

Researching Statelessness from a Feminist Perspective

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Abstract

Statelessness, or lack of legal nationality, creates unique human rights challenges for women and girls. The condition of statelessness is a violation of the “right to a nationality,” and existing research highlights how this problem serves as a root cause of other abuses; without functioning citizenship to a government, stateless individuals are often denied basic protections. Yet research fails to address the intersection between lack of legal nationality and gender. A variety of structural challenges, including discriminatory nationality laws, often mean that vulnerabilities to rights abuse are transferred from mothers to their daughters. This paper will focus specifically on the impacts of statelessness for women and girls – including violations related to health, freedom of movement, and education – and outline the gender dimensions of this issue. For instance, stateless women are frequently denied reproductive care and access to public education that will help them escape the cycle of poverty. This paper will also offer recommendations for future research using feminist methodologies. For example, the relationship between statelessness and the prevalence of domestic violence must be examined. A feminist approach is sorely needed to better understand the gender-specific human rights consequences resulting from lack of legal nationality.

Statelessness, or the lack of legal nationality, is a complex issue that affects an estimated twelve million people around the world and creates unique challenges for women and girls. Statelessness occurs in wealthier countries such as the United States and Canada, as well as in poorer nations such as Burma and Kenya. The actual number of stateless persons is likely much higher than estimates, since it is

difficult to access populations hidden by a lack of birth registration and other official documents. Stateless individuals and groups face a variety of human rights abuses because of the lack of belonging to a state (United Nations High Commissioner for Refugees, n.d.). Without state protection, accessing even basic human rights is sometimes nearly impossible. Women in particular are unfairly targeted by nationality laws; they are often unable to legally obtain, alter, maintain, or pass on legal nationality to their spouse or children, for instance. In the Middle East and North Africa region, 11 out of 29 countries do not allow women to pass on citizenship to their children. Worldwide, gender discrimination laws remain on the books in 29 countries. This issue has been addressed in international law via Article 9 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which designates that women and men have equal rights when conferring citizenship (UN Women, 1979), yet this problem persists.

Women and girls are especially vulnerable to statelessness and face unique challenges as a result. The right to health, freedom of movement, and access to education are particularly threatened rights to stateless women around the globe. Each of these rights has been identified in international human rights frameworks, including the Universal Declaration of Human Rights (UDHR) and binding international law. Without these fundamental human rights, the quality of life of stateless women is greatly diminished. However, the plight that women face during statelessness has yet to be addressed. Their right to health, especially issues associated with reproduction including pregnancy and abortion, is greatly diminished. Without adequate access to hospitals, women are needlessly dying from preventable health complications. Freedom of movement is especially important to women in respect to economic power. However, many stateless populations are unable to leave their villages to search for work or are confined in displacement camps without access to health care facilities. Women are left more vulnerable in these situations; they may suffer abuse at the hands of men that feel emasculated. The right to education is also greatly lacking in stateless populations. Girls are less educated than boys,

the consequences of which are felt throughout the rest of girls' lives. Women that do not receive satisfactory schooling are more likely to live in poverty, have more children than their educated counterparts, and are less likely to be able to obtain a job which provides a livable wage (United Nations Educational Scientific and Cultural Organization, 2014).

The aim of this paper is to prompt serious discussion of the human rights impacts of statelessness on women and girls – an important issue that is currently underrepresented in existing research and advocacy efforts. The current rhetoric on statelessness will first be explored with a literature review discussing how statelessness is defined by international law, how it is violated, and the implications of lacking citizenship. The next section explores the rights to health, freedom of movement, and access to education – focusing specifically on how stateless women and girls face obstacles to accessing those rights. In truth, much of this research demonstrates the lack of attention being paid to stateless women. By exploring other situations in which women's rights are violated, this paper provides starting points for additional research on stateless populations. Lastly, a section focusing on recommendations and conclusions explores what needs to be done in order to bring women into discussions about statelessness and nationality. For instance, civil society should employ a feminist research methodology when studying stateless populations to more adequately address the issue of gender. Researchers should consider what statelessness means for women and girls when their rights to health, freedom of movement, and access to education are diminished or denied.

Overview of Statelessness

Despite acknowledgement of the “right to a nationality” from the international community, including the adoption of two statelessness conventions in 1954 and 1961, statelessness remains a prevalent human rights issue today. It has been a global problem since at least World War II, when millions of people were left without citizenship from the breakup and reorganization of states. This issue

occurred on a worldwide scale again in the 1990s with the collapse of Yugoslavia and the Soviet Union. In order to better understand this often ignored issue, scholars are currently exploring the importance of citizenship and why the right to nationality is a fundamental human right. Without citizenship, people are left stateless and face a cornucopia of human rights abuses. An individual's relationship to the state is of great importance to having the ability to exercise one's rights, which leads to the idea of citizenship as the "right to have rights" (Arendt, 2000).

