

# Journal of Conventional Weapons Destruction

---

Volume 5  
Issue 3 *The Journal of Mine Action*

Article 23

---

December 2001

## The Effects of Landmines on Women in the Middle East

Mary Ruberry

*Center for International Stabilization and Recovery at JMU (CISR)*

Follow this and additional works at: <https://commons.lib.jmu.edu/cisr-journal>



Part of the [Defense and Security Studies Commons](#), [Emergency and Disaster Management Commons](#), [Other Public Affairs, Public Policy and Public Administration Commons](#), and the [Peace and Conflict Studies Commons](#)

---

### Recommended Citation

Ruberry, Mary (2001) "The Effects of Landmines on Women in the Middle East," *Journal of Mine Action* : Vol. 5 : Iss. 3 , Article 23.

Available at: <https://commons.lib.jmu.edu/cisr-journal/vol5/iss3/23>

This Article is brought to you for free and open access by the Center for International Stabilization and Recovery at JMU Scholarly Commons. It has been accepted for inclusion in Journal of Conventional Weapons Destruction by an authorized editor of JMU Scholarly Commons. For more information, please contact [dc\\_admin@jmu.edu](mailto:dc_admin@jmu.edu).

*Landmines and Women in the Middle East*

# The Effects of Landmines on Women in the Middle East

Middle East women whose families are affected by landmines must cope with disabled children and spouses and must keep the family surviving when a breadwinner is lost.

by Mary Ruberry, MAIC

## Introduction

The countries of the Middle East are beset with troubles caused by nature as well as man-made strife. The region is prey to earthquakes, droughts and flooding, and years of conflict have left the region riddled with landmines and UXO. As a result, national economies have suffered, leaving social and medical infrastructure battered and scarred. Regional turmoil has caused the flight of millions of refugees and displaced persons who survive in sparse camps, many for decades.

As the nurturers and child rearers, women must keep their families going under difficult conditions. Female landmine/UXO casualties make up a markedly lower percentage of victims as compared with males because in most Middle East countries women's mobility is strictly limited by Muslim law. Yet women bear the burden of mine accidents as they take up support of the family and care for disabled children. In Afghanistan, landmines' effects are especially dire as, under Taliban law, women are not allowed to work and must turn to begging if a breadwinner is killed or disabled.

Many rural or desert areas do not have roads or other infrastructure for transporting landmine victims to medical facilities. In remote regions, doctors are scarce and many of the national medical services have deteriorated from years of struggle.

The International Committee of the Red Cross (ICRC), in conjunction



■ An Afghan woman in a burqa carries her child at the Jalozai refugee camp in Pakistan. c/o AP

## Middle East

with local Red Crescent Societies, seeks to fill the gaps in medical services with a widespread network of clinics and workshops. Other international organizations also provide medical services and training, along with prosthetics/orthotics and mine awareness training in some locales.

When a female is injured in a mine/UXO accident, her chances of marrying may be effected. Female mine victims are aware that they might

Two landmine victims at an Iraqi prosthetics center. c/o ICRC



be considered burdens to their families. Rehabilitation programs largely run by NGOs do exist, and some countries have recently enacted legislation upholding the rights of disabled people. However, as Barbara Robertson of Women and Disability Resources says, "The unemployment rate for disabled women in developing countries is virtually 100 percent."

Thomas G. Houlahan, author of *Gulf War: The Complete History*,

describes the treatment of women in the Mideast as differing "dramatically" from state to state. In countries governed by fundamentalist Islamic beliefs, women are forced to adhere to severe restrictions or risk death. Other countries, such as Jordan and Iraq, have legally granted more civil rights to women.

Women's literacy rates are extremely low in the Middle East; averaging around 50 percent for the region, and as little as 15 percent in Afghanistan. Electricity is rare, especially in rural areas. Therefore, women's access to information through radio, television or the Internet is largely unavailable.

### Afghanistan

Due to years of upheaval, Afghanistan ranks first in the world for refugee populations according to the United Nations High Commissioner of Refugees (UNHCR). Approximately two million refugees reside in camps along the border in Pakistan, many for 20 years. Another one and a half million live in camps just inside Iran. At present, another million more refugees are currently expected as thousands of families move toward Pakistan and other neighboring states.

