

PN-ABQ-988

Urban FP/MCH Working Paper No. 7

Urban Health Extension Project

**Women's Empowerment
Pilot Project (WEPP)**

**Violence
in the
Slums of
Dhaka City**

WEPP/UVP Study Team

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**International Centre for Diarrhoeal
Disease Research, Bangladesh**

May 1993



The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is an autonomous, non-profit organisation for research, education, training and clinical service. It was established in December 1978 as the successor to the Cholera Research laboratory, which began in 1959 in response to the cholera pandemic in southeast Asia.

The mandate of the ICDDR,B is to undertake and promote research on diarrhoeal diseases and the related subjects of acute respiratory infections, nutrition and fertility, with the aim of preventing and controlling diarrhoeal diseases and improving health care. The ICDDR,B has also been given the mandate to disseminate knowledge in these fields of research, to provide training to people of all nationalities, and to collaborate with other institutions in its fields of research.

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The Urban Health Extension Project (UHEP) is a follow-on activity of the Urban Volunteer Program (UVP). In 1981, the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) began training women volunteers in urban Dhaka in the use of ORS packets for diarrhoeal disease on the assumption that community women could play an important role in teaching others about the home treatment of diarrhoea with ORS. The United States Agency for International Development (USAID) began funding the project in 1986 with a mandate to provide primary health care services to the urban slums and conduct research on child survival related issues. There were additional support from other donor agencies. With funding from the Ford Foundation, the UVP initiated the Women Empowerment Pilot Project to provide training in literacy, legal awareness, income generation and reproductive health to women in Dhaka slums. UHEP continues to focus on health and family planning issues of the urban slums with an overall goal to strengthen the ability of the government and non-governmental agencies to provide effective and affordable family planning and selected maternal and child health services to the urban poor through research, technical assistance, and dissemination of its research findings.

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May 1993

ICDDR,B Working Paper No. 35

Layout Design and Desktop Publishing: Tanbir Morshed
SAKM Mansur
Jatindra N. Sarker

Printing and Publication: Md. Nurul Huda
Hasan Shareef Ahmed

Cover Design: Asem Ansari

ISBN: 984-551-010-8

Urban FP/MCH Working Paper No. 7
ICDDR,B Working Paper No. 35

May 1993

Published by:
International Centre for Diarrhoeal Disease Research, Bangladesh
GPO Box 128, Dhaka 1000, Bangladesh
Telephone: 600171 (8 lines): Cable: CHOLERA DHAKA, Telex: 675612 ICDD BJ;
Fax: 880-2-883116 and 880-2-886050

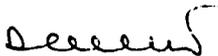
Printed by Sheba Printing Press in Dhaka, Bangladesh

Foreword

I am pleased to release these reports on urban health and family planning issues which are based on the activities of the Urban Health Extension Project (UHEP). UHEP is a follow-on activity of the former Urban Volunteer Program, a pilot project funded by the United States Agency for International Development (USAID) with additional funding from other donor agencies. This particular study was funded by the Ford Foundation.

The poor health status and the health needs of the urban poor continues to be an important emerging public health issue in the Developing World. Bangladesh is no exception. Despite the constraints of poverty and illiteracy, there are proven strategies to provide basic health and family planning services to the urban poor. In Dhaka alone, aside from the Government health care facilities, there are numerous NGOs and private sector providers giving needed services to the urban population. The Centre's own Urban Health Extension Project continues to focus on the urban poor, especially the slum populations, in providing basic family planning and health services through outreach activities (viz. health education, ORS distribution and referral services to service points).

However, enormous challenges remain in providing an optimum level of services to the urban poor. The UHEP, with the support of the USAID, will focus on health and family planning services delivery strategies in reaching the needed services to the urban poor. We certainly look forward to learning more about the health and family planning needs of the urban poor, testing sustainable strategies and applying these proven strategies in collaboration with other partners in government, NGOs and the private sector.