Statelessness is addressed in international frameworks and the right to nationality is enshrined in Article 15 of the UDHR (United Nations General Assembly, 1948). The international community took further action in 1954 with the adoption of the Convention Relating to the Status of Stateless Persons, which defined what it meant to be stateless in Article 1. A stateless person is "a person who is not considered as a national by any State under the operation of its law" (United Nations General Assembly, 1954). The 1954 Convention also outlined the rights (including rights to welfare, justice, and gainful employment) of persons lacking a nationality, creating a foundation for protection. This attention was not sufficient to solve the issue of statelessness, however, so in 1961 the Convention on the Reduction of Statelessness was adopted to prevent statelessness and further the statelessness discourse (Weissbrodt & Collins, 2006; Goris et al., 2009; Blitz & Lynch, 2011).

Researchers have demonstrated the importance of nationality and how it is essential to have in order claim one's human rights and protections. While human rights rest on the ideal of universality, in truth not every human has equal access to rights. Many believe that the right to nationality is the fundamental human right needed to be able to enjoy economic, social, cultural, political, and civil rights. Without a government to ensure the protection of these rights, it is as if they only exist in theory – rather than in practice. To obtain citizenship requires one to be a member of a political community; it denotes a relationship with the state. Social contract theorists note that people limit their freedoms in exchange for protection of their rights from the state, and that this relationship is essential for the full

enjoyment of rights. Citizenship also allows individuals to have a place in the international community. With the protection of their rights afforded by their government, people are also able to have interactions and connections beyond their government. However, stateless people are outcasts from the political system, and therefore do not have a functioning relationship with any government, leaving them open to abuses (Weissbrodt & Collins, 2006; van Waas, 2008; Goris et al., 2009; Kesby, 2012).

Scholars have debated the effectiveness of the discourse on statelessness and brought the discussion to the international community. Some believe that the definition of statelessness is too narrow. Although people technically have citizenship, they do not enjoy any of the benefits; their relationship with the state is broken, and they are not able to exercise their rights. This condition is often known as *de facto* statelessness (van Waas, 2008). It is also important to note that the line between *de jure*, or legal statelessness, and *de facto* statelessness can sometimes be difficult to determine. Others argue that it may not be necessary to change the definition, but rather it is essential that the international community reach a better understanding “on rules of procedure and evidence” of the discourse on statelessness (van Waas, 2008, p. 24). For example, the role that sovereignty plays in allowing states to deny citizenship to ethnic minorities or border peoples (those that live on the border of two countries) is an important factor to explore. Blitz & Lynch (2011) argue that even if a government grants nationality to a person or groups that were stateless, this still does not guarantee the protection of rights. Many still face obstacles before fully exercising their basic human rights. More guidelines may be needed to better clarify the existing definition of statelessness, which could lead to better treatment of vulnerable populations (van Waas, 2008).

Citizenship laws may also be a contributing factor to statelessness. Most state citizenship laws are a blend of *jus sanguinis* (“the law of blood”) and *jus soli* (“the law of soil”) (Goris et al., 2009). *Jus sanguinis* allows for citizenship to be passed to children from their parents by heritage, or by blood. Yet this method of passing on citizenship is often marked by gender discrimination, harming entire families

when a woman is unable to pass on her citizenship to her children. *Jus soli* provides citizenship to those born in a state, so it awards legal nationality by birthplace. While many countries use a combination of *jus sanguinis* and *jus soli*, it is not uncommon for nationality to be dependent on a perceived heritage, which can cause statelessness in the face of discrimination against minority groups (Weissbrodt & Collins, 2006; Goris et al., 2009; Blitz & Lynch, 2011; Women's Refugee Commission, 2013).

The importance of nationality can be seen through the abuses that occur when one does not have citizenship. Lack of nationality is linked to a range of rights issues. Stateless people face problems related to human security when their fundamental rights are violated and they become extremely vulnerable to other human rights violations. For example, freedom of movement is often denied to stateless persons. Without proper documentation, people are not allowed to move freely within a state or cross borders into another. They are not able to move for a better job or education, or to escape persecution they may be facing. Without proper documentation, many stateless people are unable to access courts, own property, get legally married, register their children's births, or access health care. Women are especially left vulnerable to exploitation, and statelessness is sometimes linked to human trafficking. Not only are stateless vulnerable to trafficking, but trafficking victims can be left *de facto* stateless if they are taken outside their country and unable to access their legal documentation. Because citizenship often translates to the right to have rights, lacking legal nationality often leads to more rights abuses (Weissbrodt & Collins, 2006; van Waas, 2008; Blitz & Lynch, 2011).

