

WOMEN'S EXPERIENCES DURING ARMED CONFLICT IN SOUTHERN SUDAN, 1983-2005

THE CASE OF JUBA COUNTY CENTRAL EQUATORIAL STATE



Isis
WICCE



We Link Women Internationally



Central Equatorial State

Totto Chan
Trauma
Centre

WOMEN'S EXPERIENCES DURING ARMED CONFLICT IN SOUTHERN SUDAN, 1983 - 2005:

*THE CASE OF JUBA COUNTY -
CENTRAL EQUATORIAL STATE*

AN Isis-WICCE RESEARCH REPORT

IN COLLABORATION WITH

**CENTRAL EQUATORIAL STATE, JUBA
AND
TOTTO CHAN TRAUMA CENTRE**

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TABLE OF CONTENTS

Abbreviations.....	iv
List of Tables.....	v
Authorship and Acknowledgement.....	vi
Executive Summary.....	ix

CHAPTER ONE INTRODUCTION AND BACKGROUND TO THE STUDY

1.1	Introduction	1
1.2	Isis-WICCE Documentation.....	4
1.3	The Pre-Study Process	4
1.4	Southern Sudan- Socio-Demographic Aspects	4
1.5	Statement of the Problem	5
1.6	Objectives	7
1.7	Key Questions	7
1.8	Utility of Documentation	8

CHAPTER TWO METHODS AND PROCESS

2.1	Study Design	10
2.2	Study Area	10
2.3	Sampling Procedure	12
2.4	Study Population.....	15
2.5	Data Collection	15
2.6	Data Analysis	19
2.7	Training the Research Team.....	19
2.8	Problems Encountered.....	22

CHAPTER THREE LITERATURE REVIEW

3.1	Armed Conflict, Gender and Women's Experiences.....	24
3.1.1	Global Perspectives	24
3.1.2	Gender Based Violence (GBV) in Armed Conflict	25
3.1.3	Women's Vulnerability to HIV/AIDS in conflict.....	28
3.1.4	The Threat of HIV/AIDS	31
3.2	Torture Experiences	32
3.2.1	Armed Conflict Torture	32
3.2.2	Reproductive Health Problems	35
3.2.3	Surgical Problems	36

3.2.4	Mental Health Problems	36
3.2.5	Impact of Armed Conflict on the Health System	37
3.3	The Southern Sudan Context.....	38
3.4	Post-Conflict Challenges	38

CHAPTER FOUR THE FINDINGS

4.1	Introduction	39
4.2	The Pre-Armed Conflict Environment and Experience	40
4.2.1	Causes of the Sudanese Civil Conflict from 1983 - 2005	40
4.2.2	The Beginning of the Conflict	41
4.3	Social and Demographic Profile of the Respondents	43
4.3.1	Age of Respondents	44
4.3.2	Religion	45
4.3.3	Education	45
4.3.4	Employment Status	46
4.3.5	Marital Status.....	47
4.3.6	Age at First Marriage	47
4.3.7	Contraceptive Use	48
4.3.8	Children Lost During the Conflict	49
4.4	Changing Socio-economic Context of Respondents.....	50
4.5	Changing Gender Perspectives	53
4.5.1	Income Generating Activities	53
4.5.2	Gender Roles	56
4.6	Women's Contribution and Survival Strategies/Coping Mechanisms During the Armed Conflict	59
4.6.1	Introduction.....	59
4.6.2	Accessing Basic Needs.....	60
4.6.3	Life in Camps.....	62
4.6.4	Sexuality.....	63
4.7	Contribution of Women as Combatants	63
4.8	Health Situation of Respondents	65
4.8.1	Exposure to Armed Conflict Related Torture/Trauma.....	65
4.8.2	Sexual Abuse and Gender Based Violence during the Conflict	67
4.8.3	Physical Torture Experiences	70
4.8.4	Psychological Torture Experiences	71
4.8.5	Perpetrators of Armed Conflict Torture	73

4.8.6	Psychological and Medical Consequences of Torture.....	74
4.8.7	Suicidal and Homicidal Ideas/Behaviour	78
4.8.8	Gynecological Problems	79
4.8.9	Surgical Complaints	81
4.8.10	Knowledge, Attitudes and Services for HIV/AIDS	83

