ended demographic questions and an unstructured interview guide; the interviews were conducted in Vietnamese. Several social factors were found to influence family planning. The easier yet more stressful life in America and the need for women to work contributed to women’s re-evaluation of the number of children desired. Those younger than 40 perceived a need to limit the number of children to two. Women also talked about limiting the number of children so that they could take good care of them as there is no extended family to assist in child rearing. Many were limiting the number of children they had or were waiting until they finished ESL classes and found a job before they had another child. Although the informants had settled near other Vietnamese, the community did not influence their family planning as talking about family planning was taboo in Vietnam. All had discussed family planning with their husbands, who usually allowed them the final decision about which method was best, but few were able to speak about it with other family members. However, women felt it important to have children, as children bring happiness and are also a source of help to the parents when they grow old. The rhythm method was being used by five of the women “as the most natural.” The author discusses some of the cultural reasons for their reluctance to use other methods. She was not able to explore religion as a factor due to the difficulty of obtaining diversity in the sample. Ten women were Christian, four were Catholic, and only one was Buddhist. The article concludes that educational material on family planning should be sensitive to Vietnamese women’s cultural and religious beliefs and their fears about contraceptive methods.

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INDEX TERMS: Vietnamese, Chinese, men, adolescents, parents, educational background, adaptation, receiving country, resettlement policy, attitudes, discrimination, prejudice, ethnic neighbourhoods, customs and traditions, extended family, gender role, conflict of generations, ethnic identity, stress, neurotic and personality disorders, value systems, maladjustment, cultural integration, psychological tests, research interviews, statistical data.

GEOGRAPHICAL TERMS: Finland.
This study investigates the relationship between acculturation and stress by young Vietnamese refugees and their parents or caregivers in Finland. Moderating factors, which may influence the relationship between the concrete acculturation experiences of individuals and the resulting acculturative stress, include pre-migration experiences and post-migration experience concerning the nature of the host society. Resettlement in Finland presents particular problems, including the low proportion of immigrants and refugees; the dispersal of Vietnamese in small groups across the country; deteriorating Finnish attitudes towards immigrants; and the cultural distance of Nordic norms of gender equality and egalitarian parent-child relationships. The sample comprised 159 young refugees who arrived in Finland between 1979 and 1989 and 121 of their parents or caregivers. Both generations were evenly divided between males and females. Slightly more than half the older generation participated in the labour force, males and females alike; and two-thirds had between less than four to seven years of education. Stress was assessed with both etic (Western-oriented) and emic (culture-specific) mental health scales. Gender and generation were found to determine both attitudes towards, and the degree of, acculturation. The younger generation had a more negative attitude toward maintaining their own culture than the older generation and males in both generations had a more positive attitude toward acculturation than did females. Adults were less acculturated than youth with adult women as the least acculturated group. Acculturation attitudes predicted the stress symptoms of the adult women only, while for the other sample groups acculturation experiences and degree of acculturation were the better predictors. Discrepancies in acculturation and the increasing gap between the ethnic self-definitions of the two generations were reflected in the stress symptoms reported by both generations. In the younger generation, anxiety and depression symptoms were related to the degree they had adopted Western values: for boys, the dissociation from tight family bonds was most crucial while for girls it was the lack of an ethnic community. Women of the older generation were the most distressed group. Separated from the dominant culture and lacking ethnic community support, women may feel they are their culture’s only ‘guardians’. Although they reported fewer symptoms than females, men with longer experience of the Finnish culture and experiences of prejudice and discrimination reported significantly more anxiety symptoms than other participants. The study also found that pre-migration traumatic experiences had less impact on stress symptoms than post-migration contingencies. The author concludes that the study seemed to support that the ‘integration option’, a balanced positive orientation to both cultures simultaneously, including both acculturation attitudes and degrees of acculturation, is superior in mitigating stress symptoms.

The authors describe a project conducted to identify and eliminate barriers to health education for adult Vietnamese women by inviting them and providing free transportation to community educational meetings and clinical screening sessions in Olmsted County, Minnesota. Of 537 potential participants, 175 were successfully contacted by phone and 90 women attended community meetings that were limited to 15 participants each. Pretests and post-tests were given to assess knowledge about cancer and cancer screening and measure the effectiveness of educational intervention. The mean age of women attending the meetings was 37 years, with a median length of residence in the US of four years. Comparison of pretests and post-tests showed a significant decrease in the participants’ misconceptions, such as that cancer was contagious or that the Pap smear might take away virginity. At the end of the meeting, the women were invited to attend clinics for breast and cervical cancer screening. Of the 39 women who did not attend, 22 were unmarried. Twenty-two women had completed the screening prior to the community project, thus leaving 29 women to attend the clinics. The clinics were organized as small group appointments for three to six participants. Only female providers were present and the same interpreter translated at the clinic. Asked to rank the top five reasons from a list of ten for participating, the 29 women concurred with the following rankings: the guaranteed presence of a female interpreter; the presence of a female clinician; free transportation; prearranged appointments; and the availability of a person to guide the women through the building. The authors conclude that the results support findings of previous studies of Asian-American women. The main barriers continue to be the lack of female interpreters and clinicians. The high response rate for the community educational meetings demonstrates that Vietnamese women are willing to attend interventions if the services are presented in a culturally acceptable manner.


INDEX TERMS: Vietnamese, psychiatric tests, clinics, neurotic and personality disorders, men, educational background, single persons, divorced persons, widowed persons, somatic problems, psychological problems, primary health care, medical personnel, research, statistical data, literature review.

GEOGRAPHICAL TERMS: United States.
This article discusses the use of the culture-specific Vietnamese Depression Scale (VDS) in screening for depression among recently arrived Vietnamese refugees. In this study, 1,998 adult Vietnamese refugees, who presented at ten public health clinics within two months of their arrival, completed the VDS. Reflecting differences in the relative size of the refugee populations, 90 per cent of the participants came from four of the clinics. The self-reporting scale contains 18 items, takes five minutes to complete by a Vietnamese person with at least four years of education and is administered orally by an interpreter to persons with less or no formal education. The VDS was incorporated into the clinic intake procedure. Average age of patients was 31 years; 59 per cent were male, and more than half were single. This study found that, among those who met the threshold criterion, significantly more were women than men, and the number of persons were also significantly older than those who scored below the mean. The distribution across the marital status categories was unequal. Lack of formal education was also associated with a significantly higher percentage of persons reaching the threshold score, as was length of time in the United States - those having lived in the U.S. longer scored higher on the VDS. However, when these variables were entered into the model simultaneously, the only significant predictors were level of education and being separated, divorced, or widowed. Physical symptoms were also reported, with headaches being the most frequent complaint, followed by backaches, limb aches, loss of appetite and physical fatigue. The prevalence of each physical symptom was significantly higher in the depressed than the non-depressed group. Among psychological symptoms, sadness and difficulty concentrating were most commonly cited. Patients who met the threshold again reported a significantly greater presence of all psychological symptoms than those who did not meet the criteria. Culture-specific symptoms were also reported - these included being sad, bothered, angry, shameful and dishonoured, as well as feelings of desperation and “going crazy.” Reliability of the VDS was adequate, as coefficients were calculated for the entire sample and by sex and educational level. In their discussion, the authors note that the findings of the current study are congruent with other studies of Vietnamese. The authors conclude that the primary medical care setting is an appropriate focus for detecting depression among Southeast Asians and that the VDS is a feasible screening tool for such problems. Further, primary care professionals should consider incorporating the VSD into the clinical assessment of Vietnamese. Since the setting is not defined as ‘psychiatric’, the stigma associated with mental health treatment may be more easily minimized.


INDEX TERMS: adolescents, males, females, Australians, second generation migrants, Vietnamese, refugees, adolescents, secondary education, psychological problems, psychological tests, questionnaires, literature review.
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The authors discuss the findings of their study that tested the “migration-morbidity” hypothesis that immigrant status is associated with greater psychological morbidity. However, as the authors point out, studies investigating the effect of immigrant status on mental health have produced mixed and inconclusive results. The subjects were drawn from a sample of 631 (414 female and 217 male) adolescents from 20 different educational institutions in the city of Melbourne and the town of Albury/Wodonga, who were volunteers and assigned to one of four sub-groups - Australian born adolescents with Australian born parents, second-generation adolescents with parents born outside of Australia, immigrant adolescents and Vietnamese refugee adolescents. As the authors point out, although the sample was biased with respect to gender, this bias was evident across all groups. It was expected that support for the migration-morbidity hypothesis would be evident in differences in mean scores on psychopathology measures among the four immigrant status groups and that girls would score higher than boys. Measures of psychopathology instruments were derived clinically and from older instruments and included indices of anxiety, depression and interpersonal difficulties. Self-concepts items were semantic differential scales with bipolar descriptors. The overall results, based on analyses of variance, did not support the “migration-morbidity” hypothesis. No one group scored significantly higher on the four measures of psychopathology. Girls only scored significantly higher on the anxiety state dimension. However, none of the two-way interactions between gender and groups were significant. With respect to the self-concept measures, girls scored significantly higher than boys on low confidence. Vietnamese refugee adolescents did score higher on one factor of the self-concept measures, low self-worth. However, the interaction between gender and groups were not significant for the low self-esteem measure as well as the general measure of negative self-concept. The authors suggest that the low self-worth factor of Vietnamese may be due to discrimination they have experienced because of their racial and cultural distinctiveness or to cultural differences in self-concept structure between the refugee sample and the remaining adolescent samples.

INDEX TERMS: Vietnamese, resettlement, adaptation, flight, stress, neurotic and personality disorders, mental health, post-traumatic stress disorders, trauma, age groups, gender groups, second language, marital status, wealth and income, health personnel, settlement workers, social workers, resettlement programmes, cultural sensitivity, research interviews, data collection.

GEOGRAPHICAL TERMS: United States.
This article examines the relationships among pre-migration stresses, nightmares, acculturation stresses, personal efficacy, and depression in a sample of 147 Vietnamese Americans, aged 20 and older, living in a Northeastern metropolitan area. Age, sex, education, location, income, marital status, religion, length of stay in the United States, and English language ability were used in the analysis. A network sampling method was used and a structured survey questionnaire with closed-ended questions was translated into Vietnamese. The author cautions that, although the measures of pre-migration stresses, nightmares, and personal efficacy had relatively low internal consistency reliability, the scales were used because of their relatively acceptable content validity. It is, however, suggested that future studies develop more reliable scales to measure these concepts by adding more relevant items or replacing all items. To examine the relationships among the research variables, the author developed a model based on the learned-helplessness theory, utilizing LISREL (Analysis of Linear Structural Relationships by the Method of Maximum Likelihood). The results are reported in terms of direct, indirect, and total effects. The findings tend to support the learned-helplessness theory that psychological traumas and stressful experiences undermine a sense of personal efficacy and increase symptoms of depression. The analysis shows that the respondents who experienced more pre-migration stresses also experienced more acculturation stresses. As a result, respondents who experienced more acculturation stresses had lower personal efficacy, which in turn, increased depression. Age, gender, marital status, and English language proficiency also had differential effects on the research variables. The author stresses that health care workers, social workers, and their organizations should not ignore the long-term effects of the psychological trauma of war and flight on mental health. Based on the findings, the article concludes with several recommendations as to the kind of resettlement services that should be provided. Methodological limitations of the study are pointed out, such as small sample size and the use of survey research, and the need for further research employing different methods is recommended.

INDEX TERMS: Vietnamese, boat people, professional workers, country of origin conditions, history, culture, causes of flight, social group persecution, ill-treatment, imprisonment, death, starvation, viral diseases, intestinal infectious diseases, post-traumatic stress disorders, survivor syndrome, psychiatric tests, testimonies

GEOGRAPHICAL TERMS: United States.

According to the author, post-traumatic stress disorder (PTSD) “is a normal reaction to an abnormal stress and includes the symptoms of depression, emotional numbness, and the avoidance of people, places, and things that remind the individual of the original traumatic event.” Regarded mostly as a male problem, many Vietnamese women in the United States
have not been diagnosed until recently for PTSD. It was first observed in soldiers who had seen combat and among survivors of concentration camps whose symptom of feelings of unworthiness and depression became known as ‘survivor guilt.’ It was only included as a diagnostic category in 1980 in a revision of the Diagnostic and Statistical Manual of Mental Disorders (DMS III) of the American Psychiatric Association. DMS III noted that some stressors produced PTSD more often than others. The disorder was also found to be more severe and longer lasting when the stressor is human. The author argues that what is known about trauma and the relations of PTSD to Vietnamese and American women war veterans are still largely measured by what is known about male veterans. It has also become apparent that, although the PTSD paradigm is a useful mental health diagnosis and treatment tool, it provides only part of the picture for understanding the effects of war trauma on women. More needs to be known about the women’s past than the trauma itself, particularly their coping mechanisms and other strengths in order to design effective treatment interventions. To demonstrate that oral histories can give a deeper understanding of the historical/cultural context and the complexity of the women’s lives, excerpts from the life histories of five Vietnamese women are included.


INDEX TERMS: Vietnamese, husbands, wives, family, stress, employment, gender role, primary health care, nurses, resettlement, unemployment, language barriers, household division of labour, research interviews.

GEOGRAPHICAL TERMS: United States.

This article examines the impact of structural and functional changes of Vietnamese family life on spousal relations, associated with the refugees’ resettlement in the United States, on changes in conjugal power relations and ‘affective bond’. Power is defined “as the ability to influence family decisions, including which household labour one will perform. Spousal affectivity is defined as the level of intensity of inter-action and the degree of emotional interdependency.” Semi-structured, open-ended interviews regarding socio-demographic characteristics and pre- and post-settlement spousal relations were conducted with a non-random and cross-sectional sample of 30 women who were married to their present husbands in Vietnam. The major variables considered were relocation, exposure to more liberal attitudes towards gender equality in the US, and wife employment with spousal power differentials and affectivity used as measures of change. The research found that, when the wife was not employed, one of the more pervasive structural changes was the shift from an open to a closed family system. This change resulted for most women in the nuclearization of the family with decision making now being confined to the spousal couple instead of the parental family. However, spousal power differentials did not decrease
appreciably. Affectivity increased for all couples independent of a change in power differentials and, when the wife was not employed, also independent of family system. When the wife was employed, independent of family systems, spousal power differentials decreased with a concomitant increase in affectivity because of exposure to more liberal attitudes towards gender relations, competency in English, and longer residency in the US. The authors stress that community health nursing assessments of families will be strengthened by considering the health implications of stress, as related to structural and functional changes in conjugal relations. The assessments will also help to develop an empirical basis for interventions that potentially maximize refugee family adaptation in the US.

C: Social and Cultural Issues

1. General/Multiple Ethnic and National Groups


INDEX TERMS: refugees, adaptation, social workers, education, social services, trauma, refugee experiences, case studies, literature, resettlement, settlement assistance, receiving country, Cambodians, Tanzanians, asylum seekers, Guatemalans, Germans, Jews, neurotic and personality disorders, post-traumatic stress disorders, cultural sensitivity, second language, teachers, lawyers.

This article examines the need to prepare social workers to provide sensitive and effective services to refugees who are often both culturally different and psychologically traumatized. The authors suggest that short stories, novels, and biographies about refugee experience can be valuable tools in the education of social workers. Four primary benefits of this approach are discussed. First, refugee stories can build general background knowledge of the various stages of forced migration, as well as of the socio-psychological, emotional, and physical effects of the refugee experience. Secondly, the authors note the usefulness of stories as a complement to theory. If theory represents the general and impersonal, stories offer the personal experience. As such, they may be used to illustrate theoretical concepts, such as the signs of post-traumatic stress disorder (PTSD), or students may be asked to apply theory to a story’s specific concrete situation. Thirdly, stories permit us to see the receiving country and its resettlement agencies from a refugee perspective. The authors argue there is an “almost unbridgeable gulf in perception” between refugees who experienced brutality and those who have lived in safety, thus leading to a different interpretation of actions and events. This point is particularly crucial for social workers, who must be prepared to deal with unfamiliar behaviours and their own assumptions of the meanings of such behaviours. Finally, refugee stories can effectively raise issues for discussion and/or further investigation into the needs and concerns of refugees. The pedagogical potential is
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illustrated by eight short stories throughout the article and a collection of first-person narratives in the resources section at the end of the article.


INDEX TERMS: Cambodians, Bosnians, Ethiopians, Haitians, Afghans, Germans, Somalis, Hungarians, Vietnamese, Cubans, Argentinians, Salvadorans, Lao, country of origin conditions, forced labour, flight, persecution of family members, starvation, arbitrary arrest and detention, poverty, civil war, refugee camps, border camps, refugee experiences, convention refugees, admission policy, resettlement, family, employment, women workers, IOM, UNHCR, CSR51.

GEOGRAPHICAL TERMS: United States, Germany.

This book is a collection of the life stories of 28 refugee women. Most have now resettled in the United States. Five are in Germany. A few of the stories were told in the speakers’ languages and translated into English. All but two of the women’s names, current residences and workplaces have been disguised to give some protection to the privacy and safety of the narrators and their families. In the interest of avoiding cultural bias, the women were not interviewed but were instead asked to tell their stories directly. No analysis of the stories is provided, the author preferring to let the women’s voices speak for themselves. She does, however, identify the transformation of identity as a theme running through the stories. All the women had been forced to flee their homes. Some women had been recognized as UN Convention refugees. Others, while considering themselves refugees, had been admitted through normal immigration procedures. Others had been admitted with presumptive refugee status. In the first chapter, Defining and Resettling Refugees, the author provides some historical and political background on refugee admission policies. The following chapters group women refugees’ stories by country of origin: Cambodia, Bosnia, Ethiopia, Haiti, Afghanistan, Germany, Somalia, Hungary, Vietnam, Cuba, Argentina, El Salvador, and Laos. The stories of flight range over a time span from 1936 (Germany) to 1994 (Bosnia).


INDEX TERMS: Asians, Cambodians, Lao, Vietnamese, immigrants, refugees, violence against women, customs and traditions, special needs, womens centres, language barriers, interpretation services, community relations, cultural sensitivity, counselling, womens rights, legal proceedings, communication barriers, cross-cultural communication,
deportation, criminal law, immigration law, divorce, patriarchal societies, gender role, women's status, value systems, extended family, belief systems, racism, social workers, research interviews, social workers, lawyers.

GEOGRAPHICAL TERMS: United States.

This study examines the language and cultural needs of battered Asian women and considers the cultural and structural constraints that inhibit them from seeking help from mainstream social service providers. Conducted in two stages between 1990 and 1993, it is based on open-ended interviews with 18 Asian community activists and service providers throughout the United States, who worked mostly with recently arrived battered immigrant and refugee women. The findings show that, because of the many Asian languages and dialects, shelters often find it difficult to meet the language needs of monolingual Asian women and the use of outside interpreters is problematic. The women's cultural needs can be met by culturally sensitive community-based outreach and intake programmes designed to make them comfortable and more likely to utilize services. The women also need special advocacy support to walk them through the legal system. Language barriers severely limit access to information and services and exacerbate the women's fears. As well Eastern communication styles differ from Western styles. Women may also be fearful about deportation and ostracization from their community; about recourse to legal authorities because of adverse experience with authority in their country of origin; and about the stigma and shame of divorce. As well, many women live in a patriarchal context that sanctions violence as a means of control over the wife, a situation often reinforced by the extended family. Women may also hold religious beliefs that deter them from seeing themselves as abused. The author concludes that the needs of these women require a multilevel approach. Racism and discrimination have to be addressed in mainstream society as well as within social service organizations and communication among them at the national level has to be improved.

INDEX TERMS: Russians, USA nationals, Jews, refugees, gender groups, resettlement, adaptation, cultural identity, cultural orientation, pluralism, alienation.

GEOGRAPHICAL TERMS: United States.

Based on a mail-out questionnaire to 49 respondents, conducted in 1987 in the Baltimore-Washington area, this article focusses on acculturation of Soviet Jewish refugees who left the Soviet Union after 1972. The study examined the relationship of acculturation to adjustment, defined as absence of alienation from American society. Acculturation to the Russian, American, and Jewish cultures was measured independently using separate
measures of identity and behavioural acculturation to assess these different dimensions. The research addressed the questions whether acculturation variables are related to gender, length of residence, and age; whether behavioural and identity acculturation are distinct; whether identity and behavioural acculturation to the three cultures are unilevel or multilevel; and what patterns of identity and behavioural acculturation predicted alienation. Findings show that gender was not related to any of the acculturation variables, to age, or to length of residence. However, women were significantly more alienated than men, but length of residence was positively related to American identity and behaviour acculturation in women and to an increase in Russian identity and behaviour in men. Acculturation for women appears to have been a unilevel process involving a choice between Russian and American identity, but not for men who could identify and behave in accordance with both Russian and American cultures. The authors conclude that a woman’s sense of identity is interpersonally defined whereas a man’s identity is derived from a sense of autonomy. The authors did not find their expected distinction between identity acculturation and behavioural acculturation due to the similarity of the measures, or to the non-existence of such a distinction. However, in the absence of religious practices differentiating Jews from Gentiles in the Soviet Union, Jewish behaviour was positively related to American behaviour, which they attribute to the support these refugees received from the American Jewish community, through which behavioural adjustment to American behaviours became linked to adjustment to Jewish behaviours. As well, the data indicated that for men adherence to Russian identity was a significant predictor of alienation, whereas adherence to Russian-oriented behaviours and activities was not. Finally, acculturation was best described as unilevel or multilevel depending on whether the cultures converge, diverge or were in conflict.


INDEX TERMS: women, immigrants, ethnic and national groups, violence against women, family, needs, racism, child care, mothers, children, counselling, womens status, settlement assistance, ethnic communities, discrimination, womens rights, cultural sensitivity, community organizations, immigration law, women-at-risk, refugee status determination procedures, gender-based persecution, interviews, manuals.

GEOGRAPHICAL TERMS: Canada.

This handbook is a “tool” developed from the experience of support group facilitators for and with immigrant and refugee women. It is designed to reflect the ways refugee and immigrant women are creating both, support groups to enhance and maintain the health and well-being of women in their communities as well as alternate support group models that reflect their needs and realities. The handbook is designed for use by refugee and immigrant
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women, health care and social service staff, and community-based workers who want to set up a support group, as well as a tool for facilitators. It includes discussions of the need for support groups and for an integrated response; the overall purpose of support groups; kinds of support groups, including ethno- and language-specific and multicultural groups, and the role, skills and knowledge of the facilitator(s); guidelines for setting up and assessing support groups; selected support group models; and a summary of the revisions to the 1988 Canadian Immigration Act, particularly as they relate to the immigrant and refugee categories, which have been in force since 1993. The handbook also provides lists of anti-racist and cross-cultural children’s stories, community organizations and resource groups for refugee and immigrant women from across Canada, and selected resources on refugee and immigrant women available from the offices of Education Wife Assault, as well as the organization’s own publication list. A generic outline of a funding proposal and an evaluation questionnaire of the handbook are also included as is a section on the definition of terms used.


