

GENDER BASED VIOLENCE IN THE MALDIVES

A report on the findings of qualitative research on GBV carried out by the Ministry of Gender,
Family Development and Social Security in 2004

Produced by Emma Fulu
September 2004

(draft only—not for circulation)

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	I
PREFACE	II
LIST OF ACRONYMS	III
CHAPTER 1: INTRODUCTION	1
1.1	DEFINITIONS 1
1.2	GENDER BASED VIOLENCE AS A HUMAN RIGHTS ISSUE 2
1.3	GENDER BASED VIOLENCE AS A DEVELOPMENT ISSUE 3
1.4	INTERNATIONAL CONVENTIONS AND AGREEMENTS 3
1.5	GENDER BASED VIOLENCE IN THE MALDIVES 4
CHAPTER 2: CASE STUDIES OF SURVIVORS OF VAW	6
CONCLUSIONS	9
CHAPTER 3 – COMMUNITY ATTITUDES	10
3.1	DOMESTIC ABUSE – INCLUDING FINANCIAL, EMOTIONAL AND SEXUAL ABUSE 10
3.2	CHILD SEXUAL ABUSE 12
3.3	WORKPLACE HARASSMENT 12
3.4	SEVERE DOMESTIC VIOLENCE 13
3.5	STATEMENTS 14
3.6	CONCLUSIONS 15
CHAPTER 4 – THE HEALTH SECTOR	16
4.1	FINDINGS OF FOCUS GROUP DISCUSSIONS AT IGMH AND ADK HOSPITAL 18
4.1.1	<i>Attitudes</i> 18
4.1.2	<i>Current Situation</i> 18
4.1.3	<i>Anxiety / depression cases</i> 19
4.1.4	<i>Procedures</i> 20
4.1.4.1	Official Procedures/Protocols 20
4.1.4.2	Physical abuse 20
4.1.4.3	Rape / sexual abuse 21

4.1.4.4	Medical-legal form	21
4.1.4.5	Referrals	21
4.1.4.6	Recording	22
4.1.5	<i>Barriers</i>	22
CHAPTER 5: THE LAW ENFORCEMENT SECTOR		24
5.1	REPORTED CASES OF VIOLENCE AGAINST WOMEN	24
5.2	FINDINGS FROM DISCUSSIONS WITH POLICE	27
CHAPTER 6: LEGISLATIVE REVIEW		29
6.1	CURRENT STATE OF LEGAL FRAMEWORK IN MALDIVES	29
6.1.1	<i>Criminal Law under the Penal Code</i>	29
6.1.1.1	Domestic Violence	29
6.1.1.2	Disobedience Law	29
6.1.1.2	Rape	30
6.1.1.3	Statutory Rape	30
6.1.1.4	Sexual Abuse	30
6.1.1.5	Child Abuse	30
6.1.1.6	Workplace Harassment	31
6.1.2	<i>Family Law</i>	31
6.1.2.1	Marriage	31
6.1.2.2	Divorce	32
6.1.2.3	Child Custody / Child Maintenance	34
6.1.2.4	Child support:	34
CHAPTER 7 – CONCLUSIONS AND RECOMMENDATIONS		36
7.1	THE HEALTH SECTOR CONCLUSIONS AND RECOMMENDATIONS	36
7.2	THE LAW ENFORCEMENT SECTOR, CONCLUSIONS AND RECOMMENDATIONS	38
7.3	LEGAL CONCLUSIONS AND RECOMMENDATIONS	39
7.4	GENERAL CONCLUSIONS AND RECOMMENDATIONS	39
BIBLIOGRAPHY		42

ACKNOWLEDGEMENTS

This research could not have been undertaken without the participation and assistance of a number of organisations and individuals. The Ministry of Gender, Family Development and Social Security would first like to thank the United Nations Population Fund (UNFPA) and WHO for their ongoing support and assistance, which made this important research possible. We are also very grateful to all the people who participated in the interviews and focus group discussions including victims of gender based violence, local men and women from Male' and doctors, nurses and administrative staff from IGMH and ADK Hospitals. We are also thankful to the management of Indira Gandhi Memorial Hospital (IGMH) and ADK Hospital who supported our research and made their staff available to us.

In addition we would like to acknowledge the staff at the Ministry of Health, Ministry of Planning and National Development and the Family Court who assisted in our research. The Ministry would also like to thank the National Security Service (NSS) members who answered a number of our questions and provided us with useful statistics. The Unit for the Rights of Children (URC) also provided us with important statistical information for which we are grateful. Finally, we would like to show our appreciation to Society for Health Education (SHE) who also provided us with significant insight into this issue.

PREFACE

The following report is a documentation of the findings from the first phases of a study on gender based violence (GBV) in the Maldives carried out in 2004 by the Ministry of Gender, Family Development and Social Security with support from the UNFPA under its Population and Development Sub-programme. This first phase was the qualitative research stage and will be followed up by quantitative data collection in 2005. Methodology based on the *World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence* is being utilised and WHO will also provide technical support for the quantitative aspect of the study.

The qualitative research on violence against women (VAW) was undertaken in order to develop an in-depth understanding of the current situation in the Maldives in preparation for more substantial quantitative investigations to be carried out in 2005. The qualitative research was conducted as part of the formative stage of research, which will be used to help guide the study development, describe the context within which the quantitative findings will be interpreted, identify modifications to the research method, and identify ways in which the quantitative research can be used nationally for advocacy and to help inform intervention development.

The primary objectives of the qualitative research were to:

- gather information from organisations such as SHE, police, hospitals, Ministry of Justice, courts etc to report on GBV issues in the Maldivian context;
- collect information on laws relating to GBV in order to identify any gaps or areas of concern. This includes laws relating to assault, rape, statutory rape, attempted rape, sexual abuse, child sexual abuse, domestic violence. This legislative review also aims to examine laws relating to status of women and their rights within marriage, upon separation and divorce, including child custody upon separation / divorce and maintenance, laws relating to abortion / menstrual regulation and contraceptive use, female ownership of assets and inheritance or property;
- carry out in-depth semi-structured interviews with survivors of violence to produce case studies;
- conduct focus group discussions with men and women drawn from different age groups, socio-economic and regional backgrounds. These discussions aimed to explore men's and women's attitudes and beliefs concerning violence against women as well as to collect information to understand outcomes of the quantitative analysis;
- document the number of reported cases of violence against women and basic details from police records;
- examine police, medical and other support services to identify gaps within various sectors that impede assistance to victims of GBV.

LIST OF ACRONYMS

DV	Domestic Violence
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
FGDs	Focus Group Discussions
FHS	Faculty of Health Sciences
GBV	Gender Based Violence
IGMH	Indira Gandhi Memorial Hospital
MGFDSS	Ministry of Gender, Family Development and Social Security
NSS	National Security Service
SHE	Society for Health Education
UN	United Nations
UNFPA	United Nations Population Fund
URC	Unit for the Rights of the Child
VAW	Violence Against Women
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

'Globally, one in three women will be raped, beaten, coerced into sex or otherwise abused in her lifetime' (Heise, L., Ellsberg, M., and M. Gottemoeller 1999).

In the majority of cases, the abuser will be a member of the woman's own family or someone known to her (WHO 2002). The most widespread form of gender based violence (GBV) is physical abuse of a woman by an intimate male partner, current and former spouse, cohabitating partner, date or boyfriend. Thirty five studies from a wide variety of countries show that one-quarter to more than half of women reported having been physically abused by a present or former partner (Heise, Pitanguy and Germaine 1994).

Despite a widespread belief that rape is something committed by strangers, most non-consensual sex actually takes place between spouses, partners and acquaintances. A review of literature published in English on sexual violence against women, which included research from 84 countries, showed it to be most prevalent in everyday contexts and environments and among individuals known to each other. Population-based studies report that between 12 and 25 per cent of women have experienced attempted or completed forced sex by an intimate partner or ex-partner at some time in their lives (WHO 2000).

GBV adversely affects victims, family members, perpetrators, communities and states on profound emotional, physical, psychological and economic levels. According to a World Bank study it accounts for more death and ill health among women ages 15 to 44 worldwide than cancer, obstructed labour, heart disease, respiratory infections, traffic accidents and even war (World Bank 1993). Other studies indicate that 40 per cent of all female homicide victims in the United Kingdom are killed by their intimate partners.

Violence against women (VAW) or gender based violence is a worldwide problem, crossing cultural, geographic, religious, social and economic boundaries.

1.1 Definitions

The United Nations (UN) Declaration on the Elimination of Violence Against Women (1993) defines the term 'violence against women' as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

The preamble to the Declaration recognises that is violence "is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women," and that it is "one of the crucial social mechanisms by which women are forced into a subordinate position compared with men."

The United Nations Population Fund (UNFPA) says that: "gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women" (quoted in Secretariat 2003).

For the purposes of this report a series of separate definitions are given for some of the different forms of violence against women which will be discussed. These definitions come from the *World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence Protocol* (1998).

Domestic violence against women

Any act or omission by a family member (most often a current or former husband or partner), regardless of the physical location where the act takes place, which negatively effects the well being, physical or psychological integrity, freedom or right to full development of a woman.

Physical violence

Physical violence is the intentional use of physical force with the potential for causing death, injury or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one's body size or strength against another person, and the use of a weapon (gun, knife or object).

Severe physical violence

Physical violence that is likely to lead to external or internal injuries.

Abusive sexual contact

Abusive sexual contact is any act in which one person in a power relationship uses force, coercion or psychological intimidation to force another to carry out a sexual act against her or his will, or participate in unwanted sexual relations from which the offender obtains gratification. Abusive sexual contact occurs in a variety of situations, including within marriage, on dates, at work and school, and in families (i.e. incest). Other manifestations include undesired touching, oral, anal or vaginal penetration with the penis or objects, and obligatory exposure to pornographic material.

Forced sex

Forced sex will be taken to be where one person has used force, coercion or psychological intimidation to force another to engage in a sex act against her or his will, whether or not the act is completed.

Sex act

Sex act is defined as contact between the penis and vulva, or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vulva or anus; or penetration of the anal or genital opening of another person by a hand, finger or other object.

Psychological violence

Psychological violence is any act or omission that damages the self-esteem, identity or development of the individual. It includes but is not limited to humiliation, threatening loss of custody of the children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behaviour, and the destruction of possessions. (WHO Protocol 1998)

VAW is a cross-cutting issue. It is a community issue, a family issue, a legal issue, a health issue, and a social issue, but most fundamentally VAW is a human right issue.

1.2 Gender Based Violence as a Human Rights Issue

"Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace" (Annan 8 March 1999).

Violence against women in the form of physical assault, harassment, emotional abuse, sexual assault, deprivation of resources, destruction of property, torture or confinement clearly violate women's rights to be free from violence.

Women's human rights advocates also stress that unless women are free from the threat of violence, they are unable to realise their other rights, and thus unable to participate in the process or benefits of development (Burton, Duvvury and Varia 2000: 5). For example, a woman cannot exercise her rights to livelihood, education, mobility, health or participation in governance, if she is prevented from leaving her home under threat of violence or death. In addition, a woman cannot fulfill her right to choose whether, when or how often she will have children, if she is routinely denied the opportunity to consent to sexual relations, or to choose whether and whom she marries (Burton et al. 2000: 9).

1.3 Gender Based Violence as a Development Issue

VAW is also a serious development concern. Development is not simply the pursuit of economic growth but the linking of economic growth to indicators of social justice and individual well-being. The UNDP defines development as the "enlargement of choices," and the improvement of women's individual agency is essential to this. Therefore, at the most fundamental level, VAW contradicts the goals of development.

Violence against women also undermines development outcomes, because it depletes resources and has various direct and indirect economic and social costs. Morrison and Biehl (1999) identify direct costs such as medical, criminal justice, social services as well as non-monetary costs such as increased homicide, suicide, alcohol/drug abuse, depressive disorders (quoted in Burton et al. 2000: 9). For example, in the United States, the health related costs of rape, physical assault, stalking and homicide by intimate partners are more than \$5.8 billion every single year (UNIFEM 2003).

Research has also identified larger economic consequences of VAW such as loss of productivity, decreased investment and social impacts such as intergenerational transmission of violence, reduced quality of life and reduced participation in democratic processes (Burton et al. 2000: 9-10). A study in Canada estimated that physical and sexual abuse of girls and women cost the economy 4.2 billion Canadian dollars each year (Heise, Ellsberg and Gottemoeller 1999: 26).

Violence, and the threat of violence reduces women's and girl's opportunities for work, their mobility and their participation in education, training, community activities and wider social networks (Secretariat 2003: 8). For example, violence is now established as an influential factor inhibiting the access of girls to education in both South Africa and Jamaica (Burton et al. 2000: 10). In Mexico a study found that a major reason why women stopped participating in development projects was men's threats (Heise et al. 1999:28).