Many humanitarian organizations have been operating programs in Afghanistan, though assistance to women has been hampered by Taliban rule and often curtailed. Mine awareness training for women is deemed illegal by the Taliban though some community-based programs exist. Most humanitarian workers have been pulled out of the country due to the present crisis, and the International Federation of Red Cross Red Crescent Societies (known as "the Federation") fears the results of reduced services for a population already pushed to dire limits.

The U.S. State Department

states, "Since the Taliban became a military and political force in late 1994, women and girls in Afghanistan have become virtually invisible in Taliban-controlled portions of the country." The restrictions imposed by the Taliban have created an atmosphere in which women may risk death by leaving their homes. A large number of women have been widowed by Afghanistan's wars and are forced to beg for survival draped from head to toe in heavy burqas.

Doctors Without Borders describes Afghanistan as a country with an "extremely undeveloped health infrastructure." "The most sophisticated medical facilities are situated in the five regional capitals of Kabul, Kandahar, Herat, Jalalabad and Mazar. Outside these cities, medical facilities are usually rudimentary, says the group."

Afghanistan's lack of roads is a primary difficulty in providing medical assistance to mine victims. In many regions, no roads or transportation exist for the timely deliverance of wounded civilians for medical treatment. Limited medical facilities are run by NGOs, especially the ICRC. Clinics run by the Afghan Red Crescent Society (ARCS) have continued treating patients in Kabul and the central, western and northern regions. However, at present, the ARCS has no information on whether other clinics around the country are still operating as there is no way to communicate.

About 95 percent of the mine victims in Afghanistan are male, according to the UN Mine Action Center for Afghanistan (MACA). The great disparity between male and female victims is due to women's lack of mobility. Women are not allowed to work; therefore, when a family loses the breadwinner because of a mine fatality or disability, the oldest boy is responsible for providing for the family's survival.

Habib Asem of MACA says that 50 percent of landmine victims die

before they reach a medical facility. According to MACA, between January 1990 and July 2001, a total of 7,346,829 people received mine awareness training in Afghanistan. Of that number, about one and one-half million have been women and girls, though the Taliban authorities do not allow women to receive mine awareness training. The Afghan Campaign to Ban Landmines (ACBL) states that 1,076,553 civilians received mine awareness education in 2000 throughout the country.

According to the Comprehensive Disabled Afghans' Program (CDAP), about three percent of the population is disabled. With a total population of 20 million, this figure translates into 700,000 men, women and children. The CDAP's website states, "War has disabled thousands, creating amputees, blindness and paralysis." When the breadwinner becomes disabled, the whole family is adversely affected. Thus, according to the CDAP, "the actual proportion of the population affected by disability is probably higher than 10 percent."

### Egypt

95 percent of Egypt's 63 million people live along the Nile River. Overcrowding compounded by increased urbanization has resulted in sanitation and health problems, as well as severe poverty in Cairo and other major cities. According to Oxfam GB, in 1997, over a third of the population lived in poverty. "Poverty also exists in rural areas, with malnutrition a particular problem amongst women."

To combat Egypt's concentration of mines, the Landmines Struggle Center (known as "the Center") was established as an NGO in December of 1997. The Center estimates 3,200 people have been killed and 4,723 people injured by mines in the last 20 years. Also, Egyptians have lost 10 percent of their agricultural lands due to landmine contamination, especially in the northern and eastern coastlands.

## Landmines and Women in the Middle East

No information is available about female mine victims.

One of the greatest difficulties for providing assistance to landmine victims according to the Center is that no adequate medical facilities exist near the affected areas and that there is a lack of mine awareness information provided to at-risk populations. The Landmine Monitor Report states that "Some civilian victims travel up to 100 kilometers to receive medical attention."

To fill in gaps in medical services, the Egyptian Red Crescent Society (ERCS) runs 27 branches, one in each governorate of the country. The branches treat approximately 5,000 patients each, and on average more women are served by the ERCS than men. A number of services specific to women are provided by the branches including mother-and-child care and activities to raise awareness about reproductive health care and female empowerment.