INDEX TERMS: female circumcision, womens rights, childrens rights, educational programmes, legislation, child abuse, imprisonment, protection, national law, criminal law, resettlement, adverse health practices, customs and traditions, midwives, health, psychological problems, declarations, violence against women, sexual violence, medical personnel, counselling, cultural conflict, pluralistic policy, UDHR48, CEDAW79, CSR51, CRC89, international instruments, WHO, UNICEF, international organizations.

GEOGRAPHICAL TERMS: Australia.

In September 1993 the Australian Attorney-General asked the Family Law Council to examine the adequacy of existing Australian laws to deal with the issue of female genital mutilation (FGM). In this report the Council concludes that FGM is a practice which should not be accepted in Australia and that the strategy for eliminating it must be based not only on educating families from countries who traditionally practice FGM but also professionals and others within the general community. Although education is considered the first priority, the Council further concludes that it alone will not result in the elimination of the practice and that legislation is necessary. Thus, the Council recommends special legislation that makes it clear that FGM is a criminal offence in Australia. Specific recommendations regarding the content of the legislation as well as the development of child protection protocols are included. In the first section of the report an extensive background to the Council’s examination of the issue is provided. The second section discusses the practice of FGM as well as the incidence of the practice both globally and, based on anecdotal
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evidence, in Australia. The third section of the report highlights the physical, psychological, emotional, and sexual effects of FGM. In the fourth section on women and children’s rights a number of relevant international instruments are considered. Five such instruments are discussed: the Universal Declaration of Human Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the Declaration of Violence Against Women; the 1951 Convention and 1967 Protocol relating to the Status of Refugees; and the Convention on the Rights of the Child. The section also highlights resolutions and policy statements with regard to FGM from international organizations such as the World Health Organization; the International Council of Nurses; the World Medical Association; and the International Council of Women. The fifth section of the report focusses on the cultural conflict between traditional practices and Western society. The Council agrees that the principles of cultural diversity enriches Australia; however, multiculturalism does not imply that if a practice is culturally based, that is sufficient reason to justify the continuation of the practice in Australia. The final section of the report summarizes the Council’s main conclusions and reiterates its strategies for the elimination of FGM. Detailed recommendations are provided for both the delivery of education programmes and the role, purpose, and content of special legislation with regard to FGM.

INDEX TERMS: refugees, immigrants, ethnic and national groups, resettlement, violence against women, women, needs, refugee experiences, alienation, unemployment, racism, children, youth, special needs, schools, men, country of origin, patriarchal societies, ethnic communities, family, cultural sensitivity, cross-cultural communication, womens groups, interviews.

GEOGRAPHICAL TERMS: Canada.

This article discusses issues related to the settlement process of women refugees and their families. The issues emerged from an Education Wife Assault (EWA) project to produce a handbook to assist refugee and immigrant women in establishing support groups. As part of the project, fifty-five support group facilitators in Toronto, Kitchener, and Hamilton were interviewed. The discussion focusses on the four major issues raised: the need for an integrated response to immigrant and refugee families; concerns about cultural perceptions; the importance of respecting cultural differences and recognizing structural barriers in the settlement process; and the use of support group experiences to empower refugee/immigrant women. Support group facilitators expressed the need for an integrated response that coordinates services to the family as a ‘unit’ to help refugee women ‘keeping the family together’. Refugee/immigrant women experience isolation because of their unfamiliarity with the public/private divide in Canadian society, and alienation as a result of
racism during the settlement process. Children and youth have special needs as ‘hidden victims’ of family violence and as a result of settlement pressures. Support groups for mothers can help mothers to associate children’s dysfunctional behaviour, such as withdrawal and poor performance in schools, to the violence they may have witnessed both prior to coming to Canada and within Canada. In order to understand the barriers women have to overcome before they take action against an abusive relationship, the manner in which male power is constructed in the country of origin and deconstructed by the refugee experience and settlement in Canada has to be considered. As well, the growing hostility toward refugees and immigrants and other forms of racism make it even harder for battered women to break their silence. The latter part of the paper examines cultural differences and how they are perceived, recognized, and respected. The author states that the concept of ‘cultural sensitivity’ ignores the political and ideological aspects of culture and does not reflect a two-way process of cultural exchange. Facilitators feel they can foster a respect for, and recognition of, cultural differences by promoting open mutual cultural exchange with facilitators who are not members of ethno-specific groups. This process helps immigrant/refugee women consider different and culturally appropriate ways of working through issues, such as violence against women, in their quest to empower themselves and establish their own identities while striving to move from victim to survivor to advocate.


INDEX TERMS: Cubans, social classes, value systems, resettlement, family, gender role, employment, upward mobility, ethnic communities, one-parent families, divorce, pregnancy, higher education, women’s status, occupations, customs and traditions, parental authority, cultural integration, secondary migration, case studies, interviews.

GEOGRAPHICAL TERMS: United States.

This chapter discusses the relationship between cultural values and successful adjustment among Cuban women who settled in the United States following the 1959-60 Cuban revolution. The author presents the life histories of five women immigrants, of the first wave residing in Washington, D.C., who participated in her 1990 study. All five women had been married and had children; two were divorced. Four had earned graduate degrees since leaving Cuba; three of them were using their learning in their full-time jobs. The two-hour interview schedule gathered demographic data including household composition, education and occupation, information on the immigration history of the participants and their families, and reasons for moving. To tease apart intricate aspects of Cuban women’s sex role concepts, the author used a sorting exercise that ranked value statements about men and women from more traditional to less traditional and placed them along a temporal
gradient from then to now. The author analyzed the results using a multidimensional scaling algorithm. She also used the same response items to determine how strongly the sentiments were felt before and after the revolution. The scores were then used in a principal components analysis and a factor analysis with quartimax rotation to maximize differences between factors. Overall, the participants held nontraditional views about education and work, but traditional views about relations between the sexes. Further questioning revealed they have grown in breadth and have made their adjustment in stages with the stages sometimes punctuated by turning points. The author concludes that core Cuban culture traits are the pre-adaptations that allow Cubans to succeed.


INDEX TERMS: Muslims, Arabs, Shari’ah, Islam, patriarchal societies, women’s status, ethnic communities, national law, marriage, polygamy, racism, men, religious leaders, discrimination, public opinion.

GEOGRAPHICAL TERMS: Canada.

This article is a critical response to the Canadian Society of Muslims’ (CSM) proposal for a renegotiated social contract for Canada, “Oh Canada! Whose Land, Whose Dreams?”, which proposes constitutional amendments and Senate reform so that consenting Muslims will be governed by Shari’ah laws. The author argues that there is no single Muslim people as the Muslim umma (the male community of Muslims) is spread over geographically and culturally diverse regions. As a result, there are various schools of law, all dominated by men and each with their own version of custody arrangements. Hence, the concept of a Muslim Personal Law is problematic as those groups who have the power to define it shape it. She also points out in some detail that the proposal will further isolate and subordinate Muslim women. The CSM choice of Shari’ah law over other methods of validating Islam suggests that Muslim men are willing to confront racism in society, but are not as willing to confront their own sexism. The concentration on culture subordinates women under the pretext of “heritage preservation.” The distinction in the proposal that Shari’ah laws would only apply to consenting Muslims is also problematic, since women who would decline to be governed by them would be ostracized by their community. Finally, the author argues “the proposal is a simplistic response to the marginalization and exclusion of Muslims from the structures of Canadian society. By invoking multiculturalism in making its recommendations, the proposal reproduces the dominant liberal ethos of the management of race relations and the maintenance of the status quo of power relations in Canada.”

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FAMILY, Staff of Women’s Health in Women’s Hands. Toronto (Canada): Women’s Health in Women’s Hands, 1993. 8 p. : bibl.

INDEX TERMS: students, teachers, female circumcision, adverse health practices, cultural sensitivity, health education.

GEOGRAPHICAL TERMS: Canada.

This information pamphlet begins by describing three types of female genital mutilation (FGM) and the countries and communities where it is practised. It then highlights health problems, such as extremely painful periods and recurrent urinary infections, that young girls and women may experience as a result of FGM. It also reminds teachers and school staff to be aware of monthly absenteeism patterns, to deal with confusing and contradictory emotions in a culturally sensitive way, and to understand that cultural taboos may mean that young girls will know little about anatomy and sexuality, and may use stomach pain to describe menstrual or urinary pain. The pamphlet also addresses some of the possible problems encountered when providing support to students dealing with FGM.


INDEX TERMS: Muslims, immigrants, womens organizations, Indians, Somalis, Egyptians, Moroccans, Canadians, Islam, fundamentalism, media, cultural identity, schools, religious institutions, racism, prejudice, discrimination, freedom of religion, counselling, cultural sensitivity.

GEOGRAPHICAL TERMS: Canada.

The Canadian Council of Muslim Women (CCMW) was formed in Edmonton in 1982. Its mandate is to assist Muslim women to participate effectively in Canadian society and to promote mutual understanding between Canadian Muslim women and women of other faiths. The Ottawa chapter was organized in 1989 as a means for Muslim women to network with other community-based organizations. This article presents a transcript of interviews between INSCAN/RRDR representatives and members of the Ottawa chapter of CCMW. The women represent countries such as India, Somalia, Egypt, and Morocco and have lived in Canada from less than two years to more than twenty-six years. They responded to five questions: what prompted the CCMW to organize in Ottawa; what is the Canadian attitude towards Muslims in general and Muslim women in particular; when do people in the Muslim community from diverse ethno-cultural backgrounds come together in Ottawa; do you see more younger women starting to wear the hijab; and are there any things that service providers who are not familiar with Islam should know when they are dealing with Muslim immigrants and refugees? In their answers, the women focussed on the
negative view and lack of knowledge of Islam in Canada, and their treatment as second class citizens, which is reinforced when they dress differently. Even though Canada is a multicultural mosaic and Muslim are an integral part of Canadian society, the general attitude toward Muslim is negative, based on misconception, a lack of sensitivity and, especially, the negative portrayal of Islamic women in the media. The mosque is the meeting place where members of different nationalities come together for Friday prayers, festivals and lectures on major Islamic topics, among others. Since Muslims come from different ethnic, cultural and socio-economic backgrounds, service providers have to be culturally sensitive and should not use the attitudes or behaviour of one Muslim woman to make a value judgment of Islam and all Muslim women. A woman who seeks counselling should not be expected to tell her social workers or counsellor everything, as there are certain personal problems she will not discuss.


INDEX TERMS: Malians, Algerians, immigrants, illegal immigrants, Muslims, family planning, womens rights, violence against women, communication barriers, health education, female circumcision, segregation, racism, polygamy, illegal immigration, country of origin, government policy, customs and traditions, cultural conflict, national law.

GEOGRAPHICAL TERMS: France.

This article looks at the difficulties in health education work with immigrant women in France, especially the tensions of respecting practices in other cultures, female circumcision in particular, that are forbidden in France. The author presents examples of violence against women by sharing the experiences of a number of immigrant women. She questions a French policy that permits people to maintain the customs of their country of origin as far as civil law is concerned; as a result, immigrant women in France receive second class justice and are denied legal existence. Three types of problems occur: differences in culture and tradition, problems linked to illegal immigration, and problems of permitting people to maintain their country of origin traditions. The author concludes that allowing immigrants to preserve their traditions, deprives them of the advantages they would have if they shared French women’s rights.


INDEX TERMS: immigrants, women refugees, language barriers, employment, education, advocacy.
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GEOGRAPHICAL TERMS: Canada.

The author highlights characteristics common to immigrant and refugee women and describes how their intuition, courage, perseverance, and maternal instinct lead them to assume advocacy roles. She describes immigrant women as displaying an inordinate amount of courage and an innate desire to succeed because it means survival. As they search for solutions, these women overcome language barriers; loneliness; and economic, employment, and education issues with no question of giving up. In conclusion, the author states that the need to transfer skills, be assertive, gather information, work in teams, know and challenge their own and others’ assumptions, and develop self-esteem, confidence, and maintaining a positive self-image helps refugee women be successful advocates.

INDEX TERMS: child refugees, UN, protection, men, resettlement, special needs, demography, statistical data, admission quotas, age groups, gender groups, unaccompanied minors, CSR51, patriarchal societies, persecution, resettlement programmes, UNHCR.

GEOGRAPHICAL TERMS: United States, Australia, Canada.

The author poses two questions. The first question refers to the sex and age composition of refugees admitted for resettlement by the major resettlement countries. The second question refers to the age and sex composition of refugees deemed in need of resettlement by UNHCR. Data from 1985 to 1991 for Canada, United States, and Australia were collected from government reports of immigration admissions. However, no data were available from UNHCR, which would indicate to what extent the concern over women and children’s safety are translated into attempts to resettle them. Thus, the analysis is confined to resettlement countries. In all three countries, the proportion of refugee women and children was below the 80 per cent of refugees of concern to UN agencies. Thus the data indicate that there is a bias toward adult males in the admission of refugees for resettlement, if one takes the proportion of the world’s refugees as standard. The sex ratios of different age groups confirm a continuing male bias at all ages. The data for the more recent years suggest that the male resettlement bias has lessened but has not been eliminated. The author suggests that the bias is not intentional on the part of officials in countries admitting refugees, but may be explained by a male bias in the UN convention definition. Persons falling under the Convention definition are different from the entire group of refugees coming under UN protection. In patriarchal societies, men may be more likely to take public roles and positions that put them at risk of a well-founded fear of persecution and are, therefore, more apt to be identified as those in danger of persecution for political actions. Based on changes in the most recent years in the United States and Australia, the data indicate that change is possible. The author emphasizes that UNHCR needs to provide data on the age and sex composition of the group identified as in need of resettlement, for
only then can an evaluation be undertaken to ascertain whether a male bias exists in the program.

2. **Africans**


INDEX TERMS: female circumcision, legislation, offences, parents, fostering, medical personnel, medical treatment, immigrants, family, residence, deportation, ethnic communities, child abuse.

GEOGRAPHICAL TERMS: United States.

This article provides a brief overview of American legislation with respect to the prohibition of female circumcision/female genital mutilation (FC/FGM) and offers some commentary on the implications of criminalization of the practice. In March 1997, circumcising a female minor was made a crime under US federal law, with two narrow exceptions related to medical or health issues. Exemptions based on personal conviction, such as religious belief, are prohibited. A number of states have enacted similar legislation, though they vary with respect to the extent of protection offered. Some states prohibit the practice of FC/FGM on minors only, while others extend legal protection to adult women. While the federal law applies to those persons who actually perform the procedure, some state laws explicitly ascribe guilt to those who ‘allow’ or ‘permit’ the procedure to take place. Similar to federal law, exceptions are made for licensed medical personnel under particular circumstances. As all legislation pertaining to FC/FGM is quite recent, it is too early to conclude whether criminalization will indeed be effective in the prevention of the practice. The author raises several issues concerning the laws that criminalize permitting or allowing FC/FGM. The question, who bears ultimate responsibility for FC/FGM and, by extension, who is most appropriately considered guilty, is hardly clear cut. Considering the inadequacies of foster care, the very girls these laws attempt to protect may suffer the gravest consequences by being placed in foster care. The laws may have serious repercussion for the residence status of immigrant families affected by criminal conviction. Circumcised women may be less likely to seek health care and deter health providers from providing care. If FC/FGM is practised in a particular ethnic community, enforcing these laws could drive them underground. The limitations of including FC/FGM within the definition of child abuse are also discussed.
This article discusses the cultural, ethical, and legal dilemma of female genital mutilation (FGM) facing the US medical community with the influx of immigrants from countries where it is performed. The Centres for Disease Control and Prevention estimated that in 1996 more than 150,000 women and girls in the US were at risk of genital mutilation. The author briefly discusses the various types of FGM, its medical complications, and the reasons for its continuation such as the preservation of virginity, prevention of promiscuity and, consequently, preservation of family honour. In the past two years several states have passed laws that criminalize FGM and in 1996, the US Congress passed a law making FGM a felony punishable by up to 5 years in prison for parents who arrange for the procedure and people who perform it. The federal law also seeks to prevent FGM through a process of education and cultural sensitivity. In addition to criminal penalties, international and national medical organizations such as the WHO, the International Federation of Gynecology and Obstetric, and the American Medical Association have declared performing FGM unethical. The author points out that, while criminalization deters FGM, the medical community can protect young girls and women from FGM by educating its members about the anatomic and psychological effects of FGM. When asked to perform the procedure, physicians must balance the legal and ethical obligation to refuse the request with sensitivity towards the family’s perspective. Health care professionals can have the greatest impact on the eradication of FGM by understanding its root causes and by communicating its dangers through culturally sensitive education and counselling. They can help convey that, although the family’s values are legitimate and its concerns are understandable, a girl or a woman has the ability to make rational decisions regarding sexuality while upholding family honour.
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INDEX TERMS: Amhara, Jews, rural areas, customs and traditions, value systems, nutrition, pregnancy, hospital delivery, home delivery, midwives, traditional birth attendants, maternal and child health care, hospitals, medical personnel, hygiene, pre-natal care, health services, cross-cultural communication, educational programmes, nurses, research interviews.

GEOGRAPHICAL TERMS: Ethiopia, Israel.

Since the 1980s over 50,000 Ethiopians emigrated to Israel. Most of them are Falashas or Amhara Jews from rural villages with beliefs and life style more consistent with traditional than Western societies. Part of a larger cross-cultural education project for nursing students, this explorative qualitative study compared pregnancy and delivery practices in Ethiopia and Israel from the perspectives of Ethiopian immigrant women. The sample consisted of 19 Ethiopian women who have been in Israel from 23 to 26 months and who gave birth in Ethiopia or Israel only, or in both countries. Each participant was interviewed several times in the home by specially trained nursing students and faculty and assisted by an Ethiopian woman translator. The authors found that the participants attributed pregnancy and delivery outcomes in both Ethiopia and Israel to proper nutrition and “God’s will or power.” Pregnancy and delivery complications, a deformed baby or infant and/or maternal death are believed to be God’s punishment for not obeying his orders. Since certain foods available in Ethiopia have particular curative properties, not having them in Israel was perceived as problematic. Yet despite these beliefs and the expressed dissatisfaction with aspects of hospital-based care, such as loneliness, loss of control, feelings of immodesty and lack of privacy, Ethiopian women choose to have their babies in the hospital. Reasons cited for their decision include perceptions of cleanliness, safety, and expert assistance. The authors point out that “findings from this study provide explanations for Ethiopian immigrant women’s low utilization of pre-natal care and their tendency to delay health care until the end stage of labour” and offer suggestions for providing culturally competent care to this immigrant group.


INDEX TERMS: Eritreans, refugees, men, women, resettlement, refugee experiences, country of origin conditions, patriarchal societies, social status, education, employment, marriage, family, womens rights, culture, educational opportunities, children, nationality.

GEOGRAPHICAL TERMS: United States, Canada, Eritrea.
This chapter focusses on the decision-making of a selected group of Eritrean men and women resettled in San Francisco and Toronto as they confront the possibility of returning to Eritrea. This decision-making is gendered and affected by the refugee experience, the conditions in Eritrea, and the social place the refugees have developed for themselves during resettlement. Power and belonging are presented as two interrelated issues, critical to a gender analysis of the development of social place. “Power” is defined as “the existence of structures enabling men and women to exert their rights and having meaningful control in their personal and public life” and “belonging” as “being in a place that is understood to be ‘home’ in different contexts.” The authors explore how these issues are experienced differently by women and men and affect their decisions about when and whether to return home permanently. Both men and women were first interviewed in the 1980s and re-interviewed in the early 1990s after the reconstruction of Eritrea. The men ranged in age from 20 to 42 years, were married or single, employed or in school, and residents of the United States for two to eleven years; the women ranged in age from 23 to 46 years, were married and single, mostly employed, and residents of Canada for six months to ten years. All those interviewed had experienced physical disruptions, family fragmentation, and personal trauma, which affected their gender relations. The men discuss their social position and experience of belonging with respect to education, work, family responsibility, and women and marriage. The experiences of men appear to be unfinished. They pursued their education, employment and social status goals within the context of safety and opportunities in the United States. Since the goals had not yet been attained, they felt that by remaining in the country of asylum these goals could best be pursued. Thus they would be able to enlarge their social space to include both Eritrea and the United States. The benefits of an American education, good job, and U.S. citizenship would enhance their social power congruent with the patriarchal Eritrean socio-cultural understanding of masculinity. Through their resettlement process, the women gained a sense of belonging both in Canada and Eritrea, which involved bridging cultural differences between them. They were concerned about women’s rights in Eritrea; made use of educational opportunities, particularly for their children; and felt that Canadian citizenship represented a level of security in their lives. Although they feel caught between “two worlds”, they did not want to lose the gains they have made in asserting their rights as women in an egalitarian and democratic sense by returning to Eritrea.

INDEX TERMS: Sudanese, Somalis, Catholics, Muslims, extended family, country of origin conditions, religious persecution, refugee experiences, country of first asylum, refugee camps, orientation programmes, resettlement, receiving country, settlement
assistance, settlement workers, social status, food supply, clothing, language barriers, medical screening, second language teaching, schools, alienation, children, racism, marital conflict, husbands, wives, alcoholism, violence against women, counselling, secondary migration, volunteers, case studies.

GEOGRAPHICAL TERMS: United States.

Using the case study of a refugee family from Southern Sudan during their initial year of settlement in a Midwestern city in the United States, the author illustrates that successful resettlement requires the presence of co-ethnics whose advice and support are critical to the refugees’ empowerment. The author volunteered to ‘host’ the family, providing orientation trips, making home visits, and acting as liaison between the family and resettling agency. A brief history of the family’s experiences in Sudan, Ethiopia, and Nairobi describes their flight from military and political unrest to their arrival at Ifo Refugee Camp in Nairobi, where they lived for approximately 3 years. The father, a Catholic and the head of the family, his wife and two children, and two younger cousins were accepted for resettlement in 1994, while seven other cousins remained in the camp. Using verbatim quotes, the author describes the obstacles that the family encountered. Camp orientation to resettlement left the family confident that people would take care of them. However, they were not told that they would be the only Sudanese in the community. As such, the community was ignorant of their culture, language and history and the family faced the absence of formalized programmes targeted to their needs. The author raises the question of whether resettling should occur only in cities with an established co-ethnic community to give support and assistance, but points out that such an approach would prevent new groups from being resettled.


INDEX TERMS: Sudanese, ethnic identity, customs and traditions, matrilineal societies, ceremonies, dance, superstition, country of origin conditions, Islam, Christianity, history, racism, anthropology, adaptation, political activities in exile, cultural identity, ethnic communities, traditional healers, Arabs, men, bourgeoisie, urban refugees, educational background, Shari’ah, Africans.

GEOGRAPHICAL TERMS: Canada.