1.4 International Conventions and Agreements

In recent decades a number of international conventions have brought the issue of VAW into the international spotlight, and demonstrated that VAW must be understood as a human rights issue and that states are responsible for human rights violations by private actors in both the public and private spheres. The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) establishes international standards for guaranteeing equality between women and men within the family and the state. The essence of this convention, as with the Universal Declaration of Human Rights, is respect for human dignity and respect for the human capacity to make responsible choices. Maldives has ratified this Convention and is obliged to eliminate discrimination in private as well as public life, of which violence is a major part. The 1993 World Conference on

Human Rights in Vienna further insists that state and local biases in the implementation of CEDAW, due to religious and cultural interpretations or reservations, be eliminated. The Declaration on the Elimination of Violence against Women, adopted by the UN General Assembly in 1993, and the Beijing Platform for Action of 1995 later helped to further crystallise the doctrine that women's rights are human rights (Burton et al. 2000:8-9). In addition, the International Conference on Population and Development (ICPD), Programme of Action 1994, reinforced the CEDAW principles stating that, "advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programmes". As a result of these conventions once private issues like domestic violence can now be understood as human rights violations of public concern.

1.5 Gender Based Violence in the Maldives

Similar to women all over the world the women of Maldives face violence in various forms within their homes, in public space, in the workplace, and within the community in general. Gender based violence greatly affects the overall mental, psychological and physical health of half the population and is a major constraint to women's full participation in society and development. In order to have a gender equitable and equal society and achieve and sustain ultimate development goals such violence must be eliminated.

On the occasion of the International Women's Day, 8 March 2002, H.E President Maumoon Abdul Gayoom said, "Discrimination against women, especially domestic violence and violence against women is nothing but an impediment to establishing gender equality...I call upon the beloved people of the Maldives to be cautious of such dangers and work with a renewed effort to eliminate such practices." On the same occasion the then Minister of Women's Affairs and Social Security, Hon. Ms Raashida Yoosuf said that, "...violence is an issue we are hesitant to talk about. We have to keep in mind that, victims keeping silent about their suffering encourages perpetrators to continue with their actions. If we want to make our environment safe, free and conducive for all individuals, we have to start openly talking about the actions of perpetrators of violence. At the same time we have to help perpetrator to overcome the habit of violence. Issues of violence must be viewed as societal concerns rather than a private issue, and it must be seen as the responsibility of all to work towards eliminating violence from our society."

Although unofficial reports on personal experiences of women indicate that physical as well as sexual violence does occur in the Maldives there is a conspicuous lack of research and data on the prevalence and impact of gender based violence. Accurately estimating the prevalence of different forms of VAW in families is difficult. Violence is a highly sensitive area that touches on fundamental issues of power, gender and sexuality. As violence is commonly perpetrated by a woman's partner, often within the home, it is often considered as 'private', lying out of the realm of public debate and exploration. Such factors have helped VAW remain largely hidden and undocumented in Maldives. Socialisation processes, shame and self-blame reinforce this secrecy. This makes it difficult to assess the extent of the problem or develop effective prevention strategies and support services for victims of GBV.

Research on violence against women offers a starting point to bring the issue into the public eye, making it difficult for governments and civil society to ignore. This research is therefore particularly important in order to raise the awareness of the public and authorities that domestic violence is a legitimate social problem and that legislative measures may be necessary to discourage violence and provide assistance to victims. This research is also vital in generating a greater understanding of GBV issues in the Maldivian context which will hopefully enable the development of effective policies, education programs, support services for victims and rehabilitation for perpetrators.

CHAPTER 2: CASE STUDIES OF SURVIVORS OF VAW

The following case studies are based primarily on in-depth interviews with survivors of violence against women. Reports and letters held by the Ministry of Gender, Family Development and Social Security regarding these cases were also used. All the interviews took place on Male', however the incidents related occurred in various places throughout the Maldives. Names, place and specific details have been changed to ensure the confidentiality of participants. These case studies were chosen to give us some indication of the various types of violence against women that exists in the Maldives, the effects that such violence has on the woman, her children, work, social interactions and her ability to support her family. They also provide information about where she has sought help and the outcomes of this help, including how she was treated by others and how women experiencing violence feel that the situation could be improved.

SEXUAL ABUSE

Aminath moved to an Atoll to go to the Atoll School and stayed at her sister's friend's house. At this time a Senior Administrator of the school was living in the same house. He is the adult son of the house. Aminath reported that he would sneak into her room at night and try to sexually abuse her. "One time I awoke to find him naked in front of me doing things that I didn't want to see," she said. At this time she started crying and he left because he was scared others might come in. One night she woke up and he was getting on top of her. Aminath tried to get up but she couldn't, he held her down. Aminath says that he was about to rape her.

Aminath looked for something around her to hit him with. She found a cutter on her bedside table and cut his cheek. He ran away and she jumped out of the window, running to the neighbours place to get help. As she was trying to explain what had happened she fainted. In the morning she called her brothers and they came to pick her up.

Before Aminath left the island to return home with her brothers she went to the Khatheeb's house to report the matter but apparently he was having lunch and would not talk to her. Her parents reported the case to the island NSS who said they would look into the matter. The Senior Administrator was brought to Male' for investigation but the island office did not support Aminath's claims and presented two witnesses who reported that the Senior Administrator did not try to sexually abuse Aminath and that she just cut him on purpose.

Aminath also reported the case to the Ministry of Gender, Family Development and Social Security as well as the Education Ministry.

She was very disheartened that people did not believe her story and now does not want to talk about it with anyone. This abuse affected Aminath psychologically but the headmaster was never brought to justice. Furthermore Aminath reports that he has apparently done this type of thing before to another girl who was staying at the house and a grade five girl at school

WORK PLACE HARASSMENT

30 year old Aishath has been sexually harassed at her place of employment for the past three years. Aishath is able to read and write but has never been to school. She was married in an arranged marriage at the early age of 13 although she is now divorced. She has a 10 year old son who she is raising by herself with only sporadic support from her ex-husband.

Aishath works at a government department as a cleaner and says the problems began when Ali, a senior member of the staff asked her to come to the office after office hours. "I thought he simply wanted to talk because I was a new employee, however he told me that he had special feelings for me and wanted to have a relationship but warned me never to mention this to anyone else in the office." Systematic harassment began following her refusal of his advances.

Ali continued to ask her to come to the office after office hours even though there was no work to do, and when she refused he made her repeatedly sign statements saying that she was careless and disobedient towards the senior level officers.

In an attempt to avoid further problems Aishath thought she would meet with Ali as he requested to see what he wanted. However, when she met him at the office after hours he took her into the toilet and started to touch her breasts, asked her to remove her clothes and have sex with him. "When I refused he became angry," she said. He asked her to leave and told her to come back when she was ready to do as he wanted.

After this incident Ali threatened that Aishath would lose her job if she told anyone. The harassment was unrelenting and took a variety of forms; humiliating her in staff meetings in front of everyone, making her watch porn movies on the computer when she came into his office to clean up, insisting she go away with him and threatening that she would lose her job if she married her boyfriend.

Aishath did not tell anyone about this situation for a long time because she was afraid that people would not believe her. She was confused and unsure of what to do. She could not afford to leave her job because she had a son to support on her own.

This harassment affected Aishath's emotional state as well as her family. "I blamed myself for being in this situation and felt bad about myself, and I began ignoring my child's needs which affected him psychologically." said Aishath. Aishath's son began to lose his appetite and became reclusive, always wanting to be alone. The situation also impacted on her relationship with her boyfriend. He started to think that Aishath was having an affair. One day he came to Aishath's workplace to look for her and he was informed by her co-workers that Aishath was with Ali. He became very jealous, called Aishath and when she came he hit her while she was in the office. At this point the other staff called the police to arrest Aishath's boyfriend.

Following this incident with her boyfriend, Aishath decided to report the harassment to a Senior staff who suggested that she write to the Ministry of Gender, Family Development and Social Security. She wrote a letter to the Ministry detailing the situation and asking for assistance. Aishath was believed by those whom she told and was at least moved to another workplace, however nothing happened to Ali, the offender. Aishath wanted to express to other women in similar situations the importance of seeking help.

DOMESTIC VIOLENCE

Fathimath is 30 years old, married with three boys and three girls. She has been remarried to the same man three times, the first time when she was 13 years old in an arranged marriage. He was 33 years old at the time. She currently works as a domestic worker in Male'.

Fathimath's husband started abusing her when she was pregnant with their first child. During the pregnancy he pushed and slapped her and shoved her into a wall. However, for the sake of her unborn child she decided to stay. One day during Ramazan she saw him eating and when she went and told him not to do that he became angry and shoved her and pushed her onto the floor. She was badly hurt so she went and reported the matter to the police on the island and he was banished for 3 months for not fasting. She went to live with him on the island he was banished to and the violence became more and more intense. They moved to another island and still the violence continued to escalate.

He sometimes kept her staying for days, other times he would keep her awake for the whole night, disturbing her and scaring her verbally so she could not sleep. The abuse also included sexual violence where he would force her to have anal sex and watch porn movies. When she refused she was beaten.

She did not have enough money to support the children so she did house work for neighbours but her husband stole the money she earned and when she complained he beat her. She was severely hurt but he would not give her any money to go and see a doctor. Fathimath reported that she was suffering from seizures and getting weaker by the day. She went to the island hospital and they advised her to have several tests but still he refused to pay. Finally when her eldest daughter begged her father to send Fathimath to Male' for medical treatment he agreed to let her go. However he never gave her any money so she took the small amount of money that she had saved and came to Male'.

She has been divorced three times now but every time he begs her to come back and promises to change so for the sake of the children she agrees. "But when I knew I couldn't survive anymore I decided to come to Male'" says Fathimath. Now that she is in Male' she does not want to go back to him because she has heard from many people in the island that he has threaten to kill her if she returns to the island.

Fathimath says that living with this abuse has made her very emotionally unstable. She experienced a loss of appetite and a lack of interest in her household work. She says she still feels helpless and unsure of what to do.

She did not report the matter to anyone after the first incident because she was scarred. However, she discussed the matter with her sister and when she came to Male' her brother brought her to the Ministry of Gender, Family Development and Social Security to get some support. She feels a little relief to have some assistance and wants to let other women in the same situation know that it is very important to seek help.

Conclusions

These case studies give us a clear indication that various forms of violence exist in the Maldives and that it is a serious problem. Furthermore, they indicate that there are very limited services available to victims, and at institutions like the police and hospitals women often do not receive the help or support that they need.

They also demonstrate that there is a considerable overlap between physical, sexual and emotional violence, and that women often face multiple levels of abuse from different people. For example, Aishath was being sexually harassed in her workplace, but she was also physically assaulted by her boyfriend in the story she recounted.

These case-studies also show that perpetrators are very rarely prosecuted or punished. Generally, perpetrators are not held accountable for their actions, even when the abuse occurs in the public arena such as a workplace.

The next step is to carry out a nationally representative survey to determine prevalence estimates for such type of violence amongst women of the Maldives. These case studies are important in their own right, however, this information will also be used to help inform the interpretation of the quantitative research findings, and to supplement the quantitative figures to be obtained in 2005.

CHAPTER 3 – COMMUNITY ATTITUDES

The MGFDDSS conducted 6 focus group discussions on Male' between April and July 2004 to learn about community attitudes towards gender based violence. Each focus group discussion consisted of 8-10 participants separated as follows:

Males 15 – 20 years
Males 20 – 35 years
Males 35 – 49 years
Females 15 – 20 years
Females 20 – 35 years
Females 35 – 49 years

The participants were randomly selected by the 5 ward offices in Male' so that each group had 2 people from each ward and represented different socio-economic backgrounds. The female focus group discussions were facilitated by females while the male focus groups were facilitated by males in order to encourage honest and open discussion of the issues. The primary objective of these discussions was to explore general community attitudes and beliefs about violence against women, in order to develop appropriate and effective awareness programs and support services and to assist in the analysis of the quantitative research to be conducted in 2005.

The focus group discussion used a story completion model based on the *WHO Multi-Country Study of Women's Health and Domestic Violence Against Women* format. A brief story about a third person experiencing domestic violence or sexual abuse was read to the group and then the group was encouraged to discuss the issues that arose based on some guiding questions asked by the facilitator. Four different stories were explored:

a case of domestic abuse by a husband which included financial, emotional and sexual abuse but not physical abuse (Aisath);
a case of sexual abuse of a 15 year old girl by her step father (Zeenath);
a case of workplace harassment (Aminath);
a case of severe domestic abuse by a husband which included serious physical and sexual violence (Mariyam).

The stories used were based on case-studies collected by the MGFDDSS with the names, places and specific details changed to protect confidentiality. Real Maldivian stories were chosen so that they were culturally relevant, realistic and dealt with the specific types of violence evident in the Maldivian context. The same stories were used for both men and women, however they were worded slightly differently and presented from different perspectives in order to promote candid responses. At the end participants were also asked whether they agreed or disagreed with some specific statements such as 'a good wife obeys her husband even if she disagrees'.

The following observations were made by the participants in the focus group discussions:

Domestic Abuse – including financial, emotional and sexual abuse

3.1.1 Females

Women generally observed that these kinds of problems exist in the Maldivian community but that they tend to be kept secret because many people believe that these issues should remain in the family.

CHAPTER 3: Community Attitudes

It was generally agreed that women should talk to someone, such as a friend or their mother, about the abuse rather than keeping it to themselves. It was noted that women should seek help from within their family rather than from outsiders.

Some recognised that it may be difficult for a woman suffering domestic violence to talk to someone because her husband may be very controlling. "Sometimes he may prevent them from meeting friends and family or even talking to a neighbour. He will provide just enough for her to survive daily so sometimes she's left with no option," one woman suggested.