The Right to Health

The right to health is a fundamental human right that is guaranteed under international frameworks and law. Article 25(1) of the UDHR mentions the right to health: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services" (United Nations General Assembly,

1948). Article 12(1) of the International Covenant on Economic Social and Cultural Rights (ICESCR) states that “the States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (United Nations General Assembly, 1966). It also calls on states to reduce stillbirth and infant mortality rates, to protect the healthy development of the child, and to create conditions that allow for treatment during illness (United Nations General Assembly, 1966). Women are often specifically mentioned in relation to the right to reproductive health. The International Conference on Population and Development (ICPD) maintains that reproductive health is necessary for development of individuals and societies. Conference goals include universal education, reducing infant, child, and maternal mortality, and guaranteeing universal access to reproductive health care by 2015 (United Nations Department for Public Education, 1995). Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) declares that “States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation,” as well as providing equal access to health care services to men and women, including family planning and reproductive rights (United Nations General Assembly, 1979).

Despite these advances in international law, stateless populations are often left out of this discussion. Humanitarian crises involving refugees and internally displaced persons frequently capture the attention of health researchers, yet chronic issues such as statelessness frequently do not – partly because of the difficulty in accessing these hidden populations. Legal nationality is linked to the right to health because citizenship is often necessary to access goods such as insurance and medical care; in many cases, stateless people are denied their medical citizenship as a result of their status. Stateless persons often do not have adequate access to care and health clinics because they lack official documentation. No affiliation with a government means they have no avenue to claim their health rights. Without the provisions that come from a protected right to health, stateless persons have a

shortened life span compared to citizens and suffer a variety of health consequences. However, research on statelessness and the right to health remains limited, especially in the medical literature. (Kingston et al., 2010).

Stateless Rohingya in the Arakan state of Burma¹ face severe health challenges that illustrate this problem, particularly in relation to the health rights of women and girls. This stateless Sunni Muslim minority has been living in Arakan for centuries, and their rights have been continuously violated by the current Burmese government. Laws addressing Rohingya marriages and child bearing have led to negative impacts on women's health and their access to care. In the late 1990s, a local law that only affected stateless Rohingya in North Arakan was enacted. It states that in order to marry, couples have to wait for permission from an interagency guard force, *Na Sa Ka*, which is comprised of military, police, and customs and immigration. *Na Sa Ka* discriminates against the Rohingya and uses its authority to perpetuate human rights abuses. Obtaining permission to marry is a process that can take years and cost copious amounts of money, which most Rohingya do not have. During this waiting time, women are not allowed to become pregnant. If a woman does not pass mandatory pregnancy tests, the couple will not receive a marriage license and are subjected to more fines (Human Rights Watch, 2013).

Lack of access to birth control measures, including abortion, and limitations on family size complicate this matter further. Many Rohingya women have no form of birth control that can prevent unwanted pregnancies. In Burma, the largest suppliers of contraceptives in the country are government hospitals (25 percent), drug stores (22 percent), private clinics (13 percent) and government nurses and midwives (13 percent) (United Nations Fund for Population Activities, 2007). Rohingya women have little access to government-run hospitals and are often too poor to afford contraception at private clinics. Rohingya couples are forced to rely on the pullout/withdraw method. If a couple does have a child

¹ The official state name of Burma is now Myanmar. Many human rights advocates, however, choose to use "Burma" as a way of rejecting the legitimacy of the military regime that routinely violates human rights standards. For this reason, the state is referred to as Burma throughout this paper.

before obtaining a license, which is common, they will not be allowed to get married and will also be forced to pay large fines. These policies have left Rohingya women especially vulnerable during an “illegal” pregnancy (Kashy, 2013). This situation was complicated in 2005, when Rohingya families in the Buthidaung and Maungdaw townships of northwestern Arakan State became subject to a two-child policy. If a woman had more than two children, the family would be forced to pay fines or face imprisonment. In order to avoid punishments for becoming pregnant while waiting for permission to marry or for having more than two children, some women have resorted to dangerous and illegal abortions. Abortion is illegal in Burma except when it would save the mother’s life. In order to end a pregnancy, some Rohingya women have risked their lives during at-home abortions. If something goes wrong with the abortion, women are often not able to receive medical attention (Human Rights Watch, 2013). If a Rohingya woman does carry her “illegal” pregnancy to term, she must pay fines, face imprisonment, hide the child from authorities (which ensures that the child will not be registered and furthers the cycle of statelessness), or give the child to another family in hopes the new couple can pass the child off as their own (Kashy, 2013).