This chapter discusses the socio-political and cultural contexts in which women of the Sudanese refugee community in Toronto staged the ceremony of spirit possession of the cult called zar in March 1992 in celebration of International Women’s Day. The author, who had studied the cult in villages on the Nile in northern Sudan in 1976-1977 and 1983-
1984, explains that the term zar refers to the healing rite involved, the condition the rite addresses and the spirits deemed to have caused it. Zar is overwhelmingly the province of women, and is a vehicle for affirmations of selfhood; an expression of women’s embodied knowledge; and critiques of domination and oppression by historical and contemporary powers. By 1992 in Toronto, there were some 600 Sudanese men and the number of women had grown to 30. The women all sought political asylum from Islamist regimes which had seized power in 1989 and was imposing dress requirements, ‘morality’ rules and limitations on women’s participation in public life and educational and other institutions. They tended to be of the urban middle class, to have education beyond the norm for Sudanese women, and though of various religious outlooks, were all culturally and emotionally northern Sudanese. Zar to them would have been superstition. In northern Sudan women are regarded as ‘symbols of the homeland’; in villages especially, they are the moral heart of their communities, responsible for the ceremonies and daily acts of hospitality that weave the social world. In their number in 1992 they attained what the author considers to be a critical mass whose presence had become crucial to the community’s self-definition. She traces some of the ‘reforms’ in women’s customary roles, duties and privileges, including zar, being effected by the regime in Sudan; provides some of the historical background of Nubian peoples; and recounts how the refugees in Toronto came to acquire a Nubian identity which implicitly contained an oppositional stance to the regime. She then describes and analyzes the Toronto ceremony, concluding that the women’s invitation to the community to attend an evening of ‘superstition and traditional dancing’ was ‘a deeply political act.’


INDEX TERMS: Ethiopians, religious groups, flight by land, grief, communities, customs and traditions, ethnic identity, receiving country, social relationships, aspiration, religious leaders, religious discrimination, marriage, religious practice, Judaism, rural areas, patriarchal societies, family, employment, womens status, gender role, family division of labour, family disunity, one-parent families, child care, housing allowances, education, health services, conflict of generations, elderly, second language teaching, mother tongue, ethnic discrimination, educational opportunities, employment opportunities, alienation, equal opportunities.

GEOGRAPHICAL TERMS: Israel.

Since 1990 over 95 per cent of the Ethiopian Jewish community have emigrated to Israel. Its members refer to themselves as the Beta Israel (House of Israel) and reject the term Falasha that means “to wander.” The authors argue that, in the context of immigration, a community’s ethnic identity is maintained through inter-action with the host community.
However, the Ethiopian community’s expectations of inter-action with the host community were met with disillusion and disappointment. Several issues relating to their status as Jews contributed to additional strains and conflict. The most troubling issue concerns their religious status, which continues to impede successful integration and which has had a powerful influence on community and individual identity. Although most Rabbinic scholars recognize the Beta Israel as part of the Jewish community, the establishment is still unwilling to accept the community on an equal basis with other citizens of Israel. As well, changing family roles, loss of the Amharic language, and racial discrimination have compounded ethnic stability. In order to address the Ethiopian community’s sense of alienation and discrimination and to foster its integration, the authors suggest that the principles of cultural maintenance, parity, and empowerment be adopted. Cultural maintenance creates a sense of continuity of customs, language, and religion. Parity provides opportunities and equality, especially with regard to accessing entitlement programmes and services. Finally, the authors refer to empowerment as the process whereby persons belonging to stigmatized groups can be assisted to develop and increase skills to enhance opportunities for economic and educational advancement. Following these principles can result in an enhanced sense of ethnic identity, a factor crucial for personal development and community integration into Israeli society.


INDEX TERMS: Ethiopians, Jews, country of origin, customs and traditions, birth, women, midwives, funerary rites, men, resettlement country, hospital delivery, medical personnel, nurses, gender role, ethnic identity, value systems.

GEOGRAPHICAL TERMS: Israel.

By examining the ritual burials of birth and death in Ethiopian Jewish culture, the author analyzes how place contributes to the creation of identity and how transformations in the spatial dimensions can affect the individual. Specifically, she explores how the ritual burial of the placenta and burial rituals for the corpse are anchored in a traditional orientation in space and time. Given the major changes they undergo in Israel, the Ethiopian Jews now must situate themselves in new social, spatial, and temporal dimensions, creating new systems of reference in the perception of self that lead to a reconstruction of social identity. The author describes the two rituals and analyzes their meanings against the changes occurring in Israel in terms of the physical, social, and metaphysical space. In Ethiopia the ritual spaces constituted a set of references for an individual’s collective identity; however, in Israel, due to social integration processes, ritually meaningful space is modified as is the individual’s identity; a fact which might affect the whole community. The time and space of ritual burials have been transformed and many customs face new beliefs and practices in Israel. The identity changes Ethiopian Jews are undergoing in Israel reveal the
confrontations and negotiations operating between the traditional socio-cultural system and new systems in Israel.


INDEX TERMS: Ethiopians, Jews, patriarchal societies, gender role, household division of labour, resettlement country, women, unskilled workers, family disunity, marriage, counselling, customs and traditions, cultural sensitivity.

GEOGRAPHICAL TERMS: Israel, Ethiopia.

Israel has a large population of contrasting cultures who simultaneously arrived within a short time span. Presently, the trend is to move away from the “melting pot” ideology to the philosophy of “unity-in-diversity”. The purpose of this paper is to examine marital therapy in the context of immigration, family loss, and different cultural traditions in the Ethiopian Jewish community in Israel. Ethiopian refugees come from a patriarchal society in which there is a clear separation of gender roles. The man was head of the family, worked outside the home and represented the family before the elders and the authorities, The woman, considered the property of her husband, worked inside the home and helped, when necessary, in the fields. Relationships were based on mutual respect for the different roles of husband and wife. In Israel, the man lost his source of power as main provider, the woman gained in status since, by taking care of her children and household needs, she was more in touch with Israeli community resources. Many women obtained jobs as unskilled workers and thus, for the first time, achieved a degree of independence, previously unknown to them and their husbands. This change revolutionized the family and gender roles. Without a model for imitation and with no norms for a new family life, families started to disintegrate. Ethiopian women have learned to turn to the social service department for help for family and marital problems. Based on the principles of a therapy with culturally different families, the author describes how an Ethiopian custom, the “coffee ritual” was used by a therapist to change only those aspects of the relationship that were threatening the well-being of the wife and husband and the marital relationship. At the community level, the women only prepare the coffee and men conduct the ritual in which they exchange information and make important decisions. At the marital level, the wife is expected to prepare the coffee for the husband every morning, as an indication of respect, but there is no talking between them, as they communicate solely through movements and actions. Continuing the bondage between the past and present, the therapist suggested that they use the “coffee ritual” in the morning. The wife would continue to prepare the coffee, but there would be some talking between them. The husband would tell the wife about his plans for the day and she would listen and tell him of her plans for the day and respect him in this way. The technical information gave way to more intimate talk, and the couple
maintained the “coffee and sympathy” ritual. The author concludes that the construction of a gender and culturally sensitive second order therapy, in which the therapist moves toward being an ‘insider’ in the problem-resolution process rather than seeing oneself as an objective expert, helps clients to co-author a solution-focussed story which includes all participants.

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INDEX TERMS: Somalis, Muslims, gender role, Islam, womens status, ethnic communities, resettlement, history, urban areas, second generation migrants, refugees, elderly, men, racism, unemployment, housing, illiteracy, educational background, single persons, youth, clans, kinship, employment, economic conditions, social networks, customs and traditions, patriarchal societies, adaptation, divorce, female circumcision, ethnic identity, marginality, marriage, migrant workers.

GEOGRAPHICAL TERMS: United Kingdom.

Based on the author’s fieldwork, this article explores the manner in which Somali Muslim women in London’s economically depressed East End have negotiated their gender and ethnic and religious identities within the situational context of life as economic immigrants or refugees while remaining ‘true to their culture.’ It traces some of the historical, cultural and religious background of this ethnically and spatially separate Somali community comprising predominantly members of the Isaaq and Darood clans from northern Somalia, with seamen as the first settlers. The community, currently estimated to number 10,000, faces specific problems such as racial discrimination, overcrowded housing, and lack of access to educational courses and employment opportunity. Efforts to organize the community are adversely affected by a resurgent clan-consciousness since the 1980s. To northern Somalis, ethnic and religious identities are almost indistinguishable. “(F)or Somalis coming to Britain straight from Somalia, the encounter with British society and its general attitude towards race and Islam will tend to be even more stressful.” The many challenges faced by the community are often interpreted as an encroachment on the patriarchal family as the primary agent of social control. Somali girls and women, who are attempting to negotiate their gender and ethno-religious identities in the context of their lives in Britain, face increasing social pressures for not being true to their culture. There is a wide spectrum of reaction to this accusation reflecting women’s different interpretations of permissible limits of adaptive behaviour. The prototypes include, at one end of the spectrum, an “old timer’s wife” who represents those Somali women who adjust only as necessary and still fit into the traditionalist concepts of women’s destiny of wife and motherhood. At the other end is a young woman from a family background in Somalia with a more liberal view of women’s status who is attempting to adapt her gender role to the limits of what is culturally permissible. In between are forms of adaptation being made by
young second-generation and recent immigrant women who have stretched the flexibility of culturally permissible behaviour further than the generation represented by prototype A, or are much more prepared to defy established customs perceived to be inimical to women’s freedom of choice. The author notes that gender tensions tend to come to a head over the issue of eradicating infibulation. She concludes by stressing the importance of understanding the situational context of these Somali women. Their settlement experiences in Britain have led them to see the wider society as unwelcoming, if not hostile. While attempting to negotiate their gender and ethno-religious identities in terms that are meaningful to them, they are not willing to risk the social ostracism which would result from a total rejection of customary gender roles.


INDEX TERMS: Ethiopians, Eritreans, men, refugee experiences, patriarchal societies, gender role, interviews, gender-based persecution, neurotic and personality disorders, suicide, educational background, customs and traditions, ethnic communities, flight, rape, asylum, prostitution, resettlement, racism, violence against women, resettlement policy, employment, employment opportunities, family reunification, household division of labour, social welfare, education.

GEOGRAPHICAL TERMS: Canada, United States, Djibouti, Sudan.

This article discusses the gendered experience of Ethiopian and Eritrean refugees in asylum and in resettlement, drawing on separate studies by the two authors and their personal and professional experiences with refugees. One study concerned 16 women at various stages of resettlement in Canada. The other, which had been precipitated by reports of high levels of depression, including suicide, among Ethiopian and Eritrean male refugees in the United States, concerned 59 single men at an early stage of resettlement in the western United States. The authors see consistent and similar themes of respect and shame emerging from their respective studies. The themes are embedded in the Ethiopian/Eritrean gender ideology and their gendered aspect is particularly related to sexuality and work. Half the women were married or engaged. They were from diverse social backgrounds, and most had not attended high school. The men were predominantly urban and well-educated, from families of relatively high status. A majority had been students or had their education disrupted by the political situation. In asylum, violence was perpetrated in different ways against men and women. At the Djibouti border in the 1980s, men were beaten, imprisoned and threatened with repatriation. Women had to submit to the sexual demands of border guards and had to face the terror and humiliation of multiple rapes. The authors discuss the problems of isolation and battering faced by a growing number of women in resettlement;
women’s willingness to accept double responsibility of work outside and in the home, without help from their male partner, because of the importance of family relationships; their determination not to be ‘stuck’ in their initial jobs and, because of the value they placed on education, seeking to upgrade their English; their flexibility towards accepting work opportunities offered to them; and the opportunity and challenge they perceived in their new status of relative equality. Men, on the other hand, oriented themselves towards their former life goals, especially the completion of education and the high status that would have followed. These aspirations, however, were not consistent with resettlement policies directed at their early self-sufficiency, regardless of status. The authors point to the resistance of these men to the life plan presented to them by resettlement agencies - a dead-end job with little possibility of education - and their attendant feelings of shame and despair, sometimes leading to suicide. The situation of these men is contrasted to that of some of their peers who, because of personal sponsorships, were able to pursue their education. Combining a job with going to school, their primary identity was ‘student’, an identity of respect in the Ethiopian/Eritrean social context.


INDEX TERMS: Somalis, rape, torture, special needs, post-traumatic stress disorders, female circumcision, trauma, needs, torture victims treatment, medical treatment, resettlement programmes, social networks.

GEOGRAPHICAL TERMS: Canada.

The article outlines the history, mandate, and activities of the Canadian Centre for Victims of Torture (CCVT), which was established in 1983 by a group of lawyers and doctors in Toronto. The centre assists those persons with special needs, who had suffered torture and trauma. CCVT has been receiving Somali clients who have been tortured since the late 1970s; most of whom suffer from post-traumatic stress disorder. In order to give some insight into the types of cultural background of Somali women, the story of a 45-year-old Somali woman, who was referred to CCVT by her lawyer and who was gang raped in Mogadishu two years earlier, is retold. The article also discusses how CCVT has helped Somali women form a support network. This support network model has been adopted by CCVT for use with other groups.

INDEX TERMS: Amhara, Eritreans, Tigrayans, Christians, single persons, men, value systems, family division of labour, gender role, violence against women, patriarchal societies, country of origin conditions, dictatorship, political violence, flight, country of refuge, rape, prostitution, resettlement country, government sponsorship, non-government sponsorship, family reunification, cultural conflict, culture shock, alienation, language barriers, second language teaching, employment, vocational training, ethnic discrimination, equal opportunities, educational opportunities, employment opportunities, changes of circumstances in home country, womens rights, multiple nationality, cultural identity, self-help organizations, statistical data, research interviews.

GEOGRAPHICAL TERMS: Ethiopia, Canada.

This book is a reorganized and updated version of the author’s PhD dissertation. Based on several interviews, “the study examines the discontinuities and continuities in the life journey of (sixteen) Ethiopian and Eritrean women who fled their country” between 1975 and 1986 during the military dictatorship of Mengistu Haile Marian. All sixteen women are Christians and their ethnic origin is Amhara, Eritrean or Tigryian or a combination of the three groups. At the time of the interviews their ages ranged from 22 to 45 years. With one exception, they fled to different African and European countries of first or second asylum, where they staid between eight to one years before they were resettled to Canada mostly as government assisted refugees with some having been privately or family sponsored. In a chapter “The Politics of Research”, the author discusses the several strategies she employed in selecting the respondents, conducting the interviews, protecting the women’s anonymity, and distinguishing her interpretation from those of the women as “each of our perspectives represented partial truths.” Divided into separate chapters, the women’s life histories begin with their memories of their life prior to 1974 when most of them were still of school age and covers topics such as family values, children’s responsibilities preparing them for the gender division of labour, education and values learnt at school, childhood marriages and violence against women experienced in the parental family. The next phase covers the women’s oppression after the revolution, including imprisonment and harassment, followed by memories of their flight. The asylum phase is discussed in the chapter “Becoming a Refugee Woman”. All of the women ended up in urban centres in Europe and Africa. In recounting their fears, insecurities and poverty, women remembered the plight of single women who, in Djibouti and the Sudan, were raped and who had to resort to prostitution as the only means of survival. “Renegotiating Identities” covers the women’s early resettlement difficulties. Because of the negative Ethiopian cultural meaning, the respondents generally resented the connotation of being beggars, when, for instance, they were told that “they should be grateful” for what they received. They also were unprepared for the racism they encountered in the housing and job market, since “(t)o equate ‘blackness’ with inferiority was an affront to their identities as Ethiopian/Eritreans.” However, they were also generally aware of the relative equality of, and greater opportunities for, women in Canada compared to their country of origin. In “The Search to Belong” the author argues that the desire to return home is an integral part of the process of
mourning for what one has lost as well as feeling sufficiently safe and protected when re-negotiating and re-constructing one’s identity within a different cultural context. Indeed in 1986 and 1988 most women said they would return to Ethiopia/Eritrea once the Mengistu regime was overthrown but they also considered Canada their second home. However, in 1991 after the collapse of the regime and in 1992, concerned about whether their rights as women could be assured, they became increasingly ambivalent about the timing of their return and whether they would return permanently. Some had already made the decision that they would feel safer and better keeping dual citizenship, since “apart from the material and educational benefits of living in Canada, these women were conscious of the uncertainties of peace and democracy in their countries.” The book also includes in the Introduction some critical reflections on women and refugee law and two chapters giving an historical overview beginning with the collapse of the imperial regime and the subsequent inter-ethnic or inter-national conflicts under Mengistu’s military dictatorship.

3. **Latin Americans**


INDEX TERMS: Salvadorans, siblings, parents, peasants, literacy, educational background, belief systems, refugee experiences, social relationships, mothers, children, marriage, husbands, desertion (marriage), marital conflict, gender role, divorce, one-parent families, second language teaching, linguistic adaptation, cultural integration, economic adaptation, social adaptation, neurotic and personality disorders, employment, job satisfaction, social welfare, anthropology, interviews.

GEOGRAPHICAL TERMS: United States.

This article discusses some of the coping methods used by three sisters, refugees from El Salvador, during their first 10 to 15 years of urban life in the United States. It is based on an ethnographic life-history investigation, conducted from 1992 to 1994 in Boston, which examined their narrative responses to a question asking how they had overcome barriers in the US. All had achieved some measure of success in the sense of overcoming problems and improving their lives in both tangible and intangible ways. The sisters were brought up on a rented farm just outside the city of San Salvador by hard-working illiterate parents. Despite the fact that they were sisters, their educational levels, religious affiliations, partner and offspring histories, and institutional strategies were different. Discussing each of their case histories in detail, what the author sees them as sharing, however, is their way of
responding to problematic social relationships in the new culture, while pursuing the goals and expectations they had developed early in their plans to emigrate. Each, in her process of adaptation, moved from believing control over her life lay outside herself to believing it lay within, while acknowledging that some things lay beyond her control. The women applied institutional methods to break down barriers to their families’ successful integration. These strategies include, among others, work, education, learning English, and asserting their rights, and accessing the welfare system’s support.

Based on longitudinal developmental observation as well as on two decades of clinical and research work, the author has identified gender-differentiated patterns of responses and outcomes of Latin Americans living in exile in Toronto. Informed by a psycho-dynamic perspective, the thesis of this study is that, given comparable time in a new country and similar post-resettlement experiences, gender seems to protect women better than men. Irrespective of class, education, and other sub-cultural aspects, most Latin American women share a core sense of self based on motherhood and their roles as wives and have a vital agenda to preserve the family unit. These women respond to the repressive regimes, that trigger the refugee process and exile, with a set of coping, survival, and adaptive mechanisms imprinted on them by cultural socialization and religious indoctrination. Their ability to cope, their tremendous resources for survival, and their heightened resilience in facing crises compared with their male counterparts are the result of being accustomed to having fewer opportunities than men, assuming that they must be able to cope with whatever situation arises, to drawing something positive out of taxing experiences, and to being thankful for any assistance they receive. Facing exile and initial resettlement does not threaten their maternal role. Women usually feel that adapting to the demands of the new society does not involve much risk as they feel they have little to prove to themselves and others. They adopt the role of cultural mediators as a way to preserving the family and protecting their children against what they perceive as the alienation of their new culture by reacting intuitively to perceived threats to ethnic and cultural identity and thus contributing
to inter- and intra-generational family integrity and continuity. Their new experiences and their performance in the new situation reinforce their self-esteem and core identity as mothers and wives. With more opportunities available to them as they had prior to exile, women, as part of an over-all process of self-development, demand greater personal space and freedom that, for some women, lead to ending abusive relationships. In contrast, Latin American men’s core identity is work-related and supported by their socio-culturally established roles as ‘authority figure’, ‘protector’, and ‘provider’. Exile tends to entail drastic losses for them in much of what previously defined their identities. Unable to work in the area of their expertise and to communicate effectively in the new language, men’s identity has been disrupted. Over time men’s initial expectations and hopes for rebuilding their life have to undergo substantial accommodations resulting in a hurting, devalued self and a fragile sense of masculinity. Thus, men often resort to violence against themselves, violence against wives and children, increased alcoholic intake, and sexual promiscuity. Men feel extremely threatened by women’s new independence and the ensuing changes within marital dynamics are difficult for them to comprehend. The author cautions that the possibility of the woman leaving them can be the harshest threat to their fragile sense of new self and can precipitate suicidal and homicidal crises among Latin American men.


INDEX TERMS: Salvadorans, refugee status, men, educational background, torture victims, rape, parents, assassination, husbands, abduction, gender groups, marital status, alienation, mothers, country of refuge, stress, adaptation, social integration, attitudes, receiving country, settlement assistance, second language teaching, child care, cultural conflict, economic adaptation, extended family, kinship, ethnic communities, employment, social networks, education, research interviews.

GEOGRAPHICAL TERMS: Canada.

This article analyzes the cultural adaptation and social integration of a group of Salvadoran refugee claimants in Montreal. Carried out between 1988-89, the qualitative study is based on interviews with 22 Salvadorans of rural origin, who arrived in Canada between 1984 and 1989. The 11 men and 11 women had an average age of 23 years and less than 11 years of education, and hold casual, low-income jobs. Most of them first resided in the United States or Mexico between six months to at least a year, while the remaining came directly from El Salvador. The author notes that socio-demographic factors such as reasons for departure, gender, and marital status, must be considered in the cultural adaptation process. Depending on the circumstances of their departure, namely, life-or-death situations, traumatic experiences, torture and rape, reasons for departure significantly affect the refugees’ stress level and thus their adaptation. Single men coped less well than women, suffering from being separated from their families, especially their mothers. Women too suffered from
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separation, but they assumed responsibilities traditionally attributed to men. In the post-migratory context, variables influencing the adaptation process include programmes and integration procedures set up by the host country, the refugee’s socio-economic situation, length of stay, attitudes and perceptions concerning the host country, and integration into the work force. While generally positive about Canadian integration policies, Salvadorans felt that French language instruction programmes were inadequate in terms of access, quality of instruction, and lack of childcare for women. The presence of close family alleviates feelings of solitude among refugees. However, the clash of values and norms prevalent in the refugees’ homeland with those of the host society has an even greater effect on adaptation than separation from one’s family. Improvement of a refugee’s economic situation seemed to foster individualism thus contributing to the disintegration of the extended family. Presence of kin is a decisive factor in choosing the country of refuge since established family members offer the newly arrived refugees a built-in support system. In the absence of a well-defined Salvadoran community, the workplace was the most significant non-family network. Thus, unlike other refugees with professional status, the Salvadorans were much more concerned about the quality of inter-action at work than about their qualification for the job or about receiving recognition for their competence. For the more politicized refugees the workplace was important for developing skills that would be useful upon their return to El Salvador. Adaptation, for these refugees, did not mean adapting to Quebec society, but adapting to their particular situation, which they considered temporary. The author concludes that more specialized services, geared to the client’s needs, are needed to facilitate cultural integration.


INDEX TERMS: Chileans, refugees, persecution for political opinion, working class, industrial workers, political participation, trade unions, social movements, repression, torture victims, trauma, political detainees, political activities in exile, ideologies, expectation, gender role, marital conflict, vocational training, skilled workers, women workers, occupational adaptation, economic integration, social adaptation, household division of labour, children, upward mobility, bourgeoisie, voluntary repatriation, reintegration, adaptation, field research.

