

Translating Scientific Texts from Croatian into English

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UNIVERSITY OF RIJEKA
FACULTY OF HUMANITIES AND SOCIAL SCIENCE
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**TRANSLATING SCIENTIFIC TEXTS FROM CROATIAN INTO
ENGLISH**

Submitted in partial fulfilment of the requirements for the B.A. in English Language and
Literature and Philosophy at the University of Rijeka

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ABSTRACT

This B.A. thesis consists of the introductory part that gives an insight into the methodology of the thesis, while the main body consists of three scientific texts in Croatian and their translation into English, as well as an analysis of each text. The thesis will address the difficulties encountered while translating three scientific texts from Croatian into English. The first text deals with depression in women (particularly women in Croatia) who are in the process of medically assisted reproduction. The second text focuses on the socio-political context of Latin American novels about dictators, their customs and the history of Latin America. The third text is about the rights of children with disabilities and the implementation of their rights. All of the translations are followed by an analysis using a method that focuses on 12 points of analysis. These points are genre, source, audience, the purpose of writing, authenticity, style, level of formality, layout, content, cohesion, sentence patterns and terminology of the subject. All the analyses are followed by commentary about the source text and translated text as well as the issues found while translating. The thesis ends with a conclusion that gives a synthesis of work and stresses the importance of translating. All the bibliography used is referenced on the last page of this B.A. thesis.

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1. INTRODUCTION

Translation of scientific texts involves complex issues arising at different levels but in the following thesis I will attempt to render three different scientific texts from the Croatian language into English. The first text is an extract of an article published in a scientific journal on the Croatian portal 'Hrčak' and regards the topic of infertility in women and the depression that arises from it. The second text is an essay looking into Latin American literature, particularly novels about Latin American dictators. The third text is also an extract from an article published in a scientific journal on the Croatian portal 'Hrčak' whose main subject matter is children with disabilities and their rights guaranteed by the United Nations.

Along with the translations, where the aim was to retain the meaning conveyed in the source language, the thesis offers analysis on grammatical, stylistic and lexical levels that occurred in the translation process. The analysis consists of 12 points each; genre, source, audience, the purpose of writing, authenticity, style, level of formality, layout, content, cohesion, sentence patterns, and terminology of the subject.

In addition to transforming the source texts into their English equivalents, it is important to understand and know the culture of both languages. I have chosen to translate these three texts because of the interesting topics, and in doing so, I used dictionaries, articles, thesaurus, and grammar.

Moreover, the thesis consists of the title page, the abstract, the table of contents, the main body, and finally the conclusion. The main body consists of the introduction, three source texts and their translation as well as the analysis of each. The main points of this work are restated in the conclusion and the thesis ends with the bibliography that was used to accomplish this task.

2. Source Text I

UVOD

Neplodnost se definira kao nemogućnost para da postigne začecje i/ili održi trudnoću do rođenja djeteta nakon godinu dana i više redovnih nezaštićenih spolnih odnosa (1). Većina parova vjeruje da imaju kontrolu nad svojom plodnošću smatrajući pritom da mogu zatrudnjeti kada hoće. Međutim, vjerojatnost da par zatrudni tijekom ženine ovulacije iznosi 25 %, i to ako partneri nemaju nikakvih zdravstvenih poteškoća.

Godišnje se u Hrvatskoj liječi 10 do 12 tisuća parova nekom od metoda potpomognute oplodnje. Više od polovine parova uopće ne potraži pomoć liječnika, dok ostali zatraže pomoć tek nakon dvije i pol godine neuspjelih pokušaja da ostvare biološko roditeljstvo prirodnim putem (2).

Nemogućnost začecja i rađanja može stvoriti cijeli spektar reakcija za svaki par, što za posljedicu može imati osjećaj životnog neuspjeha i doživljaja krize i stresa (3-6). Vrlo veliki pritisak dijagnoze neplodnosti vodi pre-ispitivanju želje za biološkim roditeljstvom i prilagodbi neostvarenim očekivanjima koja su parovi imali u vezi osobnog i obiteljskog razvoja (3,7,8). Stoga ne čudi što su anksioznost i depresivnost česta pojava kod parova koji se suočavaju s ovim problemom. Pritom treba istaknuti da istraživanja pokazuju da žene doživljavaju više negativnih reakcija u odnosu na muškarce (3,9), što se očituje i u procjenama visokih razina stresa (6,10-14). Neki autori smatraju da je oko 64 % žena koje se nalaze u postupku medicinski potpomognute oplodnje u riziku razvoja nekog oblika emocionalne neprilagođenosti (15).

Mnogobrojna su objašnjenja takvih nalaza. Jedan od razloga može biti i taj što se češće roditeljstvo povezuje s majčinstvom nego s očinstvom (12). U skladu s tradicionalnom ulogom u odgoju djece uvijek se primarno spominje majka i njezina uloga u razvoju djeteta, iako se i uloga očeva zadnjih godina pridaje sve veća važnost te se sve više istražuje utjecaj uloge očeva na razvoj djeteta (4). Ipak je biološko roditeljstvo više društveno vrednovana i poželjna uloga za žene (16), a i žene majčinstvo smatraju centralnom vrijednosti svog identiteta (17). Osim toga, smatra se da žene doživljavaju veću razinu stresa od muškaraca zato što su one tjelesno više uključene i u dijagnostiku i u samo liječenje neplodnosti (8,12,18).

Uz izraženi doživljaj stresa tijekom procesa MPO, istraživanja pokazuju i visoku prevalenciju psihijatrijskih poremećaja. Često se ističe da su žene osjetljivija skupina jer su emocionalno ranjivije, vjerojatno zbog pojačane razine anksioznosti uvjetovane zabrinutošću

zbog neuspjelih postupaka, mogućeg spontanog pobačaja, straha zbog mogućih poteškoća u razvoju fetusa i sl. (19). Ove nalaze potvrđuju istraživanja koja su se usmjerila na utvrđivanje prevalencije psihijatrijskih poremećaja tijekom MPO-a, pa su tako najučestaliji generalizirani anksiozni poremećaj (23,2 %), zatim depresija (17 %) i distimični poremećaj (9,8 %) (5,20). Neki pak autori smatraju da se depresivni simptomi mogu javiti u većem omjeru, odnosno da će između 24 % i 36 % žena koje su u procesu MPO-a razviti depresivne simptome (21). Da neplodnost može biti ozbiljna životna kriza ukazuje i podatak kako je oko 13 % žena kojima je dijagnosticirana neplodnost sklona samoubojstvu (3).

Objašnjenje pojave depresivnosti kod neplodnih žena Volgsten i sur. (22) vide u velikoj stresnosti tog životnog događaja. Neplodnost je nenormativna životna kriza koja može dugo trajati, pa je pojava depresivnih simptoma sasvim očekivana. I neki hrvatski autori iz svoje medicinske prakse potvrđuju ranije navode o tome kako je cijeli proces MPO-a iznimno psihološki zahtjevan te time može uzrokovati različite emocionalne reakcije i poteškoće (23).

U mnogim je istraživanjima dobiven nalaz da je depresivnost učestalija u neplodnih žena nego kod kontrolnih skupina (parovi s djecom, parovi u postupku posvajanja, parovi koji su očekivali dijete) (5). Smatra se da su neplodni parovi, osobito žene, podložniji depresivnosti, jer se nalaze u situaciji u kojoj sami mogu malo ili ništa napraviti kako bi je riješili i utjecali na ishod, dok parovi s djecom ili u postupku posvajanja imaju veću kontrolu nad situacijom.

Isto tako valja istaknuti da procjena stresnosti iskustva neplodnosti i depresivnosti značajno ovisi o vremenu ispitivanja (24). Mnoga istraživanja upućuju na vezu između razine depresivnosti i razdoblja u kojem se osobe koje su u procesu MPO-a nalaze. Tako neka istraživanja pokazuju da razina depresivnosti kod neplodnih parova raste i nakon 6 mjeseci od neuspjelog pokušaja (25). Slično ovim nalazima, i u drugim istraživanjima je dobiveno da negativan rezultat tretmana izaziva veće razine depresivnih simptoma (26). Primjerice, Matsubayashi i sur. (27) izvještavaju kako je prije IVF tretmana 11,6 % žena pokazivalo znakove depresivnosti, dok se nakon neuspjelog tretmana taj broj povećao dvostruko, na 25,4 %. Veerak i sur. (28) izvješćuju da je svaka četvrta žena koja je više od jednog puta doživjela negativni ishod MPO-a imala simptome depresivnosti. Neki autori također naglašavaju da depresija postaje izraženija što je više neuspjelih pokušaja oplodnje (29).

Žene koje su već 2-3 godine u neuspjelim procesima MPO-a značajno su depresivnije od onih koje to pokušavaju kraće vrijeme (6 mjeseci do godine dana) (21).

Neki drugi autori (27) smatraju da je rizik depresivnosti najveći između prve i treće godine neplodnosti. Oni pretpostavljaju da kod neplodnih parova prvih godinu dana prevladava nada i vjera u uspješno rješavanje problema. Nakon toga počinju simptomi tuge, razočaranja i depresivnosti da bi nakon 3 godine pokušavanja da postanu biološki roditelji počelo prihvaćanje činjenice da ne mogu ostvariti biološko roditeljstvo.

Uz emocionalne reakcije, socijalne posljedice su isto tako često izražene, primjerice tajenje problema, izbjegavanje druženja s prijateljima koji imaju djecu i izoliranje od članova obitelji koji stalno ispituju o planiranju roditeljstva (3).

Neplodni parovi suočavaju se sa specifičnim stresorima te stoga koriste više različitih strategija suočavanja i to većinom strategije usmjerene na emocije i izbjegavanje (30). Većina autora (12,14,31) je suglasna da dugotrajno korištenje izbjegavanja rezultira visokim razinama doživljenog stresa. Jedno longitudinalno istraživanje (8) je pokazalo da aktivne izbjegavajuće strategije suočavanja predviđaju porast intenziteta stresa tijekom 5 godina. Drugi autori (32) naglašavaju da strategije izbjegavanja kao što je izbjegavanje razgovora o djeci i trudnoći mogu značajno povisiti razine stresa kod neplodnih parova, što može u konačnici intenzivirati negativne posljedice u odnosu na korištenje nekih drugih strategija. U literaturi se često navodi da je aktivno izbjegavanje (npr. izbjegavanje druženja s parovima koji očekuju rođenje djeteta, ili parova koji imaju djecu) povezano s većom razinom stresa i depresivnosti, dok to pasivno izbjegavanje (npr. vjerovanje u čudo) nije (14). Usmjerenost na emocije, jednako kao i aktivno izbjegavanje, nije učinkovita strategija (31). Međutim, ponekad na početku procesa prilagodbe na neplodnost i na postupke MPO izbjegavanje i usmjerenost na emocije mogu biti učinkovite strategije suočavanja. Spomenute su strategije učinkovite, ali je njihov pozitivan učinak na doživljaj stresa vrlo kratkog trajanja (31,33,34). Stoga se čini važnim istaknuti da treba voditi računa o vremenu mjerenja i imati u vidu trajanje neplodnosti kao i fazu MPO-a u kojoj se parovi nalaze.

Za razliku od prethodnih dviju spomenutih strategija suočavanja, suočavanje usmjereno na problem omogućuje fokusiranje na specifične ciljeve te se u mnogim istraživanjima pokazalo dobrom strategijom suočavanja sa stresom povezanim s neplodnošću (12,13,25,31). Fokusiranje na ciljeve na neki način vraća osjećaj kontrole te je zbog toga povezano s manjom razinom stresa i depresivnosti.

CILJ RADA I HIPOTEZE

Uvidom u dosadašnju literaturu nismo naišli ni na jedno istraživanje o učincima neplodnosti na mentalno zdravlje koje je provedeno na hrvatskim sudionicima. Međutim, na temelju brojnih stranih istraživanja izvjesno je da prilagodba na neplodnost i postupci MPO kod žena izazivaju visoke razine stresa koje su često praćene pojavom depresivnih simptoma. Stoga je cilj ovog istraživanja bio ispitati zastupljenost depresivnosti žena u postupku MPO-a te utvrditi u kojoj mjeri se depresivnost žena koje su u postupku MPO-a može objasniti procjenom stresnosti toga procesa, strategijama suočavanja sa stresom te trajanjem tretmana i brojem neuspjelih pokušaja MPO.

S obzirom na nalaze ranijih istraživanja, očekivano je da će percipirani stres kao i korištenje izbjegavanja i strategije usmjerene na emocije značajno pridonijeti objašnjenju izraženije depresivnosti, dok se pretpostavlja da će usmjerenost na problem biti negativan prediktor depresivnosti. Također se očekuje da će trajanje liječenja i broj neuspjelih tretmana imati značajnu pozitivnu prediktivnu ulogu u objašnjenju pojave depresivnosti kod neplodnih žena koje su u vrijeme provođenja istraživanja bile u postupku MPO-a.

RASPRAVA

Cilj ovog istraživanja bio je utvrditi doprinos percipiranog stresa, strategija suočavanja te trajanja tretmana i broja neuspjelih pokušaja MPO u objašnjenju depresivnosti kod žena. Razlog zbog kojeg su žene češće sudionice u studijama o medicinski potpomognutoj oplodnji, uključujući i ove, jest činjenica da brojni autori ističu da su one rizičnija skupina za razvoj psihičkih poteškoća u odnosu na njihove partnere (1). Osim toga, većina društava, pa tako i hrvatsko, smatra ostvarenje roditeljstva važnim i poželjnim ciljem za svakog pojedinca u odrasloj dobi, s time da se ipak više za žene naglašava važnost potvrđivanja u roditeljskoj ulozi, jer se pretpostavlja da je majčinstvo važan aspekt samopoimanja žena (4).

U ovom istraživanju dobiveno je da se depresivnost žena koje se nalaze u procesu medicinski potpomognute oplodnje može jedino objasniti percipiranim stresom, iako je bilo očekivano da će i ostale prediktorske varijable, strategije suočavanja, trajanje tretmana i broj neuspjelih pokušaja MPO-a imati značajan doprinos s obzirom na značajnu povezanost s kriterijskom varijablom. Kao objašnjenje pojave depresivnosti kod neplodnih muškaraca i žena Volgsten i sur. (22) navode veliku stresnost neplodnosti. Kako se u literaturi često navodi,

neplodnost se često smatra ne-normativnom životnom krizom koja može dugo trajati, te je stoga pojava depresivnih simptoma sasvim očekivana.

Iako u ovom istraživanju nismo imali kontrolnu skupinu ipak postoje nalazi koji upućuju na zaključak da je depresivnost učestalija u neplodnih muškaraca i žena u odnosu na kontrolnu skupinu kao što su primjerice parovi s djecom, parovi u postupku posvajanja ili pak parovi koji očekuju rođenje djeteta (5). Razlog zbog kojeg bi neplodni parovi u odnosu na kontrolnu skupinu parova bili podložniji razvoju depresivnosti je vjerojatno u tome što se oni nalaze u situaciji u kojoj nemaju kontrolu, niti mogu puno napraviti kako bi je riješili i utjecali na ishod. Iako postoji jasna veza simptoma depresivnosti i neplodnosti, neka istraživanja nisu potvrdila značajno izraženiju depresivnost kod neplodnih muškaraca i žena. Hynes i sur. (43) izvještavaju kako nema razlike u standardnoj psihološkoj procjeni između neplodnih i plodnih parova, što potvrđuju i Dunkel-Schetter i Lobel (44). Ovo je istraživanje provedeno u vrijeme ponovne pripreme sudionica za proces MPO-a te je vjerojatno to jedan od razloga zbog čega depresivnost ipak nije u ovom uzorku bila jače izražena. Ponovni ulazak u proces MPO-a, iako stresan, otvara novu mogućnost za uspješan ishod, što može dovesti do pojave pozitivnih emocionalnih stanja, odnosno manje izražene depresivnosti.

Detaljnijim uvidom u ove naizgled nekonzistentne rezultate vidljivo je da se u različitim istraživanjima depresivnost mjerila u različitim razdobljima tretmana neplodnosti. U budućim istraživanjima bi dakako longitudinalni nacrt bio puno bolji način za utvrđivanje razine depresivnosti kod žena koje su u procesu MPO-a s obzirom da su rezultati stranih istraživanja suglasni da se razina simptoma depresivnosti pojačava nakon neuspjelog pokušaja MPO-a (26,24,27).

Iz kliničke prakse Friščić i Kušević (23) navode da se depresija i anksioznost često javljaju kod osoba koje su neplodne ili se nalaze u procesu liječenja neplodnosti metodama potpomognute oplodnje i to vjerojatno zbog pojačanih psiholoških zahtjeva, koji su u većini slučajeva izvan granica uobičajenog.

Iako je ovo istraživanje uključivalo samo jedno mjerenje, značajne pozitivne veze depresivnosti s trajanjem tretmana i brojem neuspjelih pokušaja MPO-a ukazuju na važnost promatranja spomenutih varijabli u različitim razdobljima procesa MPO-a. Naime, osim što razina depresivnosti varira s obzirom na vrijeme mjerenja i ishod tretmana, depresivnost je povezana i s duljinom trajanja neplodnosti. Osobe koje su 2-3 godine u bezuspješnom

nastojanju da postanu biološki roditelji depresivnije su od onih koji to pokušavaju tek 6 mjeseci do 1 godine (21). S time se slažu i Matsubayashi i sur. (27) koji smatraju da je rizik depresivnosti najveći između prve i treće godine neplodnosti. Ovi autori pretpostavljaju da kod neplodnih parova prvih godinu dana prevladava nada i vjera u uspješno rješavanje problema, nakon toga počinju simptomi tuge, razočaranja i depresivnosti da bi nakon 3 godine neuspjelih pokušaja započeo proces prihvaćanja činjenice da možda ipak neće ostvariti biološko roditeljstvo.

Neki autori ističu da se žene koje tek počinju nekom od metoda MPO-a neznatno emocionalno razlikuju od žena u općoj populaciji. Međutim, nakon neuspjelog tretmana pojavljuju se negativne emocije koje mogu prerasti u simptome depresivnosti što je broj neuspješnih tretmana veći. Naime, negativna emocionalna stanja većinom nestaju nakon uspješnog ishoda (25,26).