During pregnancy and labor, some women face serious complications and die without access to health care. If there is an emergency at night, it is almost impossible to receive help (Tell & Gopallawa, 2013). Without papers, the Rohingya are unable to access or receive adequate attention in government-run facilities. Communities may be blocks away from a hospital, but Rohingya still have little or even no access to care; this is the case for residents of Aung Mingalar, the last remaining Muslim village in Sittwe, where the surrounding community has prevented Rohingya from accessing hospitals. UN aid workers have also noticed that Arakanese midwives often refuse care to pregnant Rohingya women (Kashy, 2013). Humanitarian groups working in Burma are forced to fill the gap left by the government, denying the Rohingya the right to health, an almost insurmountable task. Medecins Sans Frontieres (MSF) has stated that whole villages have been denied even basic services. MSF had to arrange for

Rohingya patients to be seen in Aung Mingalar, where only ten beds were designated for Rohingya. Pregnant women experiencing complicated deliveries could only receive a referral to a government hospital from MSF. Help from outside organizations has become the main hope for access to medical treatment (Fisher, 2014). However, the Burmese government banned MSF in late February 2014, thereby eliminating the main provider of care in the entire region and leaving stateless people with no way to access health services. As a result, an estimated 150 of the most vulnerable patients have died, twenty of which were pregnant women facing difficult deliveries (Perlez, 2014).

The threatened health rights of stateless women are not limited to Burma, however; cases from other parts of the world, including the Bidoon in Kuwait, illustrate the severity of this global problem. The Bidoon are a group of stateless people, numbering approximately 106,000, who live in Kuwait and are indistinguishable from Kuwaiti citizens. However, in 1985 the government banned the Bidoon from public employment, expelled Bidoon students in public schools and universities, and stopped issuing official documents. The Bidoon were left stateless, which has greatly affected their access to health care. By 1993, the Bidoon were left with only two options to obtain health care: they could purchase a yearly insurance plan from the government for \$6 dinars (\$32 USD) or they could pay for health services themselves, a difficult task for people banned from public employment and severely limited in the private sector. Health insurance is also not available for all Bidoon to buy; those without valid security cards are not able to purchase it. Hospitals often deny treatment to those who do not possess security cards. Even if a Bidoon could pay for his/her health insurance, restrictions are placed on who can receive medical attention and what procedures are covered. In order to receive care, a pregnant woman in Kuwait must be married. However, for years the Bidoon have been denied marriage certificates by the government. Without proof of marriage, the baby is considered illegal. The mother is therefore unable to give birth in a hospital (Hanson & Teff, 2011). Women facing a difficult delivery have little chance of accessing hospitals or other facilities. One Bidoon women could not afford admission to a hospital

during labor because of the cost of \$35 dinars (\$122 USD). Fortunately her neighbors were able to help her pay for it (Human Rights Watch, 2011).

Stateless Palestinians face similar issues in countries such as Jordan and Israel. Beginning in 1988, the Jordanian government began arbitrarily denying Jordanian nationality from those with Palestinian heritage for political reasons. Without citizenship, people were unable to receive free or low cost health care. Women and children suffer especially when men are stripped of their citizenship, because they too become stateless and health care becomes difficult to access. Like the Bidoon, Palestinians in Jordan without a nationality number do not have the ability to purchase an insurance plan from the government. Costs for some treatments become too high and people are unable to afford it. Obtaining vaccinations is problematic. Without a national number, the Ministry of Health clinic may refuse to give vaccines, forcing people to go to a private hospital where vaccines are expensive (Human Rights Watch, 2010). Stateless Palestinians living in Israel have lower standards of health compared to Israelis. Between 1967 and 1993, due to underfunding and neglect from the Israeli government, Palestinians faced a shortage of health workers, medicine, hospital beds, and other necessary supplies. While Palestinians themselves have tried to improve health standards, they often lack the staff and training to do so, and the health care quality still has fallen short. Because of the discrepancies between Israeli and Palestinian care, the Palestinian infant mortality rate has remained at 27 per 1000 from 2000 to 2006; the same as it was in the 1990s. Stunted growth in Palestinian children, an indicator of malnutrition, has increased from 7.2 percent in 1996 to 10.2 percent in 2006 (Kingston et al., 2010). Accessing hospitals is difficult for stateless Palestinians in Israel, partly because of a complex system of road checkpoints that slow or thwart voyages to the hospital. There are only six hospitals available for routine, emergency, and specific treatments. Obtaining travel permits through Israeli territory is difficult, which has led to a decline in patient admittance in the six hospitals. Even if a permit is secured, that does not mean that Palestinians will make it through Israeli checkpoints. Since September 2000, at

least 68 pregnant Palestinian women have given birth at these checkpoints, 34 women have suffered miscarriages, and four women have died (Kingston et al., 2010).