GEOGRAPHICAL TERMS: Chile, United States.

Through fieldwork among a community of 100 Chilean refugee families in California, the author observed their experiences of, and attitudes towards, exile. In Chile, the men had been industrial workers, political activists, and trade unionists and the women, housewives. Following the coup of 1973, most of the men had been imprisoned and many had been tortured. In the United States, the community first created a collective reconstruction of the
past in new contexts to structure and give meaning to life in exile and maintain Chilean cultural and political identity. Men maintained responsibility for transmitting political consciousness while women maintained ties to family and kin in the private sphere of the home. Still, men suffered from the erosion of their male identity and self-esteem due to the loss of their political struggle, their prison ordeal, and their displacement as political actors and breadwinners. Women suffered from the loss of their social world and the concern about their children being raised in the United States. In time, the political focus of the first years was gradually challenged by new experiences. Work and economy in southern California’s electronic industry centre was the principal point of interface with the host society, restructuring social relations in the community. With the availability of job training, both men and women took jobs as electronics assemblers and technicians and began to integrate economically and socially. New work patterns affected gender relations and role expectations in the household. Men and women’s roles became more similar and exchangeable. Women gained a broader set of roles in the public sphere. They were largely able to reconcile their new roles with traditional expectations as mothers and were no longer concerned about their children who benefited from the educational advantages available in the United States. In contrast, men’s world contracted as their lives became more private and disconnected from the public sphere with work that no longer encompassed political meaning. For both men and women, adaptation to life in exile remained a moral and ideological conflict with respect to Chile and commitment made to those left behind. Faced with the prospects of return, despite ambivalence, women seemed less attracted due to the gains made in social and economic independence and the “affirmation of life” to remain where their children and grandchildren chose to be. They had successfully integrated their past into a meaningful present, reconciling traditional role expectations with the demands of a new society and collective concerns with personal experience and aspirations.

4. **Middle Easterners**

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INDEX TERMS: Iranians, country of origin conditions, history, human rights violations, violence against women, suicide, flight, education, women’s status, revolution, international armed conflict.

GEOGRAPHICAL TERMS: Iran, Pakistan, United States.
This book is an autobiographical account of an Iranian refugee woman’s flight from Iran to the United States. Born in Iran, the author describes her early life, her violent marriage, and her education during the political and civil conflict of the late 1970s. The author, a college professor, discusses her difficulties as a professional woman trying to work and live under the Khomeini revolutionary government, and her and her husband’s personal and professional problems under the new regime during the Iran-Iraq war in the early 1980s. After 18 months of moving from town to town pursuing work, the author describes her return to a changed Tehran. In 1983, the author, her husband and two sons, were smuggled into Pakistan, and on to Portugal; the author uses most of her narrative describing her feelings and fears surrounding the events of their flight. The author’s writing is very descriptive, her story often sprinkled with her own poetry and vivid descriptions of her emotional state during the experiences described. Her book contains many disturbing descriptions of domestic violence, including physical, verbal, emotional and sexual abuse perpetrated by her husband. The author’s account also includes the stories of other Iranian refugees whom she met during her flight. The author concludes her story with her family’s arrival and early experiences in Dallas, Texas, US.


INDEX TERMS: Iranians, exiles, bourgeoisie, educational background, Islam, political activities in exile, country of origin conditions, women’s status, protest, persecution, patriarchal societies, gender role, women’s rights, adaptation, social conditions, social relationships, ethnic communities, women’s organizations, community relations, cultural conflict, life styles, marriage, research interviews.

GEOGRAPHICAL TERMS: Canada, United Kingdom, France.

The purpose of this article is to discuss the changing gender relations and gender identity among left-wing Iranian exiles, which is an integral part of asserting an identity denied in their homeland. The article is based on information from in-depth interviews, fieldwork, and participant observation among Iranian refugees primarily in Canada. Forty-five refugee women and men were interviewed, who were mostly between thirty and thirty-five years of age, from urban middle class families, educated, and all participants in the Iranian socialist movement in the 1970s and early 1980s. The author first discusses how, in Iran, the social transformation under the Pahlavis had a profound impact on gender relationships, particularly in urban areas. However, despite the changes experienced by the younger generation in actual life, popular belief continued to promote a sexually conservative image of Iranian society and women. The leftist intellectuals experienced social estrangement by opposing traditionalism but also established a conservatism of their own through a puritanical understanding of sexuality during and after the Shah regime. In exile, issues of
life surfaced only after the defeat of the left in Iran. The intellectuals in their “exilic” lives are struggling to forge a new identity as far as gender relations and gender identity, the relationship to their community of expatriates, their host society and the Islamic regime of Iran are concerned. Women refugees experience a much greater degree of transformation in this respect, defining their gender identity beyond sexuality. The community still endorses a traditional sexual morality. As a result, women feel pressured by their community to conform, especially when they set up organizations to assert themselves. For Iranian women, life in the new societies has led to a weakening of social and legal restraints, which has facilitated the development of new identities or life styles among exiled women. Within the exile community any debate regarding sex roles and sexuality is contrasted with the Islamic approach. By distinguishing themselves from the Islamic Republic of Iran, the exiles also emphasize their secular orientation.


INDEX TERMS: Iranians, immigrants, youth, country of origin, revolution, patrilineal societies, patriarchal societies, gender role, receiving country, cultural conflict, social relationships, attitudes, education, cultural sensitivity, questionnaires, statistical data.

GEOGRAPHICAL TERMS: United States.

Since the Iranian revolution of 1978-1979 between 245,000 and 341,000 Iranians have immigrated to the United States with many of them settling in Los Angeles. Despite the evolution of Iranian society toward modernism, the traditional, patrilineal, patriarchal Iranian family with clearly defined gender roles has persisted. This study examines the extent to which young Iranian women in Los Angeles have retained their traditional values with respect to sex roles and intimate relationships. The sample consisted of 81 Iranian women, aged 17-32, who volunteered to participate in the study. The attitudinal questionnaire used in the investigation incorporated three instruments: 1) The Sexual and Premarital Attitude Inventory, 2) the short version of Attitude toward Women Scale, and 3) items specifically designed for Iranian women. The subjects received a self-report questionnaire and were also asked to provide demographic data, such as the subject’s and her parents’ educational level, her age, and how long she had been away from Iran. A higher score on the items of the three part questionnaire signified the respondent’s tendency toward modern or mainstream American values regarding sexual issues and women’s roles while a lower score reflected more traditional values. Statistical analysis confirmed the main hypothesis of the study, that the subjects educational level is related to their attitudes regarding sex roles and intimate relationships: women with higher education held more liberal attitudes. In addition, the subjects’ attitudes were positively correlated with the length of time they had been away from Iran: the longer the time period, the more
permissive her attitudes tend to be. A negative relationship between age at immigration and attitudes indicate that the younger the age of the subject, the more “modern” her attitudes tend to be. The authors call for greater cultural sensitivity in mental health counselling, and recommend workshops or other resources be organized to help families deal with “the inevitable” related to sex roles and sexual attitudes.


INDEX TERMS: Iranians, Jews, Muslims, Bahais, social classes, educational background, adaptation, gender role, country of origin, cross-cultural communication, counselling, psychotherapy, value systems, cultural identity, research, questionnaires.

GEOGRAPHICAL TERMS: United States.

The main hypothesis tested in this study was that the more acculturated young Iranian women tend to have more liberal attitudes than those who are less acculturated. A negative relationship between the age a woman left Iran and her acculturation level, and a positive relationship between number of years she had been out of Iran and her acculturation level were also hypothesized. The sample consisted of 77 volunteer Iranian women living in Los Angeles ranging in age from 17 to 32 years. The mean age when leaving Iran was 15 years. More than half the sample identified with Judaism, 29 participants were Muslims, five were affiliated with the Baha’i religion, and three reported no religion. All participants reported belonging to the middle, upper-middle, and upper class. The participants completed a two-page demographic questionnaire and a 13 page self-report consisting of three parts: the Acculturation Scale; The Sexual and Premarital Attitude Inventory; and the Attitude toward Women Scale. The author found a significant positive relationship between the participants’ acculturation level and their scores on the three parts of the self-report. Thus, the more acculturated the respondent was, the more liberal her attitudes tended to be regarding sex roles and intimate relationships. Statistically significant results also indicate that the younger the age a participant left Iran, the higher her acculturation level; and the longer the participant had been away from Iran, the higher the acculturation score. Education level did not have a statistically significant effect of acculturation score. The author concludes that her study provides counsellors with some useful notions regarding counselling young Iranian women. She acknowledges that the lack of randomness in the sample has probably affected the results of the study as the participants were better educated and came from higher SES background than a representative sample would have been.
5. South Asians

Drawn from a larger study on marital violence among South Asians in the United States, this article focusses on the rise of a new set of South Asian Women’s Organizations (SAWO). This study expands the discourse on domestic violence by encompassing an analysis of ethnicity and gender. Initially the author reviews the theoretical and conceptual considerations pertinent to understanding SAWOs. The primary analysis for this article is drawn from data gathered from a series of two questionnaires to six SAWOs regarding why their organization was created, how they differ from mainstream organizations, and what roles they play in shifting domestic violence from a private problem to a public social issue. As background, the author discusses the emergence of SAWOs in the US, which have their roots in the Battered Women’s Movement in the US and the United Kingdom and the Women’s Movement in South Asia. All the SAWOs are structured around voluntary membership and they address the problems of South Asian women, specifically marital violence by focussing on the cultural factors that differentiate the family structure of immigrant families. At the macro level, SAWOs participate in coalitions to initiate or help pass legislation to protect the rights of immigrant women, particularly victims of marital violence. SAWOs have also developed strategies to sensitize police officials in their areas to the needs of South Asian women. Since courts are often not aware of the various marriage customs when dealing with victims of marital violence, SAWOs provide the courts with expert witnesses to explain the cultural specificities and women with legal assistance. In hospitals SAWOs contact medical personnel to culturally sensitize them and inform them about South Asian organizations that address the problem of marital violence. At the micro level, SAWOs provide services to individual women through listening, counselling, and practical aid such as helping victims remove their personal belongings if they decide to leave their home, as well as assisting them in writing resumés, locating jobs, and attaining work permits. Whenever possible, legal assistance ranges from referring women to lawyers and helping them to get a protection order. As well, in order to challenge the images of the home and the family as a private haven, SAWOs have targeted the
inclusion of religious institutions in bringing about social change. By participating in mainstream cultural activities of the South Asian community, and by holding cultural functions, SAWOs create and maintain space for South Asian women to articulate their problems. “By articulating the various problems experienced by South Asian women, they socially reconstruct grievances into demands and seek to change the existing dominant cultural and patriarchal structure that oppresses minority women.”


INDEX TERMS: Afghans, Muslims, gender role, age groups, elderly, resettlement, health, country of origin conditions, marriage, extended family, cultural conflict, conflict of generations, women’s status, employment, single persons, married persons, adolescents, health services, cultural sensitivity.

GEOGRAPHICAL TERMS: United States.

Part of an ongoing study of the health and adjustment of Afghan refugees living in northern California, this study examines the adjustment issues and role changes of Afghan refugee women. Data are presented from interviews with 32 Afghan women. The article begins with a brief description of Afghan traditional customs as they relate to family, marriage, the role of women as homemakers, family division of labour, and restriction of women’s proximity to men. Although similar issues were expressed, the interviews revealed a number of inter-generational conflicts and role stressors brought about by the changes in their lives. Elderly women appear to be most stressed and unhappy. Feelings of social isolation intensify the lower status they hold in the United States. Most of the women in the middle-generation group, ages 24-45 years, experience profound role changes in the family and workplace. Many of the women interviewed carry the triple burdens of being paid employee, homemaker and mediator between their Americanized children and their more traditional husbands. Unmarried women face different challenges since single status is viewed as an unnatural condition. Most of the women interviewed live with parents or siblings, some were widows and a few were divorced. Since there are no available role models for unmarried Afghan women, those who are not married are caught in limbo. Afghan teenagers and young women are torn between being proper Afghans and becoming like their American peers. The authors conclude with some suggestions as to how health care providers could plan culturally sensitive assistance and mental health programmes for Afghan refugee women in different generations.

The author discusses the life history approach as it applied to her research, conducted from January 1991 through February 1992, on generational differences in adaptation and resettlement in an Afghan refugee community in Northern California. She describes how over time Afghans began to trust her, thus enabling her to carry out the study. The non-probability sample, based on referrals of friends and community organizations, consisted of four chief informant families who had accepted her as member of their families, 49 in-depth, semi-structured interviews of men and women refugees of three generations, and informal contacts with more than 50 others Afghans. Since Afghans only give vague answers to direct questions but express themselves indirectly through stories, she began using the same style as a culturally appropriate way to interview people. She devised stories of her own, based on happenings in the community, to elicit new, usually personal narratives that might not have surfaced otherwise. Using the case study of an elderly woman, she demonstrates that case studies, like life histories, are useful for illustrating refugees’ changes in social identity and role from a personal perspective and with contextual information. She also describes her reactions to the interviews themselves and the emotional issues that arise by feeling acutely the refugees’ losses, death and struggle to cope with life in America. Of the several ways in which a field researcher can reduce stress and relieve feelings of helplessness, she found that her action to facilitate community empowerment through an effective and low cost mental health intervention project with depressed and isolated elderly women was most helpful. It consisted driving them to the park once a week so they could sit and talk as they had in Afghanistan.
INDEX TERMS: Afghans, elderly, widowed persons, parents, grandparents, elite, urban refugees, professional workers, extended family, kinship, value systems, life styles, children, adaptation, unemployment, social security, gender role, alienation, health, maladjustment, research interviews.

GEOGRAPHICAL TERMS: United States, Afghanistan.

This chapter examines the situation of elderly Afghan refugees in northern California by comparing cultural norms and values in Afghanistan with their changed life in Northern California. It focusses on the themes of respect and expectations and how cultural and role change lead to isolation, loneliness, and waiting. The ethnographic research included participant observation and, using a non-probability sample, semi-structured in-depth interviews with approximately 60 individuals representing grandparents, parents, and grandchildren. The category of elderly includes those with grandchildren and those who define themselves as elderly, even if they are only 50 years old. Men marry much later than women with an approximate age difference between husband and wife of ten to fifteen years. In contrast to the elderly women who had little education, most of the elderly men were highly educated, and had been government officials and professionals. Although urban life was rapidly changing before the USSR invasion, with more families living in nuclear households, the elderly did not perceive these changes. They expected to be cared for, to have many visitors, to no longer work; and to be respected for their experience, advice, and mediation. In Afghanistan there is a gradual shift from man’s provider role to a dependent role, which is accompanied by an increase in respect. In contrast, elderly men in the US are parents and grandparents at the same time and may still have single children living at home. Although resettlement and government agencies expect them to work, they cannot find an acceptable job or no job at all. They become dependent on social security or disability assistance and lose self-respect and the respect of others, as “they fit neither in the Afghan role of the respected and cared-for patriarch or the American father role of provider and protector.” While elderly men suffer from lack of role clarity and respect, women tend to suffer more from social isolation and loneliness in the US. The women are isolated because of their complete dependence on their adult children for emotional, social, and physical outlets. Their isolation is perpetuated as they are expected to help with child care, cooking, and housework. Since they have to be home at certain times to wait for the children and grandchildren, their movements are restricted and their isolation increases, as they cannot try to visit friends. Many of the women suffer from poor health and do not have the opportunity to meet their own needs. The cultural habit of sexual segregation further isolates these elderly women, preventing them from venturing outside the home unescorted. Elderly men and women find their adult children too busy to give them proper respect and they are lonely for family members who were lost in the war or resettled elsewhere. Both men and women talk of waiting for conflicts in Afghanistan to end and for a chance to see family and friends.
Chapter 4 Countries of Resettlement: Refugees' Special Needs

6. South East Asians/Indo-Chinese

a. General/Multiple Groups


INDEX TERMS: Indo-Chinese, Vietnamese, Chinese, Lao, gender groups, age groups, country of origin, rural areas, urban areas, educational background, receiving country, housing, health services, employment, second language, wealth and income, life styles, ethnic identity, adaptation, surveys, statistical data, literature review

GEOGRAPHICAL TERMS: United States.

This study examines gender differences among Indo-Chinese refugees in relation to satisfaction with the host society (SWHS) in terms of housing, neighbourhood and life. A sample of 1,108 men and 276 women was selected from the 1982 national survey of economic self-sufficiency of Indo-Chinese refugees, conducted for the Office of Refugee Resettlement. Satisfaction with the host society was measured by three questions: How satisfied do you feel with your housing? How satisfied do you feel with the neighbourhood that you live in? How do you feel about your life as a whole at the present time? A number of predictor variables were expected to influence respondents’ levels of satisfaction, such as age at arrival, employment, health care, financial status, English language ability, urban or rural background, length of US residency, and ethnicity. Regression analyzes were performed separately for the sample of women and the sample of men. For women, satisfaction with housing was influenced by urban background in country of origin and length of residence in the United States; satisfaction with neighbourhood was influenced by financial problems, education in country of origin, and ethnicity; while satisfaction with life had no statistical significant relationship with the independent variables. A comparison of the regression coefficients between women and men showed that the joint effects of gender and age groups significantly influence satisfaction with the host society. The authors conclude that the information generated by their study about the effect of gender, age and education on the process of adjustment to a host society can help policymakers and service providers to design and offer services appropriate to different groups. However, they caution replications of this study are necessary to improve the external validity of its findings.

INDEX TERMS: Asians, Cambodians, Afghans, Ethiopians, Vietnamese, Lao, adolescents, students, parents, resettlement, school adaptation, ethnic identity, gender role, Buddhism, culture, attitudes, behaviour, second language teaching, somatic problems, psycho-social problems, teachers, social workers, belief systems, anthropology, culture, trauma, refugee experiences, resettlement country, living conditions, family, educational background, psychology, psychological tests, cross-cultural communication.

GEOGRAPHICAL TERMS: United States.

This chapter is concerned with understanding the problems arising from cultural complexities in the multi-ethnic classroom and the school achievement of refugee students. The author stresses that, first, along with ethnicity, gender has to be taken into account, since it is basic to students’ social roles in their family and culture. Second, once the importance of gender is recognized, a multifaceted set of variables has to be considered since no one factor is sufficient for understanding the dynamics of a refugee student. She finds troubling the tendency in the mass media and much educational literature to treat broad groups, such as “Asians”, as homogeneous, considering that in an educational setting it is not useful to stereotype large groups of students, and that in most normal classroom situations the teacher works hard to differentiate within groups as well as between groups. To exemplify the necessity of not overlooking the category of gender and of fine-tuning the approach to multi-ethnic classrooms, she presents the gendered view held of various ethnic groups of students within the St. Louis school system, a system of large urban schools with a sizeable refugee student population, including Afghans, Ethiopians, Vietnamese, Khmer, and Lao. Granted that each individual is a part of a larger, multi-faceted psycho-socio-cultural environment, she offers a set of factors to be considered by school service providers to help them better know their refugee students and more appropriately guide the selection of intervention strategies for low-achieving and at-risk students. These factors include: cultural background; gender; level of trauma involved in the refugee experience; conditions in the host country; family environment; educational background; and psychological characteristics. In conclusion she proposes three principles for understanding refugee students: gender is critical in understanding an individual’s school behaviour; a multi-faceted approach is imperative when seeking to understand refugee success in a school environment; and the only constant in a refugee student’s environment is change.

INDEX TERMS: South East Asians, Vietnamese, Catholics, Lao, Buddhists, rural refugees, educational background, USA nationals, industrial workers, women workers, wages, health insurance, remittances, investment, higher education, gender role, men, downward mobility, language barriers, customs and traditions, family budgets, family division of labour, women’s status, upward mobility, social security, extended family, marriage, arranged marriages, marital conflict, unmarried couples, divorce, conflict of generations, parental authority, second generation refugees, ethnic identity, interviews, literature review.

GEOGRAPHICAL TERMS: United States.

Part of a larger study, this chapter discusses the reinterpretation of gender roles between Vietnamese and Lao men and women in Garden City, Kansas. Data were obtained mostly through observation and informal conversations with both refugees and established residents. Attracted by work available in the meat-packing industry, most Vietnamese and Lao arrived after 1982, had low educational levels and came from rural backgrounds.

Specific aspects of 'reinterpreting gender' involve the respective significance of male and female labour force participation, effects of the American legal system on the family, the imposition of American expectations concerning gender roles, and inter-generational change. Refugee women in Garden City work because of economic necessity and because jobs are available, but the decision that a women should work is generally a collective one. Family members work not only for economic survival but also in order to support relatives overseas, to accumulate capital for business ventures and for their children’s college education, and to maintain socially acceptable living standards within the ethnic community. Appeal to family needs is the “culturally appropriate way” for Lao and Vietnamese women who want to work outside the home. Given the high level of labour force participation by Laotian and Vietnamese women, most men expect and support women’s employment. Ambivalence toward working women seemed to occur particularly among middle class Vietnamese Catholic families. Men, who are downwardly mobile, unemployed or have less education than the wife, consider women working to be a threat to their prestige and family authority. Men’s insecurity in their role as provider is attributed to women’s freedom to divorce, their declining dependence on men due to wage earnings and the availability of welfare, if she has children. Still, marriage continues to be “a centrally vital institution,” although there is the potential for divorce and remarriage, created by the legal system. Laotian men appeared less concerned about the threat of divorce than Vietnamese men. According to some male Vietnamese, Vietnamese women in the United States are increasingly ‘out of control’ while American family life is not a model of emulation. Although it is not culturally acceptable for refugee women to go out alone to meetings, women are dominant in the home, supervising children’s schoolwork and managing the family finances. Children exposed to the values of US society in schools can be in conflict with parents about their participation in social activities. Constraints are greater for girls than they are for boys. Arranged marriages are still common. Vietnamese refugees do not expect their adult children to live with them after marriage while it is customary for Lao daughters and sons-in-law to live with the wife’s parents. The author
concludes that continuity is stronger than change with the first generation, while the second has to mediate between two different cultural worlds.


INDEX TERMS: South East Asians, Cambodians, Lao, Hmong, pregnancy, maternal and child health care, birth, customs and traditions, traditional healers, ethnomedicine, nurses, health, pre-natal care, translation services, second language, family, fathers, husbands, patients, alienation, cultural integration, hospital delivery, infants, physically disadvantaged, violation of cultural norms, food, food preparation, cultural sensitivity.

GEOGRAPHICAL TERMS: United States.

The majority of South East Asian women entering the United States are in their childbearing years. Their initial contact with Western health care is often initiated by pregnancy, which in turn influences their perception of the whole health care system. This article stresses the need for nurses to accommodate values and perspectives different from their own in order to make South East Asian women’s initial perceptions positive and encourage further contact with the health care system. The author briefly discusses South East Asian traditional health care and customs, particularly as they relate to pre-natal care and childbirth. Differences in these practices between Cambodians, Lao, Hmong, and Vietnamese are pointed out. Suggestions are offered to aid in effective translation for patients less familiar with the English language, as well as how Western health care practitioners can “combine the best of both cultures” by accommodating their care to the beliefs and customs of South East Asian women. The author concludes by arguing that the cultural gap can be bridged by determining patient needs and expectations and by conducting in-service education for nurses that promotes flexibility and willingness to compromise. Only by respecting differences can nurses make culturally appropriate care an attainable goal.