CHAPTER 5: DISCUSSION, CHALLENGES AND RECOMMENDATIONS

5.1	Discussion	86
5.2	Challenges and Recommendations	89
5.3	Conclusion	91
References		93
Appendix I	– Map of Sudan	97
Appendix II	– Map of Southern Sudan	98
Appendix III	– Map of Central Equatoria	99
Appendix IV	– Questionnaire	100

ABBREVIATIONS

ACTV	African Centre for the Treatment and Rehabilitation of Torture Victims
CPA	Comprehensive Peace Agreement
DRC	Democratic Republic of Congo
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GOS	Government of Sudan
GOSS	Government of Southern Sudan
HIV/AIDS	Human Immuno-deficiency Virus/Syndrome
Isis-WICCE	Isis-Women's International Cross Cultural Exchange
IDP	Internally Displaced People
KII	Key Informant Interviews
NGO	Non-governmental Organisation
PTSD	Post Traumatic Stress Disorder
SPLM/A	Sudan Peoples Liberation Movement/Army
STDs	Sexually Transmitted Diseases
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
WFP	World Food Program

LIST OF TABLES

Table 1: Social and demographic profile of respondents	44
Table 2: Age at first marriage by gender	47
Table 3: Use of contraceptives	49
Table 4: Lost children, still births, miscarriages among women respondents.....	49
Table5: Social and economic context of respondents in the conflict, pre-and post conflict periods	51
Table 6: Gender roles/activities and relations before, during and after the conflict	54
Table 7: Customary land ownership	56
Table 8: Gender roles of women before, during and after the conflict	57
Table 9: Gender roles of men before, during and after the conflict .	58
Table 10: Gender roles of girls before, during and after the conflict .	58
Table 11: Gender roles of boys before, during and after the conflict	59
Table 12: Loss of family member	66
Table 13: Cause of spouse loss	66
Table 14: Sexual and physical violence experienced by females	67
Table 15: Types of torture suffered by respondent	71
Table 16: Psychological torture experiences of respondents	72
Table 17: Perpetrators of war torture	73
Table 18: Psychological symptoms experienced by respondents	74
Table 19: Level of psychological distress among respondents	75
Table 20: Previous health seeking behavior or respondents for psychological distress	76
Table 21: Substance abuse among respondents	77
Table 22: Suicidal behaviour among respondents	78
Table 23: Homicidal Ideation among respondents	78
Table 24: Gynecological problems among respondents.....	79
Table 25: Previous health seeking behaviour for gynaecological problems	80
Table 26: Surgical Complaints.....	82
Table 27: Knowledge, attitude and services for HIV/AIDS	84

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EXECUTIVE SUMMARY

Since its independence in 1956, Sudan has been a battleground for two civil armed conflicts (1955-1972) and (1983-2005) after which a Comprehensive Peace Agreement (CPA) was signed on 9th January 2005. The study aimed at documenting the experiences and circumstances of the Southern Sudan women in the two decades of the armed conflict between 1983 – 2005. With Juba County, Central Equatorial state as the research setting, the study adopted a descriptive and analytical approach, utilizing a mix of qualitative and quantitative methods. This approach sought to highlight the transformation of socio-economic context before, during and after the conflict, the impact of changes in the social context on women's situation, the gender dimensions of the conflict and how women's war experiences could be drawn upon as resources for providing an informed basis to guide post conflict governance and reconstruction programmes. The key finding is that the political, socio-economic, and cultural dynamics of the armed conflict have had adverse impact on the Southern Sudan people especially women, with profound and diverse changes in gender roles and identities.

Closely related to the prolonged civil armed conflict, the women of Southern Sudan experienced acute poverty, manifested especially in the context of food insecurity and poor health, persistent insecurity of person and property, displacement and congestion in disease ridden Internally Displaced Persons camps (IDPc), moral decay and gender based violence especially rape, defilement and survival sex.

Though, it is mainly men who participated actively in the warring groups; women were caught in crossfire by either side. They were subjected to the most humiliating, brutal and traumatizing experiences. Apart from gang rape often in the presence of their spouses, and children, women were mutilated in their vaginas using bayonettes and young girls would have their external genitalia especially the clitoris cut out. Experiences of such gruesome torture and humiliation often resulted into mental breakdown and physical health problems. The women had to contend with suppressed anger which the collapsed socio-cultural system encampment environment could not allow them to vent. Although men were affected by the war, many of them perverted the established cultural norms of conduct and behavior

to perpetuate or maintain their status quo as household heads. The men however, found it difficult to fulfill their traditional roles as breadwinners and protectors of their families and as a result developed insecure gender identities. This turned into anger and frustration which they in turn meted out on the helpless female household members subjecting them to all forms of abuse including beatings, rape and defilement. In such situations women's coping responses to the conflict were severely undermined.