Stateless European Roma also face serious impediments to their right to health. While not all Roma are without a legal nationality, many do not have citizenship – particularly in the former Soviet Bloc because of restrictive nationality laws. The Roma are one of the most discriminated against groups in the world. Lacking citizenship only leaves women more vulnerable to health issues. Roma women have high rates of premature births and infant mortality (Kingston et al., 2010). They are also less likely to give birth in hospitals, partially because most Roma are excluded from state-sponsored health care and cannot afford a hospital stay (Kingston et al, 2010; Cukrowska & Kocze, 2013). Children of Roma are also disadvantaged because families are unable to afford vaccines; many suffer from chronic measles and tuberculosis. Overall Roma have a shorter life expectancy below national averages, no doubt thanks in part to their lack of access to health care (Kingston et al., 2010).

While some research has specifically addressed stateless women and the right to health, more data is sorely needed. In many cases, we must rely on health research associated with displacement – including refugee camps situations – and apply these findings to stateless populations that may not share the same vulnerabilities or circumstances. For now, the health consequences of forced displacement provide researchers with a starting point for understanding the impacts of statelessness on the right to health. Poor conditions and sanitation in displacement and refugee camps take a particular toll on women, for example; camp life can lead to increased sex work among women and girls, as well as corresponding disease transmission and risks for abuse (Rajabali et al., 2009). The sexual health of women in camps is especially affected by the lack of health care. A study found that 76.7 percent of women who went to a certain health clinic in Pakistan with reproductive complaints had a Reproductive Tract Disorder (RTD). This condition can lead to pelvic inflammatory disease, infertility, ectopic pregnancy, and can increase a woman's risk of transmission of HIV/AIDS, which becomes even

more dangerous when paired with an increased use of sex workers in camps. Personal hygiene practices may also increase chances of getting RTDs; without toilet paper, woman may resort to using contaminated water or mud to clean themselves (Balsara et al., 2010).

Freedom of Movement

Freedom of movement is well established within human rights frameworks and relates to livelihood issues, such as employment. Article 13 of the UDHR states that: “(1) Everyone has the right to freedom of movement and residence within the borders of each state. (2) Everyone has the right to leave any country, including his own, and to return to his country” (United Nations General Assembly, 1948). The International Convention on the Elimination of All Forms of Racial Discrimination states in Article 5 that “all people have the right to freedom of movement and residence within the border of the State, the right to leave any country, including one's own, and to return to one's country and the right to nationality (United Nations General Assembly, 1965). The International Covenant on Civil and Political Rights states that people have the right to move freely in their own country and leave and reenter any country, including their own (United Nations General Assembly, 1966).

Statelessness often leads to abuses of freedom of movement. Stateless populations are frequently denied official documents like birth certificates, marriage licenses, passports, and other identification forms. Without these documents, stateless people are often unable to travel freely and are confined to their home village. In cases where governments issue travel passes for intra-country travel, they are sometimes charged large fees or arbitrarily denied permission to move within the state. Without freedom of movement, stateless persons are frequently unable to find steady wage-earning employment (which furthers systematic poverty), and they also have limited access to hospitals and health clinics. Having no money or access to markets, stateless populations can become dependent on international aid. This situation sometimes leads to further problems, including domestic violence

(particularly violence against women), sex trafficking, and other forms of exploitation during times of confinement and poverty.

Stateless Rohingya in Burma lack any form of identity documents, including birth certificates, and face severe human rights consequences as a result. Without such papers, they are not able to leave their homes and travel without passes to find adequate housing or wage earning employment, pushing them further into poverty (Weissbrodt & Collins, 2006). In the village of Aung Mingalar, police checkpoints and tensions from the surrounding Buddhist community have left 4,000 Rohingya prisoners. The village is essentially cut off from the outside world. Aid deliveries of much-needed supplies are irregular and there is little money in the village (Fisher, 2014). When traveling to another village, Rohingya must apply and pay for passes. Even in cases of emergency, people are still required to apply for a permit. If a person overstays the date on the pass, she/he is not able to return home and is deleted from her/his family list. Traveling without permission is dangerous; people are prosecuted and forced to pay fines if caught (Lewa, 2009). Without freedom of movement, people are grounded – and often in wretched circumstances. Displaced Rohingya forced into camps live in deplorable conditions without access to markets for food and other goods. Since the Burmese government has restricted humanitarian access to the Rohingya, civil society's reaction to this situation has been greatly diminished. The effects of limited freedom of movement and a poor humanitarian response have been devastating. Malnutrition among displaced persons in Rakhine State is near the emergency level of 15 percent (Tell & Gopallawa, 2013). About 20 percent of children are malnourished (Perlez, 2014). There is inadequate access to clean water and sanitation. People have little choice but to live in such poor conditions and many suffer from ailments like diarrhea, skin diseases, respiratory tract infections, and malnutrition (Tell & Gopallawa, 2013).

