

The Voices of Myanmar Women

Research Report in support of CEDAW Alternative Report (2016)

Women's Organization Network (WON)

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Acronym

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced People
MPs	Member of Parliaments
NGO	Non Government Organization
PLHIV	People Living with HIV
SRH	Sexual and Reproductive Health
VAW	Violence Against Women
WLB	Women's League of Burma
WON	Women's Organization Network

A. Research Background

Myanmar ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1997, and its government submitted its last state report to the CEDAW Committee in 2008. In the past, women's groups working in Myanmar had little opportunity to submit alternative reports to CEDAW; only the Women's League of Burma (WLB), which is based on border areas, was able to submit such reports.

In 2010, the political situation in Myanmar changed, allowing women's organizations both along the border and inside the country to work together more closely. In 2012, WON (representing 38 member organizations)¹ and WLB (representing 13 member organizations) began to work together, conducting strategic planning workshops and identifying joint strategic activities based on challenges faced and lessons learned. One of those joint projects involves CEDAW monitoring and reporting.

As a follow-up of a Strategic Planning Workshop held in March 2014, WON organised a workshop on the CEDAW shadow reporting process for its members, as well as members of the WLB. After this workshop, WON and WLB agreed to work collaboratively on CEDAW NGO reporting with technical assistance from other organizations.

WON chose to focus on CEDAW Articles 7, 12 and 14, as most WON members are working to promote women's participation in politics, access to health care and the rights of rural women.

The objective of this research was to explore key issues for women in the above-identified areas for inclusion in WON's CEDAW Shadow Report. Additionally, WON hoped the research would provide support for concrete recommendations for the government in the CEDAW reporting process.

B. Research Methodology

WON collected data from its members' geographic locations and other places where information relevant to the selected CEDAW articles was available. In the end, WON collected data from ten states, regions, and divisions, namely Chin, Kachin, Kayin, Mandalay, Mon, Shan, Rakhine, Sagaing, Thanintharyee and Yangon.

With the assistance of external consultants, WON developed research questions and trained 74 data collectors. WON member organizations recruited the data collectors, who included both WON members and people hired for the task. All of the data collectors resided within the selected areas. They were selected on the basis that they were:

- Able to speak respective ethnic language;
- Had local knowledge; and
- Attended a gender and CEDAW awareness training session conducted by WON.

¹ See WON's members list in Annex 1.

The methodologies used for data collection consisted of individual interviews supplemented by desk research. WON trained the data collectors in February and April 2015, and the data collectors then conducted interviews between August and November 2015. The research questions can be seen in Annex 2.

The respective WON member organizations consulted with local authorities and identified the interviewees for each of the relevant topics. WON interviewed 506 individuals, including 485 women and 22 men. Although this was not a representative sample of the entire population, the interviewees' experiences illuminated the situations of at least some women and men across Myanmar.

The interviewers used questionnaires to elicit general information from the respondents and then asked additional, specific questions for particular individual topics. Different interviewees addressed different topics. That is, 48 women and men expressed an interest in participating in politics and answered questions about participation in political and public life; 201 respondents, who had health concerns or experienced health issues, discussed women's access to healthcare; and the 248 individuals who lived in villages addressed issues relating to rural women. There was no overlap among the people interviewed in the different categories.

The data collectors conducted face-to-face interviews at locations that were convenient to the respondents. They informed each of the respondents about the interview's purposes and requested the respondent's permission to conduct the interview.

The following figures describe the total number of respondents per CEDAW article and geographic area. More detailed information about the areas covered in this study is available in Annex 3.

Article Number	Male	Female	Total
Article 7: Political and Public Life	12	36	48
Article 12: Health	3	207	210
Article 14: Rural Women	7	241	248
Total Respondents	22	485	506

C. Research Limitations

1. Financial and Time Constraints

WON was limited in its efforts to collect data across the country by financial and time constraints. These constraints also limited the ability of WON's member organizations to closely monitor the data collection process. Nonetheless, WON trusted the integrity of the chosen interviewers.

2. Limited Representativeness

Due to these limited resources, WON had to limit the number of respondents for this research. In addition, the data collectors used the questionnaires as a guide but varied the questions asked of each interviewee within a given category. As a result, the data collected is not representative of the whole country. The research findings do, however, reflect the real situations of many women, who continue to face challenges across Myanmar.

3. Lack of Awareness of CEDAW Articles and Gender

The enumerators were trained in data collection methods, interview techniques, and basic awareness of CEDAW. However, many of the enumerators did not have experience or training in gender issues. That meant that some of the enumerators were limited in their ability to probe the deeper gender issues underlying interviewees' responses.

D. Research Findings

This research findings do not represent for the whole country but it's reflect the real situations of many women.

1. Article 7: Political and Public Life

WON interviewed 36 women and 12 men from Kayin, Mandalay, Myingyan, Mon, and Shan States; Sagaing, Yangon and Thanintharyee Division about women's participation in political and public life. Women's participation in political and public life remains at a very low level. While this is even more so in rural and ethnic areas, respondents from across the country reported similar findings. These low rates of participation can be attributed to societal attitudes that oppose women's participation in public life and to the government's failure to take meaningful action to improve this situation.

(1.1) Lack of Government Support for Women's Political Participation

Women in Myanmar confront significant obstacles to their full and equal participation in public and political life. First, the continued domination of Parliament by the military reduces women's ability to participate in national politics. The 2008 Constitution allocates 25% of parliamentary seats, in both Houses, to the male-dominated military. Seats guaranteed for the military mean that women are already at a disadvantage in securing parliamentary seats. To compensate for the military quota, women need to win a greater portion of the elected parliamentary seats in order to achieve a certain percentage of overall legislative representation. In light of this discriminatory constitutional quota, Ko Min, a man from Sagaing Division, suggested, "It is going to be difficult to emerge the female leaders in the political future of our country."²

Myanmar has failed to adopt any temporary special measures, such as a quota system or exempting female candidates from paying election fees, to promote women's

² Case No. 074, A7.

participation in politics.³ Thu Thu, a woman from Thanintharyee Region, observed, “In nationwide level, I think [the] government made little effort to promote the participation of women in politics.”⁴

Some political parties have taken steps to foster and promote women’s participation.⁵ However, some women reported that political parties have supported female candidates in order to build their party’s image. These women suspect that the purpose of this support is more for public relations than for making any real progress on behalf of women.⁶

Researchers from Chin, Kachin, and Rakhine States, and even Yangon Division found that women generally are uninterested in running for political office. They also have little awareness of the voting process itself. According to the researchers, women’s awareness is somewhat more advanced in Kayin and Mon States, Thanintharyee Division, and Sagaing Division, where a few women did decide to run for election.

For example, Ying Waing, a woman from Thanintharyee Region, told the following story:

“At first I decided to participate 2015 election as [a] voter[] but now I have received trainings on women’s participation in politics and voter education I will run for election. My party also accept[s] me as candidate.”⁷

Even if they decide to run or otherwise take part in the political process, there is an assumption that women candidates are not as courageous as their male counterparts, and so sometimes there are attempts to intimidate them.⁸ Nge Nge a woman from Thanintharyee Region, explained how party members frustrated her efforts to participate in election monitoring:

“On voting day, we were not allowed to check [the] voting process: we were forced to remove our party brooches when we enter polling station by USDP party members. Of cause, we cannot challenge their presupposition that we will easily give up our effort because we are not courageous enough like men. Later, we [were] not allowed to inspect the voting process anymore.”⁹

Similarly, women candidates may find their political chances harmed by the electoral misconduct of their male opponents.¹⁰

³ Case No.204.

⁴ *Id.*

⁵ Case No.204.

⁶ Case No. 200; Case No. 67.

⁷ Case No 9A7008.

⁸ Case No. 200.

⁹ *Id.*

¹⁰ Case No. 201.

Women may also be deterred from participating in politics by actual physical threats. Traditionally, women do not go outside the home alone, especially at night, because of safety concerns. Women candidates face physical threats, even death threats, when travelling to campaign alone.¹¹ According to Hnin Hnin, a woman from Sagaing Division, “When [women candidates] are going to travel at night, their families have to worry about them, and they have no safety from any hidden attacks.”¹² Women have to take precautions for themselves, usually by having friend or colleague serve as a travelling companion.¹³ Interviews also suggest that there are no laws in place that effectively protect these women candidates from threats to their personal security.¹⁴

Many of the women WON interviewed about political participation complained of the financial demands that running for office entails.¹⁵ Campaigning is especially expensive for women who, for safety concerns, need travel companions or bodyguards. From the interviews, it appears that candidates must pay for these security expenses themselves, without government or party assistance.¹⁶

Another challenge that women candidates face is that they often need to seek approval, and financial support, from their husband or family. If a married woman decides to run for office, she needs first to ask for approval from her husband to engage in politics.¹⁷ If such approval is not granted, women are most likely to drop out of the race.¹⁸ Phyto Phyto, a woman from Mandalay Division who was a candidate in the 2015 election, noted, “Sixteen [women] party members out of 20 in total resigned because their husband or family members complained about their party politics.”¹⁹

Running for office is not only expensive but also time-consuming.²⁰ Since women traditionally do most of the household chores, in most cases they first have to finish all household-related work, then need to complete any other work, and only then in their limited free time can they engage in politics. Meanwhile, their male counterparts may run their campaigns full time without having other engagements.²¹

For example, Poe Mu, a woman from Kayin State, pointed out:

“Men can participate in community activities or politics freely, but women, we have to do all the house work first, then only later could we participate in politics or any other social activities. That kind of double

¹¹ Case No. 67; Case 064.

¹² *Id.*

¹³ Case No. 065, A7; Case 064.

¹⁴ Case No. 064; Case 67.

¹⁵ Case No. 064; Case 074: Case No. 201.

¹⁶ Case No. 064.

¹⁷ Case No. 065, A7.

¹⁸ Case No. 201; Case No. 074.

¹⁹ *Id.*

²⁰ Case No. 201; Case No. 203.

²¹ Case No. 3A7003, 6A7010.

*standard gives women a double burden, and limits their participation in politics.”*²²

Naung Naung, a woman from Shan State, told the following story about how she was intimidated in a meeting:

*“When women sit in meetings people usually ask questions such as, ‘are you ok? How did you manage your household work today? Who is taking care of your children?’ They never ask those kind of questions from male politicians.”*²³

Most of the female respondents discussed the challenges that a woman in public office often experiences. For example, Phiu Phiu, a woman from Magway Division noted:

*“When a woman . . . become[s] a governor of village, . . . there are duties to accomplish and resolve for her, such as keeping house, taking care of children and her husband so on. And it is certainly necessary that her husband and family will be able to understand and lend a hand to her, and negotiate [with] each other.”*²⁴

Therefore, female candidates and politicians usually need not only their husband’s approval but also his support.

Women’s political participation at the subnational or local level (ward, township, and village) is particularly low.²⁵ Female respondents from all areas except Kayin State mentioned that few women participate in local government. For example, Nang Hom, a woman from Shan State, stated, “There is no participation of women in rural administration, and none . . . in other villages.”²⁶ She also noted that “women administrators are . . . absent” from local government in her area.²⁷ Likewise, Phyu Phyu, a woman from Sagaing Division, commented that in all of the seven villages in her division, there was “no participation of women in rural administration.”²⁸ Some respondents indicated that appointments for certain public positions tend to be done informally, by insiders, rather than through elections, and that gender bias may prevent women from being considered for appointment.²⁹ The government has so far failed to implement any temporary special measures or carry out other initiatives to redress this imbalance.³⁰

²² Case No. 3A7001

²³ Case No. 6A7 014

²⁴ Case No. 065, A7.