U prosjeku sudionice ovog istraživanja su nešto manje od dvije godine u tretmanu i do sada su imale dva neuspjela pokušaja MPO-a. Međutim, od ukupnog broja sudionica, devetnaest posto žena ima umjerene do ozbiljne simptome tuge, potištenosti, bezvoljnosti i manjak interesa. Naime, ta kategorija žena s obzirom na žene s normalnim i blagim simptomima depresivnosti doživljava više stresa, dulje su u tretmanu (i to oko tri godine) te su doživjele više od tri neuspjela pokušaja MPO-a. Ovi rezultati su u skladu s ranije spomenutim longitudinalnim studijama koje potvrđuju značajnu vezu depresivnosti žena koje su dulje vremena u procesu MPO-a i koje su doživjele više neuspjelih pokušaja. Daniluk (45,46) i Leiblum (47) ističu da duljina tretmana kao i broj neuspjelih pokušaja imaju značajan doprinos objašnjenju depresivnosti jer se povećanjem broja tretmana akumuliraju posljedice stresa prethodnih neuspješnih pokušaja što može značajno utjecati na tjelesno i emocionalno zdravlje muškarca i žene. Osim toga, ne smije se zanemariti ni činjenica da zdravstveno osiguranje u Hrvatskoj plaća ograničen broj medicinskih postupaka potpomognute oplodnje, pa se neuspjelim pokušajima parovi približavaju broju kada će možda morati sami snositi troškove što dakako može pojačati razinu stresa, a time i depresivnost. Nadalje, neuspjeli tretmani MPO zahtijevaju prilagodbu para ali i svakog partnera pojedinačno. Mnogi parovi prolaze kroz proces tugovanja, tugujući za činjenicom da neće ostvariti biološko roditeljstvo kako su sigurno ranije vjerovali.

Iako mnogi parovi krenu s optimizmom očekujući da će MPO pomoći, nekima od njih je teško prekinuti s postupkom MPO čak i kada je očigledno da ne donosi željene rezultate (48).

Neplodnost i proces liječenja neplodnosti nije izolirana pojava već dugotrajan proces (44) koji je uz pojavu depresivnih simptoma i intenzivnog stresa (3,5,6) nerijetko praćen cijelim nizom strategija suočavanja. Prema nekim autorima žene koje su u procesu MPO-a najčešće koriste izbjegavanje i emocijama usmjerene strategije (5). U ovom istraživanju dobiveni su nešto drugačiji rezultati, naime, najčešće su se koristile problemu i emocijama usmjerene strategije pa tek onda izbjegavanje. Mogući razlog zbog čega su sudionice ovog istraživanja bile više usmjerene na strategije koje su im omogućavale da na najbolji mogući način riješe problem i da otvoreno iskazuju emocije, traže razumijevanje i potporu, jest u tome što su bile u procesu ponovnih priprema za proces MPO-a.

Nadalje, od spomenutih strategija suočavanja sa stresom, jedino je izbjegavanje bilo značajno pozitivno povezano s depresivnošću. Kako je već naglašeno, neplodnost i proces MPO-a su stresni događaji koji se zasigurno teško mogu kontrolirati. Stoga vjerojatno žene koje koriste strategije izbjegavanja, poput odustajanja, negiranja, smirivanja uz piće i tablete za smirenje pokazuju izraženije simptome depresivnosti i stresa (14).

Negativan odnos izbjegavanja s depresivnošću i stresom moguće je objasniti još i nemogućnošću osobe da se suoči s problemom neplodnosti i sa zahtjevnošću MPO-a. Bolje rečeno, ako osoba izbjegava problem ne može naći druga rješenja ili ciljeve za rješavanje problema u kojem se nalazi te je posljedica toga veća razina doživljenog stresa i osjećaj bespomoćnosti, potištenosti, tuge i apatije. Ranija istraživanja su ukazala na činjenicu da fokusiranje na ciljeve i druge dostupne alternative za rješavanje problema u kojem se osoba nalazi na neki način vraća osjećaj osobne kontrole te je stoga povezana s manjom razinom stresa i manjim rizikom od razvoja nekih psihičkih poteškoća (12,13,25,31).

Longitudinalno istraživanje Petersona i sur. (8) je pokazalo da aktivne izbjegavajuće strategije suočavanja predviđaju porast intenziteta stresa tijekom čak 5 godina. Zanimljivo je da su Martins i sur. (32) u svom istraživanju dobili nalaz da strategije izbjegavanja, kao što je izbjegavanje razgovora o djeci i trudnoći, mogu značajno povisiti razine stresa.

Lee i sur. (49) na uzorku kineskih žena nalaze da jedna od strategija suočavanja s neplodnošću a koja uključuje izbjegavanje sadrži i distanciranje od odlaska na babinje, druženja s prijateljima i članovima obitelji koji imaju djecu, i sl. Zbog čega to nije najbolja strategija pokazuju i rezultati ovog istraživanja. Naime, žene koje su izbjegavale prijatelje koji imaju

djecu ili očekuju dijete bile su depresivnije i trenutnu životnu situaciju procjenjivale su stresnijom.

Izolacija, sram kao i bojazan zbog stigme česti su pratitelji suočavanja s neplodnošću što može dovesti žene u situaciju da imaju osjećaj gubitka kontrole nad životom i životnim planovima. Golemi pritisak dijagnoze neplodnosti vodi preispitivanju želje za biološkim roditeljstvom i prilagodbi nerealiziranim očekivanjima koja su parovi imali u vezi osobnog i obiteljskog razvoja (3,7,8). To je jedan od razloga zbog kojeg Vlasisavljević (50) smatra da bi se svim parovima trebala omogućiti stručna pomoć savjetovanjem koje bi bilo sastavni dio svakog programa centra za MPO. Isto tako, on smatra da bi savjetovanje trebalo ponuditi prije, tijekom i poslije dijagnostičkih postupaka i liječenja, bez obzira na rezultat tih postupaka.

ZAKLJUČCI I SMJERNICE ZA BUDUĆA ISTRAŽIVANJA

U ovom istraživanju dobiveno je da većina sudionica, koje su se za vrijeme provedbe istraživanja nalazile u fazi priprema za ponovni ciklus MPO-a, nije imala izraženije simptome tuge, bezvrijednosti i potištenosti. Tek su kod jedne petine žena utvrđene umjerene do ozbiljne razine depresivnosti. Kao što je i očekivano, simptomi depresivnosti kod žena su izraženiji što duže traje proces medicinski potpomognute oplodnje koja u više navrata nije rezultirala pozitivnim ishodom, te ako se u većoj mjeri koriste strategijama izbjegavanja. Povezanost percipiranog stresa i depresivnosti potvrđena je i u ovom istraživanju. Naime, percipirani stres je pozitivan prediktor depresivnosti kod žena koje se nalaze u postupku MPO-a. Međutim, potrebno je istaknuti neke nedostatke i smjernice za buduća istraživanja. Jedan od nedostataka ovog istraživanja je mali broj sudionica te bi u budućim istraživanjima bilo korisno uključiti veći broj. Nadalje, mogli bi reći da dijagnoza neplodnosti, kao i cijeli proces prilagodbe i donošenja odluke oko ostvarenja roditeljstva predstavlja kronične stresne događaje koji mogu imati značajan utjecaj na funkcioniranje parova. Stoga bi bilo poželjno longitudinalno pratiti parove tijekom različitih faza procesa MPO -a jer razina depresivnosti varira ovisno u fazi tretmana u kojoj se par nalazi. Međutim, prilikom davanja zaključaka o povezanosti neplodnosti i depresivnosti jako je važno s kojom kontrolnom skupinom uspoređujemo bilo koje emotivno stanje neplodnih parova jer svaka životna situacija (pa tako i trudnoća, posvajanje ili odgoj djeteta) nosi svoje specifične emotivne izazove (27). Osim vođenja računa o kontrolnoj skupini za usporedbu, izrazito je važno obratiti pažnju i na kulturološke razlike i stavove šire društvene zajednice o neplodnosti i postupcima MPO-a (51). Važno je također istaknuti da prema nekim autorima suočavanje s neplodnošću i sa izazovima procesa MPO-a zahtijeva specifične

strategije, stoga bi buduća istraživanja možda ipak trebala uključiti ne opće mjere suočavanja sa stresom nego mjerne instrumente koji su razvijeni isključivo za ovu skupinu sudionika kao što je *Ljestvica suočavanja za neplodne parove* autora Lee i sur. (49). Dakle, važno je u budućim istraživanjima pratiti oba partnera jer liječenje neplodnosti i postupci MPO-a uključuju par u cjelini. Pritom je za pojačan rizik od razvoja depresivnosti i prilagodbu na neplodnost i proces MPO-a važna razina neuroticizma kod oba partnera (52). Uz neuroticizam osjećaj bespomoćnosti i beznadnosti također su rizični faktori za pojavu negativnih emocionalnih stanja, dok su prihvaćanje, kvalitetni bračni odnos i podrška okoline zaštitni faktori (53). Stoga bi buduća istraživanja, osim praćenja neplodnih parova u različitim stadijima procesa MPO-a trebala uključiti i proučavanje zaštitnih i rizičnih faktora koji značajno utječu na prilagodbu na neplodnost i proces MPO-a.

2.1. Translation of the Source Text I

INTRODUCTION

Infertility is defined as the inability of a couple to conceive and/or sustain the pregnancy until the birth of a child after one year or more of unprotected intercourse (1). Most couples consider that they have control over their fertility, assuming that they can get pregnant in any desired moment. However, the probability of a couple getting pregnant during a woman's ovulation is 25%, even if the partners do not have any health issues.

In Croatia, 10 to 12 thousand couples are treated annually with one of the methods of assisted reproduction. More than half of the couples do not seek medical help at all, while others seek help only after two and a half years of unsuccessful attempts to achieve biological parenthood naturally (2).

The inability to conceive and give birth can create the entire spectrum of reactions for each couple, which can result in a sense of failure and can cause anxiety and stress (3-6). The very high pressure of infertility diagnosis leads to a pre-examination of the desire for biological parenthood and adaptation to the unfulfilled expectations that couples had regarding personal and family development (3,7,8). It is not surprising that anxiety and depression are common in couples who are experiencing this problem. It should be pointed out that research shows that women experience more negative reactions than men (3,9), which is also reflected in estimates of high levels of stress (6,10-14). Some authors consider that about 64% of women undergoing fertility treatment are at risk of developing some form of emotional maladjustment (15).

There are numerous explanations for such findings. One reason may be that more often parenthood is associated with motherhood rather than with paternity (12). Following the traditional role in the upbringing of children, the mother and her role in the development of the child are always primarily mentioned. Although, the role of fathers in recent years has been given increasing importance and the influence of the father's role on child development has been increasingly explored (4). Yet biological parenthood is more socially valued and a preferred role for women (16), and women consider motherhood to be the central value of their identity (17). Besides, women are thought to experience greater levels of stress than men, because they are more physically involved in both the diagnosis and the treatment of infertility (8,12,18).

In addition to the noticeable experience of stress during the medically assisted reproduction (MAR) process, research also shows a high prevalence of psychiatric disorders. It is often pointed out that women are the more sensitive group because they are emotionally vulnerable, probably due to heightened anxiety conditioned by concern about unsuccessful procedures, possible miscarriage, fear of possible fetal development problems, etc. (19). These findings are supported by studies that were focused on the prevalence of psychiatric disorders during MAR, with the most common being generalized anxiety disorder (23.2%), followed by depression (17%) and dysthymic disorder (9.8%) (5:20). Some authors, however, believe that depressive symptoms may occur to a greater extent, that is, between 24% and 36% of women who are in the process of MAR will develop symptoms of depression (21). Infertility can be a serious life crisis, as indicated by the fact that about 13% of women diagnosed with infertility are prone to suicide (3).

Volgsten et al. (22) attribute depression in infertile women to the great stress that surrounds that life event. Infertility is a non-normative life crisis that can last for a long time, so the onset of depressive symptoms is anticipated. Some Croatian authors in their medical practice also confirm before mentioned claims that the whole process of MAR is extremely psychologically demanding and can thus cause different emotional reactions and difficulties (23).

Many studies have found that depression is more common in infertile women than in control groups (couples with children, couples in the process of adoption, couples who were expecting a child) (5). Non-fertile couples, especially women, are thought to be more susceptible to depression because they find themselves in a situation where they can do little or nothing to resolve it and influence the outcome, while couples with children or in the adoption process have greater control over the situation.

It should also be noted that the assessment of stressfulness of the experience of infertility and depression is significantly dependent on the time span of the trial (24). Many studies suggest a link between the level of depression and the length of the MAR process. Some studies show that the level of depression in infertile couples increases even after 6 months of unsuccessful attempts (25). Similar to these findings, other studies have shown that a negative treatment result causes higher levels of depressive symptoms (26). For example, Matsubayashi et al. (27) report that before the IVF treatment, 11.6% of women showed signs of depression, whereas after unsuccessful treatment, this number doubled, to 25.4%. Veerak et al. (28) report

that one in four women who experienced a negative outcome of MAR more than once had symptoms of depression. Some authors also point out that depression becomes more noticeable with the increase of failed attempts at reproduction.

Women who have been in unsuccessful MAR processes for 2 to 3 years are significantly more depressed than those who have attempted it for a shorter period (6 months to a year) (21).

Some other authors (27) consider the risk of depression to be greatest between the first and the third year of infertility. They assume that in infertile couples, hope and faith in successful problem solving prevail in the first year. After that, the symptoms of sadness, disappointment and depression can be seen and after three years of trying to become a biological parent, the acceptance of the fact that they cannot achieve biological parenthood begins.

In addition to emotional reactions, social consequences are also often expressed, such as concealing problems, avoiding socializing with friends who have children, and isolating themselves from family members who are constantly questioning them about planned parenthood. (3).

Infertile couples face specific stressors and therefore use many different coping strategies, most of them are focused on emotions and avoidance (30). Most authors (12,14,31) agree that long-term use of avoidance results in high levels of experienced stress. One longitudinal study (8) showed that active avoidance coping strategies predict an increase in stress intensity over 5 years. Other authors (32) emphasize that avoidance strategies such as avoiding conversations about children and pregnancy can significantly increase stress levels in infertile couples, which may ultimately intensify the negative effects of using other strategies. It is often stated in the literature that active avoidance (e.g. avoiding the company of couples who are expecting the birth of a child or couples that have children) is associated with greater levels of stress and depression, whereas passive avoidance (e.g. belief in a miracle) is not (14). Emotional focus, as well as active avoidance, is not an effective strategy (31). However, sometimes at the beginning of the infertility adjustment process and the MAR procedures, avoidance and focus on emotions can be an effective coping strategy. The strategies mentioned are effective, but their positive effect on the experience is of a short duration (31,33,34). Therefore, it seems important to emphasize that measurement time and the duration of infertility should be taken into account as well as the stage of MAR in which couples are currently in.

Unlike the previous two coping strategies mentioned above, problem-focused strategy allows one to focus on specific goals, and in many studies, it has proven to be a good strategy for coping with the stress associated with infertility (12,13,25,31). Focusing on goals in some way restores a sense of control and is therefore associated with lower levels of stress and depression.

OBJECTIVE OF WORK AND HYPOTHESIS

Considering the literature so far, we have not come across a single study on the effects of infertility on mental health that was conducted on Croatian participants. However, based on numerous foreign studies, it is clear that adaptation to infertility and MAR procedures in women cause high levels of stress, often accompanied by the onset of depressive symptoms. Therefore, the aim of this study was to examine the prevalence of women's depression in the MAR procedure and to determine the extent to which women's depression in the MAR procedure can be explained by assessing the stress of the process, coping strategies and duration of treatment, and the number of failed MAR attempts.

Given the findings of the previous research, perceived stress, as well as the use of avoidance and emotion-focused strategies, are expected to significantly contribute to clarifying more prominent depression, while it is assumed that focusing on the problem will be a negative predictor of depression. It is also expected that the duration of treatment and the number of treatment failures will have a significant positive predictive role in explaining the onset of depression in infertile women who were undergoing MAR at the time of the study.

DISCUSSION

The aim of this study was to determine the contribution of perceived stress, coping strategies, duration of treatment, and number of failed MAR attempts in explaining depression in women. The reason why women are more likely to participate in medically assisted fertility studies, including these, is the fact that many authors point out that they are a riskier group for developing psychological distress than their partners (1). In addition, most societies, including the Croatian one, consider parenthood an important and desirable goal for each individual in adulthood, with more emphasis on the importance of affirmation in the parenthood role for women, since motherhood is assumed to be an important aspect of women's self-concept (4).

This study found that depression in women undergoing assisted fertilization could only be explained by perceived stress, although other predictor variables, coping strategies, duration

of treatment, and the number of failed MAR attempts were also expected to have a significant contribution given the significant association with the criterion variable. As an explanation for the onset of depression in infertile men and women, Volgsten et al. (22) allude to high infertility stress. As is often stated in the literature, infertility is frequently considered a non-normative life crisis that can last for a long time, and therefore the onset of depressive symptoms is quite expected.

Although we did not have a control group in this study, there are still findings that suggest that depression is more common in infertile men and women than in control groups, such as couples with children, couples in the process of adoption, or couples who are expecting a child (5). The reason why infertile couples would be more susceptible to developing depression than the control group of couples is probably because they find themselves in a situation where they have no control, nor can they do much to resolve it and influence the outcome. Although there is a clear link between depression and infertility symptoms, some studies have not confirmed a significantly more noticeable depression in infertile men and women. Hynes et al. (43) report that there is no difference in standard psychological assessment between infertile and fertile couples, as confirmed by Dunkel-Schetter and Lobel (44). This research was conducted at the time of participants' re-preparation for MAR process, and this is probably one of the reasons why depression was not more evident in this sample. Re-entering the MAR process, although stressful, opens a new opportunity for a successful outcome, which can lead to the emergence of positive emotional states or less noticeable depression.

A closer look at these seemingly inconsistent results shows that in different studies depression was measured in different periods of infertility treatment. In future studies, however, a longitudinal draft would be a much better way of determining the level of depression in women undergoing MAR, given that the results of foreign studies agree that the level of depression symptoms increases after an unsuccessful attempt at MAR (26, 24.27).

From clinical practice, Friščić and Kušević (23) state that depression and anxiety often occur in people who are infertile or undergoing fertility treatment using assisted fertilization methods, probably because of heightened psychological demands, which are in most cases beyond the normal range.

Although this study included only one measurement, significant positive associations of depression with treatment duration and number of failed MAR attempts, indicate the

importance of observing the variables mentioned at different periods of the MAR process. Namely, in addition to the fact that the level of depression varies with the time of measurement and the outcome of treatment, depression is also associated with the length of infertility. Persons who have been unsuccessful for 2-3 years in the effort to become biological parents are more depressed than those who have been trying for only 6 months to 1 year (21). Matsubayashi et al. (27) consider the risk of depression to be greatest between the first and third year of infertility. These authors assume that in infertile couples, hope and belief in successful problem solving prevail for the first year, then symptoms of sadness, disappointment, and depression begin, and after 3 years of unsuccessful attempts, the process of accepting the fact that they may not become biological parents begins.

Some authors point out that women who are just starting with one of the MAR methods are only slightly emotionally different from women in the general population. However, after an unsuccessful treatment, negative emotions emerge, which can develop into symptoms of depression, the greater the number of unsuccessful treatments is. That is to say, negative emotional states mostly disappear after an successful outcome (25, 26).