Another woman aged 20-35 recounted that "there are situations where nobody can come in to the place where she lives. She would be made to live in a small room, taking care of the kids, cleaning and cooking. And there are instances where if the husband doesn't give money she would be left starving for the day."

One woman suggested that we were only looking at the woman's side of the story and that it is important to listen to the man's side as well. Another woman agreed saying that "I think when the wife stays at home she should realise that the husband is working very hard to make the ends meet and if she is complaining that she needs more than what he can afford it can be a real problem for the husband." Some women, particularly in the older age groups suggested that it was the woman's fault if she was in this situation.

Some women argued that a woman should understand the sexual needs of her husband and that the mismatch of sexual needs within a relationship is one of the major reasons for divorce in the Maldives.

All agreed that the abuse would have a damaging effect on the children, particularly in their studies and the way they see their father. One woman recounted a story of a couple who were fighting and as a result the kids also started to fight with each other.

When asked whether neighbours should intervene, one woman said that as a neighbour she has encountered a husband beating his wife, but didn't know what to do. She was also scared of the husband but advised the wife to be more careful and report the case to the authorities.

Amongst the 15-20 year olds everyone agreed that divorce was not an option. The couples should communicate with each other to resolve the problems. Also they could ask for help from a friend or seek professional help to resolve the issue. However, other people thought that if there was no way to solve the problem then either person could file for divorce.

3.1.2 Males

Most men in the 15-20 age group thought that Mohammed (Aishath's¹ husband) shouldn't treat Aishath in this way and that he had to accept some blame for the situation. But another man pointed out that that Mohamed was right and according to Islam women should not be allowed to go outside the home. He said that Mohamed is a very religious person and that is a good quality and that women are less intelligent, less mature and easily provoked so it is important to keep them inside.

Most people thought that divorce was not an option, rather the couples should communicate with each other to resolve the problems for the sake of the children's future.

Some of the younger men (15-20) agreed that it is not right to hurt anyone physically. However, others argued that if the wife is disobedient and her behavior is uncontrollable it is stated in Islam that a husband can hit his wife. But they noted that there are certain steps to be taken and hitting is the last option, which too is only allowed on certain parts of the body. In contrast, one male aged 15-20 thought that it was not right to hit in any circumstances and that it is not acceptable in the community. He said that violence would only destroy the family.

The men aged 20-34 thought under no circumstance the wife should be hit, insisting that the couple should discuss it and if they can't solve the problem they should seek outside help.

¹ Please note that this is not the same story of Aishath presented in the case-studies.

All men agreed that it is not acceptable in the community to force a woman to have sex even if he is her husband.

Child Sexual Abuse

3.2.1 Females

Everyone agreed that these things happen in Maldivian society but that the community tries to hide these issues believing that it is a family problem that should be dealt with within the family.

The older group (35+) all agreed that the mother is to blame and that she should have been aware of the situation.

Most people agreed that the girl should tell someone about it, her mother or another trusted adult. But many people also recognised that children would be afraid to tell anyone, especially if the abuser was a well respected member of society. They may feel that people would not believe them, or that it is their fault. One woman recounted a story: “that same kind of thing happened in our neighbourhood but the wife did not believe her younger sister. But later she knew her husband was abusing her sister but it was impossible to separate because she had four kids to look after. So she decided that she would live with him anyway.” Another story was recounted of how at school a girl told her best friend that her stepfather was abusing her, so she went and told her mother. The best friend’s mother told the abused girl’s mother but she denied that there was anything going on, saying that her husband loved her daughter and she was just imagining things.

Most people agreed that as neighbours or as family members if any kind of child abuse case is identified it is absolutely necessary to report the matter to authorities for that sake of the child or other children in the family. Everyone strongly believed that people who abuse children sexually or physically should be punished.

3.2.2 Males

All men thought that child abuse was very common in the Maldives and that there were many reasons which lead to this, like families living in crowded rooms and negligence by mothers. They said that it was important to make everyone aware of this, especially children when they are young so that they can understand the seriousness of the issues.

All men agreed that Zeenath should tell her mother who should then report the matter to the concerned authorities and he should be punished even if he is a respected police man otherwise he would continue abusing other children.

They speculated that the reasons for abuse may be that the husband is not being sexually satisfied by his wife. Also one man in the group thought that the way children are dressed these days may lead to sexual abuse.

They all believed that Zeenath would be deeply affected by this emotionally and physically in adult life.

Men aged 20-35 thought that sometimes the mother fears to report the father due to financial reasons but the perpetrator should be punished no matter who he is.

Workplace Harassment

3.3.1 Females

All female participants agreed that workplace harassment is a common problem in the offices.

One woman suggested that Aminath doesn’t really have to stay in the job, that she can leave and report the matter. But others said that if Aminath does not have any other job she cannot leave because she has a responsibility as a single mother, and she may not be aware how she can seek help. They observed that she must be scared that if she reported the matter she might be made to leave her job by the senior staff.

All women agreed that she should report the matter as soon as possible and if she did not report it then that might indicate that she wants it to happen. The older group said that as an employee she has the right to report the matter but it is very unlikely that anyone would

believe her because she is complaining against the boss. They noted that in fact, sometimes she might be the one who gets punished. From her own experience one woman said that when a similar incident happened to her and when she complained everyone else humiliated her.

One woman reported that there is no where in the Maldives that would support a woman in a situation like this and the women would be blamed.

3.3.2 Males

The 15-20 year old group thought that even though she has many obligations that it was unnecessary for her to stay in the job and she could have left if she really wanted to. Therefore they think that she may be encouraging her boss in his advances. Men aged 35-49 agreed with this sentiment. Another man aged 15-20 thought that these things happen because of the way women present themselves in front of their bosses and that they encourage them.

The men noted that it is really common in offices for the boss to be having an affair with female employees and from what they have heard the females also exploit the situation for financial benefits.

However, other people did note that in some cases when the woman wants to report the problem it would be difficult to go against her boss and prove that he is sexually harassing her.

Severe Domestic Violence

3.4.1 Females

All women from the FGD's believed that there were such cases happening in the Maldives.

Everyone agreed that in this extreme case Mariyam should be granted a divorce and she should report the matter to the NSS because she had tried to work it out and now she has no choice but to leave him.

Many women suggested that in an island where everyone knows each other, the Katheeb might be a relative of the husband and he might use his influence to prevent a divorce. They observed that even if this was not known to the government these things do happen.

Most women said that because of the extent of the violence when others know about this they should intervene and try to help her. However other disagreed saying that neighbours would not want to interfere in another person's family problems.

One woman aged 35-49 thought that it was difficult to get a divorce these days due to court proceedings and the laws. Furthermore she said that the women will often be labeled the wrongdoer in the eyes of the family. However, another woman in the same group disagreed with this saying that it might have been like that in the past but now women can fight for their rights.

Some people blamed the women for not leaving and getting help for themselves, saying that often they complain first but then withdraw the complaint. But they also noted that those women who get out of such relationships are very brave and courageous because fighting for women's right is not an easy task.

3.4.2 Males

Many men acknowledged that issues of domestic violence are common but all believed that these issues are kept in the family for years and often end up creating a terrible situation for the wife and children.

The men aged 15-20 all agreed that Mariyam should leave her husband and seek a divorce and that she should be granted a divorce based on the fact that she was being abused physically and emotionally.

Most of them thought that after a divorce Mariyam should get custody of the children but one person suggested that the boy be kept with the father and the girls with their mother.

As a neighbour the men suggested that they would not interfere in an argument but would only interfere if the husband got violent.

It was noted by a number of men that in order to help women who are victim of domestic violence the whole community should be made aware of these issues.

3.5 Statements

A good wife always obeys her husband

Everyone we spoke to, men and women of all ages agreed that a good wife should obey her husband. Some people noted that this is specified by the religion, but if the husband asks her to do something against Islam then she does not have to obey him.

Family problems should only be discussed with people in the family

Women 15-20 generally believed that small problems should be kept inside the family but if things could not be solved within the family it was important to seek help from other parties.

All **Women 20-49** except but one agreed that family problems should be kept inside the family. Most **Men 15-49** disagreed that family issues should remain within the family.

It is important for a man to show his wife/partner who is the boss

Most **Women 15-34** said it was unnecessary for a man to constantly remind his wife that he is the boss, however the older age group **Women 35-49 all** agreed that it was important for the husband to do this.

Most **Men 15-20** agreed that a husband should show his wife who is boss, however most **Men 20-49** disagreed with this statement

It is a wife's obligation to have sex with her husband whenever he wants

Most **Women 15-49** said that a wife didn't have to have sex if she didn't want to but others thought that it was her obligation and said that if he is not forcing her then she should not refuse.

Most **Men 15-49** didn't think that wives were obliged to have sex with their husbands.

If a man mistreats his wife, others outside of the family should intervene

Most **Women 15-49** said that first family members should be the ones to try to help but if they could not then it is ok for other people to intervene.

Most **Men 15-49** agreed that it was ok to seek help from people outside the family.

In your opinion, does a man have good reason to hit his wife if:

She does not complete her housework to his satisfaction

All men and women disagreed with this statement

She disobeys him

One of the **Women 15-20** and all **Women 35-49** said that if there is no valid reason for her disobedience then it is ok to hit her, but others disagreed saying that under no circumstances should a husband hit his wife.

All **Women 20-34** disagreed and said that the couples should be able to solve this by talking.

Most **Men 15-34** agreed that a wife should be hit if she disobeys her husband, however all **Men 35-49** disagreed with the statement

She refuses to have sexual relations with him

All men and women disagreed with this statement

She asks him whether he has other girlfriends

All men and women believed that a man does not have any reason to hit his wife in this instance.

He suspects she is unfaithful

Only one of the **Women 15-20** agreed that a man has good reason to hit his wife if he thinks she's having an affair but the others disagreed, as did all **Women 20-49**.

All **Men 15-34** disagreed with this statement but some **Men 35-49** thought a man could hit his wife under these circumstances

He finds out that she has been unfaithful

Some **Women 15-20** and all **Women 35-49** agreed that if he knew she had been unfaithful then he could talk to her and if she did not obey him then he could hit her but not in a way that harms her. However, other women, particularly women 20-34 disagreed, saying that under no circumstances should a man hit his wife.

Most **Men 15-20** agreed that a wife should be beaten under these circumstances, however most **Men 20-49** disagreed that a woman should be hit.

3.6 Conclusions

Almost all people recognise that domestic violence and child abuse are common problems in the Maldives. Most people we spoke to had a story to tell about a GBV incident that they knew about or had personally experienced which tells us that the problem is widespread.

Some men and women still believe that hitting a woman under some circumstances is justifiable. The first step must therefore be to teach women about their rights and that they do not deserve to be hit under any circumstances.

The position of the woman in a husband/wife relationship is considered subordinate by most people. This is believed by many to be defined as such by Islam. GBV is based on such inequality and is minimalised because men think it is their responsibility to show their wife who is the boss.

Some women still believe that they are obliged to have sex with their husbands whenever he wants which means that many women are unable to see sexual abuse within a marriage for what it is.

A number of people, particularly men use Islam to justify keeping women inside the house, restricting their rights and being violent. This understanding of Islam must be addressed.

Many people believed that GBV issues should be kept within the family and were reluctant to interfere in what they saw as other people's private problems. This helps to keep DV and sexual abuse hidden in the Maldives and makes it all the more difficult to help women in the community.

Many people spoke of staying together for the sake of the children. However, this fails to recognise the damaging effect that domestic violence and abuse has been proven to have on children living in the same household. People thus need to be made more aware of these negative impacts on children.

Women were sympathetic to the workplace harassment story however, most men did not see the woman to be an innocent victim but encouraging of this behaviour. We therefore need to carry out more education and awareness raising about the issue of workplace harassment.

Surprisingly some of the younger men (15-20) had very conservative views thinking that a man has good reason to hit his wife under some circumstances, whereas more of the older generation thought women should not be hit.

CHAPTER 4 – THE HEALTH SECTOR

Violence against women is increasingly being recognised as a major public health issue by the international community. VAW has been associated with reproductive health risks and problems, chronic ailments, psychological consequences, injury and death. The physical and mental health consequences are numerous, with fatal and non-fatal outcomes as indicated in the diagram below.