²⁵ Case No. 065, A7; Case No.051, A -7, and A 14. Case No . 066, A7; Case 074.

²⁶ Case No. 065, A7.

²⁷ Case No. 041.

²⁸ Case No.066, A7.

²⁹ Case No.038; Case No. 139.

³⁰ Case No. 041.

Some of the women interviewed suggested that the male political leaders who dominate the government do not take women's needs and experiences into account in their decision-making.³¹ Kabaw Wah, a woman from Kayin State, explained:

*"I think if we want more women participation, we need female leaders. Because, I think that only female leaders can sympathize with the sufferings of the women population. No fellow feeling can be expected from male leaders We will be able to promote the role of women only if we understand the feelings of women. That's why we need more and more female leaders."*³²

Similarly, Mi Pakao a woman from Mon State, shared her strong belief that

*"women should become MPs or head of village so that they could involve in decision making. To be able to do so, they need to be educated and strong enough to solve the problems of women. For instance, in finding justice in a rape case, a woman head of village can understand and sympathize a victim's pain and loss much more than a man. . . . [Yet], so far, women decision makers are still scanty in our region."*³³

We can infer from the interviews conducted that many women believe that female political leaders would address women's issues and support them more effectively than male leaders do.

To summarize the analysis above, although there has been great progress in Myanmar since 2008, women continue to face tremendous obstacles to their full and equal participation in public and political life.

(1.2) Gender Stereotypes

The women and men that WON interviewed reported that traditional cultural beliefs present obstacles to women's political participation. In Myanmar, as in many traditional societies, it is a commonly held view that women should stay at home and engage only in family matters and household work.³⁴ Respondents from Mandalay Division, Mon State, Shan State, Sagaing Division and Thanintharyee Region observed that people in their communities believe that a woman's place is only at home.³⁵ According to Htun, a man from Thanintharyee Region, "Most of the people here are still accepting the old idea that says women should live indoors and do housework."³⁶

³¹ Case No.160; Case No. 204.

³² Case No. 204.

³³ Case No.160.

³⁴ Case No.029, A-12; Case No . 065, A7.

³⁵ Case No. 6A7004: Case No. 4A7002: Case No. 8A7006.

³⁶ *Id.*

However, the reality is that more and more women must work outside the home to help support their families.³⁷ Even if women's work outside the home is increasingly accepted, their engagement in politics is still frowned upon. Many people believe that only men should participate in decision-making.³⁸

Another reason that respondents gave for the lack of women's political engagement is that gender-stereotypes favor men.³⁹ Some women assumed that, because of traditional gender stereotypes, they are less likely to obtain decision-making positions, even if women are qualified or skilled.⁴⁰ Naing Naing from Thanintharyee Region explained that "there are many smart women in our village who are clever enough to become head of village, but they never become [head] because of gender-based ideas."⁴¹ Similarly the other women from all regions mentioned "stereotype thinking like women are inferior to men" as a "barrier that makes it difficult for our women to take part in political activities."⁴² Generally, voters are more likely to put their trust in a man than in a woman when both run for the same position.⁴³

WON's interviews revealed that community acceptance of women's participation in politics is still very low. Wai Lin, a man from Sagaing Division, said, "Women can be a member of political party but they are only useful for opening ceremony to arrange flower and prepare refreshment for the ceremony."⁴⁴ Similarly, respondents from Mandalay, Mon, Shan and Thanintharyee mentioned that women have less confidence and awareness of the political situation than men do. They suggested that women should try to advance in society first if they would like to participate in politics.⁴⁵

Gender-stereotyping norms tend to distance women from the political sphere and discourage their interest in politics in general. Overcoming these mores is very challenging for women, especially if they do not have support from their families. Hence the influence of negative social and cultural norms in Myanmar should not be overlooked, and progress requires finding ways to address gender-stereotyping norms.

(1.3) Lack of Awareness of Women's Political Participation

Another obstacle to achieving women's full participation cited by the women and men WON interviewed is women's lack of knowledge and awareness of political matters. Most women do not fully understand their rights.⁴⁶ In addition, some respondents

³⁷ Case No. 201; Case No.029,A-12; Case No.015, A-12; Case No . 082, A14; Case No . 096, A14

³⁸ Case No.029, A-12; Case No. 191.

³⁹ Case No.204; Case No.029, A-12; Case No. 200.

⁴⁰ Case No. 200; Case No.029, A-12.

⁴¹ Case No.200. Female respondents from Kayin, Mon, and Shan States affirmed this view. Case No. 054; Case No. 3A7003; Case No. 5A7004.

⁴² Case No. 204.

⁴³ Case No. 200; Case No. 191

⁴⁴ Case No. 8A7001.

⁴⁵ Case No. 4A7002; Case No. 5A7001; Case No. 6A7006; Case No. 9A7003.

⁴⁶ Case No.029, A-12; Case No . 074, A7.

reported that many women lack interest in political matters.⁴⁷ They do not know what advantages there might be in participating in decision-making.⁴⁸ Nang Lao Kham, a woman from Shan State, explained why women rarely participated in meetings convened by the Ward-level government:

*“Although one person for each household was requested to attend meetings, women did not appear at the meetings. Traditionally women themselves are not interested. They think that these meetings are not related with them.”*⁴⁹

Some women reported that even if women are interested, in many cases, they do not know how to vote or otherwise engage in politics.⁵⁰ Moreover, female respondents from Chin State noted that “village women do not dare to participate in village-governing affairs because they lack self-confidence as their education level is very low.”⁵¹ Respondents from Shan State also indicated that civilians are less interested in voting, as efforts to raise women’s awareness about political participation remain weak.⁵²

This lack of awareness about women’s political participation is even more prevalent in conflict-affected areas. Mai Mai from Kachin State reported, however, that some non-governmental organizations have organized training on UN Security Council Resolution 1325, which addresses women, peace and security, and also do awareness raising on the issue of women’s political participation in conflict areas.⁵³ Additionally, the interviews lead to the conclusion that women tend to suffer greater discrimination and have less knowledge of voting procedures and avenues for pursuing public office when they belong to certain ethnic groups.⁵⁴ The problems are compounded in the ethnic regions, where most of the women do not understand the Myanmar language. Building women’s awareness of political participation in general, and women’s participation in particular, should be done in women’s own ethnic languages.

2. Article 12: Access to Health Care

WON’s data collectors interviewed 207 women and 3 men in ten states and divisions about access to and quality of healthcare in their communities, as well as their level of education about health issues. Major themes that emerged from the responses included healthcare access, healthcare quality, healthcare education, and health issues such as sexual and reproductive health, maternal and child health, HIV/AIDS and health in prison. Each theme will be discussed below.

⁴⁷ Case No. 023 A-14; Case No.041.

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ Case No. 041; Case No. 074.

⁵¹ Case No. 021, A-7, A-12.

⁵² Case No. 038; Case No. 6A010, 6A7009; 6A7004; 6A12025.

⁵³ Case No.154.

⁵⁴ See Case No. 042.

(2.1) Access to Health Care Centers and Hospitals

CEDAW Article 12 requires States Parties to ensure women equal access to healthcare, especially for women's specific health needs. Yet when asked whether there was a health clinic in their villages, most women reported there was none. Without access to a clinic or health center, many of the women waited until their health problem became serious before seeking medical care. For most women surveyed, hospitals were practically inaccessible and thus seen as an option of last resort. For example, Lian Noi, a woman from Chin State, described her fellow villagers as "poor farmers . . . [who] cannot even go to hospital as it is far from their village and they have no car or [motor] cycle to reach there."⁵⁵

Many respondents who were interviewed about access to health care described hospitals and clinics as too remote for villagers to rely on.⁵⁶ Most respondents also said there are no doctors and nurses in their village.⁵⁷ Zo Lian, a woman from Chin State reported that there were "neither clinics nor doctors or nurses" in her village⁵⁸. Taung Mai, a man from Kachin State, shared his story:

*"The hospital is too far from my village, so my wife gave birth in our village with the assistance of a midwife. It lasted for five hours. The baby was stillborn."*⁵⁹

Midwives and Auxiliary Midwives sometimes came to their villages but only on rare occasions. Wei Wei, a woman from Rakhine State, reported that villagers in her area must wait for high tide in order to access the local hospital by boat.⁶⁰

Cost is an additional factor that sharply limits women's access to hospital treatment. Several of the women surveyed specifically described how they chose not to seek hospital care because they could not afford the high cost. Mara Wai, a woman from Rakhine State, recounted that, after seeking treatment in a hospital for a health emergency, she had to borrow money in order to pay for the care; she now worries that she will not be able to pay it back.⁶¹ Many of the women respondents who were interviewed about access to health care reported similar stories of having to borrow money in order to send their seriously ill children to a hospital. Hla Hla, a woman from Yangon Division, told her story:

"My son was seriously ill. I could not afford the hospital cost. I did not want to lose my child so I borrowed money at a high interest rate to send

⁵⁵ Case No. 002, A-12.

⁵⁶ Case No. 024, A-12 ; 2A12016.

⁵⁷ Case No. 1A12015; 2 A12016; 6A7004; 7A12006; 8A7004; 10 A12001.

⁵⁸ Case No. 1A12002

⁵⁹ Case No. 2 A12004

⁶⁰ Case No. 122, A 12, A 14.

⁶¹ Case No. 060.

him to the hospital.... The nurses in the hospital did not treat us well because we are poor.”⁶²

Htoi Bu, a woman from Kachin State, similarly reported:

“There is no hospital in my village. I have to borrow money for travel costs as well as to buy medicine for my daughter, as she needs it when she is hospitalized.”⁶³

Both cost and distance combine to prevent many women from seeking the healthcare that they may desperately need. Respondents from Kayin and Shan States and Myingyan and Mandalay Division mentioned that they rely on traditional or spiritual healers for health care, as they are easier and cheaper to access than hospitals. Naw Dah, a woman from Kayin State, recalled, “I was diagnosed with breast cancer, but I could not afford [the] hospital cost. I decided to seek health care from traditional healers.”⁶⁴

(2.2) Healthcare Quality

Women who had access to a health center either in their own village or a neighboring village stated that the quality of care received was generally poor because there were not enough doctors or nurses, supplies were inadequate, or the doctors were incompetent.

A number of women relayed stories of medical mistakes, including Lu Lu, a woman from Kachin State, who described how hospital doctors botched the delivery of her baby, resulting in a broken bone left untreated that eventually led to the baby’s death eight months later.⁶⁵ Mee Gai, a woman from Kachin State, recalled, “Some of the doctors, especially the apprentice ones, administered the wrong medical treatment to the patients.”⁶⁶

Some of these medical mistakes were attributable to inexperience, but other women reported deliberate poor treatment. Many women described local doctors’ brusque and uncaring attitudes, including Zin Zin, a woman from Yangon Division, who noted, “There are sufficient doctors in the hospitals, but they don’t provide extensive care for the patients, and sometimes treat them in an unkind way.”⁶⁷

Women across Myanmar reported a pattern of discrimination against poor patients in favor of wealthy or military patients. Naw Paw Say Wah, a woman from Kachin state, told a vivid story:

I found that the government hospital in Ta Nine Township discriminates on grounds of social class. The staff in this hospital prefer the rich and

⁶² Case No. 10A12001.

⁶³ Case No. 2 A12016.

⁶⁴ Case No. 3A14009.

⁶⁵ Case No. 037.

⁶⁶ Case No. 062, A12.

⁶⁷ Case No. 218, A14.