On average, participants in this study are slightly less than two years in treatment and have had two failed MAR attempts so far. However, of the total number of participants, nineteen percent of women have moderate to severe symptoms of sadness, depression, indolence and lack of interest. Specifically, this category of women who are more stressed than women with normal and mild depressive symptoms, have been in treatment for longer (about three years) and have experienced more than three failed MAR attempts. These results are in line with the long-term studies mentioned, which confirm a significant correlation between women with depression, who have been in the MAR process for a long time and women who have experienced more failed attempts. Daniluk (45,46) and Leiblum (47) point out that the duration of treatment and the number of failed attempts make a significant contribution to explaining depression, as the increasing number of treatments accumulates the effects of stress on previous unsuccessful attempts, which can significantly affect physical and emotional health in men and women. In addition, the fact that health insurance in Croatia pays only for a limited number of assisted fertility treatments should not be overlooked, so with every unsuccessful attempt couples are approaching the point where they will have to pay for the treatment themselves, which may increase stress, and thus depression. Furthermore, unsuccessful MAR treatments require the adaptation of the couple as well as each partner individually. Many couples go

through the grieving process, mourning the fact that they will not achieve biological parenthood as they have previously believed.

Although many couples are optimistic that MAR will help, some of them find it difficult to discontinue the MAR process even when it is evident that it does not produce the desired results (48).

Infertility and the process of infertility treatment is not an isolated phenomenon but a long process (44) that is often accompanied by a variety of coping strategies with the onset of depressive symptoms and intense stress (3,5,6). According to some authors, women in the MAR process most often use avoidance and emotion-focused strategies (5). In this study, somewhat different results were obtained, namely, most commonly used is the emotion-focused strategy, and only then avoidance. A possible reason why the participants in this research were more focused on strategies that allowed them to solve the problem in the best possible way and openly express emotions, seek understanding and support, is because they were in the process of re-preparing for the MAR process.

Furthermore, of the aforementioned stress coping strategies, only avoidance was significantly positively associated with depression. As already emphasized, infertility and the MAR process are stressful events that are certainly difficult to control. Therefore, it is likely that women who use avoidance strategies, such as giving up, denying, calming down with alcoholic drinks, and tranquilizing pills, show more severe symptoms of depression and stress (14).

The negative relationship of avoidance with depression and stress can also be explained by the inability of the person to deal with the problem of infertility and with the complexity of MAR. Better to say, if a person avoids a problem, they cannot find other solutions or goals to solve the problem they are in, resulting in greater levels of stress and a sense of helplessness, depression, sadness and apathy. Previous research has suggested that focusing on goals and other available alternatives to address a person's problem somehow restores a sense of personal control and is therefore associated with a lower level of stress and a lower risk of developing some psychological distress (12, 13, 25, 31).

A longitudinal study by Peterson et al. (8) showed that active avoidance coping strategies predict an increase in stress intensity over as long as 5 years. Interestingly, Martins

et al. (32) found in their study that avoidance strategies, such as avoiding talking about children and pregnancy, can significantly increase stress levels.

Lee et al. (49) find in a sample of Chinese women, that one of the strategies for dealing with infertility, which includes avoidance, is to distance themselves from going to baby showers, hanging out with friends and family with children, etc. That is why this is not the best strategy as the results of this research suggest. Specifically, women who have avoided friends who had children or were expecting a child were more depressed and assessed their current life situation more stressful.

Isolation, shame, and fear of stigma are frequent proponents of coping with infertility, which can put women at risk of losing control of their lives and life plans. The tremendous pressure of infertility diagnosis leads to reconsidering the desire for biological parenthood and an adjustment to the unrealized expectations that couples had regarding personal and family development (3,7,8). This is one reason why Vlaisavljević (50), believes that all couples should be provided with professional counseling that would be an integral part of any MAR program. He also believes that counseling should be offered before, during and after diagnostic procedures and treatments, regardless of the outcome of those procedures.

CONCLUSIONS AND GUIDELINES FOR FUTURE RESEARCH

This study found that most of the participants who were in the phase of preparation for the MAR re-cycle did not experience more severe symptoms of sadness, worthlessness, and depression. Only one-fifth of the women were found to have moderate to severe levels of depression. As expected, depressive symptoms in women are more pronounced, the longer the process of medically assisted fertilization is, the repetition of failing to produce a positive outcome, but also the greater the extent is of avoidance strategies that are used. The correlation between perceived stress and depression was also confirmed in this study. Specifically, perceived stress is a positive predictor of depression in women undergoing MAR. However, some shortcomings and directions for future research need to be highlighted. One of the disadvantages of this research is the small number of participants and it may be useful to include a larger number in future research. Furthermore, it could be argued that the diagnosis of non-fertility, as well as the whole process of adjusting and deciding on parenthood, are chronic stressful events that can have a significant impact on couples' functioning. Therefore, it would be advisable to monitor the couples longitudinally during the different stages of the MAR

process, since the level of depression varies depending on the treatment phase in which the couple is in. However, when concluding about the association between infertility and depression, it is very important to distinguish with which control group we associate emotional state of infertile couples, because each life situation (including pregnancy, adoption or upbringing of a child) carries its specific emotional challenges (27). In addition to keeping an eye on the comparison control group, it is also extremely important to pay attention to the cultural differences and attitudes of the wider community about infertility and MAR procedures (51). It is also important to point out that, according to some authors, coping with infertility and the challenges of the MAR process requires specific strategies. Future research may still need to include not general measures of coping but measuring instruments developed exclusively for this group of participants, such as *The coping scale for infertile couples* by Lee et al. (49). Thus, it is important in future research to monitor both partners as infertility treatment and MAR procedures involve the couple as a whole. The increased level of neuroticism in both partners is important for the increased risk of developing depression and adaptation to infertility and the MAR process (52). In addition to neuroticism, feelings of helplessness and hopelessness are also risk factors for the emergence of negative emotional states, while acceptance, quality marital relationship and environmental support are protective factors (53). Therefore, future research, in addition to monitoring infertile couples at different stages of the MAR process, should also include the study of protective and risk factors that significantly influence infertility adjustment and the MAR process.

2.2. Commentary and Analysis

Text I: The Rights of Children with Disabilities and the Rights of Children with Problems of Mental Health; Marina Nekić, Jelena Bekavac, Ivana Tucak Junaković

1. genre

Extracts of an article published in a scientific journal on the Croatian portal 'Hrčak'.

2. source

Nekić, Marina, et al. "DEPRESIVNOST ŽENA KOJE SU U POSTUPKU MEDICINSKI POTPOMOŽNUTE OPLODNJE." *Socijalna psihijatrija*, vol. 43, br. 3, 2015, str. 0-120.

<https://hrcak.srce.hr/156808>. Accessed January 2020

3. audience

This text is intended for audience that is knowledgeable in the field of medicine, but also to everyone who is interested in the subject of depression.

4. purpose of writing

The main purpose was to give additional information about depression found in couples who are going through the process of medically assisted reproduction in Croatia.

5. authenticity

This article was published in a scientific journal on the Croatian portal 'Hrčak', and it can be considered authentic.

6. style

It aims to be clear and direct, and the style can be considered informative.

7. formality

Highly formal.

8. layout

Text is split into 4 parts and 31 points. Each part has a title in capital letters. The text is justified and the indentation of the paragraphs' first line is consequent.

9. content

The article provides one with some general information about medically assisted reproduction and depression. The second part concentrates on the objective of work and hypothesis. Third part of the extracted text discusses on the aim of the study, its method and it introduces the fourth part which contains conclusions and guidelines for future research.

10. cohesion

Lexical cohesion is created by the repetition of words *depression*, *medically assisted*

reproduction/fertilization, MAR, infertility, stress, coping methods

11. sentence patterns:

Sentences are long and complex.

12. terminology of the subject

Terms found in the text are mostly from the field of medicine.

2.3. Workflow

At the very beginning of the translation process, the first issue was to give an equivalent to the Croatian abbreviation for MPO or *medicinski potpomognuta oplodnja*. After consulting with the online literature and looking for articles using these terms, I have decided to use *medically assisted reproduction* and the abbreviation *MAR*.

Another issue I encountered was the use of *kontrolna skupina* that does not have the equivalent in English, and the closest meaning in my opinion is *control group*. The definition of *control group* as stated on *Britannica* is “the standard to which comparisons are made in an experiment.”¹

Furthermore, I also had to search for the best way to translate the words *stresori*, *percipirani stress*, *podložniji*. The meaning of word *stressor* is something that causes stress² and in both English and Croatian has almost the same form and meaning. *Percipirati* means *postići/postizati da se što spozna, shvati ili prihvati*, i.e. “to come to an opinion about something, or have a belief about something”³, it comes from the Latin word *percipere* and its English equivalent is *perceived*. Moreover, for the word *podložniji* several translations could be used such as *be subject to*, *be more amenable to* or *be liable to* but because of the context surrounding the word, I have chosen that the translation *susceptible* is the most appropriate one.

The word *naime* was frequently used in this text, and I had to be careful not to use *namely* throughout the text as it is not appropriate for all contexts in English.

With the part “...prevladava nada u uspješno rješavanje problema...” of a sentence I had some trouble with deciding how to translate it, and how to rearrange the words so it makes more sense, and I have decided on *hope and belief in successful problem solving prevail*.

Finally, the author used long complex sentences in the article so I often had to change the word order or divide the long sentences into few smaller ones so the meaning stays the same but that sounds more natural in the English language.

¹ Encyclopædia Britannica <https://www.britannica.com/science/control-group>, June 1st

² Cambridge University Press <https://dictionary.cambridge.org/dictionary/english/stressor>, June 1st

³ Hrvatski Jezični Portal http://hjp.znanje.hr/index.php?show=search_by_id&id=eV9vXxE%3D, June 1st

3. Source text II

Područje Latinske Amerike[1] zbog iznimno dinamičnog društveno-političkog razvoja pruža zanimljiv tematski okvir raznim vrstama umjetnosti od slikarstva, filma i glazbe do književnosti. Naime, uzimajući u obzir dinamičnost ove regije još od 16. stoljeća i dolaska konkvistadora preko ratova za neovisnost i autoritativnih režima na čelu s *caudillosima*[2] (19. stoljeće) do najbrutalnijih diktatura i američkih intervencija u 20. stoljeću, ovo je područje predstavljalo jednu od *najdinamičnijih regija*. Upravo je prošlo stoljeće uvelike definiralo ovaj prostor. Naime, u kontekstu navedenog vremenskog razdoblja u Latinskoj Americi vladao je niz iznimno represivnih režima (Somoza u Nikaragvi, Pinochet u Čileu, Duvalier na Haitiju, etc). Većina je takvih režima došla na vlast uslijed vojnih pučeva te uz potporu Sjedinjenih Američkih Država. Suprotstavljajući se navedenom došlo je do razvoja niza oblika otpora koji su do današnjih dana stekli mitske dimenzije (gerilska borba Che Guevare i Camila Torresa, *Sendero Luminoso* i dr.). Stoga je upravo 20. stoljeće uvjetovalo razvoj različitih vrsta angažirane umjetnosti preko murala Diega Rivere,[3] poezije Gabriele Mistral[4] i glazbenog smjera nazvanog *Nueva Canción*[5], unutar kojega prevladavaju teme antiimperijalizma te borbe za socijalnu pravdu, do književnosti.

Osim navedenog, specifičnost latinskoameričkog prostora svakako predstavljaju brojni diktatori koji su se smjenjivali, u nekim slučajevima i na mjesečnoj bazi. Stoga je i kolumbijski pisac Gabriel García Márquez (1927.-2014.) jednom prilikom izjavio kako je upravo tropski diktator jedini mitski lik koji je proizvela Latinska Amerika.[6] U okviru navedenog tijekom 1960-ih i 1970-ih godina razvila se, u okviru latinskoameričkog *booma*[7], književna vrsta nazvana roman o diktatorima (*novela del dictador*).

Prema Robertu Gonzálesu Echevarriji žanrovski začetak navedene vrste nalazi se u 19. stoljeću u okviru, prethodno spomenute institucije *caudillosa*. Tako Argentinac Domingo Faustino Sarmineto (1811.-1888.)[8] 1845. godine objavljuje roman *Facundo: civilizacija i barbarstvo* (*Facundo: Civilización y Barbarie*) u kojem tematizira *caudilla* Juana Facundu Quirogu, koji je provodio strahovladu diljem argentinskih provincija. Osima *Facunda* kao svojevrsna preteča navedenoj književnoj vrsti navodi se i roman *Amalia* (1851.), autora Josúa Mármola (1817.-1871.) čiju glavnu fabularnu liniju čini prikaz vladavine argentinskog diktatora Juana Manuela Rosasa (1793.-1877.) Prema Benitu Varelu Jácomeu, ovaj roman predstavlja klimaks nasilja (*tenso climax de violenica*) predstavljenog u okviru građanskog rata te društvene polarizacije (federalisti vs. unitaristi).

Premda se, kako je prethodno navedeno, začeci žanra romana o diktaturi nalaze u 19. stoljeću, on tek u okviru latinskoameričkog književnog *booma* doživljava punu afirmaciju. Među najznačajnijima predstavnicima ističu se Miguel Ángel Asturias (1899.-1974.) Carlos Fuentes (1928.-2012.), Mario Vargas Llosa (1936.-) te Gabriel García Márquez (1927.-2014.)

U razdoblju književnog *booma* Latinska Amerika proživljava iznimno nasilan period, ali i razvoj niza progresivnih društvenih pokreta, koji se opiru režimima *na krilima* Kubanske revolucije (1959.), koja postaje svojevrsni *modus operandi* nizu pokreta. Takva je situacija dovela do neizbježnih sukoba koji su rezultirali tisućama ubijenih, otetih i zatvorenih političkih protivnika. Naime, nakon što je došlo do sloma legalno izabranih socijalističkih vođa (Arbenza u Gvatemali, 1954.; Allende u Čileu, 1973., itd) na vlast su došli iznimno represivni režimi predvođeni vojnim huntama. Tako je u Argentini na vlast došao Jorge Vidal, u Čileu Pinochet, u Paragvaju Alfred Stroessner i dr. Navedeni su diktatori imali apsolutnu moć koja je velikim dijelom bila uvjetovana američkom pomoći. Naime, autor Peter Kornbluh je 2003. godine objavio knjigu *The Pinochet File: A Declassified Dossier on Atrocity and Accountability* u kojoj na temelju arhivske građe, prikazuje utjecaj američke vanjske politike na zbivanja u Čileu od dolaska Pinocheta na vlast. Sukladno navedenom na ovom se području razvio iznimno jaki antiimperijalistički diskurs koji je penetrirao i u književnost. Stoga autori latinskoameričkog *booma* upravo navedene (premda katkad i imaginarne) diktatore prikazuju kao suvremene Zeuse koji djeluju pod američkim okriljem te oblikuju cjelokupnu društveno-političku sliku zemalja. Tako je još Miguel Ángel Asturias u romanu *Gospodin predsjednik (El señor presidente, 1946.)* pišući o gvatemalskom diktatoru Estradu Cabreru naveo kako *diktatorska vlast dolazi u pitanje kada se počne šušhati da ju Washington ne podržava.*

Premda su romani o diktatorima utemeljeni na povijesnoj podlozi oni ju uvelike nadilaze u okviru magijskog/magičnog realizma[9]. Tako se u prikazu diktatura prožimaju povijesne i kulturološke referencije u kojima se miješaju mitovi i stvarnost. Na taj se način stvara osebujna narativna tehnika s elementima fantastike. Naime u prikazu imaginarnog diktatora (koji ujedno može biti i bilo koji latinskoamerički diktator) Marquez u *Patrijarhovo j jeseni (El otoño del patriarca, 1975)* ili „poemi o usamljenosti moćnika“ tematizira diktatora koji živi na izmišljenom otoku u predsjedničkoj palači oko koje *kruže lešinari te u kojoj je vrijeme ustajalo iza zidina.* Unatoč ovome magijskom elementu politički put Márquezovog diktatora podudara se sa stereotipnim diktatorskim osvajanjima vlasti (vojnim udarom, američkom potporom, apsolutnom vlašću, itd.).

Osim *magičnog okvira*, autori romana o diktatorima koriste niz nekonvencionalnih pripovjednih tehnika. Tako se s ciljem prikaza *fikcijske stvarnosti*, autori koriste eliminacijom kauzaliteta, mijenjanjem pripovjednih lica, nelinearnom fabulom, itd. Potonje se posebno očituje u Llosinom romanu *Jarčevo slavlje* (*La fiesta del chivo*, 2000.) u kojemu se gotovo u svakom poglavlju mijenjaju pripovjedne perspektive i narativna vremena. Tako se na početku kao pripovjedačica pojavljuje Urania Cabral (kćerka predsjednika Senata, Augusta Cabrala, zvanog Mozgić) da bi se u idućim poglavljima mijenjala pripovjedna perspektiva (od pozicije urotnika koji planiraju atentat do pozicije političkih poslušnika). Autor, u okviru različitih narativnih vremena paralelno prikazuje zbivanja iz 1961. uoči Trujillovog atentata te epizodu o istrebljenju Haićana (1937.)

Moglo bi se reći kako su *tropski diktatori* proizveli stanje kaosa koje se onda manifestiralo i u književnim okvirima. Naime, kako je prethodno navedeno, 20. stoljeće u Latinskoj Americi obilježeno je iznimno represivnim diktaturama. Stoga je jedan dio latinskoameričkih pisaca nastojao tematizirati upravo diktatore prikazavši svu brutalnost njihovih režima i socijalnu nepravdu koja je iz njih proizašla. Cilj je navedenih romana propitivanje autoriteta tako da su diktatori u romanima prikazani sa svojim slabostima, koje su često na granici s dubokom degeneracijom, pri čemu se posebna pažnja poklanja njihovim seksualnim sklonostima. Tako Márquez u romanu *Patrijarhova jesen* prikazuje pohotnog diktatora koji u polutami naložnice bira ženu „ne svlačeći ni sebe ni nju“ dok bi se sobama prolamalo njegovo „pseće cviljenje“. Llosa na sličan način prikazuje Trujilla kojemu je Manuel Alfonos (predsjednikov svodnik) nabavljao žene, većinom kćeri i žene njegovih najbližih suradnika, koji su pristajali na tu cijenu kako bi očuvali *generilissimovu* naklonost.

Upravo u okviru navedenih motiva, autori pokušavaju prikazati dekadenciju i degeneričnost cjelokupnog društveno-političkog stanja u državi u granicama diktatorskog sustava.

U okviru romana o diktatorima peruanski književnik i dobitnik Nobelove nagrade za književnost (2010.) Llosa objavio je dva romana. Prvi je objavljen pod naslovom *Razgovor u katedrali* (*Conversacion en la Catedral*, 1969.) u kojemu prikazuje peruansko društvo za vrijeme diktatora Manuela Odrija (1948.-1956.)* dok u *Jarčevom slavlju* fabularizira dominikanskog diktatora Rafaela Trujilloa (1930.-1961.; 1942.-1952.). Gvatemalski autor i također dobitnik Nobelove nagrade za književnost (1967.) Miguel Ángle Asturias u romanu *Ja predsjednik* (*El señor presidente*, 1946.) prikazuje gvatemalskog diktatora Estradu Cabreru

(1898.-1920.) dok, kako je prethodno navedeno, Márquez u romanu *Patrijarhova jesen* predstavlja imaginarnog diktatora kojega su napustili politički pokrovitelji te koji, na svome otoku, ugošćuje ostale propale diktatore *tropskog raja*.