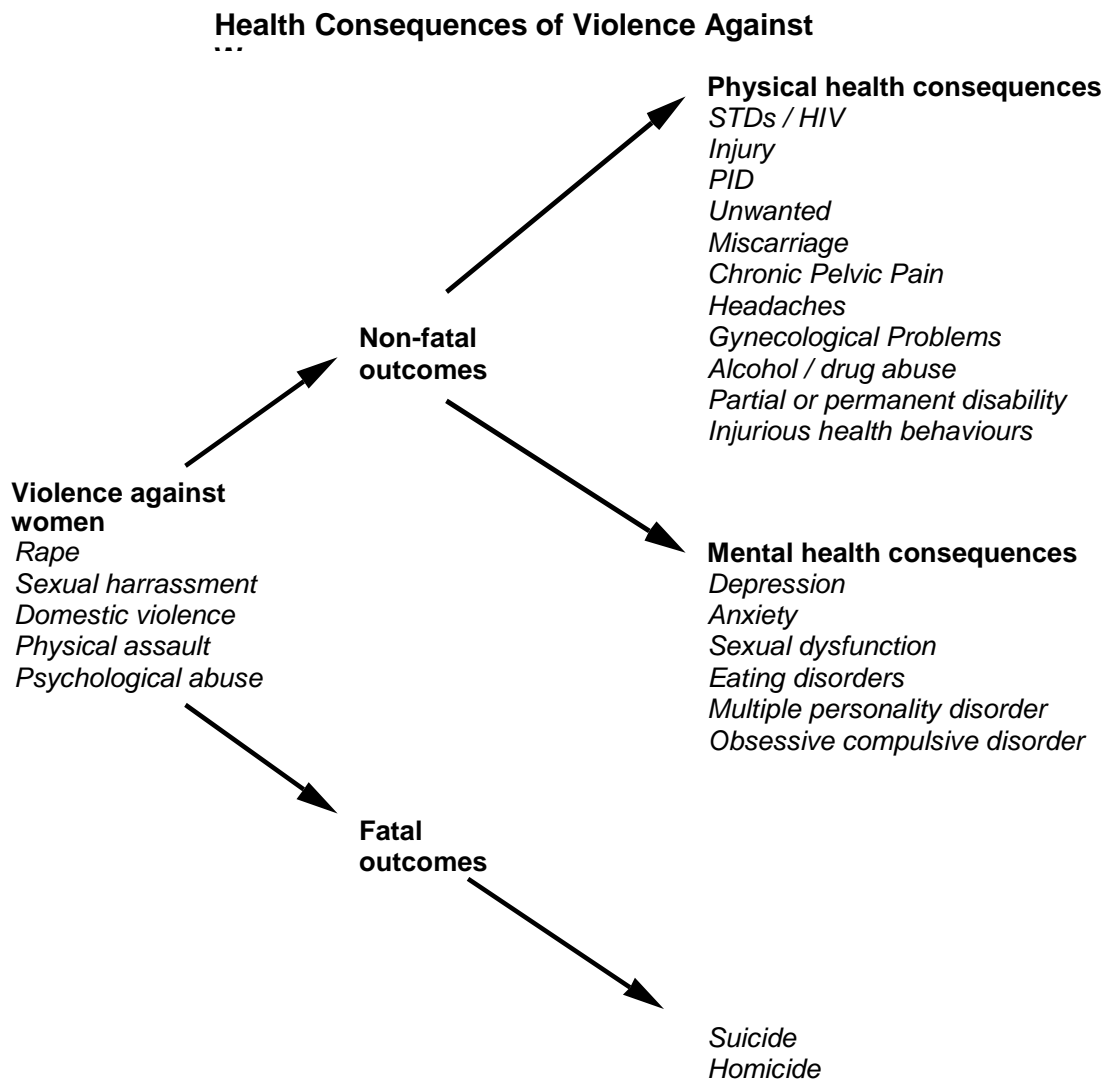
Physical violence by intimate male partners often causes serious bodily injury, including bruises, cuts, black eyes, burns, concussion and broken bones. They also include injuries from knives and other objects, as well as permanent injuries such as physical disfigurement from burns, bites or the use of weapons. Women who are physically abused often also have a host of less-defined somatic complaints, including chronic headaches, abdominal and pelvic pains, and muscle aches (Watts, Heise, Ellsberg, Williams and Garcia-Moreno 1998: 9).

Recurrent abuse can erode women's resilience and place them at risk of psychological problems such as fear, anxiety, fatigue, sleeping and eating disturbances, depression and post-traumatic stress disorder (Watts et al. 1998: 9). Links have also been found between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence (Plitcha 1992).

Physical and sexual abuse have important reproductive health consequences either directly though risks incurred by forced sex or fear, or indirectly through the psychological effects that lead to risk taking behaviours (Velzeboer, Ellsberg, Arcas and Garcia-Moreno 2003: 6). These include the risk of contracting a sexually transmitted disease, including HIV, unwanted pregnancy, trauma-induced symptoms including nightmares, depression, inability to concentrate, sleep and eating disorders, and feelings of anger, humiliation and self-blame. It is also associated with severe sexual problems and mental health disorders, including severe depression, obsessive compulsive disorder and post-traumatic stress disorder (Heise et al. 1994).

Children may also be effected either during the mother's pregnancy or due to neglect or the psychological and developmental impacts of living with and experiencing abuse (Heise et al. 1999). Several studies in industrialised countries have documented women's increased vulnerability to violence during pregnancy, with blows commonly being directed to a woman's abdomen. Studies in the US indicate that women battered during pregnancy run twice the risk of miscarriage, and have four times the risk of having a low birth weight baby than women who are not beaten (Watts et al. 1998: 9). Physical abuse has also been found to be associated with delayed entry into prenatal care (Velzeboer et al. 2003).

Violence against women in families may even be fatal. Data from a range of countries demonstrates that the majority of women murdered are killed by present or former partners (Heise et al 1994). For example, in the UK 40 per cent of female homicide victims are killed by a current or former intimate partner. In addition, women may commit suicide as a last resort to escape a violent situation.



(Watts et al. 1998)

Health care providers can play a crucial role in detecting, referring and caring for women living with violence. International research has consistently shown that women living with violence visit health services more frequently than non-abused women. Thus, interventions by health providers can potentially mitigate both the short- and long-term health effects of gender-based violence on women and their families. However, medical records rarely identify violence as a reason for medical consultations, and according to 'Critical Path Study' in Central America most health care providers do not consider violence to be an important issue in their work (Heise et al. 1999).

Although GBV greatly affects the health of women, currently there are no provisions made to address issues of GBV in the health care system in the Maldives. Therefore, victims of such nature are either invisible or not properly cared for with an effective referral system that would assist them to seek help and break the cycle of violence they are embedded in. In recognition of this the Ministry of Gender, Family Development and Social Security, with support from the WHO, Ministry of Health and IGMH, undertook a three-step project

to improve the response of the health sector to GBV which involved focus group discussions with medical personnel, a short-term attachment at IGMH to sensitize staff to GBV issues and a workshop to train nurses to be GBV counselors. We conducted three focus group discussions at IGMH and three at ADK Hospital to gather information on the current treatment of and attitudes towards gender based violence victims in the health sector in order to determine the institutional changes necessary and to develop appropriate education and training for medical personnel. The specific objectives were as follows:

- to find out whether medical personnel consider gender based violence to be a serious health issue;
- to hear their opinions about victims of violence;
- to ascertain how often medical personnel come across cases of violence;
- to determine whether medical personnel ask women the causes of their injuries/symptoms if they suspect violence;
- to examine the course of action medical personnel follow when presented with cases of abuse;
- to assess the current referral system between the hospitals and NSS;
- to see what resources hospitals/clinics need to be able to deal adequately with GBV cases; and
- to examine the current barriers, such as time, money, attitudes, to providing support to women living with violence through the health sector.

4.1 Findings of Focus Group Discussions at IGMH and ADK Hospital

4.1.1 Attitudes

The nurses in the focus group discussions at IGMH generally believed that domestic violence and sexual abuse were public health issues, identifying that there may be minor injuries from abuse and that violence can lead to future health problems. However, they argued that there should be a multi-sectoral approach to deal with this issue. A number of doctors at IGMH on the other hand, felt that gender based violence was primarily a family and legal issue although they acknowledged that there was a component that was related to health.

The doctors at ADK Hospital felt that violence against women should be a public health issue although they pointed out that this was not currently the case. Some doctors were particularly adamant that it should be made a public health issue because the government has a responsibility to help solve this problem. On the other hand, ward nurses at ADK generally believed that domestic violence was not a public health issue, rather a legal one. The administrative staff at ADK also indicated that they thought that GBV, rape and child abuse were mainly legal issues.

4.1.2 Current Situation

There was disagreement amongst medical personnel in the focus group discussions regarding the prevalence and seriousness of GBV in the Maldives. The nurses at IGMH generally agreed that gender based violence was a serious issue in the Maldives but that not many women would come to the hospital about it. Nurses said that they mostly see child abuse cases and they are usually referred from the NSS. According to them, IGMH very rarely gets cases of women coming in off the street who have been beaten or abused.

The nursing staff at ADK on the other hand observed that domestic violence was not a common problem and that rape and child sexual abuse were rare. In contradiction, the administrative staff identified domestic violence as being very common in the Maldives. They also identified that child sexual abuse was more common than other types of sexual abuse.

Casualty doctors at IGMH agreed that they rarely see abuse cases. Gynecologists see most of the sexual abuse cases directly. They said that each doctor sees about 2 cases a month where the patient discloses abuse. The doctors generally agreed that victims of abuse “don’t come to the hospital.”

One doctor at ADK reported two cases in nine months of women presenting with physical abuse and reiterated that mental abuse is more common. It was observed that often women will attempt to commit suicide as a result of depression. They confirmed that if someone presents with unexplained injuries they will attempt to find out the cause of the injuries. The doctors believed that it was important to obtain a full medical history and to this end they would persist using a variety of strategies. However, the doctors said that if the patient was not willing to disclose then they accepted the decision. Doctors revealed that it is not always easy to find out the facts.

One doctor at IGMH reported that they only get cases where people admit to the cause of the injury, “Otherwise they just stay home.” He said, “We don’t find accidental things. When a patient comes for another thing we don’t see bruises or things like that.” However, other doctors did report such cases of suspected abuse. In such instances the doctors ask the patient about their injuries and try to extract the history but this is often difficult.

“We try to probe a bit but most of the time they won’t say. Unless they say we can’t report it or refer it to anyone.” --- Doctor, IGMH

Although the nurses at both IGMH and ADK Hospital reported that they do not receive many obvious violence cases they agreed that there are suspicious cases and often it is very difficult to find out the exact cause of an injury or ailment.

“Often women will come in with difficult breathing or with headaches and sometimes we find that the patient has been crying for a long time because of swollen eyelids. Or sometimes we see scratch marks, and we keep on asking questions but mostly they won’t answer.” --- Nurse, IGMH

The nurses said that they try to get an accurate medical history.

“We ask [about the cause of injuries] but they don’t tell us, as if they have a fear of the person who is doing this.” --- Nurse, IGMH

“A husband and wife came in the middle of the night and the husband said the patient is having difficulty breathing, and then we found a wound here [on her arm] that was dressed in a very ordinary way. We asked what had happened and the husband said that it had been done by the patient. The husband was very drowsy and we sent him out to get a drink for her and she revealed that he was doing all these things. Once the husband came back she just stopped talking and the husband continued saying that she has been doing it on her own.” --- Nurse, IGMH

The nurses claimed that it is usually easy to identify cases of abuse even when the woman will not admit it. According to the nurses, the physical indicators besides the obvious cuts and bruises that are most common are breathing difficulties, rapid breathing or holding the breath, emotional behaviour and expressions, difficulty moving, headaches, chest pain and fainting.

4.1.3 Anxiety / depression cases

Anxiety and depression cases are extremely common in Male’, particularly among women, although males also present with these problems. Indeed the doctors at ADK observed that anxiety issues are more common here than in other countries where they have

worked. The doctors at both IGMH and ADK reported that people are often brought in by family members in a state of unconsciousness and won't respond. Other physical symptoms identified were: fainting, headaches, blackouts, chest pain, and breathlessness. According to one IGMH doctor, "a lot of them come without having food for the whole day, they are very weak, and they need IV fluid". Another doctor added, "all day they spend without eating, without talking to anybody, isolated and then they collapse." The doctors at IGMH reported that they get approximately 8-10 such cases per shift, especially during the 7pm-1am shift. According to both doctors and nurses the common causes of this anxiety were identified as family problems and boyfriend or marital problems.

Although the doctors identified a psychosomatic element in these cases, they reported reluctance by the patient, in the first instance, to see the psychiatrist. If an early referral is made the family would be unsatisfied with the service provided by the doctor and may not attend the psychiatric consultation because they do not believe that the problem is not physical. Also, psychiatric care is still associated with madness in the Maldives and has a major stigma attached to it. The doctors at IGMH also said that "it is also difficult to get appointments with the psychiatrist," and that in most cases they talk to these patients a little and give them anti-anxiety medication or an injection and send them home. Apparently patients and the family are more willing to use the services of the psychiatrist after the second or third attack. Overall it seems that the patients seem to prefer counselling from a doctor.

Nurses and doctors at IGMH described these cases as "attention seeking behaviour," and indicated that they did not consider these cases of anxiety and depression to be serious medical problems. Underpinning the treatment of anxiety and depression is the attitude that mental health is not very valued. The doctors pointed out that in the Maldives "everything must have a physical diagnosis" and that "health is limited to the physical aspects" rather than a broader understanding that incorporates mental health.

4.1.4 Procedures

4.1.4.1 Official Procedures/Protocols

There is no official hospital procedure or protocol which outlines how medical personnel should deal with victims of violence and abuse at either IGMH or ADK Hospital. In addition, there is no screening system for cases of violence against women. GBV, sexual abuse or anxiety cases are handled by the practitioner according to his/her own personal judgment and training. This approach is very common in this region as one doctor pointed out the imposition of protocols would make the cost to the patient much more expensive, and as another mentioned many procedures such as semen analysis are not available in the Maldives. They identified that it is difficult to have protocols in one area and not in all areas.