### Iran

According to Iran's 1991 census, women make up about half of the country's population of 56 million. Of the total population, an estimated 53 percent of Iranians live below the poverty line. The Iranian government claims that the literacy rate for women is 65.8 percent; however, the United Nations Statistics Division states that 43 percent of women are literate (compared to 70—78 percent of men).

According to the Medical Engineering Research Center, approximately 300 mine/UXO accidents occur in Iran each year. There is little information about landmine victims in Iran, and virtually no gender-specific information is available. The only known survey of mine victims was completed by the High Center of Research and Informatics (HCRI) last year in a western province. The survey concluded that the highest percentage

of deaths occurred in young people under the age of 20.

The Federation's website states, "Apart from the UN system, only a handful of NGOs are represented in Iran, most of them focused on refugee assistance." In 1999, the ICRC, after apparently re-establishing ties with the Iranian Red Crescent Society (IRCS), constructed a center for training Iranian and foreign technicians in prosthetics and orthotics. In 2000, Iran established its first NGO, the Society for the Protection of Victims of Mines and UXO, for developing mine awareness projects.

The victim assistance efforts of HCRI are focused on the four most heavily mined provinces along Iran's western border. HCRI plans on a project to train surgeons in the most densely mined province, Eylam, to become "master trainers" who pass their emergency medical skills onto other "medics, paramedics and people from [the] Red Crescent of Iran." HCRI further states "that the best approach to the landmine problem include[s] other aspects such as prevention [and] demining," and the organization is presently "getting involved in these areas as well."

Generally, little information is available about women in Iran, except through the country's official website and international human rights organizations such as Amnesty International and Human Rights Watch. The official website of the Iranian government contains extensive material about women and national women's organizations. However, reaching the women's organizations is very difficult.

### Iranian Red Crescent Society (IRCS)

Last May, the Iranian Red Crescent Society was designated the focal point for a working group to create a network for gender issues in the Middle East and North Africa. Developing a gender network was one

of the recommendations adopted during the Third Conference of Middle East and North Africa National Societies held in Tehran. Robabeh Rafiee, the coordinator of women's activities for the IRCS said, "Women must be empowered, and therefore they must be trained and educated. Women must know what their rights are and men must learn to respect and protect the rights of women."

### *Northern Iraq*

Aid programs have been implemented in Northern Iraq in response to what Handicap International (HI) refers to as a "severe emergency situation." Since 1991, HI's workshop in Suleymania has been producing and providing mainly below-knee or above-knee prostheses, along with crutches, walking aids and orthoses. The second center opened in Halabja in March of 1998, through which more than 350 disabled people have received long-term support. HI has developed partnerships with the Kurdish government's Ministry of Public Health, along with local NGOs the Rozh Society and the Handicapped Union to develop a "holistic approach" to rehabilitating the disabled.

Mines Advisory Group (MAG) has run a comprehensive mine action program that began with training and planning in the early 1990s. Since then, the program has grown to encompass an extensive database, significant demining efforts and mine awareness programs for children and men. MAG estimates that since 1991, a total of 6,302 people have been injured by mines and UXO in the northern governorates and 3,470 have been killed. Of those numbers, 212 women are counted as injured and 118 killed. Apparently, 60 percent of female victims are under the age of 30, and most women who survived an accident stated they were unaware that there were mines in the area.

The United Nations Office of

Project Services operates its most extensive mine action program in Northern Iraq as part of the Food for Oil Program. The program consists of a network of medical facilities, demining and mine awareness projects along with mine detection dogs. The network of services for victims and at-risk populations in Northern Iraq has dramatically reduced the number of casualties from mines and UXO over the last 10 years.

### *Southern Iraq*

The ICRC has begun focusing on mine and UXO casualties in the southern region in an effort to define an effective mine awareness strategy with government approval and in association with the Iraqi Red Crescent Society. The ICRC provides support to four prosthetic/orthotic centers run by the government, and has renovated 14 health centers and eight large hospitals in Baghdad and other cities. During 2000, ICRC facilities provided physical rehabilitation services for patients who received 2,807 prostheses and 1,446 orthoses, of whom 53 percent were mine victims.

The Iraqi Red Crescent Society (known as "the Society") estimates that 3.5 million Iraqis are adversely affected by the economic deterioration resulting from 10 years of sanctions. According to the Federation, the public health system has been especially hard hit with hospitals and primary health care centers falling into disrepair. The Society operates 18 branches—one in each governorate—led mostly by volunteer directors.