U kontekstu tematike značajnu ulogu u prikazu diktatorskih režima imaju imperijalistički motivi Sjedinjenih Američkih Država. Tako je meksički pisac Fuentes u *Starom Gringu* (*Gringo Vijeo*, 1985.), tematizirajući odnos sa sjevernim susjedom napisao kako iz američke perspektivne Latinoamerikanci djeluje kao nerazumni susjedi jer kada ih se pozove na večeru oni ne žele ostati i oprati suđe.

Upravo je *Uncle Sam* uvelike oblikovao društveno-politički kontekst Latinske Amerike. Naime, počevši od 19. stoljeća (Monroeva doktrina, *banana ratovi*) do današnjih dana SAD je imao socio-ekonomski i politički utjecaj na Zapadnu hemisferu. Među manifesne slučajeve svakako se ubraja (osim prethodno navedenog Arbenzovog rušenja) Zaljev svinja (1961.), masakr u Panami (1964.), rušenje ljevičarskog predsjednika u Brazilu Joãna Goularta (1964., *Operacija Brother Sam*), zatim rušenje Juana Torresa u Boliviji (1971.), Allenda u Čileu (1973.) te potpora desničarskoj gerili u Nikaragvi (1980-te). Sve su se navedene operacije odvijale u okviru diskursa borbe protiv komunizma.

Prema Peteru Calvocoressiju Latinska Amerika nije predstavljala visoki prioritet nakon Drugog svjetskog rata. Međutim, kako se Hladni rat zaoštavao tako je ovo područje dobivalo sve veću važnost u kreiranju narativa o borbi protiv komunizma. Stoga se SAD počinje uplitati u regionalnu politiku Latinske Amerike. To je dovelo do jačanja napetosti koje je kulminiralo nizom socijalnih protesta koji su rezultirali polarizacijom društvenih snaga. U kontekstu navedenog, kao produkti nastale situacije, s jedne strane su se javile vojne hunte dok su s druge nastale gerilske jedinice i iznimno jaki ljevičarski pokreti koji su razvijali antiimperijalistički diskurs. Kako je prethodno istaknuto veliki je utjecaj na svojevrsni *društveni boom* imala Kubanska revolucija. Stoga proporcionalno razvoju represivnih sustava, u okviru *Operacije Kondor*[10] razvijali su se i gerilski pokreti.

Tijekom ovog razdoblja argentinska hunta (na čelu s Jorgeom Videlom), čileanska (na čelu s Augustom Pinochetom), paragvajaska (na čelu s Alfredom Stroessnerom) te brazilska (na čelu s Ernestom Geiselom) pogubila je na tisuće političkih neistomišljenika.[11] Jedan od američkih miljenika bio je diktator Videla (1976.-1981.).[12] U Argentini se njegovo razdoblje vladavine naziva „prljavi rat“ u kojemu su čak osnivani centri za rađanje djece s ciljem odgajanja budućih časnika. Smatra se kako je tijekom prljavog rata ubijeno 30 000 ljudi dok se

broj otetih i mučenih ne zna niti danas. Unatoč tomu bivši je američki predsjednik Regan, potkraj 1978. napisao kako je Videla zapravo žrtva te kako se radi o *good guyu* kojemu se ne priznaju njegovi napori u obrani države protiv terorizama.[13] Stoga upravo autori romana o diktatorima ističu motiv američke naklonosti prema njihovim režimima. Tako Llosa u *Jarčevom slavlju* dominikanskog diktatora Trujilloa naziva „maženo čedo jenkijskih vlada“. U okviru navedenog romana o diktatorima prikazujući društveno-politički kontekst režima veliku pažnju poklanjaju upravo njihovim odnosima prema SAD-u.[14]

Tako se u Llosinom romanu *Razgovor u katedrali* Odrijina vlast legitimira činjenicom kako su je priznale Sjedinjene Države čime se zapravo ustoličava moć pojedinca. Međutim, kako bi nametnuta vlast ipak imala privid legitimnosti sjeverni susjed inzistira na provođenju izbora. Upravo taj politički igrokaz prikazuje Llosa. Naime, izbori koji se provode puni su nepravilnosti, zaplijenjene su kutije s glasačkim listićima, novinama je zabranjeno praćenje oporbenih skupova, uhićeni su politički protivnici, režimska policija infiltrirala se u oporbene redove s ciljem izazivanja sukoba, itd. Tako lik senator Landa izravno govori: „...mi smo kontrolirali čitav izborni aparat.“[15]

Osim političkog SAD, su preko multinacionalnih kompanija, razvijale i ogroman ekonomski utjecaj posredstvom slobodne trgovine. Stoga ističući američku ulogu u kreiranju ekonomsko-političke slike zemlje Márquez u *Patrijarhovo jeseni* ističe kako su štapski oficiri svoje ambicije ustupali „za ugovore o javnim radovima i programe obnove financirane hitnim zajmom što ga je ambasador Waren odobrio u zamjenu za ustupanje neograničenog prava ribolova brodovima njegove zemlje u našim teritorijalnim vodama, jebaš ga (...)“[16] U kontekstu navedenog diktatori su u potpunost razvlašćivali svoje zemlje u zamjenu za vlastiti financijski dobitak. S obzirom kako pohlepa diktatora nije imala kraja Márquez u spomenutom romanu navodi „monopol na kaučuk i kako je prešao Nizozemcima, pa je koncesija za brdsku željeznicu i riječnu plovidbu otišla Nijemcima, a sve je konačno pripalo Jenkijima na temelju tajnih sporazuma“[17].

Stoga su latinskoamerički autori upravo multinacionalne kompanije označili kao direktne krivce za političku i društvenu nestabilnost. O povezanosti stranih (većinom američkih) kompanija i diktatora pisao je Miguel Ángel Asturias u romanu *Zeleni Papa*[18] (*El papa verde*, 1952.) u kojem tematizira američku korporaciju *United Fruit* koja je sudjelovala u državnom udaru u Gvatemali te koja je potpuno monopolizirala privredu u toj zemlji. Stoga pri opisu društveno-političke situacije Asturias navodi „Diktatura i voćna kompanija ruše se u isto vrijeme“.

U kontekstu navedenog strane su kompanije u potpunosti kreirale ekonomsku politiku latinskoameričkih zemalja. Na taj je način eksploatacija prirodnih dobara Latinske Amerike postala temeljenim obilježjem društveno-političke situacije. Tomu u prilog govori i činjenica kako je čileanski diktator Pinochet, dolaskom na vlast odmah izvršio privatizaciju javnih poduzeća (nacionaliziranih za vrijeme Allendea) što je omogućilo velikim kompanijama, poput *International Telephone and Telegraph* (ITT) i *Dow Chemical* da neometano uđu na čileansko tržište uslijed čega je došlo do ogromne inflacije i visoke stope nezaposlenosti. Time je zapravo, kako je prikazano u *Patrijarhovo jeseći*, došlo do potpunog razvlašćivanja države što je rezultiralo, ekonomskim i opće društvenim slomom.

Osim navedenih faktora koji čine bitan element društveno-političkog konteksta Latinske Amerike u drugoj polovici 20. stoljeća tu je svakako i mit o nepogrešivosti diktatorskih autoriteta te njihova samovolja, koja je često graničila sa bizarnošću. Tako Márquez prikazuje patrijarha koji je svoju majku proglasio sveticom dok je za večeru kao jelo poslužio svoga suradnika Rodirga de Aquilara.

Portretiranjem diktatora autori zapravo oslikavaju cjelokupno stanje u državi jer je ono gotovo u potpunosti determinirano likom i djelom samog diktatora. Tako po principu *kruha i igara* diktatori naređuju gradnju velebnih stadiona te održavanje velikih manifestacija s ciljem slavlja njihove dobrotvornosti. Po tome je principu upravo i organizirano svjetskog nogometno prvenstvo u Argentini (1976.) za vrijeme Videla dok se samo nekoliko kilometara dalje od mjesta odigravanja finala nalazio zatvor u kojemu su se mučili politički protivnici.

Torture se bile zaštitni znak režima. Tako Llosa u *Jarčevom slavlju* tematizira brutalnost torture odnosno „dvije obrade električnom stolicom“ nakon koje se zatvorenike nage odvlačilo u tamnicu gdje su bili polijevani „vjedrima ustajale vode“. Kako bi se zatvorenike spriječilo da zaspu tamničari su im flasterima pričvršćivali obrve za kapke. Premda se radi o literarnom prikazu ovakvoj brutalnosti svjedoče mnogobrojni preživjeli pojedinci Trujiline, Videloze ili Odrijine ere. Stoga umnogome ovi autori postaju glasovi cijele jedne generacije i jednog vremena u kojemu ljudski život i njegovo dostojanstvo poprima potpuno marginalne oblike.

Romani o diktatorima usredotočeni su na povijest, politiku i društvu. Upravo na taj način čitatelju omogućuju uvid u društveno-politički kontekst zemalja koje čini geografski okvir njihovih fabularnih linija. Počevši od Ásturiasa svi autori donose vjeran *prikaz političke i društvene stvarnosti latinskoameričke strahovladavine*. Tako su glavni društveni akteri razni

poltroni, tajna policija i konformisti. Stoga nam Asturias u *Gospodinu predsjedniku* predstavlja Miguela zvanog Anđeoliki, a Llosa u *Jarčevom slavlju* Agustína Cabrala, koji podvodi vlastitu kćeri kako bi se ponovno našao u Predsjednikovoj milosti.

Osim diktatora autori portretiraju i protivnike režima koji u gerilskoj borbi nastoje pružiti otpor. Predstavnici su otpora redovito mladi ljudi zaneseni revolucionarnim idealima na tragu gerilske borbe Ernesta Che Guevare. Tako u *Razgovoru u katedrali* mladi student novinarstva Santigao ustaje protiv režima unatoč činjenici da mu otac predstavlja iznimno važnu političku figuru. Kao leglo revolucionarne svijesti autori prikazuju sveučilišta na kojima studenti proučavaju Che Guevarinu *foco teoriju* te peruanskog osnivača komunističke partije Joséa Carlosa Mariáteguija. Upravo su studenti povezani sa sindikalnim organizacijama nastojali pružiti otpor režimima diljem kontinenta. S druge strane kreira se i novo lice otpora lišeno oružane borbe. Tako se Asturiasov glavni gerilac Juan Pablo Mondragon odriče gerilske borbe te kreće u sistemsku akciju protivljenja tako da organizira štrajkove i borbu za pravednije društvo. Potonje predstavlja temeljnu dilemu otpora u Latinskoj Americi u drugoj polovici XX. stoljeća. Treba li rušiti diktatore oružanim putem (gerila) ili putem parlamentarnih izbora te izgradnjom jake institucionalne baze.

Izborom tema i načinom pisanja autori romana o diktaturi pišu iznimno angažirano. Stoga je u intervju za *Figaro*, krajem 1967. godine Asturias izjavio kako je pisac u Latinskoj Americi dužan „da se suočava s mnoštvom problema.“ Roman u nas treba da slijedi život naroda. Mi nismo u kulama od mramora, nismo konformisti, a još samo manje estete“.[19] U kontekstu navedenog romane o diktatorima možemo interpretirati kao povijesno-političke, kao osobne drame (Urania Cabral, *Jarčevo slavlje*; Santiago, *Razgovor u katedrali*, etc.) ili pak kao kriminalističke (potraga za atentatorima, *Jarčevo slavlje*). Neovisno o interpretacijskom okviru romani o diktatorima pružaju iznimno zanimljiv tematski okvir koji uvelike nadilazi literarnu razinu te postaje svojevrsna opomena čitatelju kako je sloboda krhke naravi te kako je zlo u 20. stoljeću prestalo biti mogućnost i postalo obavezom.

[1] Pod prostorom Latinske Amerike podrazumijeva se cijeli južnoamerički kontinent, Srednja Amerika, Meksiko i karipski otoci na kojima se govore romanski jezici (Kos-Stanišić, Lidija, *Latinska Amerika. Povijest i politika*, Zagreb, 2009., 13.)

[2] Caudillo je naziv za vojnog i političkog vođu koji se nalazio ne čelu pojedinih pokrajina, a koji je imao neograničenu moć; termin se pojavio u 19. Stoljeću; među najpoznatije caudillose ubrajaju se Manuel Dorrego (provincija Buenos Aires), Manuel Ceferino Oribe y Viana (Urugvaj) i dr. Osim u Latinskoj Americi ova institucija postojala je i u Španjolskoj.

[3] Jedan od najpoznatijih murala Diega Rivere zasigurno je Glorious Victory (1954.), koji predstavlja američku umiješanost u rušenje legalno izabranog gvatemalskog predsjednika Jacoba Arbenza. Naime, na muralu su prikazani braća Dulles, američki veleposlanik Peurifoy te američki predsjednik Dwight D. Eisenhower, kako čestitaju pučistu Carlosu Castillu Armasu.

[4] „Gabriela Mistral: Antiimperialista desconocida“
(<http://www.semanariovoz.com/2014/07/30/gabriela-mistral-antiimperialista-desconocida/>, 7. III. 2015.)

[5] Glavni su predstavnici Violeta Parra, Victor Jarra, Silvio Rodriquez, Alí Primera, Mercedes Sosa i dr.

[6] „Marquez: 'Ne poznajem nijednog luđaka koji radi toliko razumnih stvari poput mene“
(<http://www.forum.tm/vijesti/marquez-ne-poznajem-nijednog-lud>, 12. III. 2015.)

[7] Ova se sintagma odnosi na prodor autora koji su napravili značajan iskorak u predstavljanju i popularizaciji latinskoameričke književnosti.

[8] Domingo Faustino Sarmineto bio je argentinski predsjednik u razdoblju od 1868. do 1874.

[9] Termin je prema Luisu Realu, prvi puta u okviru latinskoameričke književnosti, upotrijebio Arturo Usler Pietra u knjizi Književnost i ljudi Venezuele (Letras y hombres de Venezuela, 1948.) označavajući tim pojmom postekspresionističko slikarstvo Južne Amerike. Inače se kao prvi koji je upotrijebio termin sredinom 20-ih godina navodi likovni kritičar Franz Roh.

* Odnosi se na godine vladavine

[10] Operacija Kondor (od 1950-ih do 1980-ih) naziv je za obračun diktatorskih režima (uz potporu SAD) s nizom ljevičarskih pokreta.

[11] U okviru političkog čišćenja, čileanska hunta ubila je 1973. godine jednog od najpoznatijih latinskoameričkih pjevača i predstavnika Nueva Canción Victora Jarru. Naime,

s obzirom da je Jara bio pristalica socijalističkog predsjednika Salvadora Allendea ubijen je na brutalan način, nakon što su mu slomljene obje ruke bio je prisiljen svirati gitaru.

[12] Došao je na vlast rušenjem predsjednice Isabele Peron; bio je na čelu deveteročlane vojne hunte. Godine 2012. osuđen je na 50 godina zatvora zbog zločina tijekom svoje vladavine.

[13] „Regan Backed Ex-Dictator Jorge Videla and Argentina's Dirty War“

(<http://www.globalresearch.ca/reagan-backed-ex-dictator-jorge-videla-and-argentinass-dirty-war/5335781>, 13. III. 2015.)

[14] U kontekstu prikazivanja društveno-političkog stanja navedeni se autori ne stide svoje angažiranosti. Tako je Márquez otvoreno podupro lijeve pokrete, pa je zbog financijske potpore ljevičarskom pokretu M-15 bio čak prognan iz Kolumbije. Poznato je njegovo dugogodišnje prijateljstvo s Fidelom Castrom (Vidi: Estaban, Ángel; Panichelli, Stéphanie, Fidel & Gabo. A portrati of the legendary friendship between Fidel Castro and Gabriel García Márquez, Pegasus Books, New York, 2011.; Llosa je također u početku stremio ljevičarskim idejama, međutim kasnije se počeo identificirati s političkom desnicom. Llosa se također kandidirao na predsjedničkim izborima u Peruu 1990. godine, ali je izgubio od Alberta Fujimoria. .

[15] Llosa, Razgovor u katedrali, 155.

[16] Márquez, Patrijarhova jesen, 98.

[17] Márquez, Patrijarhova jesen, 205.

[18] Naslov se referira na tadašnjeg predsjednika kompanije Thomposna; Zeleni papa zajedno s romanom Uragan (El Viento Fuerte, 1950.), te romanom Oči pokopanih (Los ojos de los enterrados, 1960.) čini trilogiju angažiranih romana u kojima se mobilizira revolucionarna svijest Latinske Amerike.

[19] Matvejević, Predrag, „Pogovor: Magijski realizam M.A. Asturiasa“, Gospodin predsjednik, 1974., 319.

3.1. Translation of the Source Text II

Due to the extremely dynamical social and political development, the area of Latin America [1] provides an interesting thematic scope of different art forms ranging from painting, movie and music industries to literature. Particularly, taking into account the dynamism in this area since the 16th century and the arrival of the conquistadors through the war for independence and the authoritative regime led by *caudillos*[2] (19. century) to the brutal dictatorship and American interventions in the 20th century, this area represented one of the most dynamically developing regions. It is the last century that has hugely defined this area. Particularly, in the context of this specified period, Latin America was reigned by several extremely repressive regimes (Somoza in Nicaragua, Pinochet in Chile, Duvalier in Haiti, etc). Most of these regimes came into power through military coups and with the support of the United States of America. Confrontation against the extremely repressive regimes has led to the development of different forms of resistance that have gained mythical proportions to this day (the guerrilla fight of Che Guevara and Camil Torres, *Sendero Luminoso*, etc.). Hence, it was precisely the 20th century that led the growth of various types of engaged art, from the murals of Diego Rivera, [3] the poetry of Gabriele Mistral [4], a musical direction called *Nueva Canción* [5], with prevailing themes of anti-imperialism and the struggle for social justice, to literature.

Other than those referred in the previous paragraph, the specificity of the Latin American area is certainly represented by the numerous dictators who have been replaced, in some cases on a monthly basis. Therefore, Colombian writer Gabriel García Márquez (1927-2014) once stated that the tropical dictator was the only mythical character produced by Latin America. [6] Also, during the 1960s and 1970s, a literary type called the novel about dictators (novela del dictador) developed within the Latin American Boom [7].

According to Robert Gonzáles Echevarría, the genre origin of the Novela del dictador is found in the 19th century within the framework of the aforementioned caudillos establishment. Thus, the Argentinean Domingo Faustino Sarmineto (1811-1888) [8] published in 1845 the novel *Facundo: Civilisation and Barbarism* (*Facundo: Civilización y Barbarie*), in which he enclosed the caudilla Juan Facunduo Quiroga, who carried out terror throughout the Argentine provinces. Aside from *Facundo*, as a kind of a forerunner of the literary species, is also the novel *Amalia* (1851), authored by José Mármol (1817-1871), whose main plotline is the display of the reign of Argentinian dictator Juan Manuel Rosas (1793-1877). According to

Benito Varel Jácome, this novel is a climax of violence (tenso climax de violenica) presented in the context of the civil war and social polarization (federalists vs. unitarists).