Despite the suffering which the Southern Sudanese women endured, it has come to light that their experiences have much value as resources for post conflict peace and reconstruction. It emerged that women's wealth of experiences have a potential for providing an informed basis for a political framework within which their gender specific interests can be addressed and role in peace building and governance highlighted. To exploit this potential it is recommended that among others, that the Southern Sudanese women should be central to the post conflict peace building and reconstruction mainstream.

Recommendations

- The untapped wealth of women's armed conflict experiences should be exploited by all relevant stakeholders including the transitional government of Southern Sudan, the donor community and local and foreign NGOs to develop an informed basis for good governance that promotes gender equality in participation, decision making, wealth sharing and access to social services, and affirmative action were seen necessary.
- Women should be central to the post conflict peace building and reconstruction mainstream. This means that they should be well represented in the legal, legislative, managerial, administrative, and other decision making fora to ensure that they are part of the process that formulates policy for civil society for a common good.
- Ensuring women's equal access to resources and benefits across the board cannot be addressed by affirmative action per se like the allotting of 25% of positions in the national assembly to women as is spelt out in the CPA. Women stand to benefit most if gender responsive budgeting, especially in respect to the oil revenues is instituted as soon as possible.

- The silencing off guns does not automatically mean the end of physical and sexual abuses, and other forms of discrimination against women. As mechanisms are put in place to sensitize and mobilize both women and men against gender based violence, administrative and legal systems should be strengthened to ensure that those who subject women to physical and sexual abuse and other crimes are exposed, prosecuted and punished.
- There is need for a National Gender Policy and a National Plan Action on sexualized and gender based violence as a means of translating the Comprehensive Peace Agreement provisions into action.
- Women who have experienced trauma by acts of war committed against themselves, family members, kith and kin should be encouraged to seek counseling. Women victims of rape, other forms of sexual and physical violence should be enabled to seek and access medical treatment. It is important that the Government of Southern Sudan establishes trauma treatment centres in the region, and prioritises the training of South Sudanese to revamp its human resource capacity especially in the health sector. The results of this study should be used as a tool for planning evidence based health interventions targeting the affected women.
- The findings that over 50% of the women felt that they are at risk of contracting HIV/AIDS in the next few years calls for concerted efforts at HIV/AIDS prevention and control. The high levels of ignorance including false beliefs about the dynamics of HIV/AIDS infection and spread calls for the design of culturally sensitive HIV/AIDS health education and other intervention campaigns.
- More emphasis should be put on universal education especially for the girl child and sensitization of communities as a means of reducing the high levels of early/ adolescent marriages which the research observed as rampant. For those women who missed out on basic education, functional adult literacy programmes should be put in place.
- The Government of Sudan should seriously consider ratification of International Conventions and Instruments such as the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW).

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1. Introduction

This report illustrates and analyses the findings of Isis-WICCE's study entitled "*Women's Experiences during Armed Conflict in Southern Sudan, 1983 — 2005; The Case of Juba Country — Central Equatorial State.*" The research was conducted from October to November, 2006.

Since its independence in 1956 Sudan has been a battleground for two armed conflicts (1955-1972) and (1983-2005) after which a Comprehensive Peace Agreement (CPA)¹ was signed on 9th January 2005. These civil conflicts resulted into egregious suffering, loss of life and opportunities, widespread poverty and food insecurity. For over twenty years, the Sudanese government based in Khartoum had been involved in armed conflict with the Sudan People's Liberation Movement/ Army (SPLA) based in Southern Sudan. This conflict was mainly based on ethnic, cultural, religious, and other socio-political and cultural divides. The division of the country where the Arabs dominated the North and the mainly black Christians in the south since the colonial times also perpetuated the marginalization of the southern people.