4.1.4.2 Physical abuse

If a case of physical abuse comes through NSS to IGMH it is reported to the nursing coordinator and then referred to a doctor for treatment. The police will bring victims to IGMH for a check-up regardless of the seriousness of the injury. However, there are no cases from NSS to ADK Hospital.

If a woman presents at casualty having been beaten by someone medical personnel try to obtain an accurate medical history and treat the physical injuries. The nurses at IGMH said that they would try to speak to her and her husband together (with her permission) to try to solve the problem or try to help find the cause of the problem. In most cases the woman would be sent home with her husband, however if she refused to go with him the nurses would try to contact someone she would be willing to go home with, like a family member. Even if a woman was too scarred to go home, or she seemed to be in immediate danger, she could not stay at IGMH unless her injuries were severe enough to need to be

admitted. At ADK if a patient was afraid to go home she could be admitted on a paying basis. One doctor explained it as follows: “if she doesn’t have a place to go and she insists ...keep me here for a few days then she could stay...The hospital is always open for the patients. ... (However) It cannot be a rehabilitation centre...The patient has to pay.’

4.1.4.3 Rape / sexual abuse

For rape or sexual abuse cases, if the patient comes through NSS or directly to IGMH it is reported to the nursing coordinator and the victim will be taken to the gynecology department for examination and treatment. However, no forensic evidence is taken, because of a lack of resources and because it is not possible to prosecute using forensic evidence in the Maldives.

Treatment for rape cases at ADK also occurs in the gynecology section, and like IGMH there are no facilities for semen analysis or DNA testing. It was noted that,

“in severe cases of rape generally after a short stay in hospital the girl will be taken home and the parents will not want to fuss too much about legal issues.”

Child abuse was rarely seen at the hospital and not referred to ADK by the police. With the cases they do get parents apparently want to be reassured about the physical health of the child and then to return home and deal with the situation as a family issue.

4.1.4.4 Medical-legal form

A medical-legal form is to be filled in by the attending doctor for any cases that have some legal component, such as car accidents, sexual abuse or violence cases at both IGMH and ADK. There is no official procedure for these forms at either hospital, but new staff are briefed on their usage. Once completed by a doctor these forms are given to the IGMH Medical Department or ADK Front Office where NSS is usually informed. However, there are no clear guideline on what cases should or should not be filed with the NSS. The defining factor is not whether the patient consents or not, rather it appears to be a decision made by the Medical Department. When the police are informed of an abuse case by the hospital, they go to the hospital, meet with the Public Relations Coordinator, then meet with the doctor to see their findings, and finally meet with the patient. If a doctor simply suspects abuse of some type but it has not been disclosed or confirmed they may inform the police but this is not compulsory.

There appears to be some confusion amongst the staff at both hospitals as to what actually happens with these forms and what procedure should be followed. One doctor at IGMH reported that, “we have to write up a medical-legal report which is given to the medical department. It is confidential. We usually inform the coordinator of the medical department and then they send the forms to NSS. We only send the forms if the NSS asks for them.” However, other doctors and administrative staff said that if a medical-legal case came first to the hospital then IGMH must inform NSS. In contrast, according to the nurses, “it is not compulsory to send the report to NSS, if the patient doesn’t want to report to the police they don’t have to.”

Some doctors at ADK reported that the medical legal forms are filled in if there is a legal complaint, but that it is not compulsory. Whereas, nurses at ADK indicated that the medical legal form is filled out by the doctor and sent to the police in all cases. The nurses also indicated that the police would have to be informed of these cases even if the victim did not want this to occur.

4.1.4.5 Referrals

Doctors will refer patients to the in-hospital psychiatrist if they feel it is necessary. If it is a serious case (where the patient is psychotic) the psychiatrist will visit the patient at that time but usually the referral is written on the prescription and the patient is expected to visit the psychiatrist in their own time. However, often the patient will not go to the psychiatrist. The nurses noted that most people don't like to be referred to a psychiatrist because of the stigma attached to it. According to one nurse at IGMH, "it is hard to refer a case to a psychiatrist, to make them accept that they need it." The doctors agreed that even when they refer patients to the psychiatrist they often will not go because of the negative association with mental health care.

There are currently no counseling services available at IGMH or ADK and patients are not referred to outside services, such as SHE counseling. One of the doctors at IGMH said that they can suggest that a patient go to an outside support service but there is no proper system in place for these referrals. When asked if doctors had ever referred patients to any outside support services they all said no.

4.1.4.6 Recording

Staff do not record specific details of violence cases on either medical legal forms or medical charts. If medical personnel suspects that some sort of abuse has occurred they may write something like 'proper history not available', meaning that the patients would not disclose the real cause of her injuries/condition. This means that there is no easy way to ascertain the number of abuse cases reported to either hospital. The administrative staff at IGMH said that information about an abuse case should be recorded on medical forms although this is not the common practice. They said that although statistics have not been available previously, in the last month they have started trying to classify abuse cases.

4.1.5 Barriers

The following barriers were identified as preventing staff from providing the most appropriate and effective treatment to victims of abuse.

A lack of specialised training.

"We need training because it is a special area." ---Nurse, IGMH

When nurses do their training at Faculty of Health Sciences (FHS) there is a small module on GBV which mainly teaches them about dealing with psychological issues, and stresses confidentiality and not to label or stigmatise the patient. They confirmed that some training on what to do when presented with GBV cases would be useful.

The doctors at IGMH said that they receive general training on these issues in their medical degree in one subject on forensic medicine, however they are given no specific training on gender based violence. In relation to GBV cases doctors reported that they "are not in a position to do much about it. Up to us is just to write the report, basically we just treat the medical part." Doctors confirmed that their training and knowledge was inadequate to deal with these cases.

A lack of counselors or social workers.

Staff at both hospitals indicated that a counselling service run from inside the hospital would be useful, especially if the patient is not communicating. It was noted that it was often difficult getting an accurate history and that it takes time to build up the trust for a women to be willing to disclose.

"We need special counselors to deal with patients at the time of admission." ---Nurse, IGMH

CHAPTER 4: The Health Sector

“We also need some sort of private room where patients can talk with the counselor – at the moment patients are taken to a dressing room in the private ward, but there is no place in the OPD or casualty.” --- Nurse, IGMH

“Sometimes it is very difficult to deal with them [victims of sexual abuse] because even if they come through NSS we have to take them to the gynecologist. Before that it would be helpful if the patient could talk with a counselor. The gynecologists comes and questions the patient and she is very frightened and sometimes not very open.” --- Nurse, IGMH

A lack of staff and time to deal with these cases

“Especially in the casualty the number of staff is a problem.” --- Doctor, IGMH

“When a person comes and doesn’t speak, and won’t open up to any one, then the nurses have limited time because patients keep on coming.” --- Doctor, IGMH

Doctors suggested that it would be useful to have another person such as a counselor who could come and sit with the patient and spend some time to ascertain the real history.

Limited finances

Lack of guidelines

Both doctors and nurse considered the development of guidelines a very useful initiative.

Confidentiality

Confidentiality was considered an important impediment to implementing a successful referral system to a counselor. One staff member described the issue in this way. “To be frank, Male’ is such a small place...everyone knows everyone ...we don’t really feel like going to a counselor thinking that that person will be talking to somebody else regarding my problems.” The hospital has a strict confidentiality policy, nevertheless patients still worry about the issue and in abuse cases patients are particularly reluctant to talk.

Coordinated approach

Staff suggested that there should be a more coordinated approach with other community services. They emphasised that if outside services were used good feedback systems should be in place.

CHAPTER 5: THE LAW ENFORCEMENT SECTOR

Law enforcement agencies, including the police, the judiciary and the public prosecutor (the Attorney General's Office) play a vital role in the fight against gender based violence. Law enforcement represents the entry point to the criminal justice system for a substantial number of victims and perpetrators. Agency training, policies and protocols can support consistent and effective police intervention in GBV offenses, while connecting victims with community services and support. Proactive and aggressive police response can deter further violence and ultimately save lives. Increasingly in other countries, law enforcement agencies are promoting early intervention in domestic violence and stalking cases to protect victims before more injuries occur. Officers are being trained to thoroughly investigate sexual assault cases, while being sensitive to the vulnerabilities of victims. Timely and responsive law enforcement intervention can increase victim safety, enhance investigations, and facilitate successful prosecution. On the other hand, if the victim reports an incident and there is no service, or the care is not provided in a timely, compassionate and confidential manner, then her trust in the service is destroyed and other women will not report.

The following fundamental beliefs about violence against women should guide policies and interventions within the law enforcement sector and community in general:

Violence against women is a serious crime, requiring the justice system and community's attention.

No form of violence against women is acceptable behavior. Justice personnel must debunk the myths that overtly and covertly support violence against women, and replace them with facts about these crimes, the perpetrators and the victims.

Victim safety and welfare, as well as the safety of her children and other family members, is the paramount goal of justice system intervention.

Early intervention in violence against women cases, coupled with meaningful penalties and sanctions for offenders, can save lives and prevent further violence.

Batterers, sex offenders and stalkers use violence to achieve and maintain control over their victims.

Victims are not responsible for their perpetrator's violent and controlling acts, nor do they have the power to change the perpetrator's attitudes or behavior.

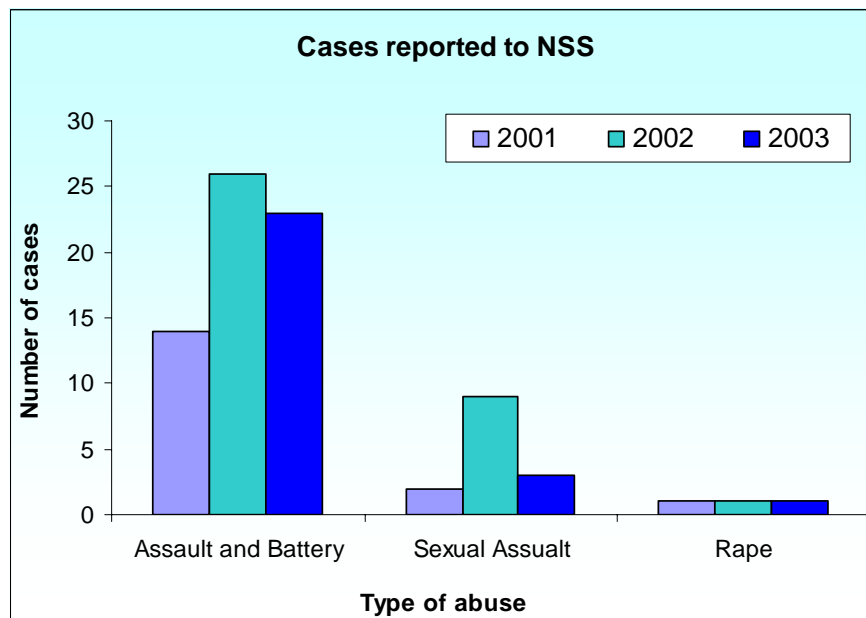
Victims are in the best position to judge the danger the perpetrator poses to them and to make their own decisions about their safety. Practitioners have the responsibility to assist victims in this decision-making process by providing information about their options and available community resources (Kuriansky 1998).

The justice system must recognise the high risk of danger battered women and their families face when the decision is made to leave an abusive relationship. In many instances, domestic violence victims stay in the abusive relationship. The victim must be supported in her decisions, whether or not she decides to participate in the justice system.

5.1 Reported Cases of Violence Against Women

The graph below illustrates the number of VAW cases reported to the NSS in Male' in the past 3 years. They are separated in to assault and battery, sexual assault and rape cases.

Figure 1: Number of Cases of VAW reported to NSS



The following table indicates the relationship of the perpetrator to the victim in the above cases.