*the military men to the ordinary people When the rich and the military men come to take medical treatment, they take care of them effusively. But they . . . bark at the poor patients and ask them to buy some pills and syringes. They do not give patients a fair deal.*⁶⁸

Many female respondents from Kayin, Mon, and Shan States, and Sagaing and Yangon Divisions also reported that health care staff members show favour to those who can pay the hospital costs and treat poor patients badly. The doctors regularly fail to educate poor patients about the diseases and treatments.⁶⁹

While WON's data does not establish that all doctors in Myanmar hospitals treat their patients poorly, it indicates that the quality of health care in many regions is sub-par, particularly for ordinary villagers.⁷⁰

(2.3) Health Education

The women and men WON interviewed appeared to recognize a correlation between low levels of education about healthcare options and poor health in their villages generally.⁷¹ They also explained that many remote villages lack any provider of health education. The people have no one to ask about health awareness. This lack of health education has contributed to the lack of progress in addressing health problems and issues.

Although NGOs offered health education seminars in some areas, respondents indicated that women are often unable to attend health education programming because of conflicting responsibilities. For example, Sandar, a woman from Sagaing Division, explained, "The people in our area had very little knowledge about health because they had to prefer their daily income to health education."⁷² Mi Thidar, a woman from Mon State, described how unemployment in her village had been forcing villagers to migrate for income, and so consequently "many people in the village don't want to attend the educational talks which focus on promoting health awareness."⁷³ These reports suggest that even where health education is available, some women cannot take the time away from earning an income to attend the programs. Yet where the women reported on the

⁶⁸ Case No. 004, A-12. Another woman commented: "Although we know the tru[e] reason why the hospital is not working well, we cannot make any complaint because the doctor-in-charge has strong relation[s] with high ranked authorities." Case No. 109, A 12, A 14.

⁶⁹ Case No. 3A12007; Case No. 6A12026; Case No. 8A12009; Case No. 10A12002.

⁷⁰ On the other hand, some women, like Nyo Nyo from Sagaing Division, relayed positive stories about their hospital experiences: "[My baby] was born in X hospital The hospital gave us free medical treatment. The employees from [the] hospital are friendly and helpful. Sanitation service at [the] hospital is free. We have clean water and [a] bath tank at [the] hospital. Physicians and nurses are always on duty at [the] hospital." Case No. 197. In WON's data, stories of poor care and poor treatment outnumber positive stories, but the presence of positive experiences indicates that it is possible for the Government of Myanmar to provide adequate healthcare for women.

⁷¹ See, e.g., Case No. 005, A-12: "In [my] village, there are many problems of health because of the lack of health education, clinics, and hospitals." Ten other women made similar statements about their communities.

⁷² Case No. 002, A-12.

⁷³ Case No. 206, A14.

presence of NGO-organized health services, their reports were positive. Increased access to NGO- or government-organized health education that takes into account women's need to work could have a positive impact on the health of women and their children.

(2.4) Maternal and Child Health

WON's research revealed that many women do not have meaningful access to maternal and child health care. This has contributed to high rates of maternal and infant mortality. Over 50% of female respondents who were interviewed about access to healthcare reported cases of infant mortality. The causes of infant mortality varied—some women described ailments after birth that caused the death of the child, and a few women told stories of a botched birth.

Without a hospital or clinic in their village, women usually attempt the journey to a hospital only if something goes wrong with the birth. This can mean an expectant mother arrives too late for hospital treatment to save the life of her child. For example, Ma Hla Myo Thwe, a woman from Rakhine State, told researchers:

*“Yesterday, a pregnant woman was sent to hospital. She had been trying to give birth to a child with the aid of a midwife for three days. On a boat, on the way to the hospital, she gave birth to a dead child. There were two such cases last year.”*⁷⁴

Most women instead give birth at home and rely on midwives or traditional birth attendants for their maternal health needs. Many of these practitioners do not have any formal medical training. Myat Pwint, a woman from Rakhine State, discussed the state of pre-natal care in her village:

*“Our giving birth doesn't depend on any professional obstetrician, and my baby had to be delivered by a traditional midwife, so we have not any knowledge of taking care of pregnancy, no seeing a doctor, and no awareness of birth control.”*⁷⁵

Su, a woman from Kachin State, reported that an inexperienced midwife left the placenta inside of the womb and caused the death of a mother who was unable to afford the trip to the hospital.⁷⁶ Another woman described such home births as “risky” and explained how traditional midwives used “a bamboo stick to push the baby out of the mother's womb.”⁷⁷

In addition, lack of access to infant healthcare may result in the death of the baby in infancy. Mang No Liani, a woman from Chin State, said:

⁷⁴ Case No. 121, A 12.

⁷⁵ Case No. 071, A12.

⁷⁶ Case No. 017.

⁷⁷ Case No. 024, A12.

*“Y had four children but two had to die. Without a clinic or hospital in the village, she delivered babies . . . in the forest One of her sons died at the age of five month[s]. And one . . . daughter also died at four month[s].”*⁷⁸

There was no clinic or nurse in many villages.⁷⁹

The research revealed that there is a correlation between lack of access to healthcare and lack of knowledge about adequate pre-natal care among villagers. Naw Tha Dar, a woman from Kayin State, discussed her eight pregnancies:

*“I got married at 16 years old. I have three sons and two daughters. In fact I was to have totally eight children. But I suffered miscarriage three times: two for wrong dosages and one for malfunctioning uterus. At that time, I was also suffering from malaria. I did not know that medicine for malaria could affect pregnancy, and no one gave me that knowledge.”*⁸⁰

In Nar Tha Dar’s view, some of her miscarriages could have been prevented had she had access to adequate health care and knowledge that malaria prophylaxis can cause pregnancy complications.

Another area where the interview data reveals a lack of knowledge relates to vaccines. The women who mentioned vaccines in their interviews discussed a belief among villagers that vaccines actually cause illness; consequently, parents may refuse to vaccinate their children. For example, Nim Nei Liani, a woman from Chin State described how “elder women used to convince [younger women] if they accept to vaccinate their babies, they will get sick. So they . . . refuse to vaccinate their children. So just five children out of the whole village . . . have proper vaccinations.”⁸¹ Another woman reported that vaccinations for pregnant women are not available and that “some do not even know that they need to be vaccinated before they bear their child.”⁸² Gaps in information and misinformation prevent some Myanmar women and their children from receiving the vaccinations that they need to maintain good health.

Women in conflict-affected areas experience particular difficulty in securing access to maternal and child healthcare. Nu Ja, a woman from a conflict-affected area in Kachin State reported that her family had to run away from their village because of the ongoing armed-conflict in the area. She gave birth to her first child on the way to an IDP camp. Unfortunately, her baby died from lack of health care.⁸³ Similar cases were reported from Kachin State and Rakhine State.

⁷⁸ Case No. 017.

⁷⁹ Case No. 112.

⁸⁰ Case No. 3A12002

⁸¹ Case No. 122.

⁸² Case No. 121.

⁸³ Case No. 2 A 12010.

Thus, although the survey data does not allow us to determine the percentage of Myanmar's women who are denied access to appropriate maternal and infant health care (either due to distance, cost, lack of knowledge, or some other barrier), the data indicates that violations of Myanmar's obligations under Article 12 are widespread.

(2.5) Sexual and Reproductive Health

According to Mi Mar Lar, a woman from Mon State, "In many villages, most of the girls are not educated They have not much knowledge about sex education and HIV prevention."⁸⁴ In addition, most of the women interviewed about access to health care reported a lack of knowledge on sexual and reproductive health among women in their communities, including a lack of knowledge about birth control options. For example, according to Naw Htoo Htoo from Kayin State, "In my village none of the organization share about birth spacing awareness. We don't know the option of birth control."⁸⁵ Some of the women that WON interviewed feared birth control methods, which can be traced to a lack of understanding about birth control options and how they work.

According to the research data, many women respondents who were interviewed about health care said they did not have knowledge about birth control options and reproductive health related awareness such as women's menstrual cycle or menopause because there are no providers of sexual and reproductive health (SRH) education.⁸⁶ Often these women are unaware of aspects of the menstruation cycle that determine when can they get pregnant. In Myanmar culture, women are not allowed to openly discuss sexual and reproductive issues. This lack of SRH awareness, including the lack of knowledge about contraceptive methods, increases the risk that a woman will have unwanted pregnancies.

The research data does not reveal the extent to which birth control is available and affordable in Myanmar. A few women mentioned condoms and contraceptives (birth control pills or hormonal injections), indicating that they are available in some regions. They noted, however, that they could not themselves afford to buy contraceptive pills and injections. In addition, where women lack adequate knowledge of the options and how they work, use may not coincide with availability. Ma Yin Yin, a woman from Rakhine State, reported,

*"Now I am five months pregnant, and I have no use of any medicine, also not in the habit of taking medicine and don't want to be injected. And also I don't want to be injected with the birth control pills, because I am afraid of it."*⁸⁷

⁸⁴ Case No. 52.

⁸⁵ Case No. 3 A12003

⁸⁶ Case No. 3A12007; 7A12002.

⁸⁷ Case No. 083, A14. Conversely, one woman told a story of an acquaintance who went to see a nurse and was "injected with the contraception pipe without her agreement." Case No. 078, A14. The injected woman wanted the pipe removed but the nurse refused. The respondent explained that because the injected woman was uneducated and did not have enough money, she was not able to make her own choice about this forced contraception. *Id.*

Moreover, many women reported that they had discontinued use of birth control pills or injections. For example, Dim Nei Chini, a woman from Chin State, noted, “I did not actually know that I had got pregnant with my first child because of discontinued pills.”⁸⁸ The reasons for discontinuing a birth control method are unclear from our data and could be varied, but some accounts suggested that the initial method that the woman utilized did not work well for her. Without an understanding of the options or access to a doctor who could help the woman select a more appropriate birth control method for her body, the woman simply chose to forego family planning. Yee Yee, a woman from Rakhine State, reported,

*“Induced abortion is a custom in the village as they don’t know any birth control methods. Moreover, there are no doctors in our village.”*⁸⁹

These stories demonstrate that there is a critical gap in family planning knowledge, especially in rural areas where access to a trained medical professional may not be guaranteed.

Even though abortion is technically illegal in Myanmar, some women interviewed about women’s access to health discussed it, indicating that abortion is a choice that some Myanmar women make in spite of the law. From the research data, the reasons for choosing abortion appear to be primarily economic: several women who had sought an abortion discussed the economic difficulties that having another child would present, stated that they simply could not afford to stop working in order to have another child, or noting that they already had very young children in their care. For example, Khar Ra, a woman from Kachin State, reported, “I had to abort my fetus at two months . . . because I had already got a four-month old baby to look after. I had suffered unbearably.”⁹⁰ One woman reported receiving an abortion from a nurse, but others stated that midwives perform abortions: “I . . . aborted after being five months pregnant . . . I had to take the treatment of a traditional midwife who lives in my village.”⁹¹ These reported abortions are not always safe, as two women mentioned “over bleeding”⁹² and one woman reported a procedure done “without injection of anesthetic. It hurts me so much.”⁹³

Yet it is not only the expectant mothers themselves who make decisions about abortion. Most of the women told stories of refusing pressure to have abortions from husbands or family members. A woman from Chin State, said, “During my pregnancy my parents and people who live in [the nearby area] said to me that I should [get] an abortion, but I didn’t accept their advice, and replied to them that I would give birth to this child and provide for her as much as I could.”⁹⁴ Thus, although illegal, abortion is an option that some

⁸⁸ Case No. 072, A12.

⁸⁹ Case No. 7A12001.