The civil armed conflict that started in 1983, formed the apex of all other former conflicts in the Sudan that led to the death and displacement of many people, destruction of property and infrastructure, and the untold physical and mental suffering of the survivors. This left more than two thirds of the total population of the Southern Sudan living as refugees in the neighboring countries while others as internally displaced people (IDP) in the northern part of the country. This increased the suffering of the disadvantaged and marginalized groups, the majority of whom being women, children and the abject poor.

1 Comprehensive Peace Agreement between the Government of the Republic of the Sudan and the Sudanese People's Liberation Movement/Army. 2005.

Key causes of the armed conflict as highlighted in CPA were linked to:

- The south's historic under development, marginalisation and lack of inclusion in the state decision- making processes;
- The over concentration of nearly all powers in Khartoum;
- Failure of the government of the Republic of the Sudan to implement the Addis Ababa Peace Agreement of February 1972;
- Competition for resources;
- Issues of state and religion; and,
- Issues of identity rooted in religion and culture.

Within, the context of the conflict, notwithstanding, it can be stated with certainty that it is the Sudanese women who have more than anybody else, borne the brunt of the armed conflict. The socio-economic dynamics of the conflict situation has further been associated with profound and diverse changes in gender roles and relations.

Issues Relating to Women in the Comprehensive Peace Agreement

The Comprehensive Peace Agreement of 9th January 2005 culminated in the making of the Republic of Sudan Interim national Constitution².

In the Bill of Rights, a specific article is devoted to the rights of women and children namely that;

- The state shall guarantee equal rights of men and women to the enjoyment of all civil, political, social, cultural and economic rights including the right to equal pay for equal work and other related benefits.
- The state shall promote women's rights through affirmative action
- The state shall combat customs and traditions which undermine the dignity and the status of women.
- The state shall provide maternity, child care and medical care for pregnant women
- The state shall protect the rights of the child as provided in the International and regional conventions ratified by the Sudan.

² The National Constitutional Review Commission (June 2005) .The Republic of the Sudan Interim National Constitution.

In January 2005, after more than 12 years of peace talks facilitated by the International Community, the government of Sudan and the SPLM/A signed the Comprehensive Peace Agreement (CPA). The signing of the CPA has ushered in an era of relative peace and stability. Southern Sudan, however, is still in a precarious situation. While peace protocols especially the CPA end a long history of armed conflict, this has come with serious challenges. For instance, the transformation to national state and institutionalization of democracy and peace need to be seen as a process with a socio-cultural dimension. The issue of democracy has to be clearly dialogued to create consensus on a concept that among others considers and addresses injustices arising out of gender inequalities in participation in decision making, wealth sharing and access to social services.

To date, the situation analysis for the development of post conflict responses has tended to include only theoretical descriptions of conflict phases, but no in-depth analysis of the conflict and post conflict challenges. For instance, whereas it is commonly assumed that with the ushering in of a new phase of peace through the CPA, the women of Southern Sudan will receive various forms of support from the entire women's movement to build their capacity for advocacy, skills and access to and control of resources among others. However, to date not much is known about the women's capacity to respond to various interventions in light of their experiences during the prolonged conflict.

Though the CPA and other planning documents refer to gender as an integral approach, no capacities for gender analysis are reflected and most policy makers and technocrats do not appear to understand the importance of gender as a crosscutting concern. No mechanisms for gender auditing and accountability are in place in the CPA. In light of this situation, it is felt that the specific needs of the Southern Sudanese women will not be addressed in spite of the prevailing peace and numerous development interventions targeting them in the post conflict period. This is due to the fact that to date the exact situation of the Southern Sudanese woman remains a grey area. The fact that Sudanese women as a result of instability, missed out on all the developments and benefits within the global women's movement serves to further aggravate their plight.

1.2 Isis-WICCE Documentation

Isis-WICCE, out of past experience of working with small but important groups of women in Southern Sudan and elsewhere in conflict prone areas, felt that a starting point to understanding and subsequently addressing the situation of the Sudanese women in the post conflict era is to document their realities, lived experiences, survival strategies or coping responses during the prolonged armed conflict. This research was thus undertaken as part of Isis-WICCE's wider plan to continue working with the Southern Sudanese women in the post conflict rehabilitation through its programmes of documentation of women's realities, skills building, information sharing and networking.