Figure 2: Perpetrators of VAW cases reported to NSS

Crime	Perpetrator	2001	2002	2003	Total
Assault and Battery	Husband	7	14	12	33
	Ex-husband	2	1	3	6
	Son-in-law	1	0	0	1
	Brother	1	1	0	2
	Father	0	0	2	2
	Son	0	0	1	1
	Boyfriend	0	2	1	3
	Ex-boyfriend	3	0	0	3
	No relation	0	6	2	8
Sexual Assault	Husband	0	1	0	1
	Ex-husband	1	0	0	1
	Boyfriend	0	0	1	1
	Katheeb	1	0	0	1
	No relation	0	8	2	10
Rape	No relation	1	1	1	3

In 2001:

82% of the reported violence against women cases were assault and battery charges

64% of reported assault and battery cases were committed by a current or previous intimate partner

79% of reported assault and battery charges were committed by a family member

66.66% of reported sexual assault cases were committed by an unrelated person

71% of reported violence against women cases occurred on Male'

CHAPTER 5: The Law Enforcement Sector

In 2002:

72% of reported violence against women cases were assault and battery charges

73% of reported assault and battery cases were committed by a current or previous intimate partner

77% of reported assault and battery charges were committed by a family member

90 % of reported sexual assault and rape cases were committed by a non-related person

70% of reported violence against women cases occurred on Male'

In 2003:

84% of reported violence against women cases were assault and battery charges

76% of reported assault and battery cases were committed by a current or previous intimate partner

90% of reported assault and battery charges were committed by a family member

75 % of reported sexual assault and rape cases were committed by an unrelated person

84% of reported violence against women cases occurred on Male'

Overall:

78% of these reported VAW cases were assault and battery charges

76% of reported assault and battery cases were committed by a current or previous intimate partner

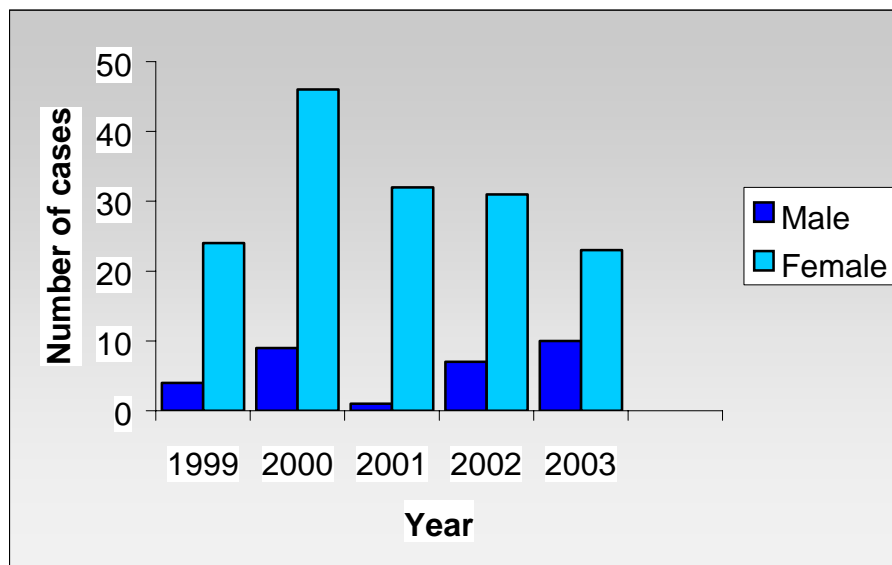
86% of reported assault and battery charges constitute domestic violence, that is were perpetrated by a family member or intimate partner

79% of reported sexual assault cases were committed by an unrelated person

71% of reported violence against women cases occurred on Male'

The graph below illustrates the number of cases of child sexual abuse reported to the Unit for the Rights of the Child (URC) at the Ministry of Gender, Family Development and Social Security from 1999-2003. Although male children also suffer abuse the majority of victims are female. In most cases the perpetrator is someone well know to the child such as a step-father, other family member, neighbour or teacher.

Figure 3: Cases of sexual abuse reported to the Unit for the Rights of Children, 1999-2003



These reported cases of violence against women and girls provide evidence that similar to women all over the world the women of Maldives face violence in various forms. However, it is important to recognise that these reported cases of violence and child abuse represent only a small percentage of the actual number of incidences of GBV in

the Maldives. Sexual assault, rape and domestic violence are recognised to be under-recorded in police statistics throughout the world because victims frequently feel that they can not come forward and report the offence to the police. In the UK for example it is estimated that a woman will be assaulted 35 times before she reports a case of domestic abuse to the police. Furthermore, police in the UK estimate that although they get a call relating to domestic violence every minute, this only represents 2% of the actual incidences.

Unlike most other violent offences, domestic violence and child abuse usually take place behind closed doors. The 'hidden' nature of domestic violence – and the fact that the victim often feels that they are to blame – mean that many victims do not feel able to come forward and report the crime to the police. Children in particular are often unable or too scared to speak out. Furthermore, some victims feel that the police do not take domestic violence seriously, and that they receive unsympathetic or insensitive treatment.

In the Maldives reports to the police are likely to be even less than in some other countries for a number of reasons. First, violence against women is still considered a 'private', family issue, lying outside the realm of public debate and exploration. Secondly, many people in Maldivian society still believe that a man is entitled to beat his wife – that it is his responsibility and right to control her, and using violence is an acceptable way of doing so. Few consider it a crime. Furthermore, there is still no law that clearly defines domestic violence as a crime, prosecution remains rare (only 3-4 cases of domestic violence are prosecuted a year) and there is a prevailing attitude that domestic violence is acceptable. Therefore, victims are likely to feel unconfident that the law will adequately protect them and their children from further abuse. Thus, even though the number of reported cases is significant for a small country like the Maldives we must remember that the problem of VAW is much more serious and extensive than these records indicate.

The reported cases indicate that sexual assault and rape tend to be committed by people who are unrelated to the victim. However, it is likely that sexual assault cases committed by an intimate partner are rarely reported to the police. There is no such thing as 'marital rape' in Maldivian law or even in the Maldivian language and many women we have spoken to believe that it is a wife's obligation to have sex with her husband whenever he wants. Therefore, it is probable that many women do not consider sexual assault or abuse by a husband to be a crime that should be reported to the police. In addition, our case studies as well as international data indicate that women experiencing physical abuse by a partner are very often subjected to sexual and emotional abuse as well.

On the other hand the majority of reported assault and battery cases are committed by a current or previous intimate partner. The records show that other family members such as fathers, brothers, sons and son-in-laws also perpetrate violence against women. Only a small number of cases of reported assault and battery are actually committed by people unrelated to the victim. This supports the worldwide statistic that most abuse of women actually takes place within the home and that in the majority of cases the abuser will be a member of the woman's own family.

5.2 Findings from discussions with Police

In our discussions with the police, they indicated that they treat any form of violence as a crime. If a woman decides to report an incident of violence, including domestic violence or sexual abuse the police will be the first point of contact. Domestic abuse cases on Male' are handled by the Child Protection Unit (CPU) of the police². However, if the woman is

² As of September 2004 the CPU will be renamed the Family Protection Unit.

CHAPTER 5: The Law Enforcement Sector

on an island it is most likely that the Island Office will handle the case and inform the regional police headquarters.

The following procedure is generally followed by the police for cases of domestic violence and sexual assault:

The police will visit the house when they receive a complaint of domestic violence. They try to send officers who are experienced in dealing with family problems. They will send a female officer if available, however the shortage of female officers often makes this impossible.

The police will attempt to settle the dispute between the two people at home.

If the police are called twice to the same household for domestic violence they will take the perpetrator and victim to the police station. Here they will generally bring the husband and wife to the same table to try to sort out the problem. If the woman is obviously afraid of the husband the police will try to talk to the parties separately.

They will take a statement from the woman which she is required to sign

If the woman presents with visible signs of injury the police will keep the perpetrator until he has been questioned

The victim will be asked if she wants to lodge a complaint. It was reported that women will usually say yes at the time of the incident, however they sometimes withdraw the complaint at a later date

If she lodges a complaint and there are visible marks of violence, the man is usually kept in custody for 24 hours

The police will then send the victim to IGMH to be medically examined and treated. In DV cases the husband is required to pay the medical expenses. Women are sent to the hospital by themselves, however child victims are taken to the hospital by a police officer in plain clothing.

The Attorney General's Office will act on behalf of the victim if she decides to prosecute. The victim is not allowed to use outside legal representation.

The case will be heard in the criminal court. The case will be prosecuted under assault and battery law or the Disobedience Act 88A (see Chapter 6 for a more detailed analysis of the law in relation to gender based violence)

The following interesting observations were also made by the police that we spoke to:

Police reported that very substantial injuries have been inflicted on women by their partners and they have required hospitalisation.

One policeman reported that sometimes a husband will admit to beating his wife but he usually justifies it by saying that she goes out too much or doesn't look after the children properly.

The police acknowledged that sometimes women do not feel comfortable talking to a uniformed police officer

The police indicated that disabled people and domestic workers who can't speak Divehi or English are particularly vulnerable to domestic abuse.

CHAPTER 6: LEGISLATIVE REVIEW

Violence is a social phenomenon, not primarily a legal one. Although laws cannot eliminate violence, the use of the law can help put an end to violence. The law documents a society's position towards violence. It can give those affected a scope for action, and it defines obligations for state authorities. As long as the state and society do not respect women, it cannot demand the individual people do so. Given the evidence that VAW is a major area of concern in the Maldives, legislation must be developed to reflect the Maldives' position that this violence is unacceptable and should be eliminated. This chapter reviews the current state of the legal framework in the Maldives in relation to issues of GBV and makes some recommendations as to what changes should be made.³

6.1 Current state of legal framework in Maldives

The constitution of the Republic of Maldives states that "Maldivian citizens are equal before and under the law and are entitled to the equal protection of the law." (Chapter II, Article 13)⁴

6.1.1 *Criminal Law under the Penal Code*

The following laws relate to the prosecution of gender based violence cases.

6.1.1.1 Domestic Violence

There is currently no law that specifically addresses domestic and/or family violence, or violence against women. There is also no legal definition of domestic and/or family violence, or violence against women. Prosecution of domestic violence if the incident occurred while married comes under the Disobedience Law 88A. If not married at the time of the incident then the case is prosecuted under assault and battery law.

6.1.1.2 Disobedience Law

Disobedience Law 88A covers terrorist acts against the State, lying and forgery and violence. Under the Disobedience Law 88A violence is defined as two people or a group of people hitting or touching each other in a violent manner without the other person's consent. That does not include violence within unlawful gatherings:

The punishment for general violence under the disobedience law is a fine of 200 rufiyaa, banishment for a maximum of 6 months, jail for maximum 6 months, or maximum 6 months under house arrest.

The punishment for violence involving a sharp object (something that can be used as a weapon, or something that could kill someone) is a fine of no more than 500 rufiyaa, banishment for 3 months to 1 year, jail for the same time, or house arrest for the same amount of time.

If someone is seriously hurt in a violent incident, the perpetrator will be fined between 100 – 5000 rufiyaa, banished from 6 months – 5 years, or jailed for the same amount of time.

³ Texts in italics are direct quotes from either the Maldives Penal Code or Family Law. However all translations of laws used in this chapter, except for excerpts from the Constitution, are unofficial translations from the Divehi language to the English language. Please note that the translation is not comprehensive and that it is given here only as a basic guide to existing legislation.

⁴ The text of the Constitution was taken from the Citizen's Handbook on the official Government website, www.presidencymaldives.gov.mv/download/constitution.pdf.

If the victim loses a part of their body or an organ that requires compensation according to Islamic Shariah law, the perpetrator will be banished for 5-10 years or jailed for the same amount of time. If the victim loses a part of their body that does not require compensation according to Islamic Shariah law, the perpetrator will be banished for 1 – 5 years or jailed for the same period.

If the perpetrator is prosecuted and convicted then they are required to pay the damages incurred by the victim.

Assault and Battery law states:

126. If two or more persons touch each other without consent in anger or otherwise, or use violence against each other it is an act of assault and battery. A person or persons who commit such an act will be fined a sum not exceeding Maldivian Rufiyaa 200, or be banished, jailed or put under house arrest for a period not exceeding six months.

127. If a sharp object (weapon) capable of murder is used in a case of assault and battery, the person(s) who commit such an act will be fined a sum not exceeding Maldivian Rufiyaa 500, or be banished, jailed or put under house arrest for a period of one month to one year.

6.1.1.2 Rape

No specific definition of rape exists. It is termed 'forced Ziney (sex outside of marriage), therefore marital rape is not a conceivable crime under the law.

According to the Maldives Penal Code:

A person charged with rape should be lashed 100 times after which he should be either jailed or banished for 3 years. A person charged with being an accessory to rape, according to the level of crime, if it is a man he should be either jailed or banished for 1-2 years and if it is a woman she should be put under house arrest for the same duration.

However, under Maldivian law rape is particularly difficult to prove. A man can only be convicted of rape if there are two male witnesses or four female witnesses willing to testify or if he confesses in court. Even if he confesses in police custody he can retract his statement in court and he can not be charged. Forensic evidence or medical reports can not be used as evidence.

6.1.1.3 Statutory Rape

According to the law a child is a person under the age of 18, however a child is still considered to be able to consent to sexual relations so there is no such thing as statutory rape.

6.1.1.4 Sexual Abuse

A person charged with having forced sexual relations with someone, according to the level of crime, should be lashed between 10-19 times. If it is a man he should be banished for 1-2 years and if it is a woman she should be put under house arrest for the same duration.

6.1.1.5 Child Abuse

Sexual acts with your own pubescent child

6.a) If a person performs such an act, according to the level of misconduct he/she should be lashed between 19-39 times and if it is a man he should be either banished or jailed for 3-5 years and if it is a woman she should be put under house arrest for the same duration (173 (vi) (a)).

A child is considered to be able to consent to sexual relations and the law states that:

b) If the act mentioned in a) occurred with the consent of the child then according to the level of misconduct the child should be either banished or jailed for 1-3 years if it is a male and if it is a female she should be put under house arrest for the same duration. c) If the act

CHAPTER 6: Legislative Review

mentioned in a) occurred without the consent of the child then there is no criminal charge for the child.

Sexual acts with your own prepubescent child

If a person performs such an act, according to the level of misconduct he/she should be lashed between 19-39 times and if the crime is committed by a man he should be jailed or banished for 4-6 years and if the crime is committed by a woman she should be put under house arrest for the same duration

13. A person charged with having coital relations with a prepubescent child should be lashed 100 times after which he/she should be banished for 5 years

Children's rights are also protected under the *Law on the Protection of the Rights of Children* which is outlined below:

9/91

Chapter I: Duties of the Government

Article 10 Punishment given in schools must be appropriate to the age of the child and should not be physically or psychologically harmful.

Chapter II: Duties of Parents

Article 16: Particular attention shall be given to prevent acts detrimental to the integrity of children and acts of sexual abuse, exploitation and oppression against children. Knowledge of the commission of such an act or suspicion thereof shall promptly be reported to the concerned authority.