Thomas G. Houlahan described women in Iraq as being "treated fairly well," and said they are not subjected to the severe restrictions imposed by "fundamentalist Islam." He said that Iraq's government is interested in modernizing the country, and therefore, women there are not clad in black. Nevertheless, according to the United Nations Statistics Division, less than half (47 percent) of Iraq's

women are literate.

### *Israel*

Jerry White, co-founder of Landmine Survivors Network (LSN) says that, "Israeli care and rehab for landmine victims is the best in the world." Israel maintains landmines for defense, though most of the mines in the country were laid during the 1967 Six Day War. According to David Chinitz of the Braun School of Public Health and Community Medicine, 96 percent of Israel's population is covered by "voluntary health insurance" provided by four competing "sick funds."

### *Jordan*

The Jordan River Valley contains the country's landmine threat, and the location of mines is generally well documented. In March 2000, a national mine action campaign was established by royal decree and includes clearance, mine awareness and victim assistance. Additionally, the ICRC, in conjunction with the Jordan Red Crescent Society and LSN, runs mine awareness programs. LSN also provides extensive support to Jordanians disabled by mines and UXO. Oxfam GB states that women's literacy rate in Jordan—over 70 percent—has improved significantly over the last 35 years.

### *Lebanon*

Decades of external and domestic war have severely impacted Lebanon. Israel's withdrawal from South Lebanon in May of 2000 (after 22 years) left an estimated 130,000 landmines. The National Demining Office of the Lebanese Army coordinates mine action. A number of local organizations and international NGOs have instituted extensive mine awareness programs. Approximately 3,000 landmine casualties have been reported, almost all in the south. Non-military mine victims depend mainly on NGOs such as Norwegian People's Aid for rehabilitative services. The

Lebanese government subsidizes 80 percent of hospital care, and in May 2000, a law was passed upholding the rights of disabled Lebanese, including landmine survivors.

According to Sawsan Mehdi of Lebanon's Society for the Protection of Nature, during the civil war women had to manage and support their families as men hid at home to avoid being kidnapped. When Lebanon's economy plummeted during its devastating civil war, opportunities for females to receive education and gain meaningful employment also waned. The National Commission for Lebanese Women cites the "limited labor opportunities" for women, but emphasizes the advancements made as more women move into professional careers.

### *Palestine*

The Palestine Red Crescent Society states, "The Palestinian people have suffered a long history of occupation, imprisonment, exile and displacement." The exact number of landmines and UXO in the Occupied Palestinian Territories (OPT) is not known, but the Defense for Children International/Palestine Section (DCI/

PS) estimates that since 1967 there have been more than 2,500 landmine/UXO victims. More than half of the victims are children, and most of the accidents have occurred in Jenin, Tulkarem, Qalqilya and Nablus. DCI/PS has launched a mine awareness campaign to raise awareness of the landmine/UXO problem in the occupied territories.

### *Yemen*

Scattered throughout the country, most of Yemen's landmines are left from the 1994 civil war, though other conflicts over the last 40 years have also contributed to the infestation. According to the Mine Clearance Planning Agency of Yemen, of the 178 mine victims counted in the last two years, 42 have been females. Radda Barnen (Swedish Save the Children) has led mine awareness activities in Yemen since 1995, and since 1994 HI has provided assistance to people with disabilities. However, most of Yemen's mine victims live in the south and do not have access to a rehabilitation center.

With a literacy rate of 26 percent and a maternal mortality rate of 1,400 per 100,000 live births, Yemeni

women face considerable hardships. Oxfam GB says, "Women's access to health services is worse than for men because social laws forbid examination of women by male doctors, and there are few female health workers."

### Conclusion

Mere survival is unfortunately the most pressing issue for many women in the Middle East, where they must nurture and care for their families under extremely adverse conditions. When a breadwinner is lost to a mine accident, his widow must care for the disabled and struggle to provide food and shelter for the remaining family members. ■

### Contact Information

Mary Ruberry  
MAIC  
One Court Square  
Harrisonburg, VA 22807  
Tel: (540) 568-2718  
E-mail: ruberrmm@jmu.edu