1.3 The Pre-Study Process

Between March and April 2006, a team of Isis-WICCE Program officers traveled to Southern Sudan for reconnaissance/solidarity visits. Though these visits were stages of Isis-WICCE's consultation in preparation for its 5 year strategic plan focusing on women in Southern Sudan, they were also aimed at paving the way for the documentation study. The officials met included the Governor- Central Equatorial state, Ministry of Gender officials, Central Equatoria state women MPs, and GOSS women MPs. They were briefed about the study objectives.

The Isis-WICCE team was warmly received at all levels. There was consensus that research and documentation are a pre-requisite for good governance. Given that the entire Southern Sudan was affected by armed conflict, the decision of selecting any area as a suitable research site was left with Isis-WICCE.

1.4 Southern Sudan- Socio-Demographic Aspects

The population of Southern Sudan was estimated at 7.5 million in 2003. With a growth rate of 3% per annum and the expected return of refugees, the population is expected to increase by 4.5 million in the next few years. At least 4 million Southern Sudanese fled their homes after the armed conflict began in 1983. The majority were displaced to other regions within the Sudan; more than 400,000 sought refugee in neighbouring countries, with the largest

number of refugees going to Uganda and Kenya. Southern Sudan's population is the youngest in the world with an under-five population of 21%.

The young unproductive population notwithstanding, Southern Sudan has among the worst demographic indices in the world. For instance Southern Sudan's children at 20% ratio of primary school enrolment, have the least access to primary education in the world. Girls are worse off, with three times more boys attending school. Primary school completion at a rate of 2% is also the lowest in the world. This suggests that only one out of 50 children finishes primary school which translates into only 500 girls and 2000 boys respectively every year. Adult female illiteracy rate stands at 88%³.

The maternal mortality ratio of 1700 per 100,000 live births is not only the highest in the world, but also almost three times that of the rest of Sudan. Infant mortality ratio of 150 per 1000 live births, and under-five mortality ratio of 250 per 1000 mean that children in Southern Sudan are three times more likely to die than those in the rest of Sudan⁴.

The gross national income per capita of Southern Sudan is estimated to be less than US\$90 per year, making it as being amongst the poorest regions in the world. The proportion of the population earning less than one dollar a day is around 90%.

1.5 Statement of the Problem

Southern Sudan has experienced one of the longest and most tragic spells of armed conflict dating back to 1956 when the country attained its independence. For the past 20 years, the carnage, suffering and violations of human rights inflicted upon the population have had the greatest impact on women and children who even amidst this suffering had to ensure that life continues.

The Sudan conflict was far much more complex and chaotic than a mere civil conflict. It was intensified by fierce inter-ethnic rivalries among the

3 New Sudan Center for Statistics and Evaluation in Association with UNICEF (2004). Towards a Baseline: Best estimates of social indicators for Southern Sudan.

4 Ibid

southerners which had pitted opposition fighting forces against each other. Worse still, some of the southern rebels were allied with a coalition of northern opposition political parties to engage government forces in battle along the combat line between the north and the south.

The disruption of traditional social systems through conflict and natural disaster, displacement and famine had plunged the status of the Southern Sudanese women in a state of flux. The cultural frame within which women operate dependant on kinship ties within lineal groups ceased to function normally when family and clan members are disintegrated and dispersed and resources have become scarce.

Property and livestock lost through armed conflict and crop failure as a result of drought, floods and population displacement completed the disaster to impoverish the Southern Sudanese, especially women. This rift in the historical status quo has accentuated the fundamental, traditional imbalance between women and men. Women have become more impoverished and worse off than men.

As a result of instability, the women of Southern Sudan missed out on all the developments and benefits of and within the women's movement world wide. Some of these include the 1993 Conference on Human Rights in Vienna, the 1995 Fourth World Conference on women and the follow up porcessses, among others.

However with the ushering in of a new phase of peace through the CPA, the women of Southern Sudan now require a lot of support from the Government of Sudan and the entire world women's movement to enable them embark on and strengthen their advocacy skills and demand for their space, rights and resources.

Isis- WICCE's documentation of Southern Sudanese women's experiences during armed conflict is a positive response to this requirement, and it is therefore within the above context that the documentation was carried out.

1.6 Objectives

1.6.1. Strategic objective

The strategic objective of the study was to document Southern Sudanese women's experiences during armed conflict from a feminist and human rights perspective, acknowledging the different life experiences of women and men using gender as a starting point for analysis, with a view to providing strategic data and information needed for informed decision making and planning as well as a tool for seeking justice, redress and sustainable peace.