Article 18: No child shall, even as a measure of discipline, be subjected to punishment which may cause physical injury or which may be detrimental to the health of the child.

Article 19: No parent shall, in the event of disagreement or conflict between parents or in the event of separation of parents, act in a manner detrimental to the health, education or conduct of the child.

Article 21: Parents shall pay particular attention to prevent children from marrying before they attain 16 years of age, considering the adverse physical and psychological effects on the children of those who marry before attaining the necessary physical and mental maturity or the necessary maturity for bearing the responsibilities of a parent. Further, parents shall, when warranted, advise their children on the adverse effects of marriage before attaining 16 years of age and shall discourage such marriages.

Chapter III: Duties of the General Public

Article 25: No person shall commit an act that is detrimental to the integrity of children, nor shall any person commit an act of sexual abuse, exploitation or oppression against a child. Knowledge of the Commission of such an act or suspicion thereof shall promptly be reported to the concerned Government authority.

6.1.1.6 Workplace Harassment

There is no workplace harassment law. Cases of harassment could be prosecuted under Disobedience Law (88A) of the Penal Code, or under sexual harassment if it is such. However, according to the AGO, there have been no prosecuted cases of sexual harassment in Maldives.

6.1.2 Family Law

Although the laws relating to issues such as marriage and divorce are not directly relevant to the prosecution of gender based violence crimes, they impact significantly on women's status, her autonomy and protection.

6.1.2.1 Marriage

The Law on the Family (4/2000) specifies 18 years of age as the minimum age for marriage.

CHAPTER 6: Legislative Review

A woman can only marry a Muslim man, however a man may marry a woman who is Muslim, Christian or Jewish.

A woman must have the permission of her father or closest male relative to marry. If this is not possible the magistrate may act on behalf of the woman.

A woman can only marry one man at a time, whereas a man can have up to four wives

6.1.2.2 Divorce

The following rules in relation to divorce are set out the Marriage and Divorce section of the Family Law:

Request to Divorce

Article 23:

If the husband wishes to divorce the wife, the divorce must take place only with the permission of the Ghaazee, upon lodging the request for divorce with the concerned Court, together with the information specified in the Regulations of the Law on the Family.

After the 'Request for Divorce Form' is submitted to the court, the parties to the case should be called up within 5 days of the submission. However, due to a backlog of cases, the first hearing between the parties could take place a month after the initial submission.

Once a request for divorce is lodged by the husband as specified in Clause (a) of this Article, the Husband and Wife will be summoned to the Court, and if the wife does not object to the divorce, the husband may divorce the wife with the permission of the Ghaazee.

Once a request for divorce is lodged by the husband as specified in Clause (a) of this Article, and the wife does not wish for a divorce, the Ghaazee must forward the case to the Family Counselling Cell of the Court. If this facility is not available at the Island Court, the Ghaazee must mediate to reconcile the husband and wife as stipulated in Article 25.

Unless the case involves serious problems, only one counseling session is conducted to reconcile the parties. If the case does involve more serious matters, two sessions are arranged. Usually, the first session is conducted 3 days after the divorce has been contested in court. Family members or friends of the two concerned parties can take part in these sessions.

If the Family Counselling Cell, after following the guidance stipulated in Article 25, informs the Ghaazee that they are unable to reconcile the couple, and if the Ghaazee comes to the conclusion that the couple cannot remain in harmony within marriage, the Ghaazee must permit the husband to divorce the wife.

Where the Family Counselling Cell informs the Ghaazee that they have reconciled the couple, the request of the husband for permission to divorce his wife is cancelled.

Request for Divorce

Article 24:

A wife may request for a divorce from her husband for any of the following reasons:

1 Violence by the husband against the wife.

Husband forces wife to commit an act that is "haram" in Islam.

The husband refuses sex with the wife for a period of over four months without any reason.

If a wife requests divorce from her husband according to Clause (a) of this Article, and the Ghaazee finds that the reason for requesting a divorce does not fall under Article 28, the Ghaazee must forward the case to the Family Counselling Cell of the Court. If this facility is not available at the Island Court, the Ghaazee must mediate to reconcile the husband and wife as stipulated in Article 25.

CHAPTER 6: Legislative Review

If the Family Counselling Cell, after following the guidance stipulated in Article 25, informs the Ghaazee that they are unable to reconcile the couple, and if the Ghaazee comes to the conclusion that the couple cannot remain in harmony within marriage, the Ghaazee will dissolve the marriage and grant a divorce to the wife.

Where the couple is reconciled as stipulated in Article 25, or through any other means, the request to the Court for a divorce shall be cancelled upon the couple notifying the Court of the reconciliation through a written statement.

Reconciliation

Article 2:

Once a case has been forwarded for reconciliation to the Family Counseling Cell or to the Court where counseling services are not available, as provided in Articles 23 and 24, action to reconcile the couple must be taken as early as possible. The reconciliation process should not take longer than three months.

The reconciliation of the couple as stipulated in Clause (a) of this Article must follow the guidelines specified in the regulations of this Law.

When reconciling a couple as stipulated in Clauses (a) and (b) of this Article, priority should be given to counsel in the presence of family members of the couple, who are aware of the issues faced by the couple.

Khullu Vari

Article 27:

Where the husband and wife agree to a divorce on the condition of the wife making a payment/endowment to the husband in return for the divorce, the Law does not bar such a divorce through the Court.

Marriage Dissolution (Fas'hu)

Article 28:

If the wife requests for a divorce for any of the reasons specified below, the Court may dissolve the marriage and grant a divorce to the wife without forwarding the case to the Family Counseling Cell.

If the husband is absent for a period of more than one year, without informing of his whereabouts.

If the husband still fails to pay maintenance to the wife, after the wife has lodged a claim for maintenance (twice) in the case of husband failing to pay maintenance for a period of three months, and the Court has ordered twice to make maintenance payments.

If the wife was not aware at the time of marriage that the husband is sexually challenged, and the wife requests a divorce upon this basis and Court finds the husband is sexually dysfunctional

Husband is found to be insane/ mentally challenged for a period of over two years.

In the presence of any other reason whereby Islamic Shariah allows the dissolution of a marriage.

The party who initiates the divorce can file for a second request only after 3 months has lapsed from the first request. No matter concerning the couple will be admissible in court during these three months.

The number of times the initiating party requests for divorce is irrelevant as the discretion to grant divorce solely rests on the magistrate.

In case of divorce the husband is asked to fulfill his obligations to the former wife, and provide food, shelter and other basic provisions during the *'hdha'* period (first 3 months after divorce).

Despite the ability for a woman to apply for a divorce on the grounds of violence, it is often extremely difficult for her to be granted a divorce on these grounds. Evidence permissible by the Family Court to support divorce requests based on violence are confessions, police reports about the case and detailed medical reports casting reasonable doubts about the injuries being caused by any other person other than the

husband. The court will not accept forensic evidence or even general medical records as evidence of violence. They argue that even if medical records demonstrate certain injuries have been obtained they do not prove who committed those injuries. If the husband denies it was him then it is very difficult to prove otherwise. The Family Court may take into consideration some formal reports from 'experts' such as doctors, psychologists or counselors who have been working with a woman, however they will not necessarily guarantee a divorce based on these. The Family Court will accept police records as evidence, however many women have never reported incidences to the police and it comes down to her word against her husbands.

6.1.2.3 Child Custody / Child Maintenance

The first hearing after the 'Request for Child Custody' form has been submitted to court could take place anytime between 5 days and a month. The procedure is to hear cases chronologically, and to have a hearing within five days. However, due to the workload, the first hearing could be set up even a month after the application.

In case of divorce all the children who are below 7 years are given to the custody of the mother as long as she remains unmarried to anybody else, unless she is declared an unfit mother by the court.

If the mother is declared unfit or marries someone else, the court can give custody of the children to their maternal grandmother, and if not care responsibilities are given to the paternal grandmother and so on following the patrilineal or matrilineal descendents as proclaimed by the Islamic religion.

Once the children are over 7 years either parent can file for custody using the "Request for Child Custody" form available at the Family Court. Within 1 week the couple is called up for a first hearing and if the magistrate finds both parents fit the couple is called for a second hearing. This time the child is brought to the hearing and asked to choose which parent he/she wants to live with. Apart from the mother, father, the child and the magistrate nobody else is allowed into this hearing. The magistrate declares who the child would live with based on the child's choice.

The parent, who does not get custody is granted visitation rights.

If the custodial parent refuses the visitation rights after the court has declared it, the contesting parent can bring the matter before the court. This refusal to allow visitation rights by the custodial parent is treated as refusing to follow a judgment of the court. There have been no instances where the custodial parent has been made to hand over the child to the contesting parent due to an issue relating to visitation.

6.1.2.4 Child support:

If the father of the child is refusing basic provisions for them the wife can file for child support using the "Request for Child Support" form available at the Family Court.

As with divorce and custody, the first hearing with regards to child support could be heard anytime between 5 days and a month after the submission of the 'Request for Child Support' form. Child support includes provisions of a specific amount to the custodial parent each month, as well as providing the child's clothing, and meeting educational and medical needs. The father is ordered to pay child support until the child is 16 years old. However, he is obliged to provide for education, medication and clothing even after the child turns 16.

If a second complaint about child support comes forth to the court by the mother, the court informs the father's office (if he is a civil servant), to deduct the money from his salary and have the money delivered to the court.

6.2 Conclusions

Currently in Maldives there is no legislation that deals specifically with violence against women including domestic violence and workplace harassment. These acts of violence can only be pursued through the conventional criminal justice system and it is obvious that this has been insufficient to prevent domestic and other forms of violence against women or

protect victims. According to Tatsuya Ota (2003), a conventional criminal law approach is inadequate for domestic violence victims who wish to settle the problem without sending their violent family member to jail. For these reasons, many victims hesitate to make recourse to criminal justice measures for fear that they might suffer reprisals from the perpetrators or might lose the breadwinner of their family or father of their children as a consequence of being imprisoned. It is obvious that mere punishment of perpetrators never resolves the issue of domestic violence (Ota 2003).

In addition there are no other approaches available to women who are victims of violence in the Maldives. In other countries there are a variety of legal approaches to dealing with violence against women, particularly domestic violence. For example some Asian countries, including Japan, Malaysia, and Singapore, adopt the modified civil law approach to domestic violence by reforming the traditional measures of injunctions and protection orders. In this approach, victims of domestic violence are protected by a court's issuing an injunction, the basic form of which is a *protection order or non-molestation order*. Other kinds of orders can be issued, including *counseling orders* in Singapore and Malaysia, which order perpetrators or both parties to attend a certain counseling or rehabilitation program. In addition, a variety of support services may be provided to victims in conjunction with the issuance of a protection order. Violation of an order can result in the perpetrator being charged with contempt of court or being fined or imprisoned.

Battered women have to be treated as experts of their own situation. Therefore, law is often merely an offer – whether it is accepted must be decided by the woman who is affected. What society can offer are paths leading away from violence and better alternatives than a life in the shadow of violence. A law protecting against violence has to go beyond state intervention and court protection: it should, as a rule, be founded on the victim's individual entitlement to adequate help and necessary support. Help and support in maintenance and (re-) creation of the capacity to act must be on equal footing with state protection – and must come well before punishment. The availability of support systems must therefore be established and guaranteed if possible by law.

CHAPTER 7 – CONCLUSIONS AND RECOMMENDATIONS

7.1 The Health Sector Conclusions and Recommendations

- i) **Conduct more specialised training on GBV for medical personnel.** Currently in the Maldives health care providers and health institutions such as hospitals are unprepared and ill-equipped to deal with women experiencing violence. Caring for women suffering violence is not yet a part of health care worker's professional profile and so they are reluctant to take on this role. They are not sensitised to violence related issues, nor have they been trained to appropriately care for women living with violence, including treatment of injuries, addressing reproductive health needs, and crisis intervention. Furthermore providers' attitudes about violence are shaped by prevailing cultural norms, which do not see violence against women as an important health issue, and often place blame for violence on women rather than their aggressors. For the health sector to play a much needed role in the prevention and treatment of violence against women health care providers need to be made more aware of GBV issues including why violence is a public health concern and why it is important for the health sector to respond to this issue. Focus group discussions with medical personnel revealed that many felt the need for further specialised training in order to deal most effectively with this complex issue.

It has become clear that providers must examine their own attitudes and beliefs about gender, power, abuse, and sexuality before they can develop new professional knowledge and skills about dealing with victims. Training should also help reframe the provider's role from "fixing" the problem and dispensing advice to providing support.

The incorporation of modules on GBV into curricula for medical and nursing students would help to ensure that all medical staff have some basic specialised training on GBV issues in the health sector.

Develop specific protocols and guidelines in medical institutions which outline how staff should deal with GBV cases and ensure that they become expected practice throughout the health care system. At an institutional level there are no official protocols or norms for dealing with violence cases making it difficult for staff to know what to do. Staff at both IGMH and ADK expressed interest in having guidelines to deal with these issues. In particular the formal procedure of filling in medical legal forms would greatly benefit from some formal guidelines. Staffs in both IGMH and ADK were confused about how to use these forms, especially in terms of what happens with them in relation to the police.