Although, the beginnings of the genre of the novel about dictatorship are in the 19th century, the genre was fully recognized in the period of the Latin American Boom. Among the most prominent representatives are Miguel Ángel Asturias (1899-1974), Carlos Fuentes (1928-2012), Mario Vargas Llosa (1936-) and Gabriel García Márquez (1927-2014).

During the Latin American Boom period, Latin America was experiencing an extremely violent period, but also the development of a series of progressive social movements that resisted regimes on the wings of the Cuban Revolution (1959), which grow into a kind of *modus operandi* for series of movements. This situation has led to inevitable clashes that have resulted in thousands of political opponents killed, abducted and imprisoned. Specifically, after the collapse of legally elected socialist leaders (Arbenza in Guatemala, 1954; Allende in Chile, 1973, etc.), extremely repressive regimes led by military junta came to power. Consequently, in Argentina, Jorge Videla came to power, in Chile Pinochet, in Paraguay Alfredo Stroessner, etc. These dictators had absolute power, which was largely conditioned on American aid. In 2003, author Peter Kornbluh published the book *The Pinochet File: A Declassified Dossier on Atrocity and Accountability*, in which, based on the archival ground, he portrays the impact of the US foreign policy on developments in Chile since Pinochet's rise to power. Accordingly, an extremely strong anti-imperialist discourse has developed in this field, piercing into literature as well. Therefore, the authors of the Latin American Boom portray dictators (though sometimes imaginary ones) as contemporary Zeuses who operate under American auspices and shape the overall socio-political picture of Latin countries. Miguel Ángel Asturias, in his novel *Mister President* (El señor presidente, 1946), wrote about the Guatemalan dictator Estrada Cabrera, stating that *dictatorial power comes into question when it is rumored that Washington does not support it*.

Although novels about dictators are based on historical background, they go far beyond magical realism [9]. In the depiction of dictatorships, in which myths and reality are mixed, the historical and cultural references are permeated. This creates a distinctive narrative technique with elements of fiction. In other words, in the portrayal of an imaginary dictator (who can be any Latin American dictator), Marquez in the *Autumn of the Patriarch* (El otoño del patriarca, 1975) or "poem about the loneliness of the powerful" writes about a dictator living on a fictional island in a presidential palace *which is circled by vultures and the time that has stagnated*

behind the walls. Despite this magical element, the political path of the Márquez's dictator coincides with the stereotypical dictatorial conquests of power (military coup, American support, absolute power, etc.).

In addition to the *magical framework*, authors of novels about dictators use a variety of unconventional storytelling techniques. Thus, for the purpose of presenting fictional reality, the authors use the elimination of causality, switching of narrative persons perspectives, non-linear plot, etc. The latter is especially evident in Llosa's novel *The Feast of the Goat* (*La fiesta del chivo*, 2000), in which narrative perspectives change in almost every chapter and narrative tenses. Therefore, Urania Cabral (daughter of Senate President, August Cabral, aka Brainiac) appears initially as narrator, but the narrative perspective changes in the next chapters (from the position of the conspirators planning the assassination to the position of the political yes-men). The author, in different narrative times, simultaneously depicts the events of 1961 on the eve of Trujillo's assassination and the episode about the extermination of the Haitians (1937).

It could be said that the *tropical dictators* produced a state of chaos which then manifested itself in literary terms. As noted earlier, the 20th century in Latin America was characterized by extremely repressive dictatorships. Therefore, a section of Latin American writers sought to characterize dictators, displaying all the brutality of their regimes and the social injustice that ensued. The aim of these novels is to question authority so that the dictators in the novels are presented with their weaknesses, which are often on the verge of profound degeneration, with particular attention given to their sexual preferences. Thus, in the novel *Autumn of the Patriarch*, Márquez portrays a concupiscent dictator who, in the gloom of the lodge, chooses a woman "without undressing himself or her" while his "dog's whimper" could be heard throughout the rooms. Llosa similarly depicts Trujillo, to whom Manuel Alfonos (the President's pimp) procured women, most of them are daughters and wives of his closest associates, who agreed to this price to preserve *Generilissim's* affection.

It is precisely within the stated motives that the authors attempt to portray the decadence and degeneracy of the entire socio-political situation in the country within the limits of the dictatorial system.

Within the novels about dictators, the Peruvian writer and Nobel Prize winner (2010) Llosa has published two novels. The first was published under the title *Conversation in the Cathedral* (*Conversacion en la Catedral*, 1969), in which it depicts Peruvian society during the

dictatorship of Manuel Odri (1948-1956) *, while in the *The Feast of the Goat* it portrays the Dominican dictator Rafael Trujillo (1930-1961; 1942-1952). Guatemalan author and also a winner of the Nobel Prize in Literature (1967), Miguel Ángel Asturias, in the novel *Mister President (El señor presidente, 1946)* portrays Guatemalan dictator Estrada Cabrero (1898-1920) while, as previously stated, Márquez in the novel *Autumn of the Patriarch*, represents the imaginary dictator who was abandoned by political patrons and who, on his island, hosts other failed *tropical paradise* dictators.

In the context of the plot, the imperialist motives of the United States of America play a significant role in depicting dictatorial regimes. The Mexican writer Fuentes in the *Old Gringo (Gringo Vijeo, 1985)*, portraying the relationship with a northern neighbor, wrote that from an American perspective, Latinoamericans act as unreasonable neighbors because when invited to dinner, they do not want to stay and wash the dishes.

It was *Uncle Sam* who largely shaped the socio-political context of Latin America. Specifically, starting from the 19th century (*Monroe Doctrine, Banana Wars*) to the present day, the US has had a socio-economic and political influence on the Western Hemisphere. Manifest cases include (except for the above-mentioned Arbenz demolition) the Bay of Pigs (1961), the Panama Massacre (1964), the overthrow of Brazilian leftist John Goulart (1964, Operation Brother Sam), followed by the overthrow of Juan Torres in Bolivia (1971), Allende in Chile (1973) and support for the right-wing guerrilla in Nicaragua (1980s). All of these operations took place within the discourse of the fight against communism.

According to Peter Calvocoressi, Latin America did not represent a high priority after World War II. However, as the Cold War escalated, this area was gaining increased importance in creating narratives on the fight against communism. Therefore, the US began to interfere with Latin America's regional policy. This led to an increase in tensions that culminated in a series of social protests that resulted in the polarization of communal forces. In the context of the aforementioned, results of that situation were military juntas developing on one hand while on the other hand there was the development of guerrilla units and extremely strong leftist movements which led an anti-imperialist discourse. As noted above, the Cuban revolution has had a major impact on the sort of a *societal boom*. Therefore, in proportion to the development of repressive systems, guerrilla movements developed within *Operation Condor* [10].

During this period, the Argentine (led by Jorge Videla), the Chilean junta (led by August Pinochet), Paraguayan (led by Alfredo Stroessner) and the Brazilian junta (led by Ernest Geisel), killed thousands of political dissidents. [11] One of the American favorites was the dictator Videla (1976-1981). [12] In Argentina, his period of ruling is referred to as the "dirty war" in which child-birth centers were set up to educate future officers. It is estimated that 30,000 people were killed during the dirty war, while the number of abducted and tortured people is still unknown. However, former President Regan wrote in late 1978 that Videla was in fact a victim and that he was a *good guy* whose efforts to defend the country against terrorism were not acknowledged. [13] Therefore, it is precisely why authors of the novels about dictators emphasize the motive of American affection for their regimes. Thus, in *The Feast of the Goat*, Llosa calls the Dominican dictator Trujillo "the petty yank of the Yankee governments." Within the framework of the above, novels about dictators, while portraying the socio-political context of the regime, pay great attention to their relations with the United States. [14]

In Llosa's novel, *A Conversation at the Cathedral*, Odri's authority is legitimized by the fact that it has been recognized by the United States, which in fact enthrones the power of the individual. However, in order for the imposed authority to have the appearance of legitimacy, the northern neighbor insists on holding elections. It is this political play that depicts Llosa. That is to say, the elections are full of irregularities, such as confiscated ballot boxes, newspapers being banned from monitoring oppositional rallies, political opponents being arrested, regime police infiltrating ranks of opposition to provoke conflict, etc. Senator Land's figure directly states "... *we controlled the whole electoral apparatus.*" [15]

In addition to the political influence, the United States also developed a huge economic impact through free trade through multinational companies. Therefore, noting the US role in creating the economic and politic condition of the country, Márquez in *the Autumn of the Patriarch*, points out that the soldiers has consigned their ambitions "for public works contracts and reconstruction programs financed by an emergency loan granted by Ambassador Waren in exchange for ceding unlimited fishing rights to his ships in our territorial waters, fuck it (...)" [16] In light of the above stated, dictators have been fully dispossessing their countries in exchange for their own financial gain. Given that the dictator's greed had no end, Márquez in the novel states "a monopoly on rubber and how it crossed the Dutch, and so the concession for the rail and river navigation went to the Germans, all of which ultimately went to the Yankees under secret agreements" [17].

Therefore, Latin American authors have labeled multinational companies as the direct culprits for political and social instability. Miguel Ángel Asturias wrote about the connection between foreign (mostly American) companies and dictators in the novel *Green Pope* [18] (*El papa verde*, 1952), which covered the American corporation *United Fruit* that participated in the coup in Guatemala and completely monopolized economy in that country. Therefore, in describing the socio-political situation, Asturias states "Dictatorship and the fruit company collapse at the same time."

In view of the power multinational companies had, they have fully created the economic policies of Latin American countries. In this way, the exploitation of Latin America's natural resources became a fundamental feature of the socio-political situation. This is supported by the fact that the Chilean dictator Pinochet, upon coming to power, immediately privatized public companies (nationalized during Allende), which allowed large companies such as *International Telephone and Telegraph (ITT)* and *Dow Chemical* to enter the Chilean market unimpeded which led to huge inflation and high unemployment. In fact, as shown in the *Autumn of the Patriarch*, the state was completely overthrown, resulting in an economic and general social breakdown.

In addition to these factors which are an essential element of the socio-political context of Latin America in the second half of the 20th century, there is certainly the myth of the infallibility of dictatorial authorities and their arbitrariness, which often bordered with bizarreness. Márquez portrays the patriarch who proclaimed his mother a saint while serving his associate Rodrigo de Aquilar as a meal.

By portraying a dictator, the authors actually portray the overall state of the country as it is almost entirely determined by the character and work of the dictator himself. Following the motto *bread and games*, dictators ordered the construction of magnificent stadiums and the organization of large manifestations in order to celebrate their charity. According to this principle, the World Cup in Argentina (1976) was organized during the reign of Videla, while only a few kilometers away from the venue of the finals there was a prison in which political opponents were tortured.

Tortures were a trademark of the regime. Llosa in *The Feast of the Goat* writes about the brutality of torture ie "two treatments with an electric chair", after which the inmates were dragged to the dungeon where they were sprayed with "buckets of stagnant water." To prevent

prisoners from falling asleep, the guards attached eyebrows to their eyelids with patches. Although it is a literary portrayal, many survivors of the Trujil's, Videl's or Odri's era can testify to this brutality. Therefore, in many respects these authors became the voices of an entire generation and a time in which human life and its dignity take on completely marginal forms.

Novels about dictators focus on history, politics and society. It is in this way that the reader is provided with an insight into the socio-political context of the countries that make up the geographical framework of their plot lines. Beginning with Asturias, all authors bring a faithful *account of the political and social realities of Latin American terror*. The main social thespians are various lackeys, the secret police and the conformists. Asturias in *The Mister President* presents to us Miguel *the Angelic*, and Llosa in the *The Feast of the Goat* - Agustín Cabral, who pimps out his own daughter to find himself again in the President's grace.

In addition to dictators, the authors portray opponents of regimes that seek to resist in guerrilla warfare. Representatives of the resistance are commonly young people enthralled by revolutionary ideals in the wake of Ernest Che Guevara's guerrilla struggle. In *Conversation in the Cathedral*, a young journalist student Santigao stands up against the regime, despite the fact that his father is an extremely important political figure. As a source of revolutionary awareness, the authors portray universities where students study Che Guevara's *foco theory* and the Peruvian Communist Party founder José Carlos Mariátegui. It is precisely students who, affiliated with trade union organizations, have sought to resist regimes across the continent. On the other hand, a new face of resistance deprived of armed struggle is being created. Thus, Asturias's chief guerrilla, Juan Pablo Mondragon, renounces the guerrilla fight and embarks on a systematic counter-action to organize strikes and fight for a fairer society. The latter represents a fundamental dilemma of resistance in Latin America in the second half of the twentieth century. Whether it is to overthrow dictators by armed (guerrilla) forces or by parliamentary elections and by building a strong institutional base.

The authors of the novels write about dictatorship in a very engaging way by choosing topics and writing methods. Therefore, in an interview with *Figaro*, at the end of 1967, Asturias stated that a writer in Latin America was obliged "to face a multitude of problems". The novel should follow the life of the people. We are not in marble towers, we are not conformists, much less esthetes. " [19] In the context of the above, we can interpret the novels about dictators as historical and political, as personal dramas (Urania Cabral, *The Feast of the Goat*; Santiago, *Conversation in the cathedral*, etc.) or as criminal acts (search for assassins, *The Feast of the*

Goat). Irrespective of the interpretative framework, novels about dictators provide an extremely interesting thematic framework that goes far beyond the literary level and becomes kind of reminder to the reader that freedom is fragile and that evil in the 20th century ceased to be a possibility and became an obligation.

[1] Latin America refers to the entire South American continent, Central America, Mexico and the Caribbean islands where the Romance languages are spoken (Kos-Stanišić, Lidija, *Latinska Amerika. Povijest i politika*, Zagreb, 2009., 13.)

[2] Caudillo is a name for a military and political leader who was the leader of individual provinces and who had unlimited power; the term appeared in the 19th Century; among the most famous caudillos are Manuel Dorrego (Province of Buenos Aires), Manuel Ceferino Oribe y Viana (Uruguay), etc. In addition to Latin America, this institution also existed in Spain.

[3] One of Diego Rivera's most famous murals is certainly *Glorious Victory* (1954), which represents American involvement in the overthrow of legally elected Guatemalan president Jacob Arbenz. Specifically, the mural featured the Dulles brothers, US Ambassador Peurifoy and the US President Dwight D. Eisenhower, congratulating the putschist Carlos Castillo Armas.

[4] „Gabriela Mistral: Antiimperialista desconocida“
(<http://www.semanariovoz.com/2014/07/30/gabriela-mistral-antiimperialista-desconocida/>, 7. III. 2015.)

[5] The principal representatives are Violet Parra, Victor Jarra, Silvio Rodríguez, Ali Primera, Mercedes Sosa and others.

[6] Marquez: 'I don't know any madman who does as much reasonable things as I do'
(<http://www.forum.tm/vijesti/marquez-ne-poznajem-nijednog-lud>, 12. III. 2015.)

[7] This syntagm refers to the breakthrough of authors who have made significant strides in the presentation and popularization of Latin American literature.

[8] Domingo Faustino Sarmineto was the Argentinian president from 1868 to 1874.

[9] The term, for the first time in Latin American literature, was used by Arthur Real in the book *Literature and the People of Venezuela (Letras y hombres de Venezuela, 1948)* to refer to the term post-expressionist painting of South America. Otherwise, the first critic to use the term in the mid-20's is art critic Franz Roh.

* Refers to years of ruling

[10] Operation Condor (1950s-1980s) is the name for dictatorial regimes (alongside US support) with a series of left-wing movements.

[11] As part of a political purge, in 1973, the Chilean junta killed one of Latin America's most famous singers and representatives of Nueva Canción, Victor Jara. Specifically, since Jara was a supporter of Socialist President Salvador Allende, he was killed in a brutal manner after being forced to play the guitar with both hands broken.

[12] He came to power by overthrowing President Isabella Peron; he led the nine-member military junta. In 2012, he was sentenced to 50 years in prison for crimes during his reign.

[13] "Regan Backed Ex-Dictator Jorge Videla and Argentina's Dirty War"

(<http://www.globalresearch.ca/reagan-backed-ex-dictator-jorge-videla-and-argentinas-dirty-war/5335781>, 13. III. 2015.)

[14] In the context of presenting the socio-political situation, the above authors are not ashamed of their involvement. Márquez was openly supportive of leftist movements, and was even banished from Colombia for financially supporting the leftist M-15 movement. His longstanding friendship with Fidel Castro is known (See: Estaban, Ángel; Panichelli, Stéphanie, Fidel & Gabo. Portraits of the legendary friendship between Fidel Castro and Gabriel García Márquez, Pegasus Books, New York, 2011); Llosa has initially pursued leftist ideas, but later began to identify with the political right. Llosa also ran for the 1990 presidential election in Peru, but lost to Albert Fujimori.

[15] Llosa, *Conversation in the Cathedral*, 155.

[16] Márquez, *Autumn of the Patriarch*, 98.

[17] Márquez, *Autumn of the Patriarch* 205.

[18] The title refers to the then president of the company, Thompson; *The Green Pope*, together with the novel *Hurricane* (*El Viento Fuerte*, 1950) and the novel *The Eyes of the Buried* (*Los ojos de los enterrados*, 1960), constitute a trilogy of engaging novels mobilizing the revolutionary consciousness of Latin America.

[19] Matvejevic, Predrag, "Talk: The Magical Realism of M.A. Asturias", *Mister President*, 1974, 319.

3.2. Commentary and Analysis

Text II: Ana Rajković: The Socio-Political Context of Latin American Novels about Dictators (Novela del dictador)

1. genre

Essay

2. source

Rajković, Ana. „Društveno-politički kontekst latinskoameričkih romana o diktatorima (novela del dictador)“, Krična Masa <https://www.kriticnamasa.com/item.php?id=783>

Accessed January 2020

3. audience

The text is intended for people interested in Latin-American literature, with at least some knowledge about Latin-American culture.

4. purpose of writing

The purpose of this text was to give some additional insight into the Latin-American culture, literature and especially their dictators.

5. authenticity

The text was published by the author herself on the website Krična Masa, it can be considered authentic.

6. style

The style is informative, clear and unambiguous.

7. formality

Formal.

8. layout

The text is only in one part but has 23 points. In each paragraph the first line is indent. The text has 19 footnotes that were presented at the end of the text.

9. content

Through out the text the history of Latin America is given, as well as the insight into the literature and customs of dictators and Latin American people.

10. cohesion

Cohesion is created by the repetition of words *dictators*, *novel*, *Latin-American*, *regime*.

11. sentence patterns

Sentences vary in length, mostly written in present simple, making it easy to understand for a larger audience.