1.6.2 Specific Objectives

The specific objectives of study were to:

- i. Document the various forms of violations of women's rights during the Southern Sudan armed conflict ; in Central Equatoria State (1983 – 2005)
- ii. Assess the impact of armed conflict on women's health and socio-economic status.
- iii. Find out the roles played by women and men before, during and after the armed conflict
- iv. Investigate the impact of armed conflict to relationships among families, households and communities.
- v. Analyze the impact of armed conflict to the general development of the area.
- vi. Recommend the appropriate interventions that may be needed for redress.

1.7 Key Questions

- i. What were the causes of the armed conflict?
- ii. What are the socio-demographic characteristics of women survivors/ victims of armed conflict?
- iii. How did the 1983-2005 armed conflict in Southern Sudan start and progress?
- iv. What were the levels of socio-economic deprivation and infrastructural destruction inflicted on the population during the armed conflict?
- v. How did the women meet their basic needs and those of their households?

- vi. What coping mechanisms did the women employ to ascertain survival?
- vii. What types of torture were inflicted upon women, and how did it impact on their health?
- viii. What were the psychological consequences of armed conflict related torture and trauma among the women survivors?
- ix. What were the causes of morbidity and mortality during the conflict?
- x. What type of interventions would be appropriate for rehabilitation, resettlement and redress?

1.8 Utility of Documentation

This documentation has quite a lot to contribute and the results are critical for various stakeholders and leaders at different levels. It will be useful in the following ways;

- ◆ It will make experiences of Southern Sudanese women part of the historical events of armed conflict situations, which could be used as a lobbying tool to mitigate similar situations from reoccurring.
- ◆ It has availed concrete data and facts about the consequences of armed conflict on women which facts can guide peace processes and reconstruction programmes.
- ◆ It will be used as an advocacy tool for law reform and enforcement of existing legal provisions related to human rights abuse and violations especially as contained in the CPA.
- ◆ It will enhance recognition and acknowledgement of women's contribution to armed conflict efforts and peace building.
- ◆ It can guide the packaging and delivery of relief, resettlement and rehabilitation services where similar situations may arise.
- ◆ It will continue to sensitise the public, NGOs, governments and the international community about the ills of armed conflict especially on women and children.
- ◆ It contributes to the healing process of war victims and survivors by providing them with a forum to share experiences to know that they are not the only ones and can combine efforts to find the collective and corrective solutions for redress.

- ◆ It provided women of Southern Sudan who participated in the study, the skills to document realities of their lives and to seek justice for sustainable peace and development.
- ◆ The results are an asset of valuable information with regard to where institutions of affirmative action may be required and in the enforcement of statutory quotas as contained in the CPA.
- ◆ It will open more opportunities that will enable Southern Sudanese women to strengthen their capacities.

It is assumed that the experience of the survivors sampled was common to the majority, and that there is good will on the part of the Government of Sudan as well as the Government of Southern Sudan to consider the plight of women and are ready to institute programmes for re-dress as well as implementing the gender related provisions contained in the CPA.

CHAPTER TWO

METHODS AND PROCESS

2.1 Study Design

This was a retrospective cross sectional study carried out in Juba County, Central Equatorial State in Southern Sudan between March and December 2006, one year after the signing of the Comprehensive Peace Agreement between the Government of Sudan based in Khartoum, and the Government of Southern Sudan (GOSS)/ SPLA. The research collected information and data for the time period of 1983-2005.

Since armed conflict develops overtime and its effects continue to be felt long after the bomb shelling and the resultant population displacement, the study addressed the situation of women during pre-armed conflict, during the armed conflict and the post armed conflict period. Inclusion of men as control group was intended to facilitate understanding how women's experiences of armed conflict deferred from that of men as well as getting the stories of men regarding women's experiences of armed conflict, in addition to their own experiences.

Women talked about the impact of the armed conflict on their well- being, their contributions during different time periods and the attainment of peace. Despite the historical nature of the study design, recollection of experiences was not a constraint because of the tragic nature of the events that characterizes the armed conflict.

Reliability and validity of the data collected was ensured through triangulation of the data collection methods. The co-occurrence of similar responses from different sources using different methods validated the results of the study.