Establish an effective referral system between medical institutions and other potential support services to victims of GBV such as NGOs, counseling services, social work support, legal and police assistance. All staff should be trained and encouraged to make appropriate referrals. Although doctors can currently refer patients to the in-hospital psychiatrist, this is often ineffective because appointments are limited and even when referred patients often do not go because of the stigma associated with psychiatric care.

Implement a service in the major hospitals where nurses take on a counseling role and work with victims of violence. This will reduce the burden on casualty and provide much needed immediate and sensitive support to patients in need. Medical personnel in the FGD are identified that it would be very useful to have trained counseling staff in the hospital who could deal directly and immediately with some patients in a private setting. This is necessary for women to receive treatment with a human quality and in a timely

CHAPTER 7: Conclusions and Recommendations

manner. Victims often need the opportunity to talk and be listened to in a compassionate and respectful way, and without fear of being judged. Women experiencing violence also need to be made aware of their options and rights, help in developing a safety plan, and referrals to other community support services.

A pilot of such a program is currently being established at IGMH where a group of nurses have been trained to work as in-hospital counselors. Doctors refer patients who are experiencing abuse, anxiety, depression or suspected abuse to these nurses for a one-hour session during which time they listen to the patient, discuss possible options and refer them to other support services in the community. Hopefully, this program will be replicated in other hospitals around the Maldives in the near future.

Establish detailed and accurate recording systems in the health sector to contribute to the body of data on GBV which will inform future policies and programs. The medical legal forms could also be an extremely useful source of statistical information on GBV incidences if for example, a coding system was introduced onto the form to enable domestic violence, 'stranger' violence, sexual abuse and road traffic accidents to be clearly distinguished within the database.

In the long term, develop a screening system in hospitals on GBV which will encourage attention to GBV and provide more realistic data on the prevalence of the problem. There is no screening for abuse, either through routine questions or upon suspicion that the woman might be a victim of violence so staffs only become aware of GBV cases when the woman discloses violence of her own accord. However, many studies indicate that women living with violence rarely reveal their situation spontaneously to medical personnel, even when seeking help for violence-related problems, such as physical injuries. During the FGD's at IGMH and ADK many doctors and nurses said that even when asked women were sometimes reluctant to reveal the specific cause of an injury and that it was difficult to get accurate medical histories. They indicated that a lack of time, especially in casualty, to deal sensitively with these cases made it particularly difficult.

Making procedural changes such as adding prompts for providers on medical charts (e.g., stickers asking about abuse, or a stamp that prompts providers to screen) or including appropriate questions on intake forms and interview schedules can encourage attention to domestic violence.

Take mental health care seriously. The issue of anxiety and depression is of serious concern however, it became obvious during the FGD's that these cases are not taken very seriously or dealt with in an appropriate or sensitive manner. These cases take up a lot of time and resources, particularly in casualty and could be dealt with in a more efficient way through a counseling service. Staffs also require training and education to expand their understanding of health care to include mental health issues.

Discourage husbands and other family members from attending patient's medical consultations and examinations where anxiety, depression or abuse seem to be potential issues. Currently, husbands or other family member often accompany women to the hospital and women are reluctant to reveal the real problem because of fear of speaking in front of their abuser.

7.2 The Law Enforcement Sector, Conclusions and Recommendations

The police are making a concerted effort to deal effectively with cases of GBV. However, based on best practice observations from other countries and international research there are a couple of issues that should be considered in relation to the current procedures.

Treat domestic violence incidences as serious forms of violence. When called to a DV incident, attempting to mediate and 'solve' the problem although trying to help, may in fact serve to minimise or trivialise the seriousness of the crime and the risk faced by the victim. For example, if a woman was beaten or abused in the street by a stranger it is unlikely that the police would try to get the individuals to resolve the issue between themselves. Domestic violence is no less serious than any other type of violence. In fact, women living with DV are at a much greater risk of repeated abuse.

It is concerning that only when there are visible signs of violence that cases are taken most seriously. Injuries may be in hidden places on the body, or not yet visible. Furthermore, obvious injuries are not necessarily the best indicator of the seriousness of the incident or the level of risk that the woman faces.

Speak to victims of domestic abuse alone. Talking to the parties involved in a domestic abuse incident together either at the police station or at the house could prevent the woman from disclosing the truth about the event or any history of abuse out of fear. After a violent incident a victim should not be questioned in the same room as her attacker because she could feel very threatened.

Accompany women to the hospital when seeking medical treatment for injuries. It would be most supportive if women as well as children were accompanied to the hospital for examination either by a police officer or some other community support service or a friend or family member with whom she feels safe.

Conduct further training and sensitisation on GBV issues for law enforcement officers at all levels. For law enforcement agencies to be able to deliver the most effective and compassionate service to victims of GBV, police staff require further training so that they can also:

Advocate when necessary, for the expeditious investigation and prosecution of cases of sexual and gender based violence

Explain the legal and criminal process to the victim

Be sensitive to the victim's/survivor's need for privacy, confidentiality and respect

Notify victim of legal rights

Assess risk to victim

Conduct safety planning with the victim

Provide telephone numbers for community support services such as counseling or social work

7.3 Legal Conclusions and Recommendations

Develop specific laws on gender based violence. Without specific laws that address GBV it is extremely difficult to prosecute these cases. The Maldivian government needs to create laws and pass legislation that directly target specific forms of violence such as sexual harassment and domestic violence including provisions for punishment of perpetrators and protection of victims. Moreover, the laws must be enforced: a law that is not applied is an invitation and justification to violate its regulations.

Develop a clear an unambiguous definition of domestic violence including a legal definition of rape. The current word for rape does not adequately describe the crime and does not allow for the possibility of marital rape. Marital rape and sexual abuse within marriage should be considered a crime and punishable under the law.

Raise the costs to perpetrators of GBV. Research in the US shows that rates of interpersonal violence decrease in response to policies and laws that make violent behaviour more costly to abusers (Heise et al. 1999: 33). Changes should be made to promote prosecution of perpetrators of domestic violence and sexual abuse. Currently, the reliance on the witness system, the non-acceptance of forensic evidence, or even medical records and expert witness testimony make prosecution virtually impossible. Forensic evidence should be introduced as it will support the prosecution of physical and sexual abuse cases and also allow for the paternity of children to be ascertained and enforce maintenance payments.

Establishing a system where forensic evidence can be used in court requires changing laws, providing doctors and police with resources and training to collect forensic evidence, training lawyers to argue cases based on forensic evidence and educating judicial officers to understand forensic evidence in order to be able to make proper judgments. Clearly this requires a lot of effort and will be a long process but it is suggested that this is an important long-term goal for the Maldives.

Change laws that restrict and disempower women. The laws that restrict women's right to divorce or inheritance, or that prevent them from gaining custody of their children, receiving financial compensation or owning property all serve to make women dependent upon men and limit their ability to leave a violent situation. GBV stems from gender inequality and therefore laws relating to marriage and divorce that continue to promote inequality must be changed in order for GBV to be eliminated.

Send a clear message that domestic violence is unacceptable. In the Maldives the emphasis is still on family reunification rather than preventing further abuse, which places women's lives at risk, particularly since domestic violence tends to escalate over time. Domestic violence legislation therefore needs to redefine and transform the societal concept of violence and human rights, sending a clear message that domestic abuse and any form of violence against women constitutes 'violence', and that the State has an interest in preventing it and protecting those effected by it.

Train and sensitise law enforcement personnel on GBV issues. Changing the laws will not be enough to prevent GBV and protect victims. Laws are often enforced by male judges, prosecutors, and police officers, many of whom share the same victim-blaming attitudes as the society at large. Thus, as well as passing laws, it is crucial to sensitise and train police officers, lawyers, judges and other members of the legal system on the nature, extent, causes and consequences of GBV.

7.4 General Conclusions and Recommendations

Create, implement and monitor a national action plan for GBV prevention. This is a long term goal, however the development of a multisectoral national action plan is a key

element for sustained violence prevention efforts. A national action plan to prevent violence should include objectives, priorities, strategies and assigned responsibilities, as well as a timetable and evaluation mechanism. It should be based on a consensus developed by a wide range of governmental and nongovernmental actors, including appropriate stakeholder organisations.

Empower women and girls. Women will never escape violence as long as they are financially dependent on men and derive their social value exclusively from their role as wife and mother. Women still have fewer rights than men in the Maldives, are underrepresented in positions of leadership, and their specific concerns are rarely reflected in public policy. Empowerment is a long term process and should aim to:

Eliminate laws that discriminate against women and children

Strengthen women in leadership and decision making

Increase access to education for women and girls

Increase women's access to and control over economic resources

Increase women's access to health information and women's control over their own bodies

Improve women's self-esteem and sense of personal power.

Provide for the needs of victims. The needs of victims are complex. A woman in crisis needs physical safety, emotional support, and assistance in resolving issues such as child support, custody, and employment. If she chooses to press charges against her abuser, she also need help negotiating police and court procedures. Often, what she needs most is a safe, supportive environment in which to explore her options and decide what to do next.

In the long term it would be most effect to establish a one-stop-shop or crisis center that addresses the many needs of abused women and girls. Such a center should offer medical, legal and counseling services, preferably in one location.

In the more immediate term a social worker support service can begin operation through the Gender and Development Section of the Ministry of Gender, Family Development and Social Security. A number of staff members have already undertaken GBV social worker training and with government support and resources an important support service for abused women can be developed without delay.

Coordinate institutional and individual responses to GBV issues. Currently there is little coordination among the many institutions with which abuse victims interact, such as health care, counseling services, child welfare, and law enforcement agencies. Working relations and communication between these organisations is needed in order to achieve better sharing of knowledge, agreement on prevention goals, and coordination of action. Women experiencing violence have multiple needs and no single provider or profession is adequate to address them fully and thus these organisations must learn to refer to each other. This will help to develop a more integrated response to GBV. Collaboration and exchange of information could be promoted through a system such as a multi-agency forum.

Conduct more research and enhance the capacity for collecting data on GBV. The next major step is to conduct a nationally representative survey on violence against women in 2005 to ascertain prevalence rates, consequences and risk and protective factors of violence. This data is necessary in order to set priorities, guide program design, and monitor progress. In the future, more research will be needed on interventions, both for the purpose of lobbying policy-makers for more investment as well as to improve the design and implementation of programs. The health care sector, legal sector and community support services should also keep accurate records to improve the country's statistical base on GBV. In addition, there should be procedures to share data between the relevant authorities and interested parties.

Reach out to men. Working with men to change their behaviour is an important part of any solution to the problem of violence against women. This could include establishing treatment programs for men who batter or programs that encourage men to examine their assumptions about gender roles and masculinity and to become agents for change in the community.

Change community norms. Ending GBV means changing the community norms and cultural attitudes and beliefs that give rise to men's abusive behaviour towards women and that permit it to persist. To achieve this, the concept of gender and rights for women must be introduced into the curricula of schools and other training settings. Advocacy campaigns through the media are also important in this challenge.

BIBLIOGRAPHY

- Annan K, Secretary-General of the United Nations (8 March 1999) A World Free of Violence against Women. United Nations Inter-Agency Global Video Conference.
- Burton B, Duvvury N, and Varia N. 2000. *Justice Change and Human Rights: International Research and Response to Domestic Violence*. Washington: International Centre for Research on Women and The Centre for Development and Population Activities.
- Heise L, Ellsberg M, and Gottemoeller M. 1999. *Ending Violence against Women: Population Reports*. Series L, No. 11. Baltimore: John Hopkins University School of Public Health, Population Information Program.
- Heise L, Pitanguy J, and Germaine A. 1994. *Violence against Women: The Hidden Health Burden*. Washington: World Bank Discussion Paper 225.
- Kuriansky JA, ed. 1998. Assessing Justice System Response to Violence against Women: A Tool for Law Enforcement, Prosecution and the Courts to Use in Developing Effective Responses.
- Ota T (2003) Legal Strategies for the Issue of Domestic Violence in Asia. East and Southeast Asia Regional Conference on Domestic Violence Legislation: Moving towards Regional Networking and Approach.
- Plitcha S. 1992. The Effects of Female Abuse on Health Care Utilization and Health Status: A Literature Review. *Women's Health* 2:154-161.
- Secretariat C. 2003. *Integrated Approaches to Eliminate Gender-Based Violence*. New Gender Mainstreaming Series on Development Issues. London: Commonwealth Secretariat.
- UNIFEM. 2003. *Not a Minute More: Ending Violence against Women*. New York: United Nations Development Fund for Women.
- Velzeboer M, Ellsberg M, Arcas CC, and Garcia-Moreno C. 2003. *Violence against Women: The Health Sector Responds*. Washington: Pan American Health Organization (PAHO).
- Velezinee A, 2003, *Concept paper on Gender Based Violence in the Maldives*, Ministry of Women's Affairs and Social Security.
- Watts C, Heise L, Ellsberg M, Williams L, and Garcia-Moreno C. 1998. *Who Multi-Country Study of Women's Health and Domestic Violence, Core Protocol*. Geneva: World Health Organization.
- WHO. 2000. *Fact Sheet No. 239: Violence against Women*. Geneva: World Health Organization.
- WHO. 2002. *World Report on Violence and Health*. Geneva: World Health Organization.
- World Bank. 1993. *World Development Report 1993: Investing in Health*. New York: Oxford University Press.