Without access to economic options like wage earning employment – made impossible, in many cases, by restricted freedom of movement – unemployed women are more vulnerable to forced labor,

especially sex trafficking in states such as Thailand and Malaysia. Ethnic minorities in Burma, including stateless populations, are targeted by traffickers because of their lack of nationality and protection from the government. Neighboring Thailand is home to one of the world's most well-known and lucrative sex industries. Some stateless women and girls have become victims of trafficking in Thailand because of the lack of other economic options and rights. Without nationality to Burma or Thailand, the Rohingya have no legal recourse against traffickers. Since Burmese sex workers are illegally in Thailand, they are likely to be arrested, sent to detention centers, and eventually deported back to Burma if they seek help from the police. These young girls and women are also in high demand because of their "otherness." Many customers in the sex industry are concerned with sexually transmitted infections and the spread of HIV/AIDS. Ethnic minorities are thought to be virgins and more innocent and pure compared to native women. However, women that are trafficked tend to have higher rates of HIV/AIDS (Mah, 2011).

Without the ability to move freely by legal means, some Rohingya have resorted to creating makeshift boats in an attempt to sail to nearby Thailand or Bangladesh in hopes of a better life. Between October 2012 and March 2013, an estimated 13,000 people attempted the treacherous journey across the sea. The majority are men and boys, leaving behind the women in Burma. Rather than grant asylum to the Rohingya boat people that try to reach Thailand, the government has adopted a "Help On" policy. The Thai Navy intercepts these small boats at the coast, provides them with fuel, food, water, and other necessary supplies, and then sends them away toward Malaysia or Indonesia. In reality, however, the boats are often refused and not given supplies; they are left to drift at sea. Because of increased political pressure since January 2013, Thailand has begun to accept more people. However, they are sent to immigrant protection centers, further alienating them from their families in Burma (Tan, 2013; Human Rights Watch, 2013). These people are not afforded any legal protections. Instead, they are treated as illegal migrants rather than refugees. Men and boys are sent to immigration detention centers, which are severely overcrowded. Women and young children are detained in shelters run by the Ministry of

Social Development and Human Security. While people are held in detention, they are unable to solidify their status as refugee or apply for legal immigration status. They have no legal options; it is as if they were still in Burma, trapped in a cage (Human Rights Watch, 2014). Some Rohingya who have escaped detention and shelters have passed through “trafficking camps” located in southern Thailand. Traffickers hold Rohingya for ransom or sell them to fishing boats as laborers. The Thai government has carried out raids on smuggling camps. However, Thai immigration officials are charged with conspiring with traffickers by sending Rohingya into their hands. Rohingya migrants are targeted by traffickers because of their vulnerabilities, which stem from their lack of freedom of movement. The “Help On” policy has also increased the vulnerability of Rohingya to traffickers. Some are even handed over to human smugglers by police or government officials (Human Rights Watch, 2014).

Other stateless groups face great difficulties finding employment without freedom of movement, thus perpetuating the poverty that many stateless people experience. Bidoon in Kuwait must obtain permission and permits to travel from a special committee. This process is difficult because of required fees and the committee’s corruption, thus leaving many Bidoon stuck with few employment options. If a person finds employment outside of Kuwait without the proper documentation, he/she will not be allowed to reenter the country. In Kuwait, finding employment is difficult because stateless people are unable to legally register as employees if they do not possess civil identification cards (Human Rights Watch, 2011). Without proper documentation, stateless persons are unable to own property and are therefore not allowed the option of being legally self-employed. Stateless workers also earn less than even foreign migrant workers (Women’s Refugee Commission, 2013). Women are especially left vulnerable in the workforce. Bidoon women have very few employment opportunities, for instance; most work in nurseries, daycares, or as secretaries and seamstresses. The lack of education stateless girls receive in Kuwait also hinders their economic opportunities, and they are paid less than Kuwaiti women in the same position. Women also have little safety or protection in their jobs; stateless

women often feel pressure to provide for their family, leaving them open to labor exploitation (Hanson & Teff, 2011).

The experiences of displaced persons help us understand the human rights ramifications of denied freedom of movement. Restricted freedom of movement in camp situations, for instance, has been shown to contribute to domestic violence against women. Camp life for Burundi refugees in Tanzania demonstrates this. For traditional male breadwinners, losing economic power creates an identity crisis and can manifest itself in gender-based violence. Movement restrictions in the camp, refugee dependency on aid, the promotion of women's empowerment, and the loss of family support have all contributed to the emasculation of Burundi men. Men who are unable to go out of the camp to find employment or even search for food are left with no way of earning money for their family. The resulting emasculation sometimes leads to an increase in gender-based violence, rising tensions between men and women, men's increased consumption of alcohol, and men having numerous sexual partners (even if married). In 2006, the International Rescue Committee's Sex and Gender-Based Violence Centre received an average of ten domestic cases and one rape case per month. The actual numbers were probably higher because some women never came forward. Men also slept with multiple partners in order to enhance their manliness, exposing some wives to HIV and other sexually transmitted diseases. By losing their right to freedom of movement and their status in their society, men became emasculated and in turn took these feelings out on women close to them, most notably through violence and sexual exploits (Lukunka, 2011).