⁹⁰ Case No. 120, A 12.

⁹¹ Case No. 097, A12.

⁹² Case No. 005, A-12. See also Case No. 016, A-12, A-14 where the respondent had witnessed the death of a woman during an abortion procedure from such “over bleeding.” The respondent stated, “I was amazed to see such kind of bleeding that was like a shower.”

⁹³ Case No. 072, A12.

⁹⁴ Case No. 094, A12.

women seek or are encouraged to seek. It is not clear from the data that women who undergo abortion have a safe option for doing so; in fact, the data suggests the opposite—that abortion is risky for Myanmar women and may be performed by an untrained village midwife.

The government and NGOs need to do more to address women’s sexual and reproductive health, because the lack of SRH awareness and insufficient services cause high health risks for Myanmar women.

(2.6) HIV/AIDS

Lack of education about HIV can lead to high transmission rates between husbands and wives. Lack of community awareness about HIV contributed to stigmatization and discrimination against people living with HIV/AIDS. Many women discussed how either they, or someone they knew, had contracted HIV from their husbands. Sandi, a woman from Mon State, described this situation in stark terms:

“[My husband] worked at a fishing boat owned by Thailand. I was infected with HIV from him. As soon as I found out [that he had HIV] I took a blood test . . . Now I have been HIV positive for five years. There are twenty men infected with HIV in our village . . . Usually, we [are] infected with HIV from the men, including the single ones. All women are widows, because their husbands have died of AIDS.”⁹⁵

As described in section 2.3, women do not always have adequate access to healthcare knowledge and thus may not be able to protect themselves and their families from HIV infection. The research data indicates that HIV education programs focus more on those who are already infected and help instruct them how to care for themselves; preventative HIV education (structured so that women can actually attend) is still lacking for many village women.

Reported reactions to HIV-positive individuals also illustrate a clear lack of knowledge about HIV transmission. One woman reported that neighbors hurriedly washed the cup she drank out of as soon as she left their house;⁹⁶ another reported that villagers burnt all the clothes of a couple who died from AIDS;⁹⁷ yet another reported that villagers quarantined an HIV-positive woman “outside the village” and “burned down everything related to her as soon as she passed away.”⁹⁸ Zin Zin, a woman from in Mandalay Division, relayed the story of how, while living at her daughter’s house, the daughter “separate[s] me from her children. She ask[s] me to use separate things. I am not allowed to eat together with them. Although I feel very sad, as I was discriminated, and want to live there no longer, there is nowhere else to go.”⁹⁹ At its most extreme,

⁹⁵ Case No. 210, A 14.

⁹⁶ Case No. 011, A-12.

⁹⁷ Case No. 007, A-12.

⁹⁸ Case No. 030, A-14.

⁹⁹ Case No. 177.

discrimination and misunderstanding surrounding HIV resulted in one HIV-positive woman's forced sterilization after giving birth.¹⁰⁰

It is unclear from the data how many of these HIV-positive respondents had access to anti-retroviral therapy (ART), but respondents who discussed ART indicated that it is not consistently available or affordable. Respondents from 8 of the 10 research areas,¹⁰¹ all except Chin and Kachin States, stated that there were not enough drugs coming from the government and that the available drugs were not affordable. One woman from Mandalay Division discussed how she had received ART from an NGO whose services are no longer available,¹⁰² and a female respondent from Mon State explained that while ART is available in her region, it is restricted to urban areas.¹⁰³ On the other hand, a female respondent from Kachin State mentioned receiving ART support from IDP camps and from a local health clinic.¹⁰⁴ Women from Chin State noted they received such support from religious organizations, but explained that these organizations could not provide services for all people living with HIV/AIDS.¹⁰⁵ Overall, these reports, while limited in scope, suggest that HIV-positive women lack adequate access to ART.

(2.7) Healthcare in Prison

WON interviewed several women from Chin, Kachin, and Mandalay and Myingyan, who had previously been imprisoned for offences such as engaging in the opium trade, sex work, and gambling.¹⁰⁶ These women indicated that, in their experience, prisoners were not given sufficient medicine or adequate health care. They only have paracetamol, which prison officials give for every illness without doing any medical examination. Moreover, the prison sanitation system is completely inadequate, which is one of the causes of poor health conditions in prison.

Oak Htan, a woman from Chin State, disclosed the terrible treatment she experienced in prison during her pregnancy and delivery:

*"I was arrested for opium trading. I did not notice that I was pregnant. The prison doctor found out that I was pregnant but I have to do the hard work like clean the floors until my pregnant was six months. They shackled me till the last minutes of before delivery. They just release during the delivery and once shackled again even in breast-feeding time. I suffered terribly with painful swellings in my feet."*¹⁰⁷

Prisoners who are HIV-positive are separated from other prisoners in a quarantined area within the prison. Thandar, a woman prisoner from Mandalay Division, noted that the

¹⁰⁰ Case No. 060, A-12.

¹⁰¹ Kayin, Mandalay, Mon, Shan, Rakhine, Sagaing, Thaninthayee and Yangon

¹⁰² Case No. 081, A12.

¹⁰³ Case No. 118, A14.

¹⁰⁴ Case No. 2A12036.

¹⁰⁵ Case No. 1A12007.

¹⁰⁶ Case No. 1A14013; Case No. 2A12033; Case No. 4A12006; Case No. 4A12026.

¹⁰⁷ Case No. 1A12012.

prison authorities and other prisoners discriminate against HIV-positive prisoners.” The prison does not provide free HIV medicine. Another woman prisoner from Mandalay reported that she had to buy ARV while she was in Mandalay prison, until the Doctors Without Borders organization visited the prison and provided free medicine.¹⁰⁸

While many respondents who had spent time in prison highlighted the inadequate healthcare available to prisoners, a political prisoner from Mandalay did acknowledge that the health care system in prison is better than it used to be. She had been arrested four times, in 1989, 1990, 1998, and 2015. In the past there was no medical care, but now a prisoner can access the prison hospital if needed. The quality of the health care provided there, however, still needs to be improved.¹⁰⁹

* * * *

Considered as a whole, WON’s research reveals that many women, especially in remote areas, do not have access to professional healthcare, or any healthcare at all. Where they do have care, it may be at the hands of uncaring doctors or inexperienced midwives. Hospitals throughout the country can be prohibitively far away or prohibitively expensive. Women tend to view hospital visits as an option of last resort, and the distance to the nearest hospital or clinic may prevent woman from receiving reach appropriate and timely care in an emergency. This lack of access also correlates with a lack of knowledge about healthcare, especially knowledge of contraceptive options and reproductive health. Lack of knowledge is also apparent in responses to HIV; the data indicates that HIV may be poorly understood among villagers and ART may not be available where needed. Finally, although abortion is illegal in Myanmar, women are not guaranteed safe options if they do choose to seek it out. This evidence indicates that the Government has failed to meet its Article 12 obligations to ensure women’s equal access to healthcare.

3. Article 14: Rural Women

(3.1) Development Projects and their Impact on Rural Women

In the recent years, an increasing number of development projects have been initiated in Myanmar. Foreign investments, predominantly by Chinese-owned companies, have invested in Myanmar’s mining and waterpower industries.¹¹⁰ The women that WON interviewed expressed growing concerns that these new investments are linked to human rights violations such as illegitimate land appropriation. Some villagers, for example, were forced to move because of a mining project.¹¹¹ Some interviews even suggest that the military is involved in the appropriation of farms for development projects.¹¹² In most cases, there is no detailed information on whether or not the villagers who lost their land

¹⁰⁸ Case No. 172; 173.

¹⁰⁹ Case No. 4A12038.

¹¹⁰ Case No. 022, A-12; Case No. 027, A-14; Case No. 028, A-14; Case No. 045; Case No. 057, A-14; Case No. 049.

¹¹¹ Case No. 022, A-12; Case No. 049.

¹¹² Case No.028, A-14.

received any compensation. In one case, a villager received compensation but felt that it was grossly inadequate.¹¹³

Some development projects have had negative consequences for women and their families. For example, Sai Hein, a man from Shan State, noted:

“[The] Chinese were mining in [a local] village. They requested the relevant authority to mine during one-year probation period. They gave incentives and commitment to build school and contribute donation. But these commitments are written in water. There is a lake named Japan that is being used by the whole village. The Chinese pumped water from the lake. There is no more water to be consumed by villagers.”¹¹⁴

As seen from Sai Hein’s account, one unanticipated negative result of a mining project may be the reduction of the water supply available to local villagers.¹¹⁵ Aye Htet, a woman currently living in Mandalay Division who is originally from Ma Gway Division, worried that a dam project in her region might have a similar effect. She explained, “We have been depending on Irrawaddy River for regular water supply for our farms for ages. It is also a chief source of fertility to our farms. We will surely lose everything from it as soon as that dam project is implemented.”¹¹⁶ Sai Hein’s story also suggests that companies do not always follow through on commitments they have made to improve local infrastructure.¹¹⁷

Another problem that we can infer from the interviews is that local people often have little or no say in the development projects affecting their lives. They report that they are not adequately apprised about the effects of these projects. Sai Lone Seng, a man from Shan State, noted that:

“Local people . . . have protested the dam project . . . because they believe it will harm them rather than benefit them. They said that there would be a huge flooded area. No one could say for sure what would happen to their lives and property in a long run. Nobody let them know clearly about the impacts of the dam to their lives. However, there will be 7–8 dams in their regions along the river soon.”¹¹⁸

Affected villagers have found that plans are not shared with them and they do not receive answers to their questions.¹¹⁹ According to Sai Lone, who described a dam project from Shan State,

“We believe that [the] government should not have agreed [to] any contract against the will of the local people. Now, the lives of 20 villages

¹¹³ Case No.049.

¹¹⁴ Case No. 045.

¹¹⁵ Case No.057, A-14.

¹¹⁶ *Id.*

¹¹⁷ Case No.045.

¹¹⁸ Case No.027, A-14.

¹¹⁹ *Id.*

in our region have to depend on Chinese bosses' decision[s]. These conditions hurt us unbearably."¹²⁰

It appears, however, that the government will continue its policy of encouraging such development projects, even if they are against the will of the people affected by the plans.¹²¹

The respondents also mentioned land grabbing as one of the largest issues associated with development projects. The government and army have confiscated or occupied the lands and farms of people, in many cases, with little or no compensation.¹²² Alongside the government, companies have reportedly taken land from people with little or no compensation.¹²³ People whose land has been seized face displacement, insecurity, and economic hardship.¹²⁴ The authorities have justified the land seizures on the grounds that the government is instituting development projects, creating industrial zones, and punishing people for not having legal papers.¹²⁵

May Khin, a woman from Mandalay Division, described how a court and land authorities failed to protect her rights when a local cooperative seized her land. She explained:

*"No sooner than I harrow my land, about fifty people led by . . . an employee from co-operative destroyed the harrowed land and later they fenced my land and raised the co-operative flag on my land. The police asked me to apply my case directly to a court of law. The court arranged hearings only on holidays. I thought the court neglect[ed] my case . . . The authorities neglected our complaint by saying 'this is nothing to do with us, we have no idea.' . . . Even though we submit[ted] complaint letters several times to the authorities who are responsible for land disputes, our case is still neglected."*¹²⁶

This experience illustrates some of the challenges that women face in accessing justice when the government or private actors take away their lands. There is no adequate complaint mechanism in Myanmar to raise issues regarding development projects implemented by the government or private actors. Hence, women from rural areas that suffer the negative impact of land grabbing have to struggle for their livelihood and to support their family.