INDEX TERMS: Buddhism, South East Asians, Cambodians, Lao, assistance, stress, resettlement, cultural sensitivity, ethnic communities, Buddhists, self-help organizations, religious leaders, history, country of origin conditions, religious institutions, customs and traditions, food, clothing, housing, mental health, ceremonies, religious practice, post-traumatic stress disorders, social services, cultural identity, social workers, training, research, literature review.
Research has consistently demonstrated that South East Asian refugees require a wide range of psychological and social services to assist them in dealing with the stresses of disruption and resettlement. Although this research has emphasized the importance of culturally sensitive services in cooperation with ethnic community support systems, this article contends Buddhism as a support system for South East Asian refugees has been neglected in these studies. To address this gap, the authors conducted an ethnographic study of human services offered by three Buddhist mutual assistance associations, all based in the midwestern United States. Lay leaders and Buddhist monks consulted in this study requested the authors not to reveal specific data. Descriptions of Buddhist activities are a composite of data collected. The study was conducted between January 1987 and February 1989. A literature review was the first phase of research; the second phase involved field study of three Lao and Khmer Buddhist associations, during which time interviews were conducted and participant observation took place. The final phase included analysis of field notes and further literature review. The article presents an overview of the history of Buddhism and its presence in Asia, including the persecution Buddhism experienced under the Khmer Rouge regime in Cambodia. The Buddhist wat temple examined for this article is described in some detail. Many traditional customs are adapted to the American context, necessitated by differences in climate, custom, and law. Although services for refugees are not categorized by area or specialization, the authors divide them into four areas according to needs met. Material subsistence includes receiving food or clothing from donations given voluntarily by the community. Psychological support does not separate mental health needs from the context of the whole person but fosters the well-being of the person, including services that may be categorized as counselling, teaching meditation techniques, performing bereavement rituals to assist people suffering from post-traumatic stress, and engaging in crisis intervention. Social support services are directed toward strengthening the ethnic community as a whole and promoting cultural preservation. Spiritual support includes performing explicitly religious services, community festivals, healing rituals, and providing a place of retreat, among others. While these classifications are offered for convenience, the authors note that the spiritual element pervades all services provided. The authors acknowledge the study’s limitations due to preserving the anonymity of the research subjects and the small size of the temples observed. Nonetheless, this research highlights challenges facing social workers who work with Buddhist support systems: social work training often neglects religious diversity; schools of social work need to attract students of South East Asian background; the discipline and training of Buddhist monks deserve they be recognized as religious professionals, rather than their ethnocentric characterizations as “folk healers”; multicultural inter-agency teams need to be developed; and secure federal funding for programmes directed at South East Asian refugees is needed. Since many South East Asians are no longer refugees but citizens, they deserve to be so recognized as Americans with full rights and privileges. The authors conclude that a cooperative and mutually respectful relationship between Buddhist and non-Buddhist support service
providers would be beneficial for all parties.


INDEX TERMS: South East Asians, elderly, resettlement, cultural conflict, Confucianism, culture, family, family division of labour, conflict of generations, customs and traditions, children, adaptation, extended family, gender role, employment opportunities, adaptation.

GEOGRAPHICAL TERMS: United States.

The purpose of this article is to examine the cultural transformation of the South East Asian refugee family as seen from the perspective of the older generation. It examines the impact of changes in age and gender roles and in inter-generational relationships on the elder South East Asian refugee; ‘elder’, as defined by this cultural group includes both middle-aged and elderly family members. A strong influence of Confucianism in traditional Vietnamese culture is reflected in filial piety and respect for family elders. Thus, the major discrepancy that arises in refugee families is between the traditional roles of elders in the homeland and those available to them in the United States. Many conflicts arise when elders find their traditional status within the family disappearing and their roles reversing as they become more dependent on their children and grandchildren who, unlike themselves, have acculturated to the language and American ways. The effect of the acculturation gap on adaptation and adjustment is further evidenced in families where three generations are living in crowded conditions under one roof. As well, traditional gender roles are challenged in the new homeland. In the short term, elderly women cope with helping younger family members establish themselves, whereas the elderly men suffer from less clear functional roles within the family, community, and work. The long term adaptation of elderly females is thought to be more difficult as they have neglected their own needs to acculturate by helping the family meet basic survival needs. Immigrants from another culture are thus transformed by American culture but, as the author reminds us, so does its association with the new Americans change American culture. It is this diversity that must be recognized and appreciated.


INDEX TERMS: Hmong, Cambodians, Lao, Vietnamese, resettlement, extended family, customs and traditions, gender role, conflict of generations, adaptation, mental health, linguistic adaptation, literacy, kinship, clans, patrilineal societies, community organizations, second language, elderly, children, education, parents, assistance programmes, social services, cultural sensitivity, literature review.
Chapter 4 Countries of Resettlement: Refugees' Special Needs

GEOGRAPHICAL TERMS: United States

This article examines inter-generational relationships of South East Asian refugees in the United States. Difficulties which refugees face are discussed, including the pursuit of financial security, maintenance of physical and mental health and the critical role of language and literacy. While arriving with few possessions, refugees have been resourceful in drawing on family, clan and community, even when these have had to be reconstituted. For Vietnamese, the extended family contributes to the economic well-being of the larger family unit. Among the Hmong, patrilineal descent principles continue to play a major role in their adaptation as members of a clan are considered to be siblings. In Philadelphia, young Lao orphans have reconstituted the pawg neeg or sub-lineage, as they take turns pooling their money to raise the bride price for one another since they do not have any blood kin to help them. Refugee groups have also established local community organizations to serve members of the community while interfacing effectively with the American bureaucracy. Refugee families encounter a major discrepancy between traditional roles and expectations, which particularly affects the elders, but also the other generations. The authors note that it is yet to be determined whether refugee families can remain viable sources of strength and support for their members. Services developed to help refugees adjust to their new environment are fragmented and tend to target specific age groups and generally ignore elderly refugees. To “address the complex needs of these newcomers, resettlement agencies and social service organizations must develop a more coordinated approach to service delivery that focusses on the family as a unit for adaptation.” As well, mainstream educational and social service networks should, in collaboration with ethnic leaders, develop culturally appropriate programmes that are relevant to each generation.

b. Cambodians


INDEX TERMS: resettlement, mothers, age groups, educational background, wages, cultural sensitivity, neurotic and personality disorders, integration, cultural identity, maternal and child health care, benefits, workers, day care centres, children, customs and traditions, family disunity, adolescents, wealth and income, value systems, ethnic communities, social relationships, psychiatric tests, research interviews.

GEOGRAPHICAL TERMS: France, United States.

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Based on past studies, Cambodians have been the most traumatized of the South East Asian groups and at greatest risk for mental health problems. Symptoms may surface immediately or years after the traumatic events but cultural differences often delay the recognition of psychiatric symptoms. Cambodians use ‘Koucherang’, meaning ‘thinking too much’, which reflects the state of stress, depression or frequent reflection on past traumatic events. However, as the authors point out, “manifestations of stress by Khmer women in the years following migration are not well documented, especially relative to their experiences in different Western countries.” The purpose of this study was to examine three research questions: the likelihood of a) symptoms of depression and b) symptoms of anxiety being associated with the country in which a Cambodian refugee woman lives; and c) significant differences between how much Cambodian women in the United States and France worry about things. The network sample consisted of 155 women of Cambodian national origin over the age of 18, who were interviewed in their homes in the United States and France. Ninety participants were selected in the United States and 65 in France. Women emigrating to France were significantly older and had significantly higher levels of Cambodian education with more of them having received additional formal education in their host country than those living in the United States; their monthly average salaries, expressed in dollars, were three times higher, and the proportion of women receiving government assistance was also higher. A focused interview, consisting of open-ended questions and translated into Khmer, was conducted together with a trusted, female Cambodian translator. It included four research questions specifically designed to elicit information on the culture-bound system of ‘Khoucherang’ meaning ‘thinking too much’ to obtain data pertaining to behaviours recognized as stressful as well as perceived causes of stress. The answers were collected by means of the Cambodian version of the Hopkins Symptom Checklist (HSCL-25) and the scores for the HSCL are determined for three categories: total, depression, and anxiety. Statistical analysis showed that, with respect to research question one, women residing in France were significantly more likely to show signs of symptomatic depression than women residing in the USA, but, with respect to research question two, there was no statistically significant association between being symptomatic of anxiety and country of residence. With respect to question three, there were significant differences between women in France and the USA as to how much they worry about things and what things they worry about. Discussions with the women provided some insights relative to depression rates and influencing social factors. Cambodian women in France acknowledged they felt integrated but their uniqueness as Cambodians has been de-emphasized and affected the retention of their culture. Cambodians are widely dispersed in France and, in order to receive both cash and health care benefits including maternal and child health care, they are expected to work in the region where they are sent. “An excellent system of day care for children facilitates this acculturation, but this goes against traditional family values where women stayed at home with their children.” Because of their dispersal, there are fewer large population centres of Cambodians providing markets and social support compared to the USA. Generally older than women in the USA group, these women also described anxiety and depression because of their inability to look after their aging parents and other relatives in
Cambodia and voiced despair about the abandonment of traditional Cambodian culture by their children. As far as differences in the amount of worry are concerned, twice as many women in France are concerned with family and friends back in Cambodia, and almost three times as many are concerned with conflict in the family, while in the USA the top two concerns were adequate income and worry about teenagers. The authors suggest several explanations for the increased reports of worry in the French group. Women are under more pressure to work despite having young children at home and tend to be more socially isolated than their American counterpart. One French Cambodian commented: ‘We miss the markets. Khmer women...get together to shop and tell stories at the market. We need other women.’ Women in the American group tended to be on welfare assistance with preadolescent children, and had access to Cambodian markets and culture and more social support in the Cambodian community. According to one respondent, ‘In our culture we work just enough so we can eat for today and tomorrow.’


INDEX TERMS: Cambodians, family, men, adolescents, country of origin conditions, genocide, resettlement, culture, customs and traditions, gender role, cultural identity, refugee experiences, dance.

GEOGRAPHICAL TERMS: United States.

This article discusses the role of Cambodian classical dance in the lives of the mother and two daughters of a Cambodian refugee family in Los Angeles in the early 1990s. From a theoretical standpoint and from the standpoint of the meaning the women themselves ascribed to dancing, the author offers an interpretation of dance as a form of storytelling which the women utilize to renegotiate their Cambodian cultural identity, redescribing the world in the context of their resettlement in the United States in a way which celebrates the ideals of their cultural tradition while silencing their memories of horror.


INDEX TERMS: Cambodians, tribal peoples, refugee camps, mental health, resettlement, family planning, nurses, gender role, children, violence against women, birth, pregnancy, ethnic communities, family, marriage, cultural sensitivity, translation services, counselling, case studies.

GEOGRAPHICAL TERMS: United States.
This article describes the plight of a Kuoy refugee woman who has been the subject of social shunning in a Cambodian community in a low socio-economic area in northern California. Theary, a pseudonym, was an informant in a study focusing on childbearing interest and family planning use among Cambodian refugees. Without an opportunity to attend school, Theary, a 28-year-old single mother with five children under the age of six, was illiterate in the Khmer language. In 1979, at the age of 17, she escaped to Thailand and was resettled in the United States together with an aunt she had met in the refugee camp. With her aunt making the marriage arrangements, she was married one year later at the age of 21 bearing one child. Theary separated from her husband when his drinking problem led to severe physical abuse causing the in utero death of the baby she was carrying. She married again through the representative help of her cousins, giving birth to four children in a period of four years, only to find herself divorced once more: this time due to the husband’s gambling and extra-marital affairs. According to the author, there are two important issues that explain Theary’s community shunning: the rules of Cambodian society surrounding women’s and men’s behaviour and Cambodian beliefs regarding women’s sexuality. In Theary’s case, the community believed that she had caused her own marriage problems, including the physical abuse, because she had not acted as an ‘ideal wife’. Her frequent pregnancies were evidence that she had other men. The author concludes with several recommendations for community health nurses concerning measures to prevent crisis situations experienced by women, including the use of recognized community leaders and traditional healers to assist in understanding situations such as Theary’s; the need to obtain information about culture in general and its relation to health and illness; the need for translators and interpreters for counselling sessions, home visits and telephone calls; and the development of culturally specific counselling sessions.

INDEX TERMS: Cambodians, resettlement, dependants, children, education, one-parent families, alcoholism, husbands, drug addiction, customs and traditions, medical drugs, stress, Buddhism, adaptation, second language, trauma, international armed conflict, mental disorders, research interviews.

GEOGRAPHICAL TERMS: United States.
income or age of the female being interviewed. However, East Coast females reported significantly more recent emigration, less education and a greater number of young dependents in the home while on the West Coast the female informant were twice as likely to be the household head. Participants in this study were asked a series of questions to obtain initial data about their as well as their families’ use of alcohol and other drugs. The results differed for the respective groups. Both groups used alcohol socially, but use reached almost 52 per cent in the East Coast as compared to 15 per cent of the West Coast group. Of the former, about 45 per cent of the women reported using alcohol primarily for nervousness, stress, migraine headaches, insomnia and for menstrual or other pains. About three quarters of the women over-all used prescription drugs. The majority of women in the East Coast group used the drugs to treat the illness for which it was prescribed. However, 58 per cent of the California group used the drugs for self-treatment of a variety of illnesses other than that targeted by the prescription. The most striking finding concerns the inappropriate use of prescription drugs, such as sleeping pills taken during the day for stress reduction, and other pills taken for street drug effects. The authors relate this finding to Buddhist beliefs, which dictate that it is best to keep stress within and take measures to forget it rather than burden others with it. Despite the cultural taboos against suicide, the women stated that sleeping pills were used for this purpose. The authors conclude that the combined stressors of pressures of assimilation into mainstream American culture as well as of the severe and multiple traumas of the Cambodian holocaust, and of family members still in Cambodia, may well increase the Cambodian women’s risk for abuse of alcohol and other drugs, particularly since their security and social life centres on family.


INDEX TERMS: Cambodians, men, resettlement, customs and traditions, gender role, social status, ethnic communities, Buddhism, Christians, marriage, ceremonies, wives, cultural identity, womens status, family, household division of labour, family budgets, family planning, polygamy, arranged marriages, divorce, husbands, national law, violence against women, marital conflict, parental authority, adolescents, schools, social security, unemployment, language barriers, education, research interviews, field research, literature review.

GEOGRAPHICAL TERMS: United States.

This chapter presents the findings of a study on role changes experienced by Cambodian women after resettlement and how such changes affect child bearing interest and family planning use. The study, conducted in a community in Northern California, included participant observations and interviews with 30 women and 23 men who lived mostly in
lower socio-economic areas of the city. Most Cambodians in the community only have the traditional wedding ceremony which is performed by the accha (lay priest) with the help of some elders. However, some are now marrying in Christian churches and thus are also legally married. Asked about women’s and men’s behaviour, both female and male respondents gave the same answers. The ‘ideal Cambodian wife’ is responsible for ‘holding her culture.’ After marriage she is expected to manage the household budget, perform her household duties, be sexually faithful, and bear children ‘as many as comes.’ The ‘ideal’ husband must be able to support his wife and children, relinquish the management of household finances to his wife, and refrain from gambling and, according to the woman, from engaging in extramarital affairs. The change in women’s behaviour is of most concern among Cambodians, since women are perceived as not ‘holding their culture.’ As wives, they do not perform expected behaviour in the home and may ‘go around’ without asking permission. Divorces are believed to be on the rise and are easily obtained in case of traditional weddings since, by leaving the home, one of the spouses relinquishes rights and responsibilities. The overt control mechanism used by men depend upon the specific situation. Young girls receive verbal threats to prevent them from dating. Women who work or attend school are still expected to provide meals, even though men are no longer acting as ideal husbands; they are discouraged from attending school; they are refused to use family planning methods; and they are ‘not allowed’ to go out on their own. Women use covert strategies in their attempt to change the current situation. Some wives will ignore the husbands’ disagreement with their ideas or activities and do as they please. Although life in resettlement countries is different, the same cultural expectations of women’s and men’s behaviour remain. American laws giving protection from physical abuse are perceived to be threatening the husband’s control over his wife and family. Financial assistance through the welfare system allows women to leave unsatisfactory marriages. For the first time, women also have access to family planning methods. However, Cambodian men experienced a higher degree of freedom in Cambodia and thus their behaviour remained essentially the same after resettlement. As well, Cambodians are not concerned with men’s behaviour because it is not seen as essential to Cambodian culture. The author concludes by noting that gender relationship re-negotiation is only one issue that Cambodians grapple with since resettlement, but it seems perhaps more pivotal to the future of communities.


INDEX TERMS: Cambodians, South East Asians, youth, parents, rural areas, urban areas, educational background, literacy, history, educational systems, customs and traditions, Buddhism, country of origin conditions, family, gender role, family division of labour, patriarchal societies, conflict of generations, education, parental authority, resettlement,
womens status, cultural conflict, child abuse, arranged marriages.

GEOGRAPHICAL TERMS: United States.

To account for in-group variations in educational achievement among South East Asian refugees, the author explores the reasons why disproportionate numbers of Khmer women drop out of school. Changes in gender roles and gender ideology and their implications for the family, generational conflict, and authority are considered to be of particular importance. The author conducted 125 in-depth interviews with elders, youths, and leaders in the Boston Khmer community from September 1988 to December 1990. Using a snowball sample technique, friends, neighbours, and more distant relatives of these families were also interviewed as well as teachers and social service providers who work with Khmer, supplemented by informal discussions and participant observations of family interactions and community events. Although Khmer parents recognize the value of education, a strong double standard is used in the evaluation of male and female behaviour and influences their lack of support for the higher education of their daughters. Traditional ideals of the role of young women strongly influence the direction and duration of girls’ schooling in the United States. Several sociological and cultural forces contribute to the high incidence of dropout among Khmer girls, such as pressure to conform to traditional or remembered gender norms and intense concern for family face and honour, including female virtue. However, a few Khmer women were found to be continuing their education.

Two trends emerge from this research: some young women have renounced marriage to pursue education and a career, and a ‘good number’ of the young women who drop out of school due to marriage and pregnancy plan to return to school when the baby is old enough to be cared for by relatives or friends. They further report wanting no more than one or two children, considerably less than the traditional Cambodian family size. The author concludes that changing attitudes may have far-reaching effects for Khmer identity, gender relations, and educational achievement.


INDEX TERMS: Cambodians, country of origin, customs and traditions, gender role, settlement workers, social services, dependency, parents, children, nutrition education, husbands, infants, children, grandparents, government programmes, supplementary feeding, volunteers, social role, food, barter, refugee camps, adaptation, clandestine employment, unemployed, Buddhism, marital status, value systems, social status, research.

GEOGRAPHICAL TERMS: United States.
In Cambodia, women worked as food producers, domestic managers, market traders, and wage labourers in addition to their social roles of wife, mother, and grandmother. In contrast, the perceptions of Cambodian women as refugees, as it has emerged from the resettlement literature, agency personnel, and other service providers, reflect the stereotype of refugees as hopeless, helpless, powerless, and dependent. Based on their ten year (1981-1991) participant observation of resettled women in the Dallas Cambodian community, the authors examine these contrasting images of Cambodian women within the context of behavioural inter-actions at WIC (Special Supplemental Food Programme for Women, Infants, and Children). The authors, who acted as ‘patrons’ providing various services and social support, present the composite case study of one woman’s inter-action with the WIC programme. Twenty-three years old when she arrived in Dallas in 1983, Sinah and her twenty-five year old husband, had a three year old daughter and a three month old son, both born in a refugee camp. Her sponsoring agency arranged for her to participate in social services, particularly food stamps and the WIC programme. Sinah observed WIC’s feeding guidelines and behaved like a compliant actor, ostensibly reflecting the image of the powerless and alienated refugee. Yet, she was able to use the programme to reflect her own needs and expectations and thus to assert her traditional roles of autonomy and power by providing food for her family and engaging in a network of trade and reciprocity for the food items or coupons she received. Several years later, upon the birth of her third child, she again seeks certification for the WIC program. Although she acquires income ‘under the table’ by sewing dresses for a local manufacturer, she reports her status as unemployed, realizing that by reporting her income she may be ineligible for benefits. As well, although Sinath ‘married’ her husband in a Buddhist ceremony, she manipulates the certification process by reporting her marital status as single under U.S. law. The authors challenge the notion of refugee women as empty vessels, held by intervention programmes, and instead portray them as active participants who, by drawing upon some of their more traditional economic and domestic roles, exploit the American perception of them as refugees and women. In fact, Cambodian women are rational decision makers who maximize their benefits as they confront the American system by frequently using social services as a ‘transitional means’ to recapture lost status and position. “Through these expressions of power, they are reasserting their autonomy as Cambodian women living in America.”


INDEX TERMS: Cambodians, widowed persons, divorce, mothers, urban areas, rural areas, social classes, value systems, customs and traditions, belief systems, sexual violence, trauma, gender role, patriarchal societies, resettlement, community health clinics, nurses, psycho-social problems, adaptation, traditional healers, cultural sensitivity, research interviews, meetings.
Chapter 4 Countries of Resettlement: Refugees’ Special Needs

This study, based on the paradigm of feminist participatory research, examines psycho-social adjustment and the construction of gender among Khmer refugee women, specifically, the cultural or symbolic traditions that refugee women bring with them to the United States. Exploring the religious or cultural symbols that may influence women’s adjustment and their responses to trauma and assault, the study focussed on real life narratives, images, and stories of strength and resistance. Using a snowball sample through referrals from physicians and community health nurses, 1216 Khmer women in Portland, Maine, were interviewed individually and in support groups over a one year period from 1988 to 1989. Methods of data collection included participant observation, abbreviated life history and ethnographic interviews, and “amplification” as the method for connecting with dream images. Three specific questions guided the research: (1) What symbols and images recur in the waking experience, dreams, and mythic recollections of Khmer refugee women? (2) What kind of interpretive activity accompanies these symbols and how do they function in the construction of gender? (3) What is the role of dream work in inter-cultural practice with Khmer refugee women? Discussions were wide-ranging and included many requests for help, for instance, for accessing medical care, problems related to housing, medical or cash assistance, and studying English. Symbols of women’s strength and resistance are described, as are dream symbols and their interpretation in Cambodian culture. Four recurring themes are identified in the women’s dream narratives: persistent violence, interspersed with symbols of protection and safety; communicating with spirits of relatives or with helping spirits; ubiquitous messages of good or bad luck; and sexuality and/or their relationships with men. The author learned that Cambodian women respect dreams as a source of guidance. She also suggests that the narrative of these Khmer women speaks to the experiences of many women.