Demissie Habte, MD
Director

Acknowledgements

This report is based on the Women's Empowerment Pilot Project (WEPP) of the Urban Health Extension Project, formerly the Urban Volunteer Program. WEPP was funded by the Ford Foundation, Dhaka Office under a grant, dated June 11, 1990 with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). The ICDDR,B is supported by the aid agencies of the Governments of Australia, Bangladesh, Belgium, Canada, Denmark, France, Japan, the Netherlands, Norway, Saudi Arabia, Sweden, Switzerland, the United Kingdom and the United States; International organizations including the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO); and private foundations including the Ford Foundation (USA) and the Sasakawa Foundation (Japan).

Editorial assistance of Ms. Josephine Sack, Mr. Shamsul Islam Khan, Dr. Kirk Dearden and Ms. Gretchen Antelman are gratefully acknowledged. We extend our special gratitude to Dr. James Ross and Ms. Susan Davis of the Ford Foundation and Dr. Diana R. Silimperi, former Director of Urban Volunteer Program, for their support of the WEPP initiative.

Urban Health Extension Project (Formerly, Urban Volunteer Program),
Women's Empowerment Pilot Project, Community Health Division,
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Contents

	Page
SECTION I	1
1.1 Background	1
1.2 Objective	2
1.3 Methods	2
1.4 Limitations	3
SECTION II	4
2.1 Overview of Violence in Slums	4
2.2 Theft	4
2.3 Drug Addiction	7
2.4 Extortion by Musclemen	9
2.5 Murder	11
2.6 Rape	12
2.7 Loan Fraud/Rent	14
SECTION III	15
3.1 Case Studies	15
SECTION IV	18
4.1 Conclusion	18

List of Tables

Table 1. Theft in Slums	5
Table 2. Drug Addiction in Slums	8

SECTION I

1.1 Background

Since its inception in the early 1980s the Urban Volunteer Program (UVP) of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) has been engaged in numerous health-promoting activities in slum areas of Dhaka city. Health interventions include efforts to prevent diarrhoea, increase the use of contraceptives, and improve immunization coverage and nutrition. Volunteers from slum communities play a major role in providing basic health education as well as treatment for dehydration resulting from diarrhoea. Volunteers are also expected to refer slum residents to appropriate sources of care for immunizations, family planning services, nutritional counseling and rehabilitation, and treatment for severe diarrhoea.

With funding from the Ford Foundation, the Urban Volunteer Program expanded its activities to include training in literacy, legal awareness, income generation and financial management, and reproductive health. This project, known as the Women's Empowerment Pilot Project (WEPP), targeted approximately 600 adult and adolescent females residing in Dhaka slums.

This paper reports on one of the studies carried out as part of the Women's Empowerment Pilot Project: Violence in the Slums of Dhaka. This study was undertaken in collaboration with the Naripokkho, Dhaka.

1.2 Objective

The objective of this study is to provide an overall description of violence in selected slums of Dhaka. The findings from this study may provide important information to the Government of Bangladesh, the Urban Health Extension Project (former Urban Volunteer Program) and other NGOs involved in the delivery of health and social services to under-served urban populations.

1.3 Methods

This investigation used qualitative methods to collect information on violence in selected slums from five *thana* of Dhaka City: Mohammadpur, Lalbagh, Sutrapur, Demra, and Kotwali. Since these areas are included in UVP's ongoing Urban Surveillance System (USS), contact with focus group participants was relatively easy.

Nineteen focus groups, ranging in size from four to twelve participants, were held in May 1991. UVP field personnel were used to contact respondents. Focus groups were organized according to occupation, relation to household head, and marital status. Male and female child laborers, part- and full-time maid servants, garment workers, and rickshaw pullers were all included in discussions. Groups of married and single women (including those who were separated, divorced, or widowed), mothers-in-law, step sons, step daughters and orphans participated in the focus group discussions as well.

An interviewer and two facilitators were present in all interviews. A limited set of questions guided focus group discussions. In attempting to identify types of violence in the slum, as well as discussants' responses to violence, open conversation was encouraged. Interviews took place in the field offices of UVP (Mohakhali, Mohammadpur, Lalbagh, and Sutrapur) and were tape recorded, transcribed, and coded for analysis.

1.4 Limitations

This study suffers from a number of limitations. First, no adequate time was allocated for a more careful selection of focus group participants. Consequently, the groups could not be chosen as carefully as they should have been. Second, focus group participants were not adequately briefed on the purpose of discussions. Not surprisingly, there was some reluctance to discuss matters of a personal nature openly. Finally, since there was no attempt to collect quantitative information on violence, it was not possible to draw conclusions about its incidence.