(3.2) Alcohol and Drug Abuse in Rural Areas

3.2.1 Alcohol

¹²⁰ Case No.057, A-14.

¹²¹ Case No. 027, A-14; Case No.057, A-14.

¹²² Case No. 022, A-12; Case No.025, A-14; Case No.028, A-14; Case No.046; Case No.053 A-12, A-14; Case No. 108, A-14; Case No 140 A 14; Case No. 188.

¹²³ Case No.053, A-12, A-14; Case No. 049.

¹²⁴ Case No. 108, A-4; Case No. 188; Case No. 198.

¹²⁵ Case No.022, A-12; Case No.028, A-14; Case No.046; Case No.053, A-12, A-14.

¹²⁶ Case No. 188.

Alcohol abuse has become an increasingly strong presence in Myanmar. Many of the women interviewed by WON paint a picture of men, all too often husbands and fathers, whose excessive drinking has had dire consequences for their families. Of those women interviewed by WON who reported that their husbands drank alcohol, half were victims of domestic violence while their husbands were intoxicated.¹²⁷ For example, Aye Aye Lwin, a woman from Mandalay Division, “was tortured and beaten by her husband when he got drunk and made a quarrel. He often pulled her hair and hit her body with a stick.”¹²⁸

Physical abuse, however, is not the only damaging consequence of excessive alcohol use. Many women specifically brought up the economic peril they face as a consequence of their husband’s demand for alcohol.¹²⁹ For many of these men, paying for alcohol takes priority over paying their children’s school fees, sometimes causing their children to drop out of school. Kaw Tee, a woman from Chin State who has four children, reported that her husband

*“always drank and did not do any job. He always stays at liquor house. So she had to ask her elder daughter to stop going to school because she could not afford to pay school fees any more. At that time her daughter was studying at grade 3 and her daughter could not even read Myanmar language well.”*¹³⁰

Many woman reported being the sole financial support of their family because their husbands either a) don’t work at all, yet still demand money for alcohol, or b) do work, but spend all their earnings on alcohol. Many of the Myanmar people are in a time of economic hardship, and alcohol has served as an escape from that reality. In an all too common account, one woman described her village where there are “130 houses and nearly 100 families have encountered the problem of heavy drinking. Every day there used to be fighting among drunken groups and this condition severely affects women and children to get bitter traumas.”¹³¹

What leads men to alcohol abuse is not covered by WON’s data, but the effects of alcoholism on women are evidenced through the women’s stories. In addition, traditional and social norms hinder women from questioning and fighting back against the alcohol abuse prevalent in their homes. In an ethnic women’s household, the husband is head of the family. This remains true even when the husband consistently gets drunk or does not contribute to the household income. The data revealed many women who faced domestic violence and were told by their relatives to keep quiet and not complain, especially to their husband. This continues a cycle of abuse and disempowerment of women in the rural areas.

¹²⁷ Case No. 1A12011; 1A12012.

¹²⁸ Case No. 096, A14; *see also* Case No. 106, A12.

¹²⁹ Case No. 110 A 12; Case No. 082, A14; Case No. . 096, A14; Case No. 103, A 12, 14.

¹³⁰ Case No. 110 A 12

¹³¹ Case No. 128, A 14.

3.2.2. Drug Abuse

Unlike alcohol abuse, which the research data suggests is primarily prevalent among men, the world of illegal drugs affects both genders. Nang Ngwe Ngwe, a woman from Shan State, described the consequences of drug abuse in her village:

*“Drug abuse is very common among young people in our village. It triggers a series of social problems such as theft, robbery and HIV infection. In some cases, the whole family is [affected] by an addicted father. In one family of four members, both of the parents were addicts and the husband sold his wife to a Chinese [man] for only 40,000 Yuen. Just [eight] months after doing so, he again sold his son and daughter as slaves at a rich man’s house.”*¹³²

The cultivation, sale and use of illegal drugs touch three different groups. The first are the growers. Many farmers “prefer growing opium [or poppy] to other crops” because it is more lucrative than paddy (rice) or vegetables.¹³³ Poppy can also grow in less nutritious soil, making it both a more lucrative crop on the market, and a less demanding and costly crop to grow. In rough financial times, the lure to switch to poppy farming is almost insurmountable. Ah Lu, a woman from Kachin State, noted, “the village started to grow opium instead of paddy because growing opium made more money for them. They could send their children to school with the money earned from growing opium.”¹³⁴ Bawk Bawk, a woman from Kachin State, explained that she cultivated a poppy plantation “due to the difficulties of food, clothing and shelter caused by getting a lot of children.”¹³⁵ While many women relayed that they began growing poppy to support their family, the drug has ensnared some families in a cycle of abuse. As one woman explained, “Most of the parents used to smoke or eat opium. The children whose parents were both addicts could not go to school. A big number of youths have also become addicted to opium for the reason that they grew it by themselves.”¹³⁶

Rural women have also become participants in the drug trade. Several of the women interviewed by WON explained that economic need had driven them to become drug dealers or smugglers. These women claim that most users are men, while women often become dealers or smugglers.¹³⁷ These high-risk jobs come with comparatively higher penalties than those meted out on the average drug user.

The drug trade is illegal, but the military Government, police and armed groups maintain strong ties to drug traffickers. Sai Kham Kaung, a man from Shan State, reported:

“[Nowadays] the opium trading is not simple as before. The buyer paid cash and drug tablet as payment. So the opium sellers have to sell the

¹³² Case No.159.

¹³³ Case No. 001.A-14.

¹³⁴ *Id.*

¹³⁵ Case No. 022.

¹³⁶ Case No. 001.A-14.

¹³⁷ Case No. 104, A 12; Case No. 172; Case No. 022.

drug in countries to get back their money. It's really dangerous. The seller has to pay illegal tax to police and military so that they can safely [bring] back the drug tablet in country."¹³⁸

Similar accounts were reported in other regions as well. The illegal engagement of Government authorities in the drug trade is a major challenge for both urban and rural areas.¹³⁹

The last, and perhaps most obviously affected, people are the users. The high selling cost of opium leads more farmers to grow poppy. This creates an abundant supply of drugs that catches young people in its web. Naunt Naunt, a woman from Shan State, reports, "Drugs are available so easily that most of the young people can become addicted to drug abuse in this region."¹⁴⁰ Men who migrate for work are also vulnerable to addiction. Some women recounted stories of men who traveled abroad, became users, and then, often, divorced the wife they'd left behind (or came home with an additional wife).¹⁴¹ Women from all of WON's ten research areas reported experiences related to drug abuse by their family members.

As a consequence of alcohol and drug abuse, many women have become their family's primary supporter, even when they are not physically or emotionally ready for such a heavy burden.

3.2.3. Women Supporting Families

Many of the women interviewed were the main or only breadwinners in their families.¹⁴² In some cases their husbands had died, left or divorced them, were addicted to alcohol or drugs, or simply did not work.¹⁴³ Husbands sometimes left their wives to go find work elsewhere.¹⁴⁴ Htay Htay Thaw, a woman from Rakhine State, told researchers about the economic difficulties that had led her husband to leave her and their four children:

"My husband and I did not have jobs and faced difficulty in earning enough money to survive. So my husband decided to go to the Thailand border to seek a job with a regular income. But he met another woman

¹³⁸ Case No. 6A7011.

¹³⁹ Cases from A14 and A12.

¹⁴⁰ Case No. 023, A-14.

¹⁴¹ Case No.185; Case No.186.

¹⁴² Case No. 011, A-12; Case No.015, A-12; Case No. 096, A14; Case No. 105, A 12; Case No. 106, A 12; Case No. 107, A 14; Case No. 110, A 12; Case No. 127, A 14; Case No. 129, A 14; Case No. 132, A 14; Case No. 135, A 14; Case No. 136, A 14; Case No. 133, A 14, A 12; Case No. 134, A 14; Case No. 138, A 12; Case No 142, A 14; Case No.151; Case No.157; Case No. 194; Case No. 219, A14; Case No.015.

¹⁴³ Case No. 015, A-12; Case No. 105; A 12; Case No. 082, A14; Case No. 103, A 12, 14; Case No. 105, A 12; Case No. 106, A 12; Case No. 107, A 14; Case No. 110, A 12; Case No. 127, A 14; Case No. 132, A 14; Case No. 135, A 14; Case No. 136, A 14; Case No. 133, A 14, A 12; Case No. 134, A 14; Case No. 142, A 14; Case No.151; Case No.157; Case No. 199; Case No. 219, A14.

¹⁴⁴ Case No. 132, A 14; Case No. 133, A 14, A 12; Case No. 135, A 14; Case No. 136, A 14.

*and lived together with her, and never came back to me. When he left for Thailand, my little baby was just three months old.”*¹⁴⁵

This suggests that poverty sometimes divides families, leaving women to shoulder the burden of supporting children and other dependent relatives.

Husbands who did not work often were addicted to alcohol.¹⁴⁶ In some cases, women had to financially support their husband’s addiction, which may have added to the economic difficulties they faced.¹⁴⁷ Rose Dim, a woman from Chin State, said:

*“Every day [my husband] used to drink alcohol all the time . . . Whenever I got back home from work, he used to ask me some money for alcohol. If I could not give money to him, he grabbed my hair and beat me. Every day, I had to pay him 500 kyats for alcohol. He recently left us and I have not got any contact from him so far. I was glad [of] his departure because I could manage to fulfill my family needs much better without him.”*¹⁴⁸

Pui Pui, a woman from Chin State, recalled, “Sometimes when [my husband did] not have enough money for drinking, he used to take vegetables away from our farm and exchange them for alcohol.”¹⁴⁹ This data suggests that alcohol dependency by male family members impedes women’s ability to support themselves and their families.

Women often faced economic difficulties while trying to support their families on their own.¹⁵⁰ Many women took odd jobs to survive.¹⁵¹ Some women even turned to sex work.¹⁵² Other women borrowed money in order to make ends meet.¹⁵³ This need for funds risks driving women and their families further into debt and hardship.¹⁵⁴ For example, Marlar Cho, a woman from Sagaing Division who supports her unemployed husband and two children by working as a peddler, explained:

*“Sometimes I have to borrow money from other with daily interest. The interest rate is too high to pay regularly. Whenever I failed to pay daily interest to the money lender[s], I used to receive curse and abuses from them. I used to feel depressed about my poor life. I don’t know how to solve my family’s daily basic needs.”*¹⁵⁵

¹⁴⁵ Case No. 133, A 14, A 12.

¹⁴⁶ Case No. 082, A14; Case No. 103, A 12, 14; Case No. 105, A 12; Case No. 106, A 12; Case No. 107, A 14; Case No. 110, A 12; Case No. 127, A 14; Case No. 151; Case No. 157; Case No. 199; Case No. 220, A14.

¹⁴⁷ Case No. 082, A14; Case No. 103, A 12, 14; Case No. 110, A 12; Case No. 127, A 14.

¹⁴⁸ Case No. 103, A 12, 14.

¹⁴⁹ Case No. 110, A 12.

¹⁵⁰ Case No. 015, A-12; Case No. 110, A 12; Case No. 127, A 14; Case No. 132, A 14; Case No. 135, A 14; Case No. 136, A 14; Case No. 133, A 14, A 12; Case No. 134, A 14; Case No. 138, A 12; Case No. 142, A 14; Case No. 194.

¹⁵¹ Case No. 125, A 14; Case No. 127, A 14; Case No. 134, A 14; Case No. 136, A 14; Case No. 133, A 14, A 12; Case No. 142, A 14; Case No. 199; Case No. 205, A14.

¹⁵² Case No. 194; Case No. 195; Case 080; Case 141; Case No. 173; Case No. 187; Case 211.