INDEX TERMS: Cambodians, widowed persons, divorce, mothers, urban areas, rural areas, social classes, value systems, customs and traditions, belief systems, sexual violence, trauma, gender role, patriarchal societies, resettlement, community health clinics, nurses, psycho-social problems, adaptation, traditional healers, cultural sensitivity, research interviews, meetings.

GEOGRAPHICAL TERMS: United States

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c. **Hmong/Lao**


INDEX TERMS: Lao, Thais, Buddhists, immigrants, elite, refugees, rural areas, religious leaders, ethnic identity, religious institutions, gender role, refugee camps, adaptation, integration, social participation, cultural identity, value systems, religious practice, customs and traditions, arranged marriages, extended family, divorced persons, family division of labour, employment, womens status, social status, higher education, second language, life styles, ceremonies, folk art, dance, music, case studies.

GEOGRAPHICAL TERMS: United States.
Part of a longitudinal study of the Lao refugee community of the greater Washington, D.C. metropolitan area began in 1982, this chapter discusses the life histories of a Buddhist monk and a nun of the Lao community and the gender roles they renegotiated. The Monk, of rural origin and middle-aged, is Abbot of the Lao temple of the Greater Washington, D.C. area and enjoys respect beyond the local community. His lack of English proficiency and of engagement with secular concerns is widely viewed as conforming to the ideal of renunciation and, therefore, avoidance of involvement in secular concerns, which is ideally expected of a monk. The Nun, from a prominent family in Laos, first came to the United States with her father 1957 and entered college. She went back the following year to enter an arranged marriage with a man with whom she had never spoken. Offered a job, she returned to the United States. Her husband, a military officer, was later reported as missing in action. She married an American government official but they divorced in 1978. She became a Buddhist nun in 1983 after the tragic death of her daughter and began to wear the white robes even to work in 1984. Her family’s elite position in Laos, her job in the United States, the acquisition of English language skills, her job, and her ability to deal with the American bureaucracy enabled her to renegotiate and redefine her female status and role in Lao society and to become an important culture broker in the refugee community. As a source for continuing tradition, religion is important to the ethnic identity of Lao refugees. The gender role of monk is considered by Lao the highest status a man can have. The Monk remains, as he sees himself, a source of religious and cultural continuity in the face of rapid change of refugee existence, and has become an ideal role model in this refugee society. Thus, the Monk conformed to part of the strategic choice of encapsulation without, however, participating in the wider society. The Nun utilized the strategy of emphasizing ethnic identity but using it to develop new positions, organize new activities, or reformulate roles. The Nun became a patron in this society and reinforced her position through her close association with the Monk for whom she has also been a patron. With his support, she has been able to change the role of female religious functionaries. Thus, the Monk may also be seen as supportive of culture change, while the nun, more committed to change, may also be seen as promoting the continuation of Lao Buddhist tradition. The roles of the Monk and the Nun in this study are reciprocal and interdependent. Thus, culture change and culture maintenance may be seen as part of the same process.


INDEX TERMS: Hmong, men, country of origin conditions, patrilineal societies, value systems, customs and traditions, belief systems, clans, extended family, family division of labour, children, gender role, colonialism, Christianity, international armed conflict, armed forces, flight, flight hazards, refugee camps, resettlement, sponsors, language barriers, second language teaching, economic adaptation, employment, unemployment, parental authority, secondary migration, culture shock, cultural identity, cooperatives, North
Americans, volunteers, management, kinship, arranged marriages, ceremonies, marital conflict, cultural conflict, Christians, child sex abuse, violence against women, divorce, courts, cultural integration, field research, interviews.

GEOGRAPHICAL TERMS: United States, Thailand.

The book is an expanded version of the author’s 1989 PhD dissertation with the same title, an abstract of which was included in our Women Refugees in International Perspectives 1980 - 1990, An Annotated Bibliography, Volume 1, 1997. It incorporates three years of additional fieldwork, including a 1988 visit to a Hmong community in northern Thailand. Based on available literature and life histories of some respondents, the author first reconstructs the Hmong way of life in Laos prior to the Second Indochinese War. Divided into about twenty clans, Hmong lived in patrilineal extended families consisting of an older couple, their unmarried children and their married sons with their wives and children. Each nuclear family shared subsistence products but kept profits from their opium cash crops separate. Households and entire families moved in search for new or better fertile land. Households were hierarchically organized based on gender and age. Reinforced by gender concepts in Hmong origin stories, children were prepared for their respective gender roles at an early age. In “Changing Times”, respondents describe changes in their way of life in Laos as a result of colonial expansion, such as increasing trade opportunities and conversion to Christianity by American fundamentalist missionaries, and dislocation of families due to the Indochinese war. Since “Hmong soldiers were more willing to fight when their families were threatened, the families of soldiers moved to combat zones and were fed by air drops by CIA/USAID planes until their temporary villages were overrun by fighting” and they had to move back with losses. After the fall of the coalition government, most of the Hmong fled to Thailand but several thousands remained in the jungle, with some surviving up to two years, before they escaped. In separate chapters the resettlement experiences of Hmong in Seattle are discussed, covering the Hmong women’s needlework cooperatives, courtship and elopement, wedding negotiations and ceremonies, and domestic conflict. The author demonstrates that, even though different and new elements had to be incorporated into their various strategies, first generation Hmong were able to maintain their traditional social relationships of respect and authority within the family; relationships which are considered crucial for maintaining a Hmong identity. In Seattle women not only produced the needlework but, in contrast to Laos, also sold it on the market and fairs; however, men took over the management of the textile co-operative and kinship remained an important dimension in commercial production and marketing. Catch-hand marriages, that is elopement, was also being practised, even though, because of cultural differences, the young men may be accused of rape, particularly if the girl is underage from the American point of view. Marriage negotiations were still conducted by the men of the bride and the groom’s family. Although divorce is considered improper behaviour, use of the American legal system is condoned when the woman has the tacit support of her male relatives. Without such support, the community will ostracize a woman who obtains a legal divorce from the American court system. Reflecting on possible changes regarding gender
equality, the author notes that she found less cultural change than expected but that, for comparative purposes, studies regarding the adjustment of adolescents who grew up in the United States would be helpful. It would also be important to study whether Hmong’s conversion to Christianity has contributed to changes in their ideas regarding gender.


INDEX TERMS: Hmong, belief systems, Christianity, pre-literate societies, traditional healers, social structure, clans, kinship, family, gender role, patriarchal societies, age groups, resettlement, non-government sponsorship, sponsors, religious institutions, social relationships, community organizations, adaptation, value systems, literacy, home economics, nutrition education, parental authority, offspring, cultural integration, linguistic adaptation, women’s status, field research, research interviews.

GEOGRAPHICAL TERMS: Canada, Laos, Thailand.

Sponsored largely by the Mennonite community in southern Ontario, the Hmong were resettled in Canada between 1979 and 1980. Based on participant observation and individual and group interviews, conducted between 1985 and 1987, with 43 Laotian Hmong refugee women in a small city in southwestern Ontario, this article examines how religious conversion and/or affiliation with the Hmong Christian Church (Mennonite) proved to be an avenue of Hmong adjustment and continuity with the past. To appreciate the effects of religious change on Hmong women, the author discusses Hmong gender roles and Hmong social, ideological, and spiritual beliefs. Women were subordinate and limited in their scope of power and options, being controlled by men and remaining in the domestic sphere. However, once in Canada, they had to reconcile the dissonance between Hmong gender roles and changing expectations, particularly the differences experienced in relation to financial security. Although largely confined to marginal, low paying jobs, a greater proportion of Hmong women than men found work. The involvement of women in the workforce contributed to the difficulties of men perpetuating Hmong patriarchal notions of gender hierarchy. The role of parents in controlling the behaviour of children was also eroded as children adapted more easily than their parents did. Faced with the trauma of uprooting and tremendous personal loss, the Hmong responded to Christianity due to the pivotal role played by the Mennonite church in their resettlement. Based on her research, the author notes that the Hmong Christian Church, which was established in 1984 under the stewardship of the parent Mennonite sponsoring church by several Christian Hmong families, assumed a central role in the adjustment experiences of Hmong refugee women in particular. The author illustrates how the church eased the transition by providing a facility for regular social inter-action and network formation, a moral base to reaffirm key Hmong gender roles and responsibilities in a Western context, and a set of models for young
women eager to emulate Canadian ways. As well, it helped these women to better cope with their changing roles, especially, in the family and at work. Thus, the church served as an ethnic association for some women while it was a source to renegotiate gender relationships for others, who selectively incorporated and/or superimposed specific Christian beliefs and practices onto their own. The author concludes that, “by viewing refugee women’s affiliation with the church as a process involving conscious efforts to maximize resources and/or preserve indigenous traditions,” their adaptation as a dynamic interpretive process can be better understood.


INDEX TERMS: Hmong, men, women, age groups, education, value systems, family, conflict of generations, gender role, marriage, clans, leadership, parents, cultural conflict, language barriers, language education, culture shock, school adaptation, teachers, learning, learning methods, anthropology, interviews.

GEOGRAPHICAL TERMS: United States.

This study examines Hmong cultural and educational values, based on the field-based triangulation method. Twenty-three Hmong males and females, aged 15 to over 60, in Wisconsin and Minnesota were interviewed using a 65-item questionnaire. A Hmong clan leader and a Hmong community leader were also interviewed and discussions were held with school personnel. While the interviews revealed many similarities between Hmong and American values, they also showed “that the clan continues to have a major influence on Hmong social values and that the primary ideological conflict between Hmong and American cultures is a focus on the family as compared with an emphasis on individual freedom.” This conflict between the two value orientations is causing problems within Hmong families, across generations, and in the larger Hmong community, as evidenced by comments of respondents belonging to one of three age groups: those over 35, those between 20-35, and those 20 or under. The study substantiated reports of changing attitudes among the younger Hmong women and men about continuing education for women compared with the traditional role of marrying and bearing children early. While Hmong parents believe that a good education is important to their children’s success, traditional values influenced their views about home-school relationships, expectations of teachers, children’s after-school activities, and sex education. Linguistic issues impact Hmong students’ experiences in American schools. Since limited education prior to relocation in the United States has hindered the older Hmong’s ability to learn English, Hmong is spoken in many households and children entering school have virtually no knowledge of English. Because of the complex difficulties for students acquiring English, placement in smaller ESL classes has been found to be advantageous. As well, classroom instruction should consider the cognitive and cultural referents, which impact Hmong students’ learning.
Chapter 4 Countries of Resettlement: Refugees' Special Needs

processes and behaviour. In conclusion, the author recommends that teachers and administrators become familiar with Hmong culture in order to implement effective methodologies, programmes, and support systems. By considering the contextual anthropology of learning, cross-cultural bridges can be built to enable Hmong students to succeed in both their Hmong and American cultural worlds.


INDEX TERMS: Hmong, agriculture, gender role, family division of labour, clans, civil war, refugee experiences, flight, refugee camps, food aid, medical treatment, women's status, non-government sponsorship, preparation for resettlement, refugee placement, alienation, basic needs, deficiency diseases, settlement workers, Christianity, adaptation, local integration, case studies.

GEOGRAPHICAL TERMS: Laos, Thailand, United States.

This chapter presents the life stories of three related Hmong women—a mother, a daughter, and a grand-daughter - in Laos, in flight, in refugee camps, and in resettlement in Syracuse, New York. The author sets these stories as a counter-narrative to the more romanticized accounts of Hmong history by Hmong men. Emerging from the narratives that the author obtained through friendship, participant observation, and resettlement work were themes of lack of control and marginality, stemming from being members of an ethnic minority, refugees and women. The author notes that her interpretation of marginality contrasts sharply with the women’s sense of cultural identity as proud, independent people. In their patriarchal society, the two older women had little control over their personal lives regarding marriage, number of children, health, and food production activities. Nor could they understand the warfare that continuously threatened their village and forced the survivors to flee into the rainforest, where they wandered homeless for seven years. As refugees in Thailand, they had no control over when, where, and with which family members they would be moved between the camps. They were given what they believed to be inadequate food, shelter, sanitation and medical attention and had to sew traditional needlework to supplement their diet. Resettled in Syracuse, they were again marginalized, as they had no close relatives and were the only members of their particular clan. The women describe how they re-established, each in their own way, control over their lives. The older woman distances herself from the past, and tries to live as much as possible in the present; her daughter converted to Christianity in search of empowerment. According to the author, her conversion is more a rejection of the traditional belief system than the embrace of a new one. The grand-daughter used education to gain some control. She hopes to avoid the poverty she sees in her own family by attaining a skilled career.
This article discusses the findings of the first phase of a 1990-1991 study aimed at understanding the socio-cultural context of fertility transition among Lao refugees in Columbus, Ohio. The study involved in-depth, open-ended ethnographic interviews of 20 women and 10 men, four homogeneous focus groups in terms of age and gender and several case studies. The authors identify three areas which appear to influence reproductive decisions among the people interviewed. The first area concerns changes in attitudes regarding marriage and divorce. According to the respondents, people tend to marry and begin building their families later in the United States than in Laos for several reasons. In Laos there is a traditional male preference for ‘young’ brides, because access to land was determined by marriage as couples held rights to the control of land. Earning their living primarily through wage labour in the United States, young men talk about being economically self-sufficient before marrying. Parents expect that young people should get as much education as possible, an expectation which is also shared by young men and women. Divorce was perceived to be more frequent because women are not as dependent on men for the financial support of their families. As a result, marriage tends to start later and is perceived to be more tenuous in the United States than in Laos. Thus, a Lao woman in the United States is likely be older when she has her first child and consequently will likely reduce the total number of children she would have in her lifetime. The second major reason for fertility decline is a decreased desire for large families. Children in Laos were an economically valuable source of labour in lowland wet-rice agriculture but in the United States, with more Lao living in nuclear families, their economic value as producers is seen as severely limited. Refugees are also aware that large families impose serious economic restraints in a money-based economy; where children are generally net consumers rather than producers. Thirdly, the socio-cultural and economic constraints on family size coincided with increased availability and acceptance of Western birth control technology, which had begun in Thai refugee camps.
d. **Vietnamese**

Based on Vietnamese and Australian census data, this article examines the ‘marriage squeeze’ of Vietnamese at home and in Australia. A marriage squeeze exists when the pool of one gender seeking marriage exceeds the pool of the other available for marriage. This gender imbalance can affect the dyadic power between men and women giving an advantage to the rarer sex as well as structural power, that is, access to economic, political, and social resources. Vietnamese experience a ‘double marriage squeeze’ as a manifestation of inverse losses in dyadic power at both ends of the Vietnamese diaspora. In Vietnam, the marriage squeeze against women has been due to the combined effects of high population growth, the tradition of women marrying earlier than men, male mortality during the war, and male emigration after the war. This gender imbalance contributed to an increase in the proportion of single women and a high incidence of marriage for men. Conversely, because of emigration patterns, young male overseas Vietnamese have faced an even greater shortage of Vietnamese women. However, the dyadically disadvantaged group in each area has been blocked from gaining structural power. Women in Vietnam are disadvantaged because of postwar resource restraints, the transition from socialism towards the free market, the loss of influence of women’s organization, and the reassertion of traditional roles for women. Conversely, Vietnamese males emigrating to the West have experienced pronounced downward mobility, unemployment, relative poverty, and loss of patriarchal advantages. In Australia, large and increasing proportions of Vietnamese males, particularly those of non-Chinese origin, never marry and, compared to Australian born women, Vietnamese women marry later. The author concludes that questions of gender imbalance are likely to remain relevant in Asia, and to be further affected by declines in fertility and increases in the use of pre-natal technologies of sex-selection.
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INDEX TERMS: Vietnamese, country of origin conditions, armed conflict, violence, family, prostitution, suicide, post-traumatic stress disorders, language barriers, adaptation, family reunification, violence against women, divorce, cultural integration, alienation, ethnic communities.

GEOGRAPHICAL TERMS: Vietnam, United States.

This article challenges the definition of war veterans through an examination of one Vietnamese woman’s wartime and post-war experiences. Oral history interviews were conducted in 1994 with Nguyen Ngoc Xuan, a Vietnamese American woman, born in 1954, and a veteran of the Vietnam War. The author argues that women like Xuan are left out of the literature on the Vietnam war because they are neither policymakers nor veterans by conventional definition. By expanding the definition of veteran, it is evident that the victims of war are as much veterans as the soldiers who fought in it. Although never a combatant herself, surviving the violence of others has been a central theme of Xuan’s life. The article chronicles Xuan’s experiences from the Tet Offensive of 1968, when she became a refugee, through to her arrival in the United States in 1974, and her subsequent “painful adjustment to a wealthy and alien culture.” Abused by her American husband, she made several suicide attempts before ending their relationship. After her successful fight to bring her eldest son to the United States, she began and continues to suffer from post-traumatic stress disorder (PTSD), as she could no longer suppress the horrors to which she had been exposed. She made several trips back to Vietnam to re-establish family ties and to locate the grave of the man she considered her first husband. Xuan continues to struggle with integrating two disparate cultures and to be suspicious of other Vietnamese, as a result of years of isolation from the Vietnamese community in the United States. The author concludes that war cannot be completely understood without listening to the voices of civilians who should be recognized as veterans.


INDEX TERMS: Vietnamese, mothers, North Americans, fathers, abandoned children, country of origin conditions, economic deprivation, malnutrition, neurotic and personality disorders, resettlement, youth, gender groups, education, adaptation, stress, racism, employment, second language, resettlement programmes, second language teaching, refugee and immigrant services centres, self-help projects, cultural contacts, surveys, military service.

GEOGRAPHICAL TERMS: United States.
Chapter 4 Countries of Resettlement: Refugees' Special Needs

This article discusses the major findings of a study into the acculturative stress of Amerasian refugees admitted as refugees under the Amerasian Homecoming Act of 1987 and resettled in Springfield, Massachusetts. According to the authors, among Amerasians, this stress is to be considered on the basis of the negative experiences they faced in their country of birth; their current psycho-social adjustment to challenges in their new country; and stress arising as a result of their mixed racial backgrounds. As the abandoned children of American servicemen and Vietnamese women, economic hardship and deprivation, terror and ostracism, malnutrition, and other forms of physical, social, and psychological abuse became the norm for these homeless children and their families. The stress Amerasians faced in resettlement was measured by an acculturative stress inventory, modified to fit the population, through a survey conducted with about 100 volunteer respondents between 19 and 23 years old; most respondents had only two years of formal schooling and were employed; and about half could speak basic English. More than one third were women with roughly the same proportion being of African-American descent. The survey found employed respondents reported lower feelings of stress than unemployed. As well, there was an exhibited inverse relationship between acculturative stress and ability to speak English. The results found that Amerasian males did not experience significantly higher levels of acculturative stress than Amerasian females and no significant difference was found between African-American descent and Euro-American descent. The authors recommend that resettlement programme development focus on improving employment opportunities and communication in English by establishing more multicultural education and self-help centres, providing English language training programmes, and employing Amerasian in institutions to disseminate knowledge about their culture and facilitate their adjustment to American culture.


INDEX TERMS: Vietnamese, men, resettlement, social participation, ethnic communities, political participation, economic integration, occupations, gender role, second language, extended family, family, family division of labour, belief systems, employment, unemployment, research interviews.

GEOGRAPHICAL TERMS: Finland.

The author discusses the findings of a 1994 study of the integration process of a Vietnamese community comprising some 300 persons in south-west Finland. This qualitative research is based on participant observation and open-ended, in-depth interviews with 14 men and 15 women Vietnamese refugees who participated in a similar study conducted three years previously. The community has formed numerous vibrant and inclusive social circles, which can be seen as surrogate extended families as familiar extended family roles are
reconstructed in a new actor setting. Based on reciprocal obligations and expectations of support, these sub-groups, as strong networks of social inter-action, perform mutual assistance functions of various kinds. Despite their vitality, the sub-groups lack the type of solidarity to reinforce and promote the interests of the group as a whole and to mount collective actions. As the author notes, collective action may develop over time as communities become more firmly established and familiarize themselves with the host country’s socio-political structures. The Vietnamese have located niches in the labour market but have also been affected by the economic recession in the 1990s as evidenced by an unemployment rate which is several times higher than the national average. Women have entered the work force to increase the material security of the family and to avoid loneliness and isolation. It is likely that female empowerment is linked to the predominance of female service providers in initial settlement and other overlapping services, who seem to have become role models for Vietnamese women. Since the cultural values and resettlement goal of the Vietnamese family are strongly collective, the necessary adjustment in the division of labour in families with working mothers does not seem to have been disruptive. The subjects’ foremost goal was to find steady employment. The second most important goal was the retention of their culture.


INDEX TERMS: Vietnamese, refugees, immigrants, migration, adolescents, females, males, secondary education, higher education, mothers, fathers, country of origin, value systems, patriarchal societies, extended family, gender role, receiving country, cultural conflict, adaptation, conflict of generations, questionnaires, literature review.

GEOGRAPHICAL TERMS: Australia.

This study examines Vietnamese adolescents’ traditional family and independence values and their perceptions of parents’ values as well as the relationship between parent-adolescent values discrepancy and inter-generational conflict. Drawn from two secondary schools and a university in Melbourne, the sample consisted of 204 immigrant adolescents and young adults, 124 males and 80 females, who were born in Vietnam, had been in Australia on average 4.3 years and were living with either both parents or one natural parent. Levels of education, parents’ level of education, and mother’s and father’s age did not differ between boys and girls. The study confirmed that adolescents perceived that they had fewer traditional values than their parents. Traditional Vietnamese Family Values (TVFV) decreased with time spent in Australia and Adolescent Independence Values (AIV) increased. Girls were significantly less likely than boys to endorse TVFV but they did not
differ in their perceptions of their parents as equally endorsing traditional values. Girls also viewed their parents as being less accepting of AIV and reported significantly greater dissatisfaction with their gender than boys. Correlations between conflict and perceived parent-adolescent discrepancy in TVFV as well as correlations between AIV and gender dissatisfaction were significant for girls only, with greater discrepancy in values associated with greater dissatisfaction. The findings suggest that young Vietnamese girls have a more difficult path to acculturation than boys, as family dynamics are likely to be more disrupted for girls wishing to adopt host culture values. However, the adolescents, on the average, agreed TVFV held some importance for them, and levels of inter-generational conflict and dissatisfaction with gender roles were relatively low.


INDEX TERMS: Vietnamese, elderly, social relationships, mental health, social adaptation, customs and traditions, gender role, cultural conflict, alienation, health, extended family, ethnic communities, employment, womans status, underemployment, unemployment, domestic work, family disunity, psychotherapy, neurotic and personality disorders, counselling, language barriers, translation services, cultural sensitivity, research, literature review.

GEOGRAPHICAL TERMS: United States.