Limited Access to Education

The right to education is a fundamental human right that is at the heart of many international frameworks, and it affects nearly every aspect of a woman's life. Article 26(1) of the UDHR outlines this right: "Everyone has the right to education. Education shall be free, at least in the elementary and

fundamental stages. Elementary education shall be compulsory” (United Nations General Assembly, 1948). If protected, this right to education gives women a better chance of obtaining employment and allows for people to attain better jobs, working conditions, and pay – all decreasing levels of poverty. If all lower income children were provided with a quality education, 171 million people would no longer live in poverty. For rural families, more education means the diversification of incomes. The higher the level of education, the more likely the wage gap between men and women will decrease. Educated women tend to make better health care choices as well, which can lead to a decrease in the spread of communicable diseases; signs of illnesses are recognized earlier and children are more likely to be vaccinated. Educated mothers have fewer children that tend to be healthier, and they are able to make more informed decisions and provide their children with proper nutrition. If all women in low and lower middle income countries completed secondary education, the under-five mortality rate would fall by 49 percent (United Nations Educational Scientific and Cultural Organization, 2014).

The education of women is of paramount importance, in part because it offers an escape from the cycle of perpetual poverty. In displacement camps, stateless Rohingya children often go uneducated. The Burmese government does not provide these displaced children with an education. Many have missed at least one year of school and are reliant on community-based Islamic education programs. Because of limitations on their freedom of movement, children do not have the option of attending their old school without official documents like birth certificates (Tell & Gopallawa, 2013). It is estimated that the illiteracy rate among the Rohingya is as high as 80 percent (Lewa, 2009). Rohingya in detention in Thailand have very little access to education. Although the Thai government has stated that all children, including migrants, should have access to education, Rohingya children are prevented from enrolling in schools (Human Rights Watch, 2014). Prior to 1987, all Bidoon children in Kuwait had access to free education. However, they were soon excluded and, without identification cards, do not have access to public schools. While the government does have a charity fund established through the Education

Ministry's decree to assist stateless children in attending private schools, not all children have access to it. The only option stateless children are left with is private schools that cost between \$250-450 dinars (\$860-1550 USD) per year plus the costs of books, uniforms, and other supplies (Human Rights Watch, 2011). These schools are taught in Arabic and have lower standards and fewer resources than government schools. Private schools tend to have high populations of Bidoon; 85 percent of a local private school is made up of Bidoon students (Human Rights Watch, 2011).

Despite the importance of education, many stateless girls are unable to complete schooling. The Gender Gap Index shows that boys are frequently more literate than girls because of gender bias within education systems (Schwab et al., 2013), whether students are stateless or not. When you add statelessness into the equation, you see widening education gaps. If Bidoon parents have more than one child and money is scarce, for example, they are more likely to send the son(s) to school and daughter(s) to work. Children are often forced to take a year off if the parents are unable to afford schooling. If a student passes high school, the likelihood of attending college is slim. Without identity cards, public universities will not accept students without proof of nationality. Students are left with expensive private schools as the only option (Human Rights Watch, 2011). Stateless Jordanians also do not have access to public schools. In order to attend public institutions, children must have clearance from the General Intelligence Department. Without it, they must pay for expensive private schooling. Most are unable to attend universities because of the high fees. Depending on the institution, each credit hour can cost up to three times more for stateless Jordanians (Human Rights Watch, 2010). While research has not addressed education of European Roma, it is clear that Roma girls also do not have equal access to education as boys. While research is lacking in stateless Roma, it is clear that there is a gender gap in education. Boys spend more time in school (6.71 years), compared to girls (5.66 years). A large percentage (28%) of Roma women ages 16-64 has no level of education compared to 18 percent of men (Cukrowska & Kocze, 2013).

Research concerning the education of stateless girls is lacking, but other work has made it clear that education is still a gendered issue in many countries. Girls are not attending school at the same rate as boys. Among low-income countries, disparities are commonly at the expense of girls: 20 percent achieve gender parity in primary education, 10 percent in lower secondary education, and 8 percent in upper secondary education (United Nations Educational Scientific and Cultural Organization, 2014). Some protracted refugee situations present educational challenges that are similar to statelessness. The current situation of Afghan refugees living in Pakistan demonstrates how a lack of education can affect young girls. Camp life is difficult; many camps lack necessities like education. The Pakistani government is unable to fill the gap and provide refugee children with a quality education. While some schooling is available, there is little support for it; many children are not able to attend classes. The illiteracy rate is very high among Afghan children; 31 percent of girls aged 17 to 22 have less than two years of education. In the case of rural Sindhi girls, this rate even reaches an alarming 73 percent. Only 55,000 (5%) of the 1.6 million registered refugees have completed primary education. In order to address this situation, the United Nations Educational Scientific and Cultural Organization (UNESCO) and UNHCR organized the Right to Education of Afghan Refugee Children Conference in March 2012 in Islamabad, Pakistan. The aim of the conference was to raise awareness and highlight concerns to encourage stakeholders to achieve the "Education for All (EFA) goals by including Afghan Refugee children through policy and capacity reform" (United Nations Educational Scientific and Cultural Organization, 2012).