¹⁵³ Case No. 015, A-12; Case No. 133, A 14, A 12; Case No. 142, A 14; Case No. 194.

¹⁵⁴ Case No. 142, A 14.

¹⁵⁵ *Id.*

All these factors reveal discrimination against women in the public economic sector and the lack of job opportunities for women overall.

(3.3) Violence Against Women and its Consequences

Many of the women interviewed by WON experienced domestic violence at the hands of their husband. For example, Aye Htwe, a woman from Sagaing Division, was attacked by her husband with a knife:

“When he attacked me, I tried to protect myself from the knife with my left hand as I am lefty. As a result, the knife entered straight through my left hand and blood flows out. However, I was not allowed to go to [the hospital] because my husband did not let me go.”¹⁵⁶

Ei Ei, a working mother in Rakhine State, recounted how “[e]ven at the dining table my husband used to pick a quarrel and fling plates at me. Moreover, he could not bear the sound of studying children and asked them to stop studying. When he became violent he beat not only me but also my children.”¹⁵⁷ Another mother, Chit Chit from Sagaing Division, explained that her husband sexually abused their daughter on a daily basis, which made the girl unable to concentrate on her studies and led her to drop out of school.¹⁵⁸ Husbands are not the only perpetrators of domestic violence. WON found examples of domestic violence by in-laws,¹⁵⁹ family members,¹⁶⁰ and family friends.¹⁶¹

As discussed in section 3.2.1 above, WON’s research revealed a strong correlation between domestic violence and alcohol usage. Many women who reported abuse at the hands of their husbands also stated that their husbands drank excessive quantities of alcohol.

While many women experience domestic violence, only a few women stated that they had attempted to report domestic violence to the authorities. WON’s data suggests that many women lack confidence in the effectiveness of the police. Kyu Kyu, a woman from Mandalay Division, called the police after her nephew “violated” the family. While “they arrested him, [the police] released him [after] a few hours. Then, [the nephew] became more serious and told them that he would kill them if they called the police again.”¹⁶² When Aye Htwe, from Sagaing Division, was attacked by her husband, the police failed to take any action:

“I claimed that I will open a case at police station but he forcibly stopped me from doing so. After the night that the incident happened, my husband

¹⁵⁶ Case No. 193.

¹⁵⁷ Case No. 130, A 14.

¹⁵⁸ Case No. 009, A14.

¹⁵⁹ Case No. 008.

¹⁶⁰ Case No. 017; Case No. 192.

¹⁶¹ Case No. 190.

¹⁶² Case No. 017.

went away from home and disappeared for some days. I finally opened the case at [the local] police station 3 days later. The police did not take any action for my case. But, I think they did not take any action for other cases either. It's been 6 months that I opened the case. Nothing happened and nobody is responsive."¹⁶³

Few women reported divorcing their husbands to escape the violence. In some cases, this may stem from economic dependence on the abuser. "Although Om Hlaing, a woman from Chin State, did not want to live with [her husband] anymore, she could not ask him for divorce because her two children, a girl of [six] and a boy of [four], might have difficulties for their food, shelter and clothing. She had never heard of women rights."¹⁶⁴ Many respondents from Chin State reported physical abuse by their husbands, regular marital rape, and physical and verbal abuse against them and their children. The women did not know where to seek help as their relatives advised them not to talk back and to obey their husbands.¹⁶⁵ In this way, social/cultural norms may keep vulnerable women in violent situations.

Prolonged periods of domestic abuse may have serious psychological consequences for women, such as depression, trauma, and isolation from the community. Interviewees frequently dealt with depression, mental illness, and thoughts of suicide. For example, Thiri Aung, a woman from Yangon Division, described how her husband's abuse had led her to have feelings of desperation: "I even want to commit suicide. I have an intention to slip away from my family as soon as I get my pension."¹⁶⁶

For many women, moreover, the abuse of an alcoholic spouse is compounded by the economic strain of being the sole provider for her family. Htan Pwee, a woman from Chin State reported:

*"When he got drunk, he committed violence. He not only beat me, but also beat our children. We have to hide from him. As he become an alcoholic he could not do anything. I have to sell firewood and perform odd jobs all day long to support the family."*¹⁶⁷

WON's research reveals that the Government needs to do much more to prevent and respond to domestic violence and its consequences. It also highlights the need to treat mental health issues as a serious public matter.

(3.4) Justice System

For women, access to the criminal justice system is a difficult proposition—especially in rural areas and for ethnic women who can't speak the Myanmar language. Multiple

¹⁶³ Case No. 193.

¹⁶⁴ Case No. 020.

¹⁶⁵ Cases from Chin, Case No. 1A14011; Case No. 1A14012; Case No. 1A14019.

¹⁶⁶ Case No. 106. A12.

¹⁶⁷ Case No. 1A12006.

interviewees expressed frustration because they lacked legal education and could not bring charges against attackers. Further, when women did bring charges, police did not always follow through during investigations. For example, Phyu Nu, a woman from Sagaing Division, stated that her husband attacked her with a knife, leaving her left hand permanently disfigured.¹⁶⁸ Despite the injury, the police have taken no action in her case.¹⁶⁹ As she states, “The police did not take any action for my case . . . It’s been 6 months [since] I opened the case. Nothing [has] happened, and nobody is responsive . . . [The police] don’t arrest [my husband] even though I informed them exactly where [my husband] was. I am totally dissatisfied with their irresponsible manner. I think the security authorities did not give any protection [to] women.”¹⁷⁰

In addition to non-responsive police forces, women face other obstacles in accessing justice. Multiple interviewees expressed concern that local customs subvert the criminal justice process. This was especially prevalent in cases of sexual assault in rural areas. In one interview, May Lay, a woman from Chin State, said:

*“[The assailants’] parents came to my home in order to make apology and compensation for [the assault] by offering a big pig, 7000 tons weight according to the Chin customs. The parents in both sides have reached to an agreement and settlement by accepting apology and big pig as a part of compensation. I myself have got nothing.”*¹⁷¹

Many sexual assault victims echoed this sentiment. They felt that their voices were silenced by not being able to provide input into the assailant’s punishment.

Even when the case does go to court, the punishment is not always severe enough. As Cho Cho, the mother of a seven-year-old assault victim, stated,

*“The offender was sentenced to only three years’ imprisonment . . . that is not fair to any women. A young girl, a victim of sexual violence at her early age, will always has to suffer from the sexual trauma throughout her life. She has to live in the shadow of that sexual trauma for good.”*¹⁷²

Women continue to believe that their rights are not protected by the criminal justice system. Traditional norms reinforce injustice for women as most customary laws favor men. The many anecdotes gathered by WON of flawed police investigations, lenient punishment, and a lack of legal support mechanisms lend credence to this belief.

(3.5) Education in Rural Areas

Financial constraints may prevent women from obtaining an education for their children. Many women reported that they were unable to send their children to school or had to

¹⁶⁸ Case No. 193.

¹⁶⁹ *Id.*

¹⁷⁰ *Id.*

¹⁷¹ Case No. 088, A14.

¹⁷² Case No. 073, A12.

take their children out of school because they could not afford the cost of their children's education.¹⁷³ Nim Nei, a woman from Chin State, described how her financial circumstances and the cost of school fees forced her to take her daughter out of school:

*"I have four children, [and] I am the only person who is responsible for fulfilling every need of my family. My husband always drank and did not work. . . . I had to ask my elder daughter to stop going to school because I could not afford to pay school fees any more. At that time she was studying at grade 3."*¹⁷⁴

Many women observed that schools charge tuition fees for unofficial extra classes and fees for school materials.¹⁷⁵ Some women noted that their children's schools supplied some free materials—for example, one school provided each student with three books and three pencils—but explained that parents were required to provide the rest.¹⁷⁶

Some women were unable to send their children to school because of the distance and lack of available transport.¹⁷⁷ Some villages do not have their own primary, middle, or high school.¹⁷⁸ WON's research indicates that only villages in Yangon Division have access to a middle school nearby. The other nine states' and regions' villages have only elementary school and do not have easy access to middle or high schools.

A number of women reported that at least one of the levels of education was lacking in their village and that their children had to travel to another village to further their studies.¹⁷⁹ Respondents from Kachin, Kayin and Shan States in the ongoing conflict areas, highlighted the conflict situation's impact on children's education. Parents dare not send their children to school in other villages for safety reasons. Their experiences suggest that the government has not done enough to ensure children's access to education in rural areas.

Furthermore, many students who attend school tend to drop out by middle or high school to work or for other reasons.¹⁸⁰ This suggests that poverty may be motivating young people to drop out of school and go to work instead. It may also suggest that because of the difficulty of obtaining a quality education, children and their parents may not see the

¹⁷³ Case No. 011 A-12; Case No. 059, A-14; Case No. 082, A14; Case No. 101, A 14; Case No 110, A 12; Case No 140, A 14; Case No.159; Case No. 214, A12.

¹⁷⁴ Case No. 110, A-12.

¹⁷⁵ Case No. 101, A 14; Case No 140, A 14; Case No.170; Case No.161; Case No.183. Some women noted that their children's schools provided some free materials—for example, one school provided each student with three books and three pencils – but explained that parents were are required to provide the rest. Case No. 140, A 14.

¹⁷⁶ Case No. 140, A 14.

¹⁷⁷ Case No.167; Case No.168; Case No. 214 A12; Case No. 029 A-12.

¹⁷⁸ Case No .025, A-14; Case No. 059, A-14; Case No. 066, A7; Case No. 101, A 14; Case No. 102, A 14; Case No. 029,A-12; Case No.159; Case No.161.

¹⁷⁹ Case No. 025, A-14, Case No. 059, A-14, Case No. 066, A7, Case No. 101, A 14, Case No. 102, A 14, Case No.029, A-12; Case No.161; Case No.183.

¹⁸⁰ Case No. 029,A-12; Case No. 034; Case No. 079, A14; Case No.187; Case No. 188; Case No. 217, A14.

value in pursuing education beyond the primary level. Other children leave school because they do not pass their matriculation exams,¹⁸¹ suggesting that the higher levels of education are not widely accessible and that the quality of primary-level education may be low.

Even where there are schools in the village, the teachers, buildings, and school materials are not adequate.¹⁸² Women reported that there were not enough teachers in the school and that teaching methods were not effective.¹⁸³ According to Nang Kyauk, a woman from Shan State:

*“Teachers, school building[s] and desks were not adequate in the village. Our group donated desks with collected money last year. There [is] much more [that is needed] than we can donate. In village schools, children have to be taught with what the schools have. There are no desks in classrooms. Roofs, walls and classroom partitions are not sufficient.”*¹⁸⁴

She also described how the lack of dedicated and skilled teachers affected children’s education:

*“We need full time teachers for our primary school. Only two out of 25 grade 5 students passed the examination this year because teachers used to close the school quite often and go home early on [days when the] school [was] open.”*¹⁸⁵

The lack of highly qualified teachers and adequate school materials reduces overall access to and quality of education.

Many women and girls lack education.¹⁸⁶ Khun Kyaw, a man from Shan State, observed that, “in many villages most of the girls are not educated because they could learn at the primary level at most and could not continue their education to an end.”¹⁸⁷ Women’s lack of education may affect several aspects of their lives, contributing to their lack of political participation; health knowledge, especially about sex education and HIV/AIDS; and ability to obtain birth certificates for their children.¹⁸⁸ For example, Win Win, a woman from Chin State, noted that “village women do not dare to participate in village-governing affairs because they lack self-confidence as their education is very low.”¹⁸⁹ May Zin, a woman from Sagaing Division, explained that “only one primary school is here, and with the lack of health knowledge, we are not familiar with childbirth education. . . . That is why a woman who lives in a village may . . . pass away when she

¹⁸¹ Case No. 030, A-14; Case No. 030, A-14; Case No. 029, A-12; Case No. 217, A14.