This article examines the psychological and social adaptation of elderly Vietnamese refugee women resettled in the United States and suggests that the women’s adaptation is related to their perception of control over their lives and life satisfaction. The author discusses existing research on the social and cultural adjustment of South East Asian elderly refugees living in the United States, and generally concludes that elderly refugee women are often more susceptible to psychological distress due to difficulties adapting to their new environment. Based on three empirical studies conducted over the last ten years by the author and her colleagues, she examines possible markers of successful aging and why the family may be pivotal to this success. The studies suggest that adequate satisfaction with social relationships, particularly family and friendships with individuals from their homeland, is a key contributor to successful aging and mental health of elderly Vietnamese refugee women. More specifically, the studies identified several markers of successful aging as critical for older Vietnamese women: the influence of cultural values and beliefs as far as the timing and stages of the life cycle are concerned; cultural differences in gender roles, changes in traditional extended family living arrangements and roles, the ability to make a contribution to the economics of the family, and false high expectations of life in America. The author notes that recognition of this change in life perspective and goals may significantly enhance the therapist’s efforts at helping elderly refugee achieve satisfactory life satisfaction and alleviation of depression. Rather than helping the elderly refugee
change this perspective, the therapist might try to enhance the client’s understanding of American culture, lifestyle, and behaviours. Cross-cultural issues in mental health and therapy are discussed and the establishment of therapeutic environments and supportive networks is recommended. The author also stresses that therapists must address the issues of post-traumatic stress syndrome, grief, and depression; cross-cultural conflicts in values and behaviour, particularly age, gender and family roles; and inter-generational acculturation issues. However, the author warns that crucial research on adaptation and coping of Southeast Asian refugee elders is yet to be done.


INDEX TERMS: Vietnamese, rural refugees, urban areas, elderly, gender role, cultivation, gardening, marketing, household, family budgets, psychological problems, adaptation, customs and traditions, research, surveys.

GEOGRAPHICAL TERMS: United States.

This article examines the development of market gardens among the Vietnamese community in the Versailles enclave of the New Orleans metropolitan area. About 5,000 ethnic Vietnamese living in this enclave, who were mostly agrarian and poor in Vietnam, have created a landscape consisting of vegetable and herb gardens, thus reflecting their socio-economic heritage. The article focusses upon the kinds of garden techniques, diversity of produce, and the agricultural cycle of the gardens. Research, based on two surveys and field observations in 1991 and 1992, found that gardening is the exclusive activity of the elderly; their average age is approximately sixty-six years, with the youngest being fifty-six and the oldest, eighty-one years. Husbands and wives have different roles in the labour process, but both are involved. Gardening contributes to the psychological well-being of the elderly because of the problems they experience adapting to an alien environment. The re-creation of a garden landscape reminiscent of Vietnam represents a familiar past environment and the work involved in the cultivation of plants heightens their self-esteem. As well, the elderly’s cultivation of a variety of vegetables and herbs is a purposeful strategy to maintain traditional dietary habits. Crops that the household does not need are sold to other enclave residents, restaurants and grocery stores, thus further decreasing household expenses. “In sum, gardening gives the elderly population of Versailles emotional well-being and economic self-worth.”

INDEX TERMS: Vietnamese, exile, literature, country of origin, resettlement, alienation, rape, cultural conflict, suicide, repression, psychological problems, conflict of generations, customs and traditions, value systems, patriarchal societies.

GEOGRAPHICAL TERMS: United States.

This article focusses on the work of some major Vietnamese American women writers to illustrate why the themes of home and exile are important to these writers and why, since 1975, Vietnamese immigrant literature continues to flourish. The author suggests the writing of Vietnamese women is different from that of Vietnamese men in its attention to the daily life in exile and emotional aspects of this experience. Since in Asian and Vietnamese cultures, ‘home’ is associated with mothers, the ‘motherland’, it is natural for women to write about home as a way of sustaining their country’s maternal traditions.

Finally, the author believes that creative language “is women’s specialty because it utilizes and draws upon the mother tongue,” and this linguistic strength enables women to address issues central to the “female psyche, namely their anguish of exile, their female condition, and their quest for salvation through nostalgia.” Most women writers discussed in this article were adults when they left Vietnam. Strongly attached to their native country and unable to adapt to American society in the early years of resettlement, they vent their frustrations through their writing using themes that include the existential problems of exile, namely loss, alienation, despair, and loneliness. A new notion of exile has emerged in recent Vietnamese American feminine writing. “Exile is no longer viewed as a brutal uprooting from native Vietnam, but rather as imprisonment in obsolete, rigid ethnic principles.” In Vietnamese American feminine writing exile is also inseparable from home. Home is equated with loss, bereavement, obsession, and wistfulness, but it also represents a powerful life force protecting refugees from the damaging effects of exile. Writing is a means to come to terms with present realities, create a new life, and to have faith in their peoplehood and nationality.

INDEX TERMS: Vietnamese, ethnic communities, ethnic identity, social integration, cultural integration, pluralistic policy, discrimination, language barriers, unemployment, employment, second language, social classes, children, community organizations, gender role, wives, manual workers, violence against women, extended family, stress, research interviews.

GEOGRAPHICAL TERMS: Australia.
This article explores the effects of the structural characteristics of Australian society on the emergent ethnicity of Vietnamese. The author’s definition of social structure includes economic as well as political, social and cultural factors. Divided by several background characteristics, Vietnamese immigrants have not formed a homogeneous community but the settlement experiences have strengthened and re-formed a community identity. To determine the broad range of ethnic change, this study is based on interviews with 100 Vietnamese over the age of 15, from July 1989 to October 1990, in a southwestern suburb of Sydney. The sample is similar to the Vietnamese population regarding gender, age, ethnic background and religion. The questionnaire emphasized cultural, structural and identificational integration. A number of themes of integration emerged from these interviews. Culturally, the study found a desire of Vietnamese to maintain traditional identity, even though aspects of it were contradictory to their perceived need or strong desire to establish a connection to Australia. Problems of social integration include language barriers, generational and family constraints, as well as unemployment and the lack of recognition of Vietnamese qualifications. Integration at the cultural, structural, and identificational level, therefore, seemed to be a function of class, English language proficiency and employment. The nature and extent of the Vietnamese community participation in organizational structures also influenced emergent ethnicity and integration. The author argues that Australian political structure, most notably its policy of multiculturalism, has been fundamental in reinforcing Vietnamese identity. However, more than 40 per cent of respondents reported experiencing some form of discrimination in Australia. In the concluding pages of the article, the particular effects of Australian society on Vietnamese women are discussed. For financial reasons, women have to work, thus increasing their independence, but they are also expected to carry out their traditional family responsibilities. Vietnamese women have an above average level of workforce participation and, based on 1988 statistics, 90 per cent of employed married women work full-time. Since women are often the only family member to work full-time to support the family, the husband and wife relationship is under strong pressure to change. According to Vietnamese community workers, the number of reported cases of domestic violence is increasing due to problems of adapting to life in a new country. The author suggests that the increase may be due to women’s greater awareness of available services, yet due to cultural pressures they may not seek professional help. There is also general opposition to divorce on both religious and cultural grounds. Thus while the structural characteristics of Australian society clearly influence Vietnamese immigrant ethnicity, the inherited culture still largely determines the nature of the new ethnic identity.
Chapter 5 Repatriation

a. General


INDEX TERMS: internally displaced persons, child refugees, armed conflict, flight, asylum, human rights violations, protection, armed forces, demobilization, refugee camps, vocational training, repatriation, reintegration, family reunification, sexual violence, Afghans, Ethiopians, Eritreans, special needs, public health, diseases, malnutrition, AIDS, reconstruction, development aid, economic self-sufficiency, UN, UNHCR, conference papers.

This publication presents the proceedings of a symposium organized by the Women’s Commission for Refugee Women and Children to examine the economic, social, and political challenges of repatriation faced by the world’s millions of refugees - most of whom are women and children. Speakers included refugee women, senior United Nation officials, members of the United States Congress, senior State Department officials, and a Minister from Namibia. The publication begins with a set of specific recommendations concerning repatriation and reintegration of families. In addition to providing the complete texts of the addresses given by the conference speakers, it also includes the discussions that ensued in four different sessions: Is it safe to go home; Getting ready to go: The special needs of women and children; Back home: Towards reintegration, reconciliation and reconstruction; and Responding to the challenges. As an outcome of the symposium, the Women’s Commission for Refugee Women and Children concludes with a Declaration, a statement that asks the world community to protect and support refugee women and children as they face the prospect of, and undergo, the process of repatriation.

The following needs are declared to be of utmost priority for women refugees to return home in safety and dignity: physical and legal protection; full access to health and nutrition; equal access to land, capital, and technology; education, especially for children, and training, skill building, and counselling towards self-sufficiency; and participation in planning and programme implementation.

INDEX TERMS: Angolans, civil war, refugee camps, internally displaced persons, repatriation, reintegration, basic needs, human rights violations, health services, maternal and child health care, maternal mortality, medical personnel, family planning, health education, water, nutrition, malnutrition, immunization, diseases, AIDS, education, literacy, training programmes, adolescents, child soldiers, demobilization, street children, sexual abuse, urban areas, economic self-sufficiency, women’s status, agriculture, landmines, medical rehabilitation, policy making, CRC89, UN, UNHCR, NGOs, UNICEF, UNDP.
GEOGRAPHICAL TERMS: Angola.

In December 1996, a five-member Women’s Commission for Refugee Women and Children delegation met with refugees/internally displaced persons and UN and NGO representatives in Angola. Their objectives were to investigate the conditions facing internally displaced women and children and those in particularly difficult circumstances; to gain an understanding of the return process of refugees from Zaire and Zambia, including the participation and protection of women and children; to determine the extent to which humanitarian relief services were addressing the needs of women and children; and to raise awareness among policy-makers and donors of the status and needs of women and children in Angola. The report first provides an historical overview of Angola. The report then discusses the projected repatriation of refugees from Zaire and Zambia through UNHCR’s preparation of an organized return programme and the need for health, education, and basic assistance services for the 1.2 million internally displaced persons. The delegation addresses the emergency needs in Angola for protection and human rights and improved health and education systems. Although assistance to demobilized child soldiers is being provided, much more support has to be directed to meet the needs of street children in Luanda. Protection for minors, principally girls, against sexual abuse and exploitation is also an area of concern. As well, the delegation recommends an increased focus on women’s participation in the agricultural sector, the informal urban economy, and generally in Angolan society. Lastly, services must be developed and maintained to assist the war injured, particularly landmine victims, which include orthopaedic and prosthetic programmes for amputees, training for landmine victims, and landmine awareness education. The Commission’s recommendations are addressed to the Government of Angola and UN agencies and include, for instance, that women be integrated into all programming and the policy arena; that children’s needs be given urgent priority; that
highest priority be placed on the delivery of education, vocational training, income
generation and public health; that human rights education and monitoring be established as
a high priority; that a time table be established for the destruction of stockpiled landmines.
Throughout the report, community development and aid projects in the capital city are
described.

REFUGEE WOMEN IN MOZAMBIQUE. ASSESSING THE
IMPLEMENTATION OF THE UNHCR GUIDELINES ON THE PROTECTION
Women and Children. 22 p. : maps, annexes, bibl.

INDEX TERMS: Mozambicans, internally displaced persons, returnees, reintegration,
womens status, one-parent families, drought, clinics, schools, planning, quick-impact
projects, wages, income-generating projects, men, self-sustaining projects, credit, training,
health services, latrines, community health workers, agricultural training, water, wells,
agricultural tools, cooking, education, food supply, horticulture, nutrition, teaching
methods, animal husbandry, health education, extended family, day care centres, economic
self-sufficiency, guidelines, international organizations, UNHCR, UNDP, NGOs, surveys,
statistical data, needs assessment.

GEOGRAPHICAL TERMS: Mozambique.

By June 1995 UNHCR announced that the largest voluntary repatriation movement in the
history of Africa had taken place in Mozambique. Of the 1.7 million returning
Mozambicans, between 30-40 per cent of returning families were headed by women.
Returnees faced risks of severe drought, a devastated rural infrastructure, destroyed clinics
and schools, and non-existent community structures. In August 1995 four members of the
Women’s Commission for Refugee Women and Children (WCRWC) travelled to
Mozambique to examine the extent to which the needs and resources of women were being
integrated into programme planning. They visited sites in villages and towns in the
provinces of Niassa, Tete, and Manica, and met with 130 Mozambican women returnees,
staff of international NGOs, indigenous organizations, UNHCR, the World Food
Programme (WFP), and the United Nations Development Programme (UNDP) . They
found that UNHCR did not use nor circulate the Guidelines on the Protection of Refugee
Women during reintegration activities. Few NGOs had heard of them, and none had
actually used them. None of the local organizations nor any of the returnee women were
familiar with them, but were interested to learn more. UNHCR-funded Quick Impact
Projects (QIPs) targeted the construction or rehabilitation of basic infrastructure. Yet QIPs
had not planned to support the participation of women, even though women and children
comprise 80 per cent of the returnees. The delegates met with four individuals who had
participated in People-Oriented Planning (POP) in Malawi. Three had positive results with
the method in refugee camps, but only one had attempted it in Mozambique. Despite
barriers to women’s participation, there were instances where implementing agencies had supported participation, such as agricultural projects by the International Rescue Committee, by World Vision and by a national service agency which encouraged women to participate, provided them with training and enabled them to earn a little money by selling surpluses. The delegation met with community health workers (CHWs) who are the primary source of health information in rural Mozambique. They also include activistas whose voluntary outreach activities promote good health practices throughout a community. Women’s participation level was much the same in nearly every site visited by the delegation: 10 per cent of CHWs and 20 per cent of activistas. Women are disadvantaged because of their lack of prior training and experience in refugee camps, since NGOs tended to recruit from camp referral lists. Women CHWs, mostly single heads of households, have full days of domestic work and are engaged in income-earning activities. Yet despite the obstacles to women’s participation in community health and sanitation work, the delegation encountered instances where women were exercising leadership, enlisting men, and developing innovative solutions. Based on meetings with Mozambican staff members of indigenous and international organizations engaged in projects to promote the participation of women and on contacts with women from several women’s organizations, they conclude that with an estimated 80 per cent of Mozambicans dependent on foreign aid, the long term success of programmes depends on the development of partnerships between international and indigenous organizations to share information, training methodologies, and specific programme interventions to increase the effective participation of women. The delegation’s recommendations concern the UNHCR Guidelines, POP training and programming. The UNHCR Guidelines must be revised to cover working with returnees and adapted for use by indigenous organizations. POP trainings need to be mandatory for UNHCR and the number of training slots for NGOs should be increased. Based on assessments of the demographics of a targeted community, QIPs should promote the participation of women in identifying needs, assist them to participate as programme implementers and ensure that the repaired or constructed infrastructure can be accessed by women. NGOs and UN-related agencies should form working groups with local women’s organizations and community leaders to provide ideas and guidance in developing programmes. Women must have increased access to resources and capital and education and training. The appendices include lists of delegation members and their itinerary; meetings held; abbreviations, acronyms, and other terms; and a letter from the American Refugee Committee.

INDEX TERMS: Africans, internally displaced persons, voluntary repatriation, durable solutions, spontaneous return, government, international organizations, refoulement, holding centres, refugees in orbit, UNHCR, NGOs, causes of flight, OAU, exile, economic self-sufficiency, dependency, local integration, educational opportunities, refugee aid and development, economic integration, social integration, refugee movements, international law, CSR51, refugee camps, humanitarian assistance, repatriation policy, dependency, vulnerable groups, gender role, one-parent families, employment opportunities.

GEOGRAPHICAL TERMS: Africa.

This report provides a global overview of the problems arising from mass voluntary repatriations of refugees, including examples from past repatriation exercises and those repatriations that may be anticipated in the future. It focusses upon the African situation, but draws upon experiences from other regions, when relevant. The potential of both organized and spontaneous repatriation to provide a durable solution is examined as are the problems surrounding repatriation to home regions of internally displaced persons. Who determines when repatriation is possible and necessary is also considered as the perceptions on this question by concerned governments, by the international community and by the affected refugees differ significantly. The report is divided into the following sections: Myths and Realities of Repatriation including a table of major assisted/recorded repatriations from 1971 to 1990, Overview of Repatriations, Organized versus Spontaneous Repatriation, The Desire to Return, Economic Issues and Problems, Social Issues and Problems, Gender Issues and the Problems of Vulnerable Groups, Implications and Conclusions. The Appendix includes the 1967 final recommendations of the OAU on the principles regarding repatriation.

c. **Europeans**


INDEX TERMS: civil war, Serbs, Muslims, refugees, repatriation, refugee centres, sanitation services, housing, internally displaced persons, returnees, special needs, widowed persons, one-parent families, demobilization, counselling, children, trauma, demining, womens rights, war crimes, international tribunals, right to return, media, voluntary repatriation, educational programmes, training programmes, missing persons, reintegration, womens organizations, NGOs, UN, UNHCR, Red Cross, international assistance.

GEOGRAPHICAL TERMS: Bosnia and Herzegovina, Croatia.
Since the outbreak of war in Bosnia in 1992, 250,000 people, mostly men, have been killed leaving a large, as yet unaccounted for, number of widows responsible for their families. In April, 1996 during their first post-Dayton Peace Accords visit to Bosnia and Croatia, the Women’s Commission for Refugee Women and Children went to collective centres in Sarajevo, Tuzla, Banja Luka, and Zagreb talking with US, UN, and government officials; NGO international staff; local staff, mostly women; and former soldiers to assess the progress of refugee repatriation and the return of internally displaced people, particularly women and children. The delegation found that the conditions in the four centres “did not meet even the most basic standards of health and privacy.” Twelve areas of concern are presented, including the specific needs of widows as the ignored victims; jobs and opportunities for demobilized soldiers; special counselling for children to cope with their traumas; lack of training for removal of landmines; resentment toward returning refugees; refugees’ fear of their neighbours who initially drove them away; gender-specific human rights; fear of war criminals who have not been brought to justice; and ignorance of their right of return under the Dayton Accord. Although there is peace and a presence of the international community and locally-run women’s NGOs, the authors urge a faster, more proactive approach by UN agencies, US officials and the UNHCR, and US AID to support refugee and displaced persons to voluntarily repatriate without fear for their safety; assist women to obtain the education and training necessary to upgrade their skills from a craft-based economy to a free market economy; facilitate the economic integration of widows and single women-headed households; support them to run for political office; provide them with opportunities of involvement in independent media projects; and support initiatives for traumatized and injured youth and children. Specific recommendations concern “the traumatized abandoned population from Srebenica” who should not be asked to return to the area, if the international community is not prepared to ensure their safety. In this case, a higher priority should be given for alternative housing situations that are agreed to by refugee families. The appendix includes a list of delegation members and meetings, a glossary of acronyms, and contact information of women and women’s groups in Bosnia.

d. **Latin Americans**


INDEX TERMS: returnees, repatriation, refugee camps, political participation, human rights, womens rights, political conflict, government, political violence, exile, womens organizations, development, land, communities, community organizations.

GEOGRAPHICAL TERMS: Mexico, Guatemala.
This article examines political conflict in Guatemalan returnee communities by challenging
the common perception that the experiences of Guatemalan returnees in terms of communal
persecution, the shared experience of refuge in Mexico, and ethnicity, have created a high
degree of cohesion and homogeneity within the returned communities. Conducting research
in the Ixcan Grande Cooperative, primarily the community of Pueblo Nuevo, the author, an
international accompanier, explains the internal conflict with reference to the effects of
political mobilization and consciousness-raising of various under-determined interests, such
as those of women, which occurred while the returnees were in refugee camps in Mexico,
and in competing power centres. The experience of exile forced refugees to organize
themselves more effectively in order to survive in economically, socially and politically
demanding circumstances. Women’s formation of Mamá Maquín in Mexico and the human
rights organization, Opodedhigua, are two examples of several entities that were developed
as a result of the refugees’ organizational experience of exile. As a further result of their
Mexican experience, refugees also appropriated a new language of rights. These structures
and the transnational language of rights resulted in competing power centers in the returned
community. Women in Mamá Maquín turned to the language of human rights in order to
assert their right to control their own development projects. Although the Permanent
Commissions of Guatemalan Refugees (CCPP) have adopted selectively human rights, they
have effectively rejected the right of women to direct their development. The greater
political awareness and mobilization amongst some groups, combined with the desire to
control large amounts of development funding and projects, resulted in attempts to gain
control of political-administrative power structures of the communities, which created
internal conflict between the pro-government, pro-private sector stance of CCPP and the
sectores which have maintained links with the popular movement. This conflict could
detrimentally effect the equal participation of women in community organizational
structures. However, successful reintegration is possible if the military stops the
intimidation of returnees, refrains from violating human rights of returnees, discontinues
considering them subversives, and the government facilitates their access to land. As the
author concludes, the disunity among the returnees themselves has made overcoming these
obstacles more difficult.

INDEX TERMS: Guatemalans, Amerindians, men, refugee camps, refugee participation,
womens organizations, second language, vocational training, literacy, animal husbandry,
horticulture, income-generating projects, cooperatives, political participation, return
migration, guarantees to returnees, land tenure, reintegration, UNHCR.
GEOGRAPHICAL TERMS: Mexico, Guatemala.
This article demonstrates how Guatemalan refugee women in Mexico have become actively involved in directing life in their camp communities and preparing organized, collective returns of refugees. The experiences have provided them with opportunities, such as learning to read and write, and to speak Spanish. Some of the women have also been trained to teach literacy to other refugee women. Women’s participation has also increased in projects, such as health and nutrition, family gardens and raising animals, traditional weaving, and in large cooperative projects including the cultivation of fruit for commercial markets. They have requested technical and administrative training to enable them to participate in productive projects without having to depend on refugee men. They have formed cooperative, mechanized tortilla making and cooperative child care as time saving measures which enable them to look after traditional family responsibilities and allow them to participate more fully in political, organizational, productive and other activities. Beginning with Macquin, women have also built a number of organizations. Representing thousands of refugee women, these organizations concern themselves with matters such as land options for returnees, community location and organization, and development models. While many refugee men initially resisted women’s struggle to assume new roles and activities, they now recognize that those activities are essential to organizing the collective return process, and now welcome this new partnership.


INDEX TERMS: Guatemalans, Amerindians, Nicaraguans, Salvadorans, refugees, internally displaced persons, repatriation, country of origin conditions, civil war, poverty, refugee camps, reconstruction, one-parent families, children, education, income-generating projects, health, mental health, trauma, reproductive health, economic development, credit, quick-impact projects, children’s rights, government, food supply, refugee experiences, women’s organizations, needs, literacy, value systems, customs and traditions, culture shock, UNHCR, UNDP, NGOs.

GEOGRAPHICAL TERMS: Guatemala, Nicaragua, Honduras, Mexico, El Salvador.