12. terminology of the subject

The text contains terms from the field of literature.

3.3. Workflow:

The first issue that needed to be observed was how to correctly translate all the Latin American novels that were mentioned in the texts. The titles of the novels in the text were written in Croatian but are originally written in Spanish, and for the task of translating them into English, I searched through the internet to find the correct titles.

Secondly, throughout the text, *u kontekstu navedenog* is used several times to connect the subject previously mentioned in the text, but *in the context of the aforementioned* does not sound good in the English language for all contexts, and in the translation I decided to either change the word order of the sentence or to start the sentence differently.

Furthermore, the phrase *štapski oficiri* is used in the source text but that is not a Croatian phrase, it is Serbian. Not knowing the exact definition of the phrase, I had to find a Croatian equivalent which is *vojnici*, and later translate it to *soldiers*.

Društveni boom is another phrase that needed additional research before translating it, and after the research I have concluded that *societal boom* may be the best way to translate it. Later in the source text the word *boom* appeared again, with the meaning that something became very popular, and for the translated text I have decided to leave the word as it is.

In the text the Croatian translation of the Latin proverb *panem et circenses* is used as *kruha i igara*, and the literal translation would be *bread and circuses*, but after consulting with the dictionary and sources online, I have decided on *bread and games* as a better translation.

Also, there is a difference in the capitalization between the English language and Croatian. In Croatian, the adjectives *latinskoameričkih* are never capitalized, while in English the term is written in capital letters and divided into two words *Latin American*.

When it comes to the length of sentences, in this text as in most Croatian texts, the sentences are rather long with several clauses. Since long sentences are not common in the English language I often had to divide the sentences into a few shorter ones and change the word order.

4. Source Text III

UVOD

Globalni podatci Odbora za prava djece pokazuju da je 500-650 milijuna osoba s invaliditetom, od kojih se procjenjuje da se 10 % (oko 150 milijuna) odnosi na djecu, pri čemu više od 80 % djece s invaliditetom žive u zemljama u razvoju (1). Prema novijim podacima UNICEF-a iz 2013. godine 93 milijuna djece ili svako dvadeseto dijete u dobi do četrnaest godina u svijetu živi s nekim oblikom umjerene ili teže teškoće u razvoju (2). U Hrvatski registar osoba s invaliditetom upisano je 510.274 osoba (tj. 12% od ukupnog broja stanovnika), od čega se 6,5% odnosi na djecu u dobi od 0 do 18 godina (tj. 34.037 djece s invaliditetom) (2).

Djeca s invaliditetom su nesporno najranjiviji članovi društva, kojima je nužna višestruka pravna zaštita u svim sferama života. S jedne strane djeca su sama po sebi ranjiva zbog svoje dobi, nesposobnosti skrbiti se o sebi, fizičke i psihičke nerazvijenosti, te emocionalne i obrazovne nezrelosti, što ih čini potpuno ili djelomično ovisnima o odraslim osobama (3). S druge strane istraživanja pokazuju da se gotovo sva prava djece s invaliditetom krše znatno češće za razliku od kršenja prava njihovih zdravih vršnjaka. Tako djeca s invaliditetom češće od svojih zdravih vršnjaka žive u institucijama, odvojeno od svojih roditelja i obitelji, gdje češće obolijevaju i umiru, više su izložena nasilju, zanemarivanju i zlostavljanju, češće doživljavaju tjelesne povrede i žrtve su prometnih nezgoda, a izostanak osnovnog i srednjoškolskog obrazovanja je također češći, što im umanjuje izgleda za zapošljavanje, te povećava rizike za siromaštvo. Djeca i odrasle osobe izložene siromaštvu u povećanom su riziku od psihosocijalnih i emocionalnih poteškoća koje utječu na pothranjenost, slabo zdravlje i nestimulativno okruženje, pa se često ističe kako je siromaštvo istovremeno posljedica i uzrok invaliditeta (2)!

Za proučavanje prava djece s invaliditetom, kako u međunarodnom tako i u nacionalnom kontekstu, već na prvi pogled nailazimo na neujednačene pravne termine: tjelesno i duševno oštećeno dijete, dijete s teškoćama u duševnom i tjelesnom razvoju, dijete s duševnim smetnjama, dijete s teškim oštećenjem zdravlja, dijete s teškoćama u razvoju i dijete s invaliditetom (u službenim tekstovima na engleskom jeziku koristi se izraz „children with disabilities“, što u hrvatskom prijevodu znači „djeca s invaliditetom“) (2-6). Uzimajući u obzir suvremenu globalno prihvaćenu međunarodnopravnu definiciju osoba (djece) s invaliditetom prema kojoj je riječ o „osobama koje imaju dugotrajna tjelesna, mentalna, intelektualna ili osjetilna oštećenja ...“, u ovom će se radu koristiti izraz prava djece s invaliditetom kojoj kategoriji pripadaju i djeca s problemima mentalnog zdravlja (članak 1. Konvencije o pravima

osoba s invaliditetom: „Osobe s invaliditetom su one osobe koje imaju dugotrajna tjelesna, mentalna, intelektualna ili osjetilna oštećenja, koja u međudjelovanju s različitim preprekama mogu sprečavati njihovo puno i učinkovito sudjelovanje u društvu na ravnopravnoj osnovi s drugima“ (6).

Cilj je ovoga rada upoznati se s povijesno-pravnim razvojem specifične međunarodnopravne zaštite prava djece s invaliditetom, prikazati najviše pravne izvore prava djece s invaliditetom i recentnu međunarodnu ocjenu stanja njihovih prava u Republici Hrvatskoj te zaključno istaknuti međunarodne obveze u pogledu zaštite prava djece s invaliditetom, koje je Republika Hrvatska dužna ispuniti (7).

Ustavnopravni i međunarodnopravni izvori pravne zaštite djece s invaliditetom

Pravni sustav jedne države definira se kao ukupnost normi i akata koji su razvrstani prema kriteriju pravne snage. Sistematizacija u pravnom sustavu je hijerarhijske prirode koja podsjeća na piramidu na čijem su vrhu ustav i zakoni, a ispod njih slijede ostali akti (npr. pravilnici, odluke i nautci ministarstava i slično). Sukladno hijerarhiji pravnih propisa niže pravne norme moraju biti sadržajno usklađene s višim pravnim normama što se izražava u temeljnom pravnom načelu ustavnosti i zakonitosti (13).

Međunarodni ugovori koje je Republika Hrvatska potpisala i potvrdila dio su unutarnjeg pravnog poretka Republike Hrvatske, a po pravnoj su snazi iznad zakona (2).

U kontekstu teme ovog rada o pravima djece s invaliditetom to znači da svaki akt kojim se uređuju prava ili postupanja prema djeci (s invaliditetom) moraju biti u skladu s normama Ustava i međunarodnih ugovora koji su po svojoj pravnoj snazi iznad njih (primjerice, svi zakoni, pravilnici, upravne odluke ministarstava, lokalnih tijela ili ravnateljstava u Republici Hrvatskoj koji uređuju područje odgoja i obrazovanja, zdravstva, zaštite pacijenata, zaštite osoba s duševnim smetnjama, zaštite osoba s invaliditetom, obiteljskih odnosa, socijalne skrbi, kulture, sporta, pravosuđa i dr. moraju biti u skladu s pravima djece s invaliditetom koja se jamče Ustavom, UN Konvencijom o pravima djece i UN Konvencijom o pravima osoba s invaliditetom).

Nakon uvodnog upoznavanja s hijerarhijom pravnih normi i značenjem načela zakonitosti i ustavnosti prikazat ćemo ustavnopravne (Ustav RH) i međunarodnopravne izvore prava djece s invaliditetom u Republici Hrvatskoj (UN Konvencijom o pravima djece i UN Konvencijom o pravima osoba s invaliditetom).

Ustav Republike Hrvatske

Ustavnoppravna zaštita djeci s invaliditetom jamči se odredbom prema kojoj „*tjelesno i duševno oštećeno i socijalno zapušteno dijete ima pravo na osobitu njegu, obrazovanje i skrb*“ (2).

Ovo ustavnopravno jamstvo sadržano je u dijelu Ustava kojim se uređuju socijalna prava koja su temelj socijalne države koja počiva na načelu socijalne sigurnosti, osiguranju građana od ekonomske propasti, socijalnoj pravdi i socijalnim mogućnostima. Autori hrvatskog ustavnog prava se u komentarima ove ustavne odredbe pozivaju na zakon kojim se uređuju pitanja socijalne skrbi (14,15). Međutim, kako Zakon o socijalnoj skrbi primarno uređuje pitanje pružanja pomoći socijalno ugroženim osobama, kao i osobama u nepovoljnim osobnim ili obiteljskim odnosima, u današnjim okolnostima je moguće propitkivati usklađenost navedenog ustavnopravnog tumačenja sa suvremenim međunarodnopravnim pristupom pravima djece s invaliditetom prema UN Konvenciji o pravima djeteta i UN Konvenciji o pravima osoba s invaliditetom (16).

Prava djece s invaliditetom u UN Konvenciji o pravima djece

Dvije ključne odredbe UN Konvencije o pravima djece odnose se na prava djece s invaliditetom: a) pravo djece s invaliditetom ne biti diskriminirana na bilo koji način u ostvarivanju svih dječjih prava (čl. 2.) i b) pravo djece s invaliditetom na ispunjen i dostojan život u uvjetima koji mu jamče dostojanstvo, promiču samopouzdanje i olakšavaju aktivno sudjelovanje u zajednici (čl. 23.).

Države potpisnice UN Konvencije o pravima djece su se obvezale poduzeti mjere kojima će se prevenirati svaki oblik diskriminacije djece temeljem invaliditeta. Analize i istraživanja su pokazali da djeca s invaliditetom u mnogim slučajevima doživljavaju višestruku diskriminaciju zbog kombinacije faktora koja ih čini još ranjivijima, poput djevojčica s invaliditetom ili djece s invaliditetom u ruralnim sredinama. Diskriminacija djece s invaliditetom se događa u različitim aspektima njihovog života i razvoja: diskriminacija u društvu, stigma koja dovodi do marginaliziranosti i isključenosti iz društva, izloženost psihičkom i fizičkom nasilju. Upravo takva diskriminacija dovodi do izostanka redovnog obrazovanja djece s invaliditetom, a potom i izostanka zaposlenja. Društvena stigma, strahovi, prezaštićenost, negativan pristup, predrasude, zablude o djeci s invaliditetom prisutni su u mnogim sredinama zbog čega ova djeca često bivaju potpuno isključena iz društva i otuđena od svojih vršnjaka (1).

Stoga Odbor za prava djece nalaže svim državama članicama: 1. da preveniraju i eliminiraju sve oblike diskriminacije djece s invaliditetom i da izričito zabrane diskriminaciju djece zbog invaliditeta ustavom ili zakonom; 2. da predvide učinkovita pravna sredstva u slučaju kršenja prava djece s invaliditetom tako da djeca, njihovi roditelji ili druge osobe koje skrbe o djeci budu upoznati s pravnim sredstvima i 3. da različitim edukativnim kampanjama pojačaju javnu svijest o pravima djece s invaliditetom s ciljem prevencije i eliminacije njihove diskriminacije u društvu. Odbor za prava djece ujedno nalaže državama članicama da posebnu pozornost obrate zaštiti djevojčica invaliditetom imajući u vidu njihovu pojačanu ranjivost (1).

Druga ključna odredba u odnosu na prava djece s invaliditetom sadržana je u članku 23. stavak 1. UN Konvencije o pravima djece kojom se djeci s invaliditetom jamči pravo na ispunjen i dostojan život u uvjetima koji mu osiguravaju dostojanstvo, promiču samopouzdanje i olakšavaju aktivno sudjelovanje u zajednici. Cilj ove odredbe jest potpuno uključivanje djece s invaliditetom u društvo i to primarno u području obrazovanja i zdravlja.

Nadalje, istom odredbom članka 23. stavak 2. UN Konvencije o pravima djece sve države potpisnice, pa tako i Republika Hrvatska, priznaju djetetu s invaliditetom pravo na posebnu skrb te mu jamče (kao i osobama koje skrbe o djetetu) da će poticati i osiguravati pomoć primjerenu zdravlju djeteta i okolnostima u kojima dijete živi s roditeljima ili drugim osobama koje o njemu skrbe, ako se takva pomoć zahtijeva, i u skladu s raspoloživim sredstvima države.

Pomoć koju država jamči djetetu s invaliditetom kao i onima koji o djetetu skrbe temeljem članka 23. stavak 3. Konvencije o pravima djeteta trebala bi biti besplatna, te osmišljena tako da djetetu osigura učinkoviti pristup obrazovanju, strukovnoj izobrazbi, zdravstvenim i rehabilitacijskim uslugama, pripremi za zapošljavanje i mogućnostima rasonode, na način koji mu omogućuje puno uključivanje u zajednicu i osobni razvoj, uključujući njegov kulturni i duhovni napredak.

Odbor za prava djece stoga nalaže državama članicama: 1. da pružaju stručnu pomoć i potporu djeci s invaliditetom te osobama koje o njima skrbe i to po mogućnosti besplatno i 2. da omoguće djeci s invaliditetom slobodan pristup obrazovanju, strukovnoj izobrazbi, zdravstvenim i rehabilitacijskim uslugama, pripremi za zapošljavanje i mogućnostima rasonode (1).

U pogledu navedenih prava djeteta s invaliditetom iz članka 23. UN Konvencije o pravima djeteta, kritičari ističu problem pristupa kakav je prevladavao u vrijeme njezinog donošenja. Na djecu s invaliditetom gledalo se kao na djecu s posebnim potrebama i korisnike

socijalnih usluga, a ne kao subjekte - nositelje temeljnih ljudskih prava (prava svakog djeteta). Osim toga općenito se socijalna država i socijalna prava shvaćaju kao prekomjerni teret za većinu država, pa tako i socijalna prava djece s invaliditetom iz članka 23. Konvencije o pravima djeteta, koja se djeci jamče „ovisno o raspoloživim sredstvima“ (8).

Drugi problem u ostvarivanju prava djece s invaliditetom u praksi odnosi se na odbijanje roditelja tražiti pomoć i potporu na koju dijete ima pravo, jer prije svega odbijaju svrstavanje svog djeteta u skupinu djece s invaliditetom zbog čega u nerazvijenim zemljama mnoga djeca s invaliditetom nisu ni registrirana, pa ostaju zaključana u kućama kao „nevidljiva djeca“ kojima je onemogućeno ostvarivati svoja prava (8). Napokon, paradoksnost je da je poseban problem u ostvarivanju prava djece s invaliditetom prema UN Konvenciji o pravima djece, upravo načelo zabrane diskriminacije. Naime, načelo zabrane diskriminacije prema međunarodnom pravu iznimno dopušta različiti tretman određenih osoba temeljeći ga na kriterijima razmjernosti, objektivnosti i svrhe propisane zakonom. Ova iznimka od načela zabrane diskriminacije se na žalost najčešće koristi upravo kad se radi o djeci s invaliditetom dopuštajući ozakonjenje njihove diskriminacije i segregacije u društvu! Područja u kojima se različito postupanje prema djeci s invaliditetom opravdava iznimkom od načela zabrane diskriminacije su najčešće područje obrazovanja i sterilizacije djevojčica s invaliditetom na zahtjev njihovih roditelja ili skrbnika, dok istovremeno njihove vršnjakinje nisu izložene ovom invazivnom medicinskom postupku (8).

Ključan zaokret u pristupu pravima djece s invaliditetom donijela je UN Konvencija o pravima osoba s invaliditetom prema kojoj djeca s invaliditetom u 21. stoljeću nisu više „djeca s posebnim potrebama“, već djeca s jednakim pravima kakva uživaju i njihovi zdravi vršnjaci.

Za razliku od UN Konvencije o pravima djeteta koja djeci s invaliditetom i njihovim roditeljima jamči ostvarivanje posebnih socijalnih prava i to „ovisno o raspoloživim sredstvima“ države, UN Konvencija o pravima osoba s invaliditetom izričito obvezuje države stranke (pa tako i Republiku Hrvatsku) da djeci s invaliditetom omogući uživanje svih ljudskih i dječjih prava jednako kao što ih uživaju i djeca bez invaliditeta (11,12).

Prava djece s invaliditetom u UN Konvenciji o pravima osoba s invaliditetom

Osobe s invaliditetom prema UN Konvenciji o pravima osoba s invaliditetom definiraju se kao osobe koje imaju dugotrajna tjelesna, mentalna, intelektualna ili osjetilna oštećenja, koja u međudjelovanju s različitim preprekama mogu sprječavati njihovo puno i učinkovito sudjelovanje u društvu na ravnopravnoj osnovi s drugim osobama (6).

Ova se definicija odnosi i na djecu s teškoćama u razvoju kojima se priznaje pravo da

potpuno uživaju sva ljudska prava i temeljne slobode ravnopravno s drugom djecom i u skladu s Konvencijom o pravima djeteta (točka r. Preambule. Odredbe u kojima se koristi termin „djeca s teškoćama u razvoju“ su: članci 3,4,7,18, 23,24) (3).

Temeljni koncept prava osoba s invaliditetom temeljen je na društvenom odnosu prema njima, fokusirajući se na odnos između: a) konkretnog invaliditeta, odnosno zdravstvenog nedostatka, b) društva u kojem osoba živi i c) konteksta u kojem postoji prepreka u ostvarivanju određenog prava (8).

U tom smislu osobe s invaliditetom ne bi smjele pripadati određenoj skupini po pitanju ostvarivanja ljudskih prava, jer bi upravo takav pristup značio njihovu diskriminaciju i segregaciju, time više što primjerice prepreke u ostvarivanju temeljnih prava osoba s problemima mentalnog zdravlja mogu biti potpuno drugačije od prepreka u ostvarivanju temeljnih prava osobe koja je tjelesni invalid ili ima dijabetes. Stoga se ostvarivanje prava osoba s invaliditetom promatra u određenom kontekstu, a ne kao pravo određene grupacije ljudi (10).

Kao načela na kojima se temelji uključenost osoba s invaliditetom u društvo ravnopravno s drugim osobama uvodno se ističu načela jednakosti, dostojanstva, autonomije (sloboda izbora), neovisnosti, pristupačnosti i uključivost.

Kad su u pitanju djeca s invaliditetom posebnu važnost ima načelo poštivanja sposobnosti razvoja djece s teškoćama u razvoju i poštivanje njihovog prava na očuvanje vlastitog identiteta (6).

Pristupačnost kao temeljno načelo jest ključni element za potpuno uključivanje osoba s invaliditetom u društvo, što se dalje elaborira u posebnoj odredbi kojom se država obvezuje ukloniti svaku prepreku, te poduzeti odgovarajuće mjere kako bi se osobama s invaliditetom osigurala pristupačnost svim javnim službama u urbanim i ruralnim sredinama. Na taj način država osigurava neovisnost i potpuno sudjelovanje osoba s invaliditetom u svim područjima života (6).