¹⁸² Case No. 030, A-14; Case No. 101, A-14; Case No. 214 A12; Case No. 159; Case No. 214 A12.

¹⁸³ Case No. 101, A-14; Case No.159; Case No. 214 A12.

¹⁸⁴ Case No. 034.

¹⁸⁵ Case No. 034, A-14.

¹⁸⁶ Case No. 021, A-7, A-12; Case No. 031, A-7, A-14; Case No. 039; Case No. 052, A-7, A-12.

¹⁸⁷ Case No. 052, A-7, A-12.

¹⁸⁸ Case No. 021, A-7, A-12; Case No. 029, A-12; Case No.031, A-7, A-14; Case No. 034; Case No. 039; Case No. 048; Case No. 052, A-7, A-12; Case No. 066, A7; Case No. 078, A14; Case No. 118, A14.

¹⁸⁹ Case No. 021, A-7, A-12.

gives birth.”¹⁹⁰ A WON data collector observed that many of the women she interviewed lacked even a basic education and consequently did not understand the importance of birth certificates and often failed to obtain them for their children.¹⁹¹ This makes it difficult for women to send their children to school or to obtain national registration cards for them.¹⁹² Women’s lack of education also affects their opportunities for employment and earning power.¹⁹³ Education is essential to women’s ability to realize other rights.

(3.6) Registration

As noted above, lack of knowledge about registration processes and reliance on informal systems of health care prevent some women from obtaining birth certificates for their children.¹⁹⁴ Some women may not be able to obtain birth certificates for their children because they delivered their children without professional doctors or midwives, whose fees may be prohibitively expensive.¹⁹⁵ For example, Thu Thu, a woman from Sagaing Division, observed that “people around here have to give birth to a child in their own way without seeing a professional obstetrician, so they don’t have any birth certificate.”¹⁹⁶ Another reason that women may not be able to obtain birth certificates for their children is that they do not understand the need to obtain them or the means by which they can obtain them.¹⁹⁷ Because women are unable to obtain birth certificates for their children, they may have difficulty sending their children to school or getting national registration cards for them.¹⁹⁸

Women also may have difficulty obtaining other necessary identity documents, such as family registration documents, household registration documents, and identity cards.¹⁹⁹ Nwe Mar, a woman from Mandalay Division reported, “I have no identity card myself and don’t know how to apply for it.”²⁰⁰ Women’s difficulty obtaining these documents may affect their ability to secure loans, vote, or establish a permanent home.²⁰¹ Ohnmar Win, a woman from Sagaing Division, said:

*“Our children haven’t got [a] birth certificate, [and we have] no identity card of ourselves, and no household census. We have to move from one place to another, and work under the unsettled situation.”*²⁰²

¹⁹⁰ Case No. 066 A-7.

¹⁹¹ Case No. 031, A-7, A-14.

¹⁹² *Id.*

¹⁹³ Case No. 082, A-14.

¹⁹⁴ Case No. 070, A14, Case No. 076, A14; Case No. 031, A-7, A-14.

¹⁹⁵ Case No. 070, A14; Case No. 071, A12; Case No. 076, A14.

¹⁹⁶ Case No. 070, A14.

¹⁹⁷ Case No. 031, A - 7, A -14; Case No. 076, A14.

¹⁹⁸ Case No. 031, A - 7, A -14; Case No. 076, A14.

¹⁹⁹ Case No.196; Case No. 070, A14; Case No. 071, A12; Case No. 076, A14.

²⁰⁰ Case No. 076, A14; Case No. 196.

²⁰¹ Case No. 070, A14; Case No. 194; Case No. 071, A12; Case No.196.

²⁰² Case No. 071, A12.

Women respondents from other states (Chin, Kachin, Shan and Rakhine) also reported that they do not know how to go about the process of getting birth certificates, household registration documents, and identity cards. Several women noted that they are afraid of going to government offices, which are notoriously costly.²⁰³

These experiences suggest that the government does not provide adequate information about identity documents and procedures for obtaining them to women in rural areas, making it difficult for them to access the resources they need to survive and contribute to society.

(3.7) Poverty

For many of the women interviewed by WON, poverty is an ever-looming threat that slowly consumes the family. Poverty severely undermines a family's ability to cope with unforeseen crises. Ni Ni, a woman from Mandalay Division said, "My husband was paralyzed from stroke, I [had] to sell my clothes and even my hair to feed him and my son. Sometimes, as my family members figure high on my priority list, I [fed] them while I [let] myself starve."²⁰⁴

Poverty can debilitate a family, and for many women and their families, there is little opportunity to rise above it. Even when everyone in their family is working to make ends meet, there often isn't enough money to provide appropriate food, healthcare, and housing. Ma Hla Hla, a woman from Rakhine State, was representative of the many women who voiced their concerns:

*"My income is not sufficient enough to feed them properly daily. Whenever my children get sick, I get into trouble of being short of money. Now my youngest daughter has been feeling ill three days. I cannot work to make money during these days as I have to take care of her. I cannot manage to send her to hospital. I borrowed some money from neighbors and bought some drugstore [medication] for her. I had to borrow some rice from her relatives. At the same time I have to pay tuitions fees for my three children. Moreover my house is in crying need of renovation."*²⁰⁵

Many women go into debt as a consequence of poverty. Almost every woman who spoke about the inevitable need to take on debt (through a loan) also mentioned the problem of high accruing interest. Moe Moe, a woman from Mandalay Division said, "Sometimes I had to borrow money from others with daily interest. The interest rate was too high to pay regularly. Whenever I failed to pay daily interest to the moneylender, I used to receive curse[s] and abuses from them."²⁰⁶ High interest rates perpetuate a cycle of poverty. The women and families who take out loans fight an uphill battle to free themselves from their dire economic need. Some women reported that they weren't able

²⁰³ See, e.g., Case No. 6 A14 019

²⁰⁴ Case No. 194.

²⁰⁵ Case No. 133.

²⁰⁶ Case No. 142.

to obtain a loan: for example, if a woman does not have registration documents, she is often ineligible to receive a loan.²⁰⁷

A lack of financial resources can affect a family in many ways. Of the women interviewed, there was continuous mention of school fees as the first expense to be cut. May Phyu, a woman from Mandalay Division, “could not help [her] daughter who was in grade 9 continue her studies so [she] asked her to stop studying. Later, the rest of her children also stopped going to school.”²⁰⁸ Women from Mandalay, Mon, Sagaing and Yangon Division reported that they engaged in sex work because of poverty and a lack of financial resources. Some of them ended up being infected with sexually transmitted diseases.²⁰⁹

Some women reported that their husband and family members migrated to other places to seek new income partly because of the lack of opportunities in their hometowns and cities. Some women stated that their husbands had left their family behind to pursue goals of economic stability abroad. For the majority of these women, their husbands: 1) disappeared without a trace; 2) formed a new family abroad; or 3) returned home with unwanted baggage—everything from a new wife to HIV. Most of the women remained in the same impoverished situation as before.

The government has failed to provide adequate support for families suffering from extreme poverty. Women interviewed by WON identified affordable electricity, clean water, clinics, ART pills, and education on best farming practices as unfulfilled needs they wished the government, or anyone, would be able to provide.²¹⁰

(3.8) Sex Workers and Trafficking

For some women in Myanmar, sex work may be a way out of economic hardship.²¹¹ One woman explained how she came to be a sex worker:

“Before [becoming a sex worker], [I] was working as a helper at a cloth shop in Mandalay Zay Cho market. [My] income was not enough to send back [to my] parents. [My] family is too poor to stand on their own. So [I] needed more income and chose to work as a sex worker. Then, [I] could send some 100,000 kyats to [my] parents every month.”²¹²

Other women and girls have been sold into sex work, becoming victims of international or domestic sex trafficking.²¹³ Htoi Aung, a woman from Kachin State, told the following story:

²⁰⁷ Case No. 194; Case No. 070, A14.

²⁰⁸ Case No. 180.

²⁰⁹ Case No. 083 A14.

²¹⁰ Case No. 124.

²¹¹ Case No. 194; Case No. 195; Case 080; Case 141; Case No.173; Case No. 187; Case No. 211.

²¹² Case No. 141.

²¹³ Case No.012; Case No 145, A 12; Case No.159.

“A group of people who knew about [my husband’s and my economic] difficulties usually commuted . . . between Myanmar and China. As they [said] that they would search for a job for [my] eldest daughter, in China, [I] placed . . . reliance on them and sent her. After they called her to China, she was sold. She has not come home since then.. . . About one year [later], these brokers persuaded [us] that they would look for a job [for our] second daughter, taking advantage of the difficult situation of [our] family. [We] allowed her to go . . . as [we had] difficulties in food, clothing and shelter. They gave [me] 30,000 kyat only. [We also] did not also find her any more.”²¹⁴

Lin Lin, a woman from Shan State, suggested that people in her state often associate sex workers with the transmission of HIV/AIDS.²¹⁵ Fearing stigmatization, they may therefore remain silent and fail to seek treatment if they become infected with the disease.²¹⁶ While sex workers may be at risk of contracting HIV from clients,²¹⁷ transmission of HIV may occur in other ways.²¹⁸ For example, several women who were sex workers reported that they had contracted HIV from their husbands.²¹⁹

Sex workers in Myanmar continually risk harassment and abuse at the hands of the police.²²⁰ Sometimes police may demand money or force sex workers to have sex with them in order to avoid arrest.²²¹ Yamin, a female sex worker from Mandalay Division, reported:

“During my life as a sex worker, for six years, I was forced to sleep with local policemen. Police abused their power, including [by using] threats and blackmail every time they wanted to sleep with me. I sometimes was forced to sleep with three policemen. I did so because I was afraid of police detention.”²²²

Some women have been sent to prison for engaging in sex work, where they may face hard labor, lack of medical care, poor prison conditions, and discrimination on account of being a sex worker.²²³

(3.9) Women and Conflict: Internally Displaced Persons

WON gathered data in Kachin State which is an ongoing conflict area. Many of the women interviewed by WON who were living in Kachin camps for Internally Displaced Persons (IDP) experienced extreme difficulties. These interviews suggested three causes

²¹⁴ Case No. 012.

²¹⁵ Case No. 52, A-7, A-12.

²¹⁶ *Id.*

²¹⁷ Case No. 114, A-12.

²¹⁸ Case No. 173; Case No. 177.

²¹⁹ Case No. 173; Case No. 177.

²²⁰ Case No. 48; Case No. 85; Case No. 141; Case No. 187.

²²¹ Case No. 141; Case No. 187.

²²² Case No. 187.