From January 30 to February 10, 1992, a delegation from the Women’s Commission for Refugee Women and Children (WCRWC) visited El Salvador, Guatemala, Nicaragua, and southern Mexico to become familiar with the situation of Central American refugees, repatriates, and internally displaced persons, especially women and children, within the current regional political, social, and economic context and to develop policy and programme recommendations to facilitate their re-entry and reintegration. The authors provide an overview of the civil conflict and economic decline in the 1980’s that uprooted two to three million, fifteen per cent of the total population of the five countries. Fifty-two
per cent of registered refugees in Central America and Mexico are women and fifty-six per cent are children under fifteen years of age. Central America now appears to be in the final stages of the refugee crisis. Almost all refugees from El Salvador and Nicaragua who registered as refugees have returned. Guatemala is the only nation that has not agreed to conditions permitting “the return in safety and dignity” of its more than 400,000 refugees from southern Mexico. In the 1990s the region still has to deal with the scars war has left on the infrastructure, social network, and political and economic stability. Repatriation within El Salvador has been fraught with the differing priorities about reconstruction and reconciliation held by the government and the Farabundo Marti National Liberation Front (FMLN), essentially between emphasizing export-led growth or building an equitable society. Many of the problems the country faces involve conflicts over land ownership, lack of documentation of refugees, marginalization of women, interruption and inequalities in education, and concerns over mental health problems of repatriate children. In Nicaragua political polarization contributes to the country’s disastrous economic situation. Women, who comprise sixty per cent of the population and twenty-five per cent of heads of households, experience gender stereotyping and marginalization regarding economic participation. Nicaragua is a country of children; fifty per cent of the total population is under sixteen years of age and twenty-four per cent are under seven years. The dire needs of children, who suffer from the legacy of the destruction caused by a decade of civil war, need to be addressed. The children live in extreme poverty, receive poor health care, and lack education. In Guatemala, despite a civilian government, the military still holds the reign of power. The thirty year conflict, which is the result of social, economic, and political inequities, lies at the root of the problem of refugees and displaced person. Many Guatemalans are still in Mexican refugee camps, as they are not convinced that it is safe to return. Members of the Commission visited several refugee camps in Mexico. Women have tried to maintain their language and traditions, but living in another culture has affected them and their children. Since Guatemalan Indians speak twenty-one different languages, they have had to learn Spanish in order to live and work together. Although they mourn the loss of their cultural values, they have discovered new perspectives and expectations. They are studying literacy and numeracy; they have become wage earners; they have begun to talk about mental and reproductive health problems; and their level of participation in public life has increased. If they do return home, they may suffer acute cultural shock. Overall, improving the situation for refugee, returned, and displaced women in Central America means providing land, capital, technology, health care, and literacy programmes. The authors provide an extensive list of recommendations for UNHCR, the international communities, regional organizations, and governments in the region to bring about peace, reconciliation, reconstruction, and more equitable development. A series of annexes provide lists of delegation members, individuals and organizations contacted within each country, regional maps, refugee statistics, news articles, a key to definitions, and references.

INDEX TERMS: Lao, migration, refugees, resettlement, returnees, voluntary repatriation, gender role, customs and traditions, extended family, refugee camps, courses, holding centres, orientation programmes, vocational training, dependency, income-generating projects, credit, reintegration, community relations, development, NGOs, UNHCR, interviews.

GEOGRAPHICAL TERMS: Thailand, Laos.

This chapter discusses findings about women returnees from a larger study of Lao returnees in the Voluntary Repatriation Programme, conducted in Thailand and Laos by the Indochinese Refugees Information Centre at Chulalongkorn University. Based on fieldwork and interviews with 92 men and 34 women, the study examines cultural conditions of emigration, opportunities in the assistance programme, economic dependency, and the roles of woman repatriates in reintegration and development. The research found that the desire to resettle in third countries but the failure to be selected and concern for families were the two most significant reasons of Lao refugees for leaving and returning to their homeland. Thus, the predominant explanations given for migration were non-political. Lao women’s migratory behaviour was clearly influenced by the bonds of obligation initiated in the early adolescent years. Given the male dominance in Laos, it is not unusual for Lao women to migrate because of their concerns for family members rather than out of fear of political persecution. Their decision to repatriate was also influenced by traditional values as they relied on information from parents and relatives. While in holding centres in Thailand only 29 per cent of returnees, 6.4 per cent of women and 22.2 per cent of men, attended training courses organized by NGOs. However, these courses were not adequately geared to existing jobs in Laos and training opportunities were also inequitably distributed between men and women. Once in Laos, orientation programmes at the transit centres were offered only to men and the administrative skill training programme provided by a Dutch NGO assumed a level of literacy and education for which many women returnee did not qualify. In Thai camps, most refugees are not allowed to work for money and thus tend to become economically dependent on others. Upon their return, because of their dependency and lack of marketable skills women were in a vulnerable position. To achieve a greater level of self-sufficiency, more income-generating projects for women must be developed; however, a lack of loans and credit-lending services for capital investment has limited the participation
of Lao women in economic activities. Women repatriates have been adept at creating friendly relationships with new neighbours or re-establishing relationships with old neighbours and relatives. Even though they act as catalysts between the newly returned and the existing community, they have a relatively insignificant role in community life and have generally also been excluded from important local organizations. For this reason, the author addresses the concept of mainstreaming refugee women as a way to integrate women into programmes and to plan with the needs of women returnees in mind, not as a separate category, but as an integral part of overall planning for social and economic reintegration and development.


INDEX TERMS: Lao, Hmong, Cambodians, Vietnamese, asylum seekers, returnees, gender role, voluntary repatriation, violence against women, needs assessment, special needs, one-parent families, customs and traditions, polygamy, refugee camps, womens networks, illiteracy, marital conflict, patriarchal societies, vulnerable groups, reintegration, assistance programmes, food supply, agricultural land, income-generating projects, employment opportunities, piracy, sexual abuse, post-traumatic stress disorders, neurotic and personality disorders, pregnancy, prostitution, refugee participation, literacy, UNHCR, NGOs, interviews.

GEOGRAPHICAL TERMS: South East Asia, Cambodia, Laos, Vietnam, Thailand, Hong Kong, Indonesia, Malaysia, Philippines.

This article investigates those aspects of the repatriation process that have or have not considered gender differences and gender relations for Laotian, Cambodian, and Vietnamese refugees. The author collected her data based on observation and interviews with refugees, returnees, and staff of international agencies, governments and UNHCR during her UNHCR work in Southeast Asia. As of 1993, there were still some 40,000 Laotian refugees left in two camps along the Thai-Laotian border, with a significant number living in female-headed households and the large majority being Hmong. The primary issue for the Hmong is choosing between repatriation and resettlement in the United States, a decision compounded by tension between the voluntariness of repatriation and the principle of family unity where customary law dictates that women obey the husband and his clan. Despite attempts, very few women attend information meetings about the practical procedures of repatriation and the situation in Laos. The poorest women are illiterate and, due to household tasks and production of handicraft for income, lack time for consultation. Once repatriated, Hmong go back either to existing villages or to group settlement sites. Three categories of vulnerable individuals have been identified for special reintegration assistance: those with severe or chronic illnesses, the physically and mentally disabled, and
elderly or female heads of household in need of support. However, according to Hmong tradition, the family and community take care of these vulnerable individuals. Few of the female-headed households registered as vulnerable have returned. Lack of female staff members hampers gender sensitive monitoring. A total of 380,000 Cambodian refugees, with 21 per cent of the households headed by mostly illiterate women, had been repatriated within one year from the beginning of the programme in 1992. The training the women had received in the camps was not useful for income generation upon return. A UNHCR study of the repatriation and reintegration needs of vulnerable groups led to the creation of a category of Extremely/Especially Vulnerable Individuals (EVIs), namely those who would not survive during movement and reintegration without assistance. All female heads of households were interviewed in border camps, but less than five per cent were registered as EVIs, thus excluding those who were still potentially vulnerable upon return, such as those who might be abandoned by their support group or might not find families or relatives upon return; and older children who might not help as expected in the household. Thus, a number of those not identified as EVIs became EVIs upon returning. An information campaign was launched to better prepare returnees about life in Cambodia and provide information about the type and duration of available assistance. Towards the end of the repatriation phase, the reintegration situation of vulnerable returnees was assessed in order to procure additional long-term assistance. The assessment found that the majority of female heads of households were coping adequately but that a significant number were facing serious problems mostly due to loss or insufficiency of resources and lack of income for starting micro-businesses. The majority of the 87,000 Vietnamese now living in refugee camps and detention centres in the region arrived after the deadline for automatic refugee status in 1989. Since they will not receive refugee status, an increasing number of asylum seekers are facing voluntary repatriation. Among Vietnamese, women’s participation in decision-making and income-generating skills training is very limited. Domestic conflict, the major social problem in all camps and detention centres, is sometimes the result of a disagreement about voluntary repatriation, since women more often than men resist return. Vulnerable groups include unaccompanied minors and survivors of violence. Most of the female survivors of violence, victims of rape as a result of piracy, have been diagnosed with Post-Traumatic Stress Disorder (PTSD). Since, in Vietnamese society, victims of sexual assault are stigmatized, they prefer to keep the incident a secret. While, as the author notes, it is often assumed that refugee women will be a force for voluntary return, in Southeast Asia they lack the information to make informed decisions and require reintegration programmes which are participatory, gender-sensitive, and focussed on income generation and literacy.
INDEX TERMS: Cambodians, returnees, refugee experiences, refugee camps, education, employment, flight, mental health, border camps, women's networks, vocational training, employment opportunities, women's status, gender role, living conditions, reintegration, NGOs, interviews.

GEOGRAPHICAL TERMS: Cambodia.

This report presents translated and transcribed stories of Khmer refugee women who have returned with their families to Cambodia after over a decade of living in camps on the Thai-Cambodian border. For the research, done in 1994, the author chose and interviewed ten returnee women, who all had received skill training and education in the camps, as respondents and paid research collaborators, who each in turn chose and interviewed two or three other returnee women, thus bringing the number of respondents to a total of thirty-five. Through this method, the author aims to identify what the women are doing or plan to do about the issues that arose after their return to Cambodia. The questions the respondent-collaborators were asked related to life in the camps, the good and bad aspects of training and education in the camps, impressions of life once back in Cambodia, and what the future will be like for Cambodian women. Further discussion with the respondent-collaborators centred on whether training in the camps prepared them for jobs in Cambodia, whether employment with the government is possible after the NGOs leave, what has been learned from the problems experienced and their impact on daily life, and how the standards of living compared in each environment. The research team identified key issues, their root causes along with the resources and restraining forces, and suggested possible solutions.

GEOGRAPHICAL TERMS: Bangladesh, Myanmar.

INDEX TERMS: Myanmars, Muslims, ethnic and national groups, country of origin conditions, human rights violations, men, forced labour, rape, one-parent families, children, flight, country of refuge, refugee camps, refugee-assisting organizations, vulnerable groups, health services, health education, water, sanitation, voluntary repatriation, UNHCR, employment, monitoring, camp management, women's centres, women's rights.

GEOGRAPHICAL TERMS: Bangladesh, Myanmar.

This article by an Oxfam worker describes the situation of Rohingya Muslim refugee women from Myanmar in refugee camps in southeast Bangladesh in 1991-92. The government of Bangladesh was at first hospitable to the influx of about 300,000 refugees, requesting UNHCR assistance in February 1992. Oxfam became involved in the provision of health services, and then of water, sanitation and health education. In late April 1992, Bangladesh and Myanmar agreed to repatriate all refugees over six months without involving UNHCR in the repatriation on either side of the border. After several attempts by the UN, the government of Bangladesh UNHCR protection officers were allowed to verify
the ‘voluntary repatriation’. Based on a Memorandum signed in 1993, Myanmar allowed UNHCR to monitor repatriation in Rohingya areas. Authorities instructed each ‘camp-in-charge’ to fulfill a fixed quota of refugees ‘willing’ to go back. The case study of Amina, a widow in her early forties with five children under 12, who fled to Bangladesh to protect her children, illustrates how widows are the easiest victims of this voluntary repatriation operation. The author describes how the vulnerability of women was addressed by initiatives Oxfam introduced in the camps. Initially, there was no specific gender component in Oxfam’s water programme but refugee workers tried to change the gender-blindness into a gender-sensitive approach by having more females in the working team. Tap stands were moved to a safer location. Health educators organized women’s health education centres, which gradually became a refuge for the women where they could talk and release tensions. The centres were also used as health education centres for the women’s children—schools were not allowed—and places of learning for the health educators themselves. Both male officials and refugees felt threatened by the centres and attempted to close them, which women and health educators successfully resisted. The author concludes that nothing is impossible if refugee women can organize and achieve confidence.
female heads of household and chronically ill patients; by older or very young individuals; and by refugees choosing to repatriate to “No Go” zones, that is, areas made uninhabitable by landmines and areas made uninhabitable by malaria or ongoing conflict, who need information about opportunities in other areas. As well, there is a need to help returnees reintegrate into a society ill-prepared to receive them; for land so people can become self-sufficient; for resources to ensure the physical security and protection of returnees and internally displaced persons; and for a more equitable distribution of aid. In addition to assessing the immediate needs in Cambodia, the authors suggest steps necessary for women to achieve self-sufficiency for their families, such as mandated participation of women, non-traditional job training, income-generating projects, literacy programmes, and day care programmes. The authors also examine health issues - water, nutrition, immunization, disease management, and family planning and pre-natal care - all further compounded by a need for skills training and upgrading for medical personnel. Other issues discussed include AIDS, human resources and education, awareness of human rights issues, landmine clearance, and environmental degradation. The authors conclude by reiterating the humanitarian responsibility the United States has to respond to the Cambodian crisis. In addition to general recommendations, specific recommendation are addressed to UNHCR and other international organizations, the United States Government, and NGOs.

621   FARMER, WAR-WIFE, REFUGEE, REPATRIATE: A NEEDS ASSESSMENT OF WOMEN REPATRIATING TO LAOS, Cha, Dia; Chagnon, Jacquelyn. Washington (DC): Asia Resource Center, 1993. 43 p.: tabls., bibl.

INDEX TERMS: Hmong, Lao, repatriation, refugee experiences, wives, widowed persons, orphans, divorced persons, grandparents, men, peasants, refugee camps, living conditions, stress, suicide, literacy, gender role, polygamy, family planning, education, refugee participation, camp management, ethnomedicine, wealth and income, employment opportunities, development, durable solutions, NGOs, UNHCR, needs assessment.

GEOGRAPHICAL TERMS: Thailand, Laos.

This report is the result of an eight-month assessment of the needs and concerns of repatriating Hmong and Lao Lum women who comprise 87 per cent of the female populations of Chiang Kham and Napho refugee camps. The four main objectives of the assessment, conducted in 1992, were to gain an understanding about refugee women’s worries, dreams, and frustrations; to assess their education levels, potential job skills, current economic contributions, and social constraints; to analyze how their social, economic, and political roles have changed as refugees and may further change upon repatriation; and to suggest gender-sensitive programmes designed to assist the women to move their lives from relief toward long-term development. Section 1 examines the search for gender-sensitive paths to repatriation. The authors collected data in the two refugee camps through focus group discussions, one-to-one interviews, in-depth interviews with refugees who came of their own accord, and daily observations. To avoid two gender biases
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common with Lao refugee studies, the authors conducted interviews in Hmong or Lao and
selected women solely on the basis of their repatriation status which resulted in a mixture of
women of monogamous and polygynous marriages, unmarried women, grandmothers,
divorcees and widows, and avoided interviewing only heads of household. The authors also
visited Laos and interviewed several Lao and Hmong repatriated families living in the
Vientiane municipality. The camp settings are also described. Section 2 focusses on gender
dynamics within the camps, specifically, the invisibility of women; gender stress and
suicides; attitudes about birth control; education and adult literacy; women as income
 earners; and concerns about repatriation. Section 3 discusses the change in gender roles
from farmer to war-wife to refugee, In refugee camps, women, as primary income earners,
have attained a stronger financial status which has not translated into gaining political or
social empowerment. Traditional protection patterns of men have broken down leaving
widows, divorcees and orphans as the most vulnerable in the camps and during the
repatriation process. The overall effect of cultural preservation policies and attitudes
supported the invisibility of women. Camp authorities listen mostly to the opinion of men
but women, as income earners and agents of change within the camp culture, are ignored.
Prospects for gender-sensitive repatriation and development are outlined in Section 4.
According to the authors, the repatriation effort largely depends on the resolution of
conflicts among Laos’ multi-ethnic groups; full gender participation in mainstream
development activities; and monitoring and protecting the vulnerable and help repatriates
shift from dependence to development in a gender-sensitive way. In section 5, the authors
recommend how to proceed from dependence to development by incorporating full gender
integration and doable and durable solutions. The report concludes with a call for service
agencies to help repatriating women empower themselves.

622 CAMBODIA: CAN WOMEN SURVIVE THE NEW “PEACE”? , Boua,
Communications, Inc. ISSN 0047-8318. p. 19-21: ill.

INDEX TERMS: Cambodians, gender discrimination, patriarchal societies, value systems,
political violence, starvation, killings, economic systems, wealth and income, small-scale
enterprises, agriculture, returnees, rural areas, development aid, economic conditions,
children, schools, Buddhism, agricultural reform, widowed persons, economic change,
poverty, one-parent families, shortages, food supply, water supply, medical supplies,
agricultural tools, fertilizers, infant mortality, seeds, gender role, household division of
labour, polygamy, urban areas, divorce, elections, political situation, cease-fire, UN, UNDP.

GEOGRAPHICAL TERMS: Cambodia.

This article examines the discrimination against women in Cambodian culture, which
became even more difficult following the Pol Pot regime of 1975-1979. Since more women
than men survived the regime, adult women now comprise 65 per cent of the population of
villages and districts of Cambodia, and are thus the dominant economic group. Women are

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often the primary breadwinners in the household, run most small businesses and are a major force in agricultural production. Denied UN development aid in 1979 because of a US-led economic embargo, the post-Pol Pot government managed, with few resources, to restore the social, economic and cultural life to a respectable, though poor level. However, most of the country’s estimated 8.5 million people live below the poverty line and women, despite their work, are among the poorest in every village. Regardless of the responsibilities women shoulder, they are still expected to behave in accordance with their family’s wishes and are not encouraged to stay in school or make decisions about their futures. The sex ratio imbalance has also resulted in the illegal practice of polygamy and especially urban women are socially, financially, and emotionally pressured to find a partner, even if he is married. Since divorce, though legal, is socially unacceptable, many women remain in unhappy marriages. The government, made desperate by the country’s poverty and economic sanctions, agreed to negotiations and settlement with the Khmer Rouge. In January of 1991 the United Nations Agreement on Cambodia was signed by 19 nations and, shortly after, the economic embargo was ended. The author voices her doubt whether the UN Agreement can achieve peace for Cambodia. Khmer Rouge have a record of playing only by their own rules and, despite the truce, their attacks on villages have escalated. Thus, the question arises “whether Cambodian women and children, already survivors of years of war, will be able to survive this ‘peace’.”


INDEX TERMS: Cambodians, civil war, peace efforts, humanitarian assistance, refugees, border camps, repatriation, reintegration, human rights violations, roads, water, internally displaced persons, latrines, landmines, children, parasitic diseases, bacterial diseases, hospitals, peasants, one-parent families, agriculture, pre-natal care, birth, traditional birth attendants, medical personnel, medical supplies, malnutrition, cease-fire, health education, educational programmes, protection, NGOs, UN, widowed persons, disabled persons.

GEOGRAPHICAL TERMS: Cambodia.

In January 1991, during the United Nations-sponsored peace talks, the Women’s Commission of Refugee Women and Children visited Cambodia and Thailand to interview government and non-government agencies, women, and displaced persons to assess the needs of women and children and victims of war. Historically, Cambodia has never economically recovered from the civil war or the genocidal regime of the Khmer Rouge. Humanitarian organizations are trying to develop programmes to prepare for peace but their resources are minuscule and the country’s infrastructure is weak. Cambodia is a country in desperate need of increased humanitarian assistance from the United States, the United
Over 300,000 refugees in border camps along the Thai border will need to be repatriated. They are housed in border camps controlled by resistance forces, where their basic human rights regarding freedom of information and freedom to choose their future are not ensured. In order to allow refugees to resettle where they wish to inside the country, Cambodia must prepare the necessary infrastructure that includes availability of passable roads, housing, safe water, cultivatable land, and mine clearance. However, problems have been reported with the allocation of developmental aid. About 140,000 Cambodians are internally displaced and live in some 30 camps in several provinces. Camps have no latrines or sanitary facilities. Other problems discussed are the 600-1000 land mine casualties per month, children’s health and women’s economic issues and health. One in five children die before the age of five due to diarrhea, respiratory infections, malaria, tuberculosis or dengue fever. In some villages, 60 to 65 per cent of the households are headed by women, who, lacking resources for basic farming and support for income-generating projects, barely can make ends meet, are often unable to care for their children and rarely can afford their hospitalization. Women face health risks, often death, during childbearing. The shortage of doctors is compounded by the lack of post-graduate specialization medical training. Discussing several requirements in preparation for peace, the authors point out that Cambodia still is not food self-sufficient and, with endemic malnutrition continuing, adequate food aid and emergency agricultural assistance will be critically needed in the months ahead. The authors conclude with a list of general recommendations: an immediate cease-fire; a lifting of the development aid embargo; a cessation of the laying of landmines; a development of neutral environment/camps; an expansion of health, education development, and protection programmes; and action by the international community to prevent the return of the Khmer Rouge. They also provide a set of specific recommendations about displaced persons, refugee repatriation, humanitarian assistance, victims of war, widows and female heads of households, children, mines and the handicapped, and preparing for peace. As well they include lists of the members of the delegation, meetings held, international organizations, and amendments of conference report HR 5114 - Cambodia.
This report discusses the findings from a Women’s Commission for Refugee Women and Children (WCRWC) delegation visit to Laos and Thailand, March 1991, to review issues related to the repatriation and reintegration of Laotian refugees. Initially, the report outlines protection issues, skills training programmes, education for children and health education in the Chiang Kham Camp that serves hill tribe refugees. It is also a detention centre for recent arrivals from Laos, whose claims to refugee status have not been determined or have been rejected. Although still quite small, the number of refugees opting for voluntary repatriation has increased in the last two years. Lowland Lao experienced few significant problems during the ten years of repatriation programmes. Hmong are worried about reprisals and women are concerned about being placed in economically marginal areas, a concern which is considered valid. Based on their observations, the authors advocate a repatriation process that occurs in safety and with sufficient resources to ensure its success. The WCRWC share the concerns expressed by others about the lack of coordination and funding for an effective reintegration plan, the lack of distribution of necessary supplies to the returnees, the absence of critical resources for persons repatriating to under-developed sites, and the need to address the concerns of women and children. The report focusses on issues of development, health, and education in Laos. Details of the changing economy are provided as well as its impact on the political system. The authors argue that in exchange for increased economic assistance, the Lao government should develop a more flexible approach to the repatriation process. With regards to health care, it requires international and political will and finances to provide basic health and primary care particularly for rural areas, and provisions to transfer knowledge and skills to community health workers. The education system needs properly trained teachers and an improvement in literacy particularly among Hmong women. The report concludes by providing detailed recommendations addressing issues such as protection and programmes for women at the Chiang Kham Refugee Camp; the process of screening and forced repatriation; as well as sources and uses for funding in voluntary repatriation programmes.