SECTION II

2.1 Overview of Violence in Slums

Theft, drug addiction, and extortion by musclemen are among the most common crimes in urban slums, murder and rape were mentioned less frequently. However, it might be that these crimes were under-reported, in part, because respondents were unwilling to talk openly about such sensitive issues.

2.2 Theft

Theft is a most common crime in the slums. Most of the respondents reported that their household materials and other assets were stolen at least once and as many as three times during their stay in the slums. Table 1 enumerates cases of theft. Since this study was qualitative in nature, no attempt was made to quantify results.

As the table indicates, many of the items stolen were essentials necessary for daily living. However, some items, such as cassette recorders and radios, were luxuries which not all could afford. Theft occurred at most any time of the day or night. One response to high rates of burglary--at least for women who work during the day--is to leave children to

guard the house. However, several mothers reported that household materials were stolen when children were asleep.

Table 1. Theft in the Slums

Items Stolen	How Stolen	Suspect(s)
Clothing	Breaking down the door	Individuals familiar to the family
Cassette Player	Cutting the bamboo wall of the house	Paper collectors
Utensils	Through open door	Heroin addict from the slums
Brass Pitcher	While victim was absent	Slum women
Iron Bucket	Through entrance way to house (no door)	Boys from playground
Poultry	Threatening with a knife	Familiar individuals from the nearby areas
Shoes, Mosquito Net, Iron Trunk, Rickshaw, Motorcycle, Brass Utensils, Money, Bamboo, Radio, Gold Ornament, Table Clock, Land Titles, Rice, Vegetables, Soap, Oil, Items from Grocery Store	Unknown	Unknown

Frequently, those victimized by theft knew the perpetrator. However, most felt unable to catch the thieves, and few felt they did not have the support of the police. Two men who had had rickshaws stolen indicated that they knew who had taken the rickshaws, but since the thieves were considered to be influential in the community, nothing was said.

In general, respondents were reluctant to report burglary to the police. While in some instances, police searched the area after a report was filed, group members feared recrimination from musclemen once the legal authorities had left. Nevertheless, there were reports that police pursued crimes, and in selected cases, caught thieves and punished them accordingly.

At times, community members exerted pressure on the police to secure the release of a friend or family member. On several occasions, community members collected the money needed to secure the release of a prisoner and/or bribe the officials. Nevertheless, most mothers felt that their money was better invested in rice and other essential commodities for the family.

Focus group discussions on theft also highlighted the mutual mistrust between the slum dwellers and the rich. Slum dwellers complained that wealthier peers living adjacent to slums often accused them of committing theft and would threaten to destroy slum households if these alleged crimes continued.

2.3 Drug Addiction

Based on responses from focus group members, most participants felt that drug addiction had numerous deleterious effects. Many complained that those household members addicted to drugs were a drain on the financial well-being of other family members. Others mentioned the psychological stress which often accompanies drug addiction. Table 2 indicates type of drug use, user, source of money for drugs, and impact on the family (according to focus group participants). It is important to mention that gambling was viewed as one type of addiction. Focus group members made a clear connection between drugs and gambling in their discussions with facilitators. Some respondents also linked adultery and drug addiction.

Feedback from group members suggests that a large portion of males living in slums were addicted to some kind of drug, alcohol, or gambling. However, we have no quantitative information to substantiate these claims.

With respect to the treatment of drug addiction, hospitals were mentioned by several of the respondents. In each case, cost was absorbed by parents and relatives. While some respondents had used hospital services for the treatment of drug-addicted relatives, many were unaware that such facilities were in existence.