²²³ Case No. 36; Case 56.

for such internal displacements: 1) religiously based violence and discrimination against Muslims;²²⁴ 2) armed conflict;²²⁵ and 3) aggressive and often illegitimate land confiscation by the government.²²⁶

Some women living in IDP camps reported that they were separated upon arrival to the camps from their family members. While families usually attempt to stay united and share shelter and resources, often they get divided.²²⁷

In addition, many women reported scarce resources within the camps. For example, the accommodations they were given were often inadequate.²²⁸ Hkawn Din, a woman from Kachin State, said that when she and her family first came to the displaced persons camp, they “had to live on the ground under a plastic sheet roof.” As the number of people in the camp increased, “concerned persons arranged for shelter,” but the allocated space often was not “wide enough for big families to live in, “with only 12 square feet allocated to families of eight persons or more.”²²⁹ A young mother from Kachin State similarly reported that she and her family had to sleep in the open air before tents were finally donated to their camp.²³⁰ Lu Htaung, a woman from Kachin State, suggested that there are camps where even basic necessities such as water and electricity are hard to access.²³¹

Many of the displaced women that WON interviewed reported having financial constraints and living a day-by-day, hand-to-mouth existence.²³² Some women reported that even though there are some jobs inside certain camps that provide a salary to one member of the family, the income is usually not enough to support all members of the family.²³³ Often these are temporary jobs and, as such, are not dependable.²³⁴

Certain camps provide some food and/or a stipend, but often, it is insufficient to support a family.²³⁵ International aid organizations such as the World Food Program are also present in certain camps, but the aid that they provide, according to respondents, has not always been adequate to prevent a great shortfall in nutrition for the people seeking assistance.²³⁶ Seng Pan, a young mother from Kachin State, reported that

“Here at the camp, we get enough rice supplied by [the World Food Program]. In addition to rice, we receive beans and oil or 6,000 ks a

²²⁴ Case No.155.

²²⁵ Case No.167; Case No.170; Case No.182; Case No.184; Case No.186; Case No.025, A-14; Case No.166; Case No.168; Case No.169; Case No.183.

²²⁶ Case No. 108, A 14.

²²⁷ Case No.167; Case No.170; Case No.184.

²²⁸ Case No.182; Case No.168; Case No.169.

²²⁹ Case No. 168.

²³⁰ Case No. 166.

²³¹ Case No. 184.

²³² Case No. 182; Case No. 184; Case No. 167; Case No. 169; Case No. 182.

²³³ *Id.*

²³⁴ Case No. 185; Case No. 167.

²³⁵ Case No. 170; Case No. 182; Case No. 168.

²³⁶ Case No. 166; Case No. 168, Case No. 183.

month. But these generous supplies cannot fulfill our needs sufficiently. We will surely get into trouble if WFP reduces its regular supplies.”

This aid is sometimes uncertain,²³⁷ not continuous, and variable in quantity.²³⁸

Many of the women WON interviewed reported a lack of access to adequate health care in IDP camps. Maya complained of frequent long waits for medical care, purportedly because of a shortage of medical staff.²³⁹ She noted that when “women . . . become sick, we have to wait for a long time until the nurses at the camp arrive, because we have no money to pay for treatment of the clinics nearby.”²⁴⁰ There are camps where access to medical care is very difficult and sometimes nonexistent.²⁴¹ One woman said that medical care for children with special needs is often very expensive or does not exist within the camps.²⁴² Another respondent, from Kachin State, stated that camps pay only for the health care of the elderly and children.²⁴³

Several of the women WON interviewed experienced difficulties in ensuring that their children obtained a quality education while living in an IDP camp. Many women complained that local schools are located far away from the camp.²⁴⁴ “Although our children can join the government school,” one of the female respondents from Kachin State remarked, “they have to walk for a long time to reach the school.”²⁴⁵ Another problem with education is that parents living in IDP camps often have to pay tuition for their children’s education,²⁴⁶ which most families cannot afford.²⁴⁷ On a positive note, though, some women reported that in certain camps, international organizations (NGOs) pay school fees for the children.²⁴⁸

In conclusion, women living in IDP camps reported to WON that they and their families are facing uncertainties every day, from eking out a living without steady income to securing adequate health care to promoting access to education for their children. In many cases, the human rights of these women and their families are violated. This suggests that the Myanmar government has not taken adequate measures to protect women in IDP camps and ensure the fulfillment of their rights.

²³⁷ Case No. 166; Case No. 168.

²³⁸ Case No. 170.

²³⁹ *Id.*

²⁴⁰ *Id.*

²⁴¹ Case No. 184.

²⁴² Case No. 185.

²⁴³ Case No. 183.

²⁴⁴ Case No. 167; Case No. 168.

²⁴⁵ Case No. 167.

²⁴⁶ Case No. 170.

²⁴⁷ Case No. 182; Case No. 169.

²⁴⁸ Case No. 166; Case No. 183.

(4) Conclusion

This research paper describes the data gathered through WON's survey of 485 women and 22 men across Myanmar. WON's shadow report recommendations are based largely on the findings in this report. The key findings from this research are as follows:

Participation in Political and Public Life (CEDAW, Article 7)

Myanmar women confront significant obstacles to their full and equal participation in political and public life. Major challenges for women's participation include gender stereotypes that favor men over women, lack of government support for women's political participation and lack of awareness about political participation, which discourages women from engaging in political and public affairs.

Access to Health Care (CEDAW, Article 12)

Women throughout Myanmar lack access to quality health care services. This problem is especially acute in rural villages and remote areas. Inadequate maternal and infant health care, coupled with low levels of health education, contributes to high rates of maternal and infant mortality and morbidity. Insufficient sexual and reproductive health awareness and services have caused some women to seek unsafe abortions and others to suffer from sexually transmitted diseases. Women living with HIV/AIDS often experience stigma and discrimination due, in part, to insufficient public education about HIV/AIDS. In addition, incarcerated women are often denied access to adequate health care services in prison.

Rural Women (CEDAW, Article 14)

Rural women in Myanmar disproportionately suffer from poverty, unemployment, violence, and inadequate access to healthcare and education. Many rural women lack employment opportunities and access to quality education. In some cases, women and their families have been forced by poverty to take on high-interest debts. Rural women often find themselves functioning as the sole or primary supporter of their families, as their spouses migrate in search of work or struggle with drug or alcohol addiction. Domestic violence is prevalent in many rural families. Many women have been denied access to justice through the courts. Poverty and lack of other employment opportunities lead some women to enter into sex work, an illegal profession in which they are often harassed and abused by the police. Women and their communities have been excluded from participation in rural development projects, and they increasingly confront the problem of land grabbing, sometimes perpetrated by the Government itself.

* * * *

WON is grateful to the women and men who participated in this study for sharing their insights and experiences. Their stories highlight the multiple barriers that prevent Myanmar women from realizing their rights to political participation and health, as well as the various forms of inequality and injustice that rural women confront in particular. Their voices should inform the Government's future efforts to address these barriers and take meaningful action to eliminate all forms of discrimination against women in Myanmar.

Annex 1: WON's members list

#	Member organization Name	Organization Acronym
1	Akhaya	Akhaya
2	Asho Women	Asho
3	Association of Myanmar Disabled Women Affair	AMDWA
4	Ar Yone Oo	Ar Yone Oo
5	A Yeik Women Group (Chin Women Empowerment)	A Yeik
6	Chin Women Development	CWD
7	Colorful Girls	CG
8	Ecumenical Women Work, Myanmar Council of Churches	MCC Women
9	Good Sleep	Good Sleep
10	Hindu Women	Hindu Women
11	Karen Women's Empowerment Group	KWEG
12	Kayin Baptist Convention, Women's Department	KBCWD
13	Kindness Women	Kindness Women
14	Mon Women Organization	MWO
15	Myanmar Baptist Convention, Women's Department	MBC Women
16	Muslim Women Council of Myanmar	MWC
17	Myanmar National Association of the Blind, Women's Department	MNAB
18	National Young Women Christian Association	National YWCA
19	Pathein Myaungmya Baptist Women's Association	-
20	Paku Women	Paku
21	Phan Tee Eain	PTE
22	Phoenix Association	Phoenix
23	Precious Stones	Precious Stones
24	Pyi Gyi Khin	Pyi Gyi Khin
25	Paw Wee Dee	PWD
26	Ratna Mahal Education Care Group	Ratna Mahal
27	Rainbow	Rainbow
28	Self Support Kayin Baptist Mission Society, Women's Department	SSKBMS
29	Smile Women Empowerment	Smile
30	Society of Enlightening Quranic Knowledge	
31	The Mothers' Union	MU
32	Triangle Women Support Group	Triangle
33	Women Federation for Peace	WFP
34	Wimutti Volunteer Group	WVG
35	Win Win	Win Win
36	Yangon Kayin Baptist Women Association	YKBWA
37	Yangon Young Women Christian Association	Yangon YWCA
38	Yaung Chi Thit	YCTO

Annex 2: WON's Research Questions

(Notes: The research questions below were just a guide for interviews. The interviewer followed relevant facts and utilized more probing questions to obtain comprehensive stories and experiences)

Political participation:

- Has the government provided any workshops or trainings for women in your township to encourage them to become involved in political leadership or decision-making?
- Have any women in your township participated in peace negotiations or processes?
- Can women participate in village/township/quarter administration processes?
- What is your attitude towards women's participation in politics?
- Have any women run for election? Why did they want to run?
- Are there any support mechanisms for woman candidates?

Health:

- Does your township have a hospital, clinic, or health center within five kilometers of your home?
- Do you have to pay a fee to see a doctor, nurse, or midwife at the hospital, clinic, or health center closest to your home?
- Are doctors or nurses able to come to your home for treatments? How much does this cost?
- When women in your township give birth, do the majority of them (more than 50%) deliver their babies at home or in a clinic/hospital/health center?
- In your township, do a majority of pregnant women deliver babies with the assistance of a doctor, nurse, midwife, auxiliary midwife, or traditional birth attendant? (Select one or make a note if none apply.)
- Does the government clinic closest to your home offer free contraceptives to women?
- Do you feel that women in your area are aware of health issues and concerns?
- Are free ARVs available to HIV-positive women? Where are these ARVs available and who provides them?
- Are free ARVs available to HIV+ women who are known sex workers? Where are these ARVs available and who provides them?
- Has the government conducted any workshops in your township that provide information to women on reproductive health and/or birth spacing? Have CSOs provided any such workshops?

Rural women:

- Is there a school in your area? (Elementary, Primary, Secondary, etc.)
- Do you have children who attend school? Do you have to pay any fees to send them to that school? Do you have to pay for your children's textbooks at primary school?
- Do you have a paying job?
- Are women in your village permitted to inherit land on equal terms with their brothers?
- Is there Government development project in your village/township?
- If yes, how has it impacted people's lives?
- What other issues do rural women face? (Land grabbing, trafficking, alcohol abuse etc.)
- Are debts and loans a problem for people in your village/township?

Annex 3: WON's research coverage area

#	State/Division	Township/town
1	Chin State	Teedim, Toon Zan, Kyin Kar
2	Kachin State	Myitkyinar, Hpar Kant, Pu Tar Oh, Ta Nine, Wine Maw, Naung Moon, Ma Chan Baw, Kan Paing Tee
3	Kayin State	Hpa An, Kyar Inn Seik Gyi, Mya Wa Di
4	Mandalay Division	Mandalay, Myin Gyan: Na Buu Eing, Pa Lae Phyu, Kwat Thit, Soon Loon, Taung Tar, Ka Ywar
5	Mon State	Mu Done, Maw La Myine, Zin Kyite
6	Shan State	Taunggyi, Lashio, Kalaw, Thee Paw, Kuit Kai, Kyawk Mae, Theinni, Man Pan, Man Pyine
7	Rakhine State	Myay Pone, Min Pyar, Taung Koke, Aum, Kyauk Phyu,
8	Sagaing Division	Sagaing, Kalay
9	Thanintharyee Region	Kaung Pauk, Nyin Mar, Tha Pyay Chaung, Nat Twing, Kyauk Mon, Shan Ma La Khwe, Ka Non Yat, Pa Tauk Shwe Wah, Oh Lote Yat
10	Yangon Division	Yangon, Hlaing Thar Yar