UN Konvencija o pravima osoba s invaliditetom obvezuje države članice na podizanje razine javne svijesti u svim segmentima društva o ravnopravnosti osoba s invaliditetom radi iskorjenjivanja stereotipa, predrasuda, štetnih postupaka prema djeci s invaliditetom, kao i podizanja javne svijesti o sposobnostima i doprinosu osoba s invaliditetom u društvu (u obitelji, odgojno obrazovnim ustanovama, kulturnim i sportskim ustanovama i društvima, zdravstvenim ustanovama i dr.). Pri tome se podizanje razine svijesti o ravnopravnosti osoba s invaliditetom mora provoditi na svim obrazovnim razinama, počevši od djece u najranijoj životnoj dobi (6).

Prethodno istaknute uvodne odredbe odnose se na sve osobe s invaliditetom, pa tako i

na djecu, pri čemu se UN Konvencija o pravima osoba s invaliditetom s nekoliko posebnih odredaba referira upravo na djecu s invaliditetom. To su odredbe u člancima 7., 23., 24., 25. i 28(b) kojima se jamči opće pravo djece s teškoćama u razvoju na ravnopravnost s ostalom djecom, njihovo pravo na obitelj, na redovno obrazovanje, očuvanje zdravlja i primjereni životni standard.

Prije detaljnijeg prikaza prava djece s invaliditetom zajamčenih navedenim člancima UN Konvencije o pravima osoba s invaliditetom potrebno je napomenuti da se ovom Konvencijom i dalje reafirmiraju sva ostala temeljna prava djeteta iz UN Konvencije o pravima djeteta, poput prava na najbolji interes, prava na obitelj i obiteljske kontakte, ili prava na izražavanje mišljenja. Međutim, UN Konvencija o pravima osoba s invaliditetom pojedina važna prava djece nastavlja „brusiti“ temeljeći ih na promjeni općeg pristupa kako prema odraslim osobama s invaliditetom tako i prema djeci s invaliditetom (8).

Konvencijska odredba koja se eksplicitno odnosi na djecu s teškoćama u razvoju načelno obvezuje države članice (pa tako i Republiku Hrvatsku) da poduzme sve potrebne mjere kako bi se djeci s teškoćama u razvoju omogućilo potpuno ostvarivanje svih temeljnih ljudskih i dječjih prava ravnopravno s ostalom djecom, uključujući građanska, politička, ekonomska, socijalna i kulturna prava (6).

Uvažavajući višestruku diskriminaciju i ranjivost djevojčica s invaliditetom države članice su obavezne osigurati posebnu zaštitu i mjere osiguranja djevojčica s invaliditetom radi ostvarivanja ljudskih prava i sloboda zajamčenih ovom Konvencijom (6).

Pravo na poštivanje obitelji jamči se djeci s invaliditetom jednako kao i ostaloj djeci na način da se zabranjuje svaka diskriminacija u pogledu očuvanja njihove plodnosti, a poštivanjem prava na obiteljski život nastoji se spriječiti sakrivanje, napuštanje, zanemarivanje i segregaciju djece s invaliditetom. U tom smislu države članice su dužne poduzeti potrebne mjere kako djeca s teškoćama u razvoju ne bi temeljem invaliditeta bila izdvojena iz obitelji, a ako je to baš nužno, svako dijete se ima zbrinuti u široj obitelji, a ako ni to nije moguće mora se zbrinuti u obiteljskom okruženju šire zajednice (udomiteljskoj obitelji) (6).

Najbolje okruženje za dijete s invaliditetom je njegova obitelj, kojoj je nužno osigurati stručnu edukaciju, psihološku i materijalnu pomoć, čime se smanjuje stres roditelja u podizanju djeteta s invaliditetom, omogućava ostanak djeteta u obitelji, olakšava komunikacija članovima obitelji s djetetom, kao i nabavka potrebne medicinske opreme nužne za funkcioniranje djeteta u obitelji i izvan nje (1).

Kad ostanak djeteta s invaliditetom nije moguć u užoj obitelji, država je dužna osigurati

skrb i njegovo odrastanje u široj obitelji ili drugoj obiteljskoj zajednici (udomiteljskoj obitelji) u kojoj su osobe koje skrbe o djetetu educirane za brigu o djetetu s invaliditetom. Smještaj djeteta s invaliditetom u instituciju je posljednja mjera koju su države dužne izbjegavati i prevenirati kad god je to moguće, a nikada koristiti kao sredstvo ograničavanja slobode i kretanja djeteta s invaliditetom. Uzimajući u obzir da su djeca s invaliditetom koja žive u institucijama vrlo često žrtve tjelesnog i psihičkog nasilja, seksualnog zlostavljanja i zanemarivanja, država je dužna osigurati specijalno educirano osoblje, postaviti stroge standarde rada, nadzora, evaluacije i olakšanu mogućnost pritužbi, dostupnu djeci s invaliditetom, a prije svega planirati povratak djece u vlastite ili udomiteljske obitelji (1).

Posebnu pozornost izaziva pravo na obrazovanje temeljem kojeg su države članice dužne osigurati inkluzivni obrazovni sustav u kojem će se svakom djetetu s invaliditetom osigurati individualna pomoć i potpora. Na taj se način djeci s invaliditetom osigurava okruženje koje im omogućava potpuni osobni, fizički, psihički i socijalni razvoj u skladu s njihovim potencijalima. U tom smislu države imaju izričitu obvezu osigurati djeci s invaliditetom besplatno i obvezno osnovno i srednjoškolsko obrazovanje, kao i svaku vrstu prikladne individualizirane pomoći u skladu s djetetovim invaliditetom (primjerice, gluhoj, nijemoj ili slijepoj djeci država dužna je osigurati prikladna sredstva) (6,17).

Obrazovanje djece s invaliditetom na ravnopravnoj osnovi zajedno s ostalom djecom od iznimne je važnosti za razvoj njihovog samopoštovanja i samostalnosti. Inkluzivno obrazovanje djece s invaliditetom zajedno s ostalim vršnjacima razvija osjećaj pripadnosti školi, vršnjacima i društvu. Stoga je već predškolsko i rano osnovnoškolsko obrazovanje od posebne važnosti za djecu s invaliditetom, jer su rano prepoznavanje i pravovremena stručna intervencija ključni u njihovom kasnijem razvoju. Stoga je država dužna osigurati redovno obrazovanje djece s invaliditetom primjereno svakom pojedinom djetetu uzimajući u obzir njegov invaliditet. To znači pravo na isključivo redovno školovanje, pravo na redovno školovanje uz dodatak specijalnog obrazovanja, stručnu pomoć u nastavi, dostupnost tehničkih pomagala, prilagođen kurikulum, educiranost nastavnika, kao i usku suradnju redovnih nastavnika, te stručnih pomoćnika i nastavnika u specijalnom dijelu obrazovanja (1).

Zaključno, inkluzija djeteta s invaliditetom ne znači samo njegovo jednostrano uključivanje u redovni obrazovni sustav, već sustavnu promjenu cjelokupnog pristupa redovnom obrazovnom sustavu djece s invaliditetom uvažavajući djetetove posebnosti i individualne potrebe u zadnjem koraku konkretiziranja prava na obrazovanje.

Svaka država potpisnica UN Konvencije o pravima osoba s invaliditetom dužna je djeci

s invaliditetom omogućiti uživanje najviših, ostvarivih standarda tjelesnog i mentalnog zdravlja bez diskriminacije na osnovi invaliditeta, uključujući dostupne i besplatne zdravstvene usluge i programe, kao i ranu identifikaciju i intervenciju, te dostupnost usluga kojima se smanjuje i prevenira daljnji invaliditet djeteta (6).

Temeljno ljudsko pravo svakog djeteta jest pravo na očuvanje zdravlja, stoga zdravstveni sustavi moraju biti usmjereni na rano otkrivanje invaliditeta, kao i ranu intervenciju. Zdravstveni djelatnici koji rade s djecom s invaliditetom moraju biti educirani, a njihov rad fokusiran na dijete. S obzirom da djeca s invaliditetom često imaju višestruke zdravstvene probleme idealan medicinski pristup djeci s invaliditetom trebao bi biti multidisciplinarnan, uključujući suradnju neurologa, psihologa, psihijataru, ortopeda i psihoterapeuta. Posebna pažnja u području prava na zdravlje obraća se reproduktivnom zdravlju adolescenata s invaliditetom. Naglašava se problem prisilne sterilizacije djece s invaliditetom, posebno kad su u pitanju djevojke, što je ozbiljna povreda njihovog prava na tjelesni integritet, a rezultira dugoročno štetnim posljedicama za njihovo fizičko i mentalno zdravlje. Države potpisnice dužne su zabraniti prisilnu sterilizaciju djece pozivom na njihov invaliditet (1).

Djeca s invaliditetom i njihovi roditelji, odnosno osobe koje se brinu o njima imaju pravo na odgovarajući životni standard uključujući prehranu, odijevanje, stanovanje, kao i pravo na socijalnu zaštitu te pristup programima smanjenja siromaštva, posebno ističući ugroženost djevojaka s invaliditetom i uvažavajući učestalost siromaštva u obiteljima djece s invaliditetom (6).

Na kraju od osobite važnosti za razvoj djece UN Konvencija o pravima osoba s invaliditetom ujedno ističe pravo na sudjelovanje u kulturnom životu, pravo na igru, rekreaciju, zabavu i sport (u literaturi se posebno ističe pravo djece s invaliditetom na sportske aktivnosti zajedno s ostalom djecom. Naime, u praksi je pristup igri, razonodi i sportskim aktivnostima djeci s invaliditetom često ograničen te shvaćan kao dio terapije, premda je njihovo uključivanje u navedene aktivnosti s ostalim vršnjacima važno za inkluziju, socijalizaciju, stvaranje prijateljtava, razvijanje vještina i samopoštovanja djece s invaliditetom) (8)

Zaključno, cilj UN Konvencije o pravima osoba s invaliditetom nije bio stvoriti neka nova temeljna ljudska prava koja bi se odnosila na osobe i djecu s invaliditetom, već svjesni činjenice da mnoga temeljna prava zajamčena na međunarodnoj razini dugi niz godina, djeca s invaliditetom u stvarnosti nisu uživala, cilj je bio novim međunarodnopravnim mehanizmom stvoriti pravni okvir u kojem neće biti moguće odbiti njihovu realizaciju (8).

ZAKLJUČNO O OBVEZAMA REPUBLIKE HRVATSKE U ZAŠTITI DJECE S INVALIDITETOM

Odnos države prema najranjivijim članovima društva kao što su djeca s invaliditetom pokazuje njezinu socijalnu osjetljivost, zrelost i vrijednosti koje je postavila kao ciljeve svojih politika.

Republika Hrvatska je potpisivanjem međunarodnih ugovora kojima se jamče temeljna ljudska prava i slobode djeci s invaliditetom (Konvencije o pravima djece i Konvencije o pravima osoba s invaliditetom) pokazala zrelost, odgovornost i pripadnost onim pravnim sustavima koji teže poštivanju najviših pravnih standarda u ovom osjetljivom pravnom području.

Preuzete obveze koje proizlaze iz potpisanih ugovora jasno su propisane, pa međunarodna tijela koja nadziru ispunjavanje preuzetih obveza predlažu načine na koje države članice, pa tako i Republika Hrvatska, mogu ispuniti preuzete obveze.

Republici Hrvatskoj Odbor za prava osoba s invaliditetom generalno sugerira sustavnu analizu postojećeg zakonodavstva radi usklađivanja s Konvencijom o pravima osoba s invaliditetom, kreiranje razumnog koncepta prilagodbe sustava u područjima obrazovanja, zdravstva, prometa i graditeljstva, te osiguravanje proračunskih sredstava u te svrhe.

Kao posebne preporuke između ostalog se ističu sljedeće međunarodne obveze Republike Hrvatske: zabrana isključivanja i segregacije djece s invaliditetom iz redovnog obrazovanja, jednaka zaštita djece s invaliditetom u legislativi i politici, deinstitucionalizacija djece s invaliditetom, donošenje i provedba strategije protiv napuštanja djece s invaliditetom, osiguravanje mjera stručne i financijske pomoći i potpore djeci i obiteljima djece s invaliditetom, edukacija svih tijela, javnih i privatnih stručnjaka koji rade s djecom s invaliditetom o njihovim pravima, zabrana sterilizacije dječaka i djevojčica bez osobnog i informiranog pristanka, uvođenje osobnih asistenata, osiguravanje komunikacijskih mehanizama za djecu s invaliditetom, njihovo inkluzivno obrazovanje djece, kao i pristupačnost obrazovnih ustanova.

Postojeće stanje stvari u zaštiti prava djece s invaliditetom prema ocjeni mjerodavnih međunarodnih tijela nije zadovoljavajuće, a je li namjera Republike Hrvatske prigodom preuzimanja međunarodnih obveza bila stvarna ili s „figom u džepu“ pokazat će nam vrijeme, nadajući se da smo u pripremnom razdoblju za poduzimanje konkretnih koraka prema humanijoj budućnosti.

4.1. Translation of Source Text III

INTRODUCTION

Global data from the Committee on the Rights of the Child shows that 500-650 million people are disabled, with an estimated 10% (about 150 million) being children, with more than 80% of children with disabilities living in developing countries (1). According to recent UNICEF data from 2013, 93 million children or every twentieth child under the age of fourteen live in the world with some form of moderate or severe disability (2). In the Croatian Register of Persons with Disabilities 510,274 persons (i.e. 12% of the total population) are enrolled, of which 6.5% refer to children between the ages of 0 and 18 (i.e. 34,037 children with disabilities) (2).

Children with disabilities are by far the most vulnerable members of society, who need multiple legal protections in all walks of life. On the one hand, children are inherently vulnerable due to their age, inability to take care of themselves, physical and psychological underdevelopment, and emotional and educational immaturity, which make them entirely or partially dependent on adults (3). On the other hand, research shows that almost all the rights of children with disabilities are violated much more often than the rights of their healthy peers. Thus, children with disabilities more often than their healthy peers live in institutions, separated from their parents and families, where they are more likely to become ill and die. Also, they are more exposed to violence, neglect, abuse, and are more likely to suffer bodily harm and are victims of road accidents. The absence of primary and secondary education is also more frequent, which reduces their employment prospects and increases the risks of poverty. Children and adults at risk of poverty are at an increased risk of psychosocial and emotional difficulties affecting malnutrition, poor health and an unstimulating environment, and it is often emphasized that poverty is both a consequence and a cause of disability (2).

To study the rights of children with disabilities, both internationally and nationally, we have at first glance uneven legal terms: a physically and mentally disabled child, a child with a mental and physical disability, a child with a mental disability, a child with severe health impairment, a child with developmental disabilities and a child with a disability (in the official texts in the English language the term "children with disabilities" is used, which is "djeca s invaliditetom" in Croatian translation) (2-6). The term *rights of children with disabilities* will be used in this paper, taking into account the current globally accepted international legal

definition of persons (children) with disabilities, referring to “persons with long-term physical, mental, intellectual or sensory impairments...”. This term also includes children with mental health problems (Article 1 of the Convention on the Rights of Persons with Disabilities: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various difficulties may hinder their full and effective participation in society on an equal basis with others.”) (6).

The aim of this paper is to get acquainted with the historical and legal development of the specific international legal protection of the rights of children with disabilities, to show the highest legal sources of the rights of children with disabilities and the recent international assessment of their rights in the Republic of Croatia. And finally, to highlight the international obligations regarding the protection of rights of children with disabilities, which the Republic of Croatia is obliged to fulfill (7).

Constitutional and international sources of legal protection of children with disabilities

The legal system of a country is defined as the totality of norms and acts that are classified according to the criterion of legal force. Systematization in the legal system is hierarchical in nature, and is reminiscent of a pyramid, at the top of which is the constitution and laws, followed by other acts (e.g. ordinances, decisions and instructions of ministries, etc.). According to the hierarchy of legal regulations, lower legal norms must be substantially harmonized with higher legal norms, which is expressed in the fundamental legal principle of constitutionality and legality (13).

International treaties signed and ratified by the Republic of Croatia are part of the internal legal order of the Republic of Croatia, and the treaties have higher power than the law (2).

In the context of the theme of this paper on the rights of children with disabilities, this means that any act governing the rights or treatment of children (with disabilities) must be in accordance with the norms of the Constitution and international treaties that are above their legal force. For example, all laws, ordinances, administrative decisions of ministries, local bodies or directorates in the Republic of Croatia governing the field of education, health care, patient protection, protection of persons with mental disabilities, protection of persons with disabilities, family relations, social welfare, culture, sports, justice, etc. must be in conformity with the rights of children with disabilities as guaranteed by the Constitution, the UN

Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.

After introductions to the hierarchy of legal norms and the meaning of the principles of legality and constitutionality, we will present the constitutional law (Constitution of the Republic of Croatia) and international law sources of the rights of children with disabilities in the Republic of Croatia (UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities).

Constitution of the Republic of Croatia

The constitutional protection of children with disabilities is guaranteed by the provision that "*physically and mentally disabled and socially neglected children are entitled to special care, education and care*" (2).

This constitutional guarantee is preserved in the part of the Constitution that regulates social rights, which are the basis of a welfare state based on the principle of social security, protection of citizens from economic collapse, social justice and social opportunities. In commenting on this constitutional provision, the authors of Croatian constitutional law refer to the law governing social welfare issues (14:15). The Law on Social Welfare primarily regulates the provision of assistance to socially disadvantaged persons, as well as to persons in unfavorable personal or family relationships. It is possible to question in the present circumstances the conformity of the said constitutional interpretation with the contemporary international legal approach to the rights of children with disabilities under the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities (16).

Rights of children with disabilities in the UN Convention on the Rights of the Child

Two key provisions of the UN Convention on the Rights of the Child concern the rights of children with disabilities: a) the right of children with disabilities not to be discriminated in any way in the exercise of all children's rights (Article 2) and b) the right of children with disabilities to be fulfilled and worthy living in conditions that guarantee his/her dignity, promote self-confidence and facilitate active participation in the community (Article 23).

States parties to the UN Convention on the Rights of the Child have pledged to take steps to prevent any form of discrimination against children on the basis of disability. Studies and research have shown that children with disabilities in many cases experience multiple discriminations due to a combination of factors that make them even more vulnerable, such as female children with disabilities or children with disabilities in rural areas. Discrimination against children with disabilities occurs in various aspects of their life and development: discrimination in society, stigma that leads to marginalization and exclusion from society, and exposure to psychological and physical violence. Exactly such discrimination leads to the absence of regular education of children with disabilities and then to the lack of employment. Social stigma, fears, overprotection, negative access, prejudices, misconceptions about children with disabilities are present in many settings, which is why these children are often completely excluded from society and alienated from their peers (1).