Table 2. Drug Addiction in Slums
 (Abbreviated list of Respondents' reports)

Individual Addicted to Drugs	Type of Drug Used	Source of Money for Drugs	Impact upon Family
Boy from Mohammedpur slums	Heroin	Selling household goods	Agony for family
Husband	Hashish	Second job (as nightguard)	Mental and physical distress for wife
Husband	Alcohol	Daily income	Husband and wife fight; income needed for food is spent on alcohol and cards
Boy from adjacent household	Hashish, Heroin, Alcohol	Unknown	Unknown
Step son	Hashish, Heroin, Alcohol	Parents	Unknown
Landlord and Brother of Respondent	Alcohol	Unknown	Unknown
Respondent's Uncle	Hashish, Heroin, Alcohol	Stealing	Unknown
Husband	Alcohol, Heroin	Begs	Physical abuse (including intrauterine death of fetus due to beating); Abandonment
Respondent's Brother	Alcohol, Hashish	Through gangs	Unknown

Respondents indicated that drug shops could be found in Dalpatti, Killarmor, Gulistan, Azimpur, and Tejgaon. Some shops also sold home-made alcohol. Focus group participants reported that hashish and heroin shops sold other products such as soap, oil, and food "up front", but dealt in drugs at the back. Both men and women sold drugs at home and door-to-door. One respondent confessed that his grandfather had once brought Tk 70,000 worth of heroin to the slums.

While focus group members stated that drug dealers were often publicly arrested, they also mentioned that those caught were released almost immediately. Some respondents indicated that drug dealers regularly bribed the police to stay on their good side.

Some focus group respondents indicated that husbands would marry three or four wives and force their spouses to sell drugs. If wives refused, husbands would beat them until they were unconscious. On more than one occasion, husbands withdrew financial support for wives who were reluctant to deal in drugs.

2.4 Extortion by Musclemen

Musclemen, known locally as *mustan*, are an integral part of slum life. These gang leaders extract money from slum residents for electricity, gas, water, and latrine facilities and often invent excuses for raising their prices. The *mustan* do not own these resources or provide other necessary

services to slum residents, but act as illegal liaisons between slum dwellers and companies providing services. One example of extortion occurred in Agargaon. When a local gas line was installed, musclemen asked for Tk 10,000. This fee was in addition to those normally charged by the Gas Department. The *mustan* argued that if the fee was not paid, the gas line could not be installed. Personnel from the gas department were so annoyed with the musclemen's threats that they stopped working on the line. Finally, the slum dwellers were compelled to give the *mustan* the money, and the gas line was installed.

The *mustan* often beat up and knife people from the slums, if they refuse to pay the money the *mustan* require of them. In Mohammedpur, gang leaders asked slum residents for Tk 25,000, threatening to kill, if the required sum was not paid. The slum dwellers and landlords collectively raised Tk 23,000. Once paid, the *mustan* left the area. Focus group participants mentioned numerous cases of abuse by the *mustan*. One man's cheek was cut with a broken glass bottle, while another was beaten unconscious while bathing. One individual's hand was cut off when he refused to pay musclemen the required sum of money.

While the *mustan* rarely abuse females physically, verbal harassment is frequent. There were some reports that women who tried to fight the *mustan* with physical force were met with violence.

Slum inhabitants mentioned that there had been a number of efforts to organize themselves against musclemen. Boys from the Azimpur orphanage organized themselves against gang leaders who, on a monthly

basis, would come and take their money. Using bamboo, bricks, and stones, these orphans scared off gang leaders. The residents of Agaraon were effective in deterring the *mustan* from entering their homes. They used sickles and sticks to ward off gang leaders for several months.

2.5 Murder

Murder is common in many slum areas; but in Mohammedpur, it is particularly endemic. The following list details some of the murders which occurred in each area according to focus group participants:

- a) A thief was murdered by other thieves.
- b) A woman was murdered by her friends with a knife.
- c) One boy was killed by unknown miscreants.
- d) A 12-year old girl was kidnapped and murdered by *mustan*.
- e) A shopkeeper was attacked and stabbed. He survived after prolonged suffering.
- f) In an attempted robbery, another shopkeeper was stabbed by miscreants.
- g) In an especially brutal fight between two groups, an individual was murdered and his body was cut up into pieces.

Respondents indicated that murder could occur at any time. The crimes mentioned above transpired at all hours of the day or night. The

bodies of the deceased were disposed of in various places. One was found on the bank of the pond, near Sutrapur slum, another in Shahidnagar, another in Mill Barrack, another on the road beside the Mohammedpur slum, another near Shamoli Bus Stand and finally, one on the main road. One girl was taken from the garment factory (Adabar) and killed; her body was never found.