Recommendations and Conclusions

To guarantee the rights of women and alleviate the impacts of statelessness, researchers must focus on this problem from a feminist perspective. The discourse would greatly benefit from employing feminist research methodologies. This should begin with a feminist research question, which entails examining marginalized groups and exploring their life experiences. This approach is about looking at

gaps in knowledge and investigating and reflecting on social injustice. Academics and NGOs that study statelessness can use a feminist approach to begin to understand how different women experience injustices caused by social, political, and economic norms. By employing a critical feminist perspective, researchers are not bound by a particular research method. However, throughout the research process they remain critical of the methods they do employ. It mandates that the researcher understands “the power of knowledge, and more profoundly, of epistemology; boundaries, marginalization, silences, and intersections; relationships and their power differentials; and...sociopolitical location (or “situatedness”)” (Ackerly & True, 2010, pp. 22-23). The end goal is for the research and data to influence ideas about social justice while keeping gender in mind.

Using a feminist approach would especially be useful when discussing sex trafficking of stateless women. The research community must look at epistemology, or how we know what we know, in order to understand who is missing from the conversation about sex trafficking. Current research is focused on Thailand and neighboring stateless populations in Burma because of the size of the sex industry in Thailand. While some women are trafficked into Thailand to be sex workers, it is important to note that some may have made the choice to be sex workers. Being confined in displacement camps with little control over one’s life may lead a person to make decisions not readily accepted by mainstream society. Only focusing on stateless populations in Asia also “others” stateless populations everywhere else, including Eastern Europe where there is a large stateless population. These groups of women outside of Asia are ignored, in part due to the current discourse on sex trafficking. Using a feminist framework to think about and frame the issue of sex trafficking of stateless women and men will help researchers better understand who is being victimized, who is making the choice to work in the sex industry, and what the core risks factors are for trafficking and human rights abuse.

Feminist methodology can also aid in making policy recommendations on international and national levels concerning the rights to health, freedom of movement, and education. This requires

research not only on why and how rights are violated, but also on how those violations create other vulnerabilities for abuse. Stateless women suffer more during pregnancy, for instance, because they are often unable to access government hospitals and are unable to afford private care. Some health workers may even refuse to help stateless women because of discrimination. Once the difficulty that stateless women experience in accessing health care is acknowledged and better researched, NGOs and governments can enact policies and programs that address these protection gaps (Kingston et al., 2010). The same holds true for issues such as denied freedom of movement, which limits women from finding legal employment and makes them vulnerable to extreme poverty and trafficking. Connected to this is the right to education, since stateless women who cannot gain a proper education face related vulnerabilities to human rights abuse and exploitation.

States must also be pressured to sign on to international human rights law and uphold those norms in domestic legislation and practice. Even though Articles 7 and 8 of the UN Convention on the Rights of the Child assert that children must be registered at birth, approximately 51 million children per year are not registered and are open to statelessness later in life. The children of stateless parents are often not registered, perpetuating the problem. Pressuring states to follow obligations to register all births can end new cases of statelessness (Heap & Cody, 2009). Such registrations will ensure that children have the official documents necessary for public education and, eventually, legal employment. Particularly restrictive laws – such as Burma’s 1982 Citizenship Law and local ordinances placed on Rohingya women that restrict child rearing and marriage – must be addressed immediately. It is imperative that the international community pressure repressive governments, such as the Burmese government, and that humanitarian organizations are granted access to vulnerable areas in order to provide essential services to stateless groups.

Without a functioning relationship with a government, a person is left completely vulnerable. Stateless people face challenges to their basic rights to health (including access to adequate health

care), freedom of movement, and education. Each of these rights is essential for the well-being and human dignity of girls and women. Consequences – ranging from lack of employment and education, extreme poverty, domestic violence, vulnerabilities to human trafficking, and dire health impacts – are all intimately linked to the condition of statelessness. In order to fully understand the connection between nationality and rights protection, as well as to address human rights impacts happening now, feminist research methodologies that consider gender are vital. It is time to take the plight of stateless women seriously – and that step begins with a solid research foundation.

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