Therefore, the Committee on the Rights of the Child requires all Member states: 1. to prevent and eliminate all forms of discrimination against children with disabilities and to clearly prohibit discrimination against children on grounds of disability by constitution or law; 2. to provide for effective remedies in the case of violations of the rights of children with disabilities so that the children, their parents or other caregivers are aware of the legal remedies; and 3. to raise public awareness of the rights of children with disabilities through educational campaigns that prevent and eliminate their discrimination in society. The Committee on the Rights of the Child also requires member states to pay particular attention to the protection of female children with disabilities, given their increased vulnerability (1).

Another key provision in relation to the rights of children with disabilities is contained in Article 23, paragraph 1, of the UN Convention on the Rights of the Child, which guarantees children with disabilities the right to a fulfilled and dignified life in conditions that ensure dignity, promote self-confidence and facilitate active participation in community. The aim of this provision is to fully integrate children with disabilities into society, primarily in the field of education and health.

Furthermore, by the same provision of Article 23, paragraph 2, of the UN Convention on the Rights of the Child, all States Parties, including the Republic of Croatia, recognizes the right to special care for children with a disability and guarantee children (as well as the childcare provider) that they will have ensured assistance appropriate to the health of the children and the

circumstances in which the children live, with the parents or other caregivers, if such assistance is required, and in accordance with available state resources.

Assistance provided by state to children with disabilities as well as to those who care for them under Article 23 (3) of the Convention on the Rights of the Child should be free of charge and designed to provide the children with effective access to education, vocational training, health and rehabilitation services, preparation for employment and leisure opportunities, in a way that enables them to become fully involved in the community and in personal development, including their cultural and spiritual progress.

The Committee on the Rights of the Child therefore requires the member states: 1. to provide professional assistance and support to children with disabilities and their caregivers, if possible free of charge, and 2. to enable children with disabilities free access to education, vocational training, health and rehabilitation services, preparation for employment and leisure opportunities (1).

With regard to the aforementioned rights of a child with a disability under Article 23 of the UN Convention on Rights of the Child, critics point out the problem of access that was prevalent at the time of its acceptance. Children with disabilities were seen as children with special needs and users of social services, not as subjects - holders of basic human rights (the rights of every child). In addition, the welfare state and social rights are generally perceived as an undue burden on most states, including the social rights of children with disabilities under Article 23 of the Convention on the Rights of the Child, which are guaranteed to children "according to the resources available" (8).

Another problem with the realization of the rights of children with disabilities in practice concerns the refusal of parents to seek the help and support to which the child is entitled, because they primarily refuse to place their child in the group of children with disabilities. Which is why many children with disabilities are not registered in the underdeveloped countries, and they remain locked in homes as "invisible children" who are prevented from exercising their rights (8). Finally, it is paradoxical that the special principle of exercising the rights of children with disabilities under the UN Convention on the Rights of the Child is precisely the principle of non-discrimination. Specifically, the principle of non-discrimination under international law permits exceptionally different treatment of certain persons based on the criteria of proportionality, objectivity and purpose prescribed by law. This exception to the

principle of non-discrimination is, unfortunately, most commonly used precisely when it comes to children with disabilities by allowing their discrimination and segregation in society to be legalized. Areas where different treatment of children with disabilities is justified by an exception to the principle of non-discrimination are most common in areas of education and sterilization of female children with disabilities at the request of their parents or guardians, while at the same time their peers are not exposed to this invasive medical procedure (8).

A key turning point in the approach to the rights of children with disabilities was the UN Convention on the Rights of Persons with Disabilities, according to which children with disabilities are no longer “children with special needs” in the 21st century, but they are children with equal rights enjoyed by their healthy peers. Unlike the UN Convention on the Rights of the Child, which guarantees the rights of children with disabilities and their parents the exercise of special social rights, "according to the resources available" of the state, the UN Convention on the Rights of Persons with Disabilities explicitly obliges States Parties (and the Republic of Croatia) to provide children with disabilities with the opportunity to enjoy all human and children's rights in the same way as children without disabilities (11,12).

Rights of children with disabilities in the UN Convention on the Rights of Persons with Disabilities

Persons with disabilities under the UN Convention on the Rights of Persons with Disabilities are defined as persons with long-term physical, mental, intellectual or sensory impairments, which, when interacting with various obstacles, can prevent their full and effective participation in society on an equal basis with others (6).

This definition also applies to children with disabilities who are recognized as having the right to fully enjoy all human rights and fundamental freedoms on an equal basis with other children and in accordance with the Convention on the Rights of the Child (Preamble. Provisions using the term "children with developmental disabilities" are: Articles 3,4,7,18, 23,24) (3).

The basic concept of the rights of persons with disabilities is based on the social attitude towards them, focusing on the relationship between: a) a specific disability or health disadvantage, b) the society in which the person lives, and c) a context in which there is an obstacle to the exercise of a particular right (8).

In this respect, persons with disabilities should not belong to a particular group in the exercise of human rights, since such approach would mean discrimination and segregation, since, for example, obstacles to the exercise of fundamental rights of persons with mental health problems may be completely different from obstacles to the exercise of the fundamental rights of a person who is physically disabled or who has diabetes. Therefore, the exercise of the rights of persons with disabilities is viewed in a specific context and not as a right of a particular group of people (10).

The principles underlying the inclusion of persons with disabilities in society on an equal basis with others are the principles of equality, dignity, autonomy (freedom of choice), independence, accessibility and inclusiveness.

In the case of children with disabilities, the principle of respect for the developmental capacity of children with disabilities and respect for their right to preserve their identity is of particular importance (6).

Accessibility as a fundamental principle is a key element for the full inclusion of persons with disabilities in society, which is further elaborated in a special provision obliging state to remove any obstacle and to take appropriate measures to ensure accessibility for persons with disabilities to all public services in urban and rural area environments. In this way, state ensures the independence and full participation of persons with disabilities in all areas of life (6).

The UN Convention on the Rights of Persons with Disabilities commits member states to raising public awareness in all segments of society on the equality of persons with disabilities in order to eradicate stereotypes, prejudices, harmful practices against children with disabilities, as well as to raise public awareness of the ability and contribution of persons with disabilities in society (in the family, educational institutions, cultural and sports institutions and societies, health institutions, etc.). In doing so, raising awareness on the equality of persons with disabilities must be carried out at all educational levels, starting with children at a young age (6).

The foregoing introductory provisions apply to all persons with disabilities, including children, with the UN Convention on the Rights of Persons with Disabilities referring to children with disabilities with several specific provisions. These are the provisions in Articles 7, 23, 24, 25 and 28 (b) guaranteeing the general right of children with disabilities to equality

with other children, their right to family, to regular education, to maintaining health and appropriate standard of living.

Before taking a closer look at the rights of children with disabilities guaranteed by the aforementioned articles of the UN Convention on the Rights of Persons with Disabilities, it should be noted that this Convention continues to reaffirm all other fundamental rights of the child from the UN Convention on the Rights of the Child. Such as, respecting the best interest of children, the right to family and family contacts, or the right to express opinions. However, the UN Convention on the Rights of Persons with Disabilities continues to “*brush up*” on some important rights of children, based on a change in the general approach to both adults with disabilities and children with disabilities (8).

A convention clause explicitly referring to children with disabilities in principle obliges member states (including the Republic of Croatia) to take all necessary measures to enable children with disabilities to fully enjoy all fundamental human and children's rights on an equal basis with other children, including civil, political, economic, social and cultural rights (6).

Recognizing the multiple discrimination and vulnerability of female children with disabilities, member states are obliged to provide special protection and security measures for female children with disabilities for the enjoyment of human rights and freedoms guaranteed by this Convention (6).

Respect for home and the family is guaranteed to children with disabilities as well as to other children in a way that prohibits any discrimination in preserving their fertility, while respecting the right to family life, it seeks to prevent the concealment, abandonment, neglect and segregation of children with disabilities. In this regard, member states are obliged to take the necessary measures to ensure that children with disabilities are not separated from their families on the basis of disability and, if absolutely necessary, each child must be cared for in the wider family and, if this is not possible, it must be cared for in the family environment of the wider community (foster family) (6).

The best environment for a child with a disability is his or her family, to which professional education, psychological and material assistance needs to be provided. Thus reducing the parents' stress when raising children with a disability, enabling the children to remain in the family, facilitating communication with family members and providing the

necessary medical equipment necessary for the functioning of the child in and outside the family (1).

When the stay of a disabled child is not possible in the immediate family, state is obliged to provide for the care and upbringing in the extended family or other community_(foster family) where the child caregivers are educated to care for a disabled child. Placing a child with a disability in an institution is the last measure that states should avoid and prevent whenever possible, and never use it as means of restricting the freedom and movement of a child with a disability. Considering that children with disabilities living in institutions are very often victims of physical and psychological violence, sexual abuse and neglect, state is obliged to provide specially educated staff, to set strict standards of work, supervision, evaluation and facilitated complaints, accessible to children with disabilities and above all to plan the return of the children to their own or foster families (1).

Particular attention is drawn to the right to education, under which member states are obliged to provide an inclusive education system in which each child with disability is provided with individual assistance and support. In this way, children with disabilities are provided with an environment that enables them to complete their personal, physical, psychological and social development in accordance with their potential. In this context, States have an explicit obligation to provide children with disabilities free and compulsory primary and secondary education, as well as any type of appropriate individualized assistance in accordance with a child's disability (for example, state is required to provide adequate resources for deaf, mute or blind children) (6. 17).

The education of children with disabilities on an equal basis with other children is of utmost importance for the development of their self-esteem and independence. Inclusive education for children with disabilities, along with other peers, develops a sense of belonging to the school, peers and society. Therefore, pre-school and early primary education is of particular importance for children with disabilities, as early recognition and timely professional intervention are crucial in their later development. Therefore, state is obliged to provide regular education for children with disabilities appropriate to each individual child, taking into account his or her disability. This means the right to exclusive full-time education, the right to full-time education with the addition of special education, professional teaching assistance, the availability of technical aids, a tailored curriculum, educated teachers, as well as the close

cooperation of full-time teachers and professional assistants and teachers in the special education sector (1).

In conclusion, inclusion of children with a disability means not only its unilateral inclusion in the regular education system, but systematic change of the whole access to the regular educational system of children with disabilities, taking into account the child's specificities and individual needs in the last step of specifying the right to education.

Each State Party to the UN Convention on the Rights of Persons with Disabilities is obliged to enable children with disabilities to enjoy the highest achievable standards of physical and mental health without discrimination on the basis of disability, including free and accessible health services and programs, as well as early identification and intervention, and availability of services which reduce and prevent further disability of children (6).

The basic human right of every child is the right to health, therefore health systems must be focused on early detection of disability as well as early intervention. Healthcare professionals working with children with disabilities need to be educated and their work focused on children. Given that children with disabilities often have multiple health problems, the ideal medical approach to children with disabilities should be multidisciplinary, including the collaboration of neurologists, psychologists, psychiatrists, orthopedists and psychotherapists. Particular attention is paid to the reproductive health of adolescents with disabilities in the field of *The right to health*. The problem of forced sterilization of children with disabilities is emphasized, especially when it comes to female children, which is a serious violation of their right to physical integrity and results in long-term adverse effects on their physical and mental health. States Parties should prohibit the forced sterilization of children on the account of their disability (1).

Children with disabilities and their parents, or their caregivers, are entitled to an adequate standard of living, including nutrition, clothing, housing, as well as the right to social protection and access to poverty reduction programs, especially highlighting the vulnerability of female children with disabilities and respecting the frequency of poverty in families of children with disabilities (6).

Last but not least, the UN Convention on the Rights of Persons with Disabilities emphasizes the right to participate in cultural life, the right to play, recreation, entertainment and sport (the right of children with disabilities to sports activities with other children is

particularly emphasized in the literature). In practice, access to play, leisure and sports activities for children with disabilities is often limited and understood as part of therapy, although their involvement in these activities with other peers is important for inclusion, socialization, friendship, developing skills and self-esteem for children with disabilities. (8).

In conclusion, the goal of the UN Convention on the Rights of Persons with Disabilities was not to create some new fundamental human rights pertaining to persons and children with disabilities. Being aware of the fact that children with disabilities have not in reality enjoyed many fundamental rights guaranteed at international level for many years, the aim was to create a legal framework with a new international legal mechanism in which it would not be possible to refuse their implementation. (8).

CONCLUSION ON THE OBLIGATIONS OF THE REPUBLIC OF CROATIA IN THE PROTECTION OF CHILDREN WITH DISABILITIES

The attitude of state towards the most vulnerable members of society such as children with disabilities shows its social sensitivity, maturity and the values it has set as the goals of its policies.

By signing international treaties guaranteeing fundamental human rights and freedoms for children with disabilities (the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities), the Republic of Croatia has shown maturity, responsibility and belonging to those legal systems that strive to respect the highest legal standards in this sensitive legal area.

The commitments arising from the signed treaties are clearly laid down, so international bodies supervising the fulfillment of the undertakings propose ways in which Member states, including the Republic of Croatia, can fulfill the undertakings.

In the Republic of Croatia, the Committee on the Rights of Persons with Disabilities generally proposes a systematic analysis of existing legislation in order to comply with the Convention on the Rights of Persons with Disabilities, to create a reasonable concept of adaptation of the system in the fields of education, health, transport and construction, and to provide budgetary resources for these purposes.

Among the specific recommendations are the following international obligations of the Republic of Croatia: prohibition of exclusion and segregation of children with disabilities from

regular education, equal protection of children with disabilities in legislation and policy, deinstitutionalization of children with disabilities, adoption and implementation of a strategy against abandoning children with disabilities, ensuring measures of professional and financial assistance and support for children and families of children with disabilities, education of all bodies, public and private experts working with children with disabilities on their rights, ban on sterilization of boys and female children without personal and informed consent, introduction of personal assistants, provision of communication mechanisms for children with disabilities, their inclusive education for children, and the accessibility of educational institutions.

The current state of affairs in the protection of the rights of children with disabilities, according to the assessment of the relevant international bodies, is not satisfactory, and whether the intention of the Republic of Croatia at the time of taking on international obligations was sincere or not only time will tell, but hoping that we are in the preparatory period for undertaking concrete steps towards a more humane future.

4.2. Commentary and Analysis

Text III:

1. genre

An extract of an article published in a scientific journal on the Croatian portal 'Hrčak'

2. source

Rešetar, Branka. "Prava djece s invaliditetom - prava djece s problemima mentalnog zdravlja." *Socijalna psihijatrija*, vol. 45, br. 1, 2017, str. 4-15. <https://hrcak.srce.hr/178941>.

Accessed January 2020

3. audience

This text is intended to be read by an educated audience, presumably those who are familiar with law or those who understand the struggles of children with disability.

4. purpose of writing:

This article brings to attention the problem children with disabilities face along with their families. Its main purpose is to acknowledge the laws (both UN laws and Croatian Constitution) and how they should be implemented in society.

5. authenticity:

Because the article was taken from a scientific journal it can be considered authentic.

6. style:

The style of this text is informative, but it contains some law terminology. It was written in a direct and clear way.

7. formality:

High level of formality.

8. layout:

The text is divided into 6 parts, and 40 points. Each part has a title in bold letters, while some parts are also titled in capital letters, and the first line on each paragraph is indented. The text is completely justified.

9. content:

The first part of the text includes basic information about children with disabilities and provides the reader with an introduction in the complete work. The second part is about the development of international legal protection for children with disabilities. The third part gives an insight into the Croatian Constitution. The next part examines the rights of children with disabilities in the UN Convention on the Rights of Persons with Disabilities while the

fifth part focuses on the UN Convention on the Rights of the Child. The conclusion is found in the sixth which is also the last paragraph.

10. cohesion:

Cohesion is created by the repetition of key words such as *children, disability, mental disability, law, inclusion, education.*

11. sentence patterns:

The sentences are mostly long and contain more clauses. This can make them difficult to understand by a general audience.

12. terminology of the subject:

The text contains terminology from the field of law and medicine.

4.3. Workflow:

In this extract, it was very convenient that I could consult with the United Nations website and look for the equivalents of Croatian law terms and the correct articles. Such as *Pravo na poštivanje obitelji* in the original English version of the Article is written as *Respecting home and family* but in the source text the *home* part of the Article is not translated.

In the source text, the expression *iznad zakona* refers to the treaties being valued more than the law itself, the term *beyond* or *above the law* would not quite fit in the sentence, and I decided on using *the treaties have higher power than the law*.

Furthermore, the term *djevojčice* can be translated into *girls*, but due to the formality of the text I decided to use the English term *female children*.

What should also be noted is the difference when capitalizing the names of conventions. In Croatian language, only the first word is written with the capital first letter, while in the English language all nouns are capitalized. For example, *UN Konvencija o pravima djece*, and *UN Convention on the Rights of the Child*.

The part of a sentence I found challenging was *da različitim edukativnim kampanjama pojačaju javnu svijest o pravima djece s invaliditetom s ciljem prevencije i eliminacije njihove diskriminacije u društvu*. It is a long sentence where I needed to be very careful with the word order, not to lose the meaning and to be grammatically correct. The translation I decided on was *to raise public awareness of the rights of children with disabilities through educational campaigns that prevent and eliminate their discrimination in society*.

Moreover, what was also thought-provoking was how to translate *u svim sferama života*, because the direct translation would be *in all spheres of life* but when searching to find a better translation I came across the idiom *in all/different walks of life*⁴ which was a more appropriate translation.

Throughout this extract of the Croatian text, sentences are mostly very long and in addition to that, full names of conventions are used repetitively.

⁴ Cambridge University Press <https://dictionary.cambridge.org/dictionary/english/walk-of-life>, July 7th

5. CONCLUSION

I have chosen the task of translating for my B.A. thesis so I could further explore my abilities as a translator. While translating I have found that Croatian texts mostly have long sentences which is not usual in English texts, so in all three texts I have divided some of the sentences into shorter ones. By doing so, I have kept the meaning conveyed and made the translated text's form similar to other English texts and easier to read and comprehend.

While writing the analyses and workflows for each text I have noticed that the first and third texts have similar forms and are divided in parts and points, while the second text is written in only one part with many points. Also, the first and third texts are both written in a very formal and informative way for an audience that has at least some knowledge about the topics. While the second text is informative, it is written in a less formal way targeting a different audience with little or no knowledge about the topic.

I have also noticed that in Croatian texts all authors use a lot of words or expressions that come from the English language even though Croatian equivalents for those words exist, such as *prevalencija (učestalost)*, or the use of the English word *boom* meaning something that became well-known or developed rapidly in the Croatian text.

This thesis has certainly brought me closer to translating and not only have I learned new ways of thinking and analysing while translating but also the importance of knowing both English and Croatian grammar. I have found that good groundwork on the topics of the source texts has helped me understand the topic better and also to translate it faster and easier. Moreover, reading through the texts over and over, it became easier to spot any grammar or syntactic mistakes.

Tackling the task of translating three scientific texts was a very humbling experience for me. It gave me a whole new perspective on the science of translating. I suspected this task would be thought-provoking, but not to this degree. Nevertheless, with everything I have learned throughout this process, I am quite confident that I will continue to work on other texts and translations.

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