In most cases, the police came to the spot and took note of the incident. Slum residents were not, surprisingly, reluctant to act as witnesses to the case.

2.6 Rape

As mentioned earlier, cases of rape are seldom made public. Consequently, many of the events surrounding specific cases are not known or divulged. A few incidents which were mentioned by respondents are mentioned below.

- a) Two sisters were taken out of the house by *mustan*, raped, and then brought back home. One of them became pregnant. She, alone, arranged for an abortion and treatment.
- b) One girl, traveling by rickshaw, was stopped and taken away by 4 or 5 boys, who proceeded to rape her. Her present whereabouts are not known.

- c) Twelve men raped two girls in the Sutrapur slum. They were left along the roadside in very bad condition.
- d) There was an attempted rape on a girl who was alone in her house in Mohammadpur.
- e) While one girl was coming home alone from work at the garment industry at 9 p.m., she was assaulted near the bamboo bridge in Mohammadpur.
- f) One woman, taken away from her house by *mustan*, was found the next morning in a paddy field, close to death.
- g) The *mustan* frequently bothered a girl from Mohammedpur who regularly travelled by bus. On one occasion, the girl had beaten one of the boys with a shoe. Later on, gang leaders assaulted her. Focus group members reported that she would never be able to have children.

In an effort to decrease the risk of being raped, young women in the slums rarely walk alone. Normally, family members accompany them.

Slum residents are not apt to look upon victimized women with disdain. Rarely is anything malicious said about girls who become pregnant as a result of rape. On several occasions, landlords paid for the treatment of women victimized by rape. Likewise, parents assumed responsibility for taking daughters and wives who had been raped to appropriate health care facilities.

Understandably, group members were less willing to talk about marital rape. However, some respondents mentioned that their husbands' demands for sexual activity were greater than those of their own. There were several reports of rape within marriage. Further, some wives reported that if they did not meet their husbands' demands, husbands went to second wives or prostitutes to fulfill their sexual desires.

2.7 Loan Fraud/Rent

Slum residents frequently borrow money to meet daily living expenses or invest in needed materials. Landlords are the most common source of loans.

There were numerous reports of high interest rates on loans. Focus group members indicated that an interest rate of 120% per annum was typical. When borrowers default, household items, including fans, utensils, radios, and watches, are confiscated.

Landlords use other methods to collect late rent. Slum residents indicated that, on two separate occasions, landlords barred tenants whose rent was overdue from entering their homes. In one instance, a woman and her two small children were locked out of the house for the whole day.

SECTION III

3.1 Case Studies

This section documents specific cases of violence, torture, abuse, and extortion which take place in the slums.

Violence Between Husbands and Wives

According to focus group participants, wives are often the victims of physical torture and verbal abuse. There were very few reported cases of wives abusing husbands. Alleged reasons for abuse include arguments over household matters, failure to accomplish household tasks (e.g. cooking), difficulties associated with rearing children (including episodes of child abuse by wives), and disagreements between wives and in-laws. Wives often reported that in cases of abuse, they would keep quiet and try to avoid aggravating the situation further.

Abuse within marriage is influenced by individuals outside the marital dyad. For instance, some wives complained that their in-laws incited husbands to beat them. Wives also mentioned that individuals outside the home, including neighbors and landlords, often intervened to stop the fighting.

Violence Between Mothers-in-Law and Wives

In those families where the mother-in-law co-resides with her son and daughter-in-law, disputes often arise. Wives frequently provoke mothers-in-law to anger, if wives beat their children, gossip, or fail to complete household responsibilities. Mothers-in-law share an equal portion of the blame. Wives mentioned that a common point of contention revolves around the presence of mother-in-law's daughters (i.e. husband's sisters) within the household. Wives complained that their sisters-in-law rarely worked, leaving most household responsibilities to them.

Disputes Among Joint Families

Land ownership and land use are major sources of contention among slum families. In one instance, a man bought a piece of land for his wife when it rightfully belonged to his brothers, sisters, and parents. The wife's brother and the man's family resorted to violence to settle the dispute.

Sharing scarce resources, including latrines, tubewells, or kitchens is often problematic. Tubewells and latrines are often shared by 30 or more families. Several families complained that they were completely dependent on other slum dwellers' water source. Focus group participants indicated that disputes often arose over who gets to use water first. On

more than one occasion, those waiting in line for water resorted to verbal and physical abuse.

Separated, Divorced, and Widowed Women

Widowed, separated, and divorced women are often marginalized by other slum inhabitants. Separated women (many of them abandoned), are especially susceptible to scrutiny by the community and are often subject to the whims of their husbands. These women are frequently left without the necessary financial resources needed to buy clothing and food and pay for rent. Further, they rarely receive the emotional support which they need. Nevertheless, there is some indication that women who are separated, divorced, or widowed enter into protective relationships with "guardians" (usually a father, mother, brother or brother-in-law). For those women with no male relatives, relationships with non-kin, especially immediate neighbors, are established. Neighbors often provide single women with financial assistance and help in securing employment and child care.

SECTION IV

4.1 Conclusion

This report documents some of the crimes which occur in Dhaka slums. According to this report, theft, drug addiction, loan fraud, murder, and rape are all fairly common occurrences, with theft having the greatest incidence. Focus group participants bitterly complained about gang leaders (or *mustan*) who exacted high prices for such essentials as gas and water. Discussion members were also bothered by loan fraud. Drug addiction was seen as but one manifestation of addiction, which included such vices as alcoholism, womanizing, and gambling.

While many group members had been victimized by one or more of these crimes, a number of individuals had taken it upon themselves to combat violence in the slums. Mothers frequently left children at home to guard the house against robbers and, along with other family and community members, raised sufficient money to secure the release of a relative if accused of such crimes. Orphans and Agaraon residents had organized themselves against the *mustan*, with varying success. Also girls rarely walked alone at night to reduce the risk of being raped or murdered. Nevertheless, in the absence of concrete government or private efforts to stem the tide of violence, slum residents will face an increasingly chaotic future.

Urban Health Extension Project (UHEP) Publications

Jamil K, Baqui AH, Paljor N. Knowledge and practice of contraception in Dhaka urban slums: a baseline survey. May 1993. (ICDDR,B working paper no. 31) (Urban FP/MCH working paper no. 3). ISBN: 984-551-006-10.

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Chaudhury N, Mohiuddin QN, Momtaz S, Ghosh KR, Lili FB, Leena MM. Violence in the slums of Dhaka city. May 1993. (ICDDR,B working paper no. 35) (Urban FP/MCH working paper no. 7). ISBN: 984-551-010-8.

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Fronczak N, Amin S, Laston SL, Baqui AH. An evaluation of community-based nutrition rehabilitation centers. May 1993. (ICDDR,B working paper no. 38) (Urban FP/MCH working paper no. 10). ISBN: 984-551-013-2.

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**Diarrhoeal
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Subscription Information

Subscriptions to the JDDR run for a full calendar year and include air mail postage.

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2. Bangladesh TK. 500.00
3. All other countries US\$ 100.00

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Published by:

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20



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Each year, ICDDR,B treats over 70,000 patients attending its two hospitals, one in urban Dhaka, the other in rural Matlab. Though they are planted in Bangladeshi soil, they grow because of the dedication of thousands of concerned people throughout the world. The patients are mostly children with diarrhoea and associated illnesses and the services are offered free to the poorer section of the community.

Since these services are entirely dependent on financial support from a number of donors, now we at the ICDDR,B are establishing an entirely new endeavour: an ENDOWMENT FUND. We feel that, given securely implanted roots, the future of the hospitals can confidently depend upon the harvest of fruit from perpetually bearing vines.

To generate enough income to cover most of the patient costs of the hospitals, the fund will need about five million US dollars. That's a lot of money, but look at it this way:

**JUST \$150 IN THE FUND WILL COVER THE COST OF TREATMENT
FOR ONE CHILD EVERY YEAR FOREVER !**

We hope you will come forward with your contribution so that we can keep this effort growing forever or until the world is free of life-threatening diarrhoea. IT IS NOT AN IMPOSSIBLE GOAL.

For more information please call or write to:
Chairman, Hospital Endowment Fund Committee
GPO Box 128 · Dhaka, 1000, Bangladesh

Telephone: 600-171 through 600-178
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