2.2 Study Area

The Sudan

Sudan is the ninth largest country in the world and Africa's largest. It is bordered by Uganda, Central African Republic, Chad, Democratic Republic

of Congo, Egypt, and Kenya. It is 2,505,810 square kilometers of which 2,376,000 square kilometers is land and 129,810 square kilometers water, stretching from the tropical forests, mountains and the savannah of the south to the arid and Sahel belt in the north. The desert dominates the north.

Sudan is rich with natural forests, petroleum, reserves of iron, copper, zinc, silver, gold, and other natural resources. Despite all that wealth, the majority of Sudanese especially in the south and the east, live below the poverty line.

The vastness and complexity that characterizes this geography are reflected in Sudanese people. There are some 570 ethnic groups of which nearly 40% are native Arabic speakers who live in northern and central Sudan. The greater majority of the Bantu and Nilotic Sudanese live in the south. There are approximately 5 million Christians among a total population of 35 million⁵. However, these are estimates as a population census has not been conducted for many years.

Southern Sudan

Southern Sudan covers an area of 650,000 sq kms and it is entirely within the Nile basin, and shares its borders with the Blue Nile, white Nile and the Southern Kordofan states in the North, Uganda in the South, DRC in the South west, Ethiopia in the East and Kenya in the South East, and the Central African Republic in the west.

It is bisected on a north- south axis by the White Nile as it flows north to join the Blue Nile at Khartoum. Between Bor and Adok, the river spills over hundreds of square kilometers to form the Sudd⁶, which is the largest swamp in the world. The untouched watery wilderness that expands and contracts seasonally is negotiated only by dugout canoes and barges traveling the Nile. The sudd has therefore created a barrier. The Sudd is said to be one of the reasons why Southern Sudan has been neglected in terms of development by the government of Sudan based in Khartoum. Since the on set of the armed

5 Mary Anne Fitzgerald (2002). Throwing the stick forward: The impact of war on Southern Sudanese women. P.3&4

6 "Sudd" means "*preventing outsiders from penetrating*"

conflict, the little infrastructure that existed either has been destroyed or has fallen into disrepair. Juba is the capital city of Southern Sudan.

The study was conducted in Juba county, Central Equatoria state, Southern Sudan between October and November 2006. Juba County was not selected on basis of any rigid socio-economic or demographic criteria. However, the county is known to be an interface of different cultural diversities, religions, the rich and poor, internally displaced persons (IDPs) and a centre for women and men who participated and were affected by the armed conflict. The county was thus selected as a rational starting point for Isis-WICCE's documentation study of the region.

2.3 Sampling Procedure

A multistage purposive sampling procedure was adopted, involving selection of Juba county within Central Equatorial state; the payams, bomas and quarter councils (in Juba town) from which respondents were selected for interviewing.

Stage one: Selection of Juba County

Juba County in Central Equatorial state was purposively selected for the study based on the following considerations;

- ◆ Juba doubles as the capital of the Government of Southern Sudan (GOSS) and SPLM/A as well as the seat of the Central Equatorial State.
- ◆ Juba is an area of convergence, regionally and internationally with people of different political, socio-economic, ethnic, cultural and religious orientation and therefore housing people with different interpretation and perception of the armed conflict period.
- ◆ Juba experienced intensive fighting between the Khartoum Government of Sudan and its allies on one hand, and the SPLM/A and its allies on the other.
- ◆ Juba housed IDPs from other parts of the region who had their own stories and experiences to share. Likewise, those who had sought refugee in Khartoum and neighbouring countries had returned to Juba and also had something to share.

Stage two: Selection of Payams within Juba County

Juba County has 15 Payams

	Payam	Tribe
1.	Juba Town	Mixed
2.	Kator	Mixed
3.	Munuki	Mixed
4.	Rejaf	Bari
5.	Bungu	Bari
6.	Lobonok	Bari
7.	Dollo	Nyangwara
8.	Mongalla	Bari
9.	Northern Bari	Bari
10.	Rokon	Nyangwara
11.	Wonduruba	Pojulu
12.	Liniya	Lokoya
13.	Ganzi	Bari
14.	Lokiliri	Luluba
15.	Tijor	Pojulu/ Nyangwara

Of these 15, seven payams were purposively selected. These included the following:

1. Juba town
2. Kator payam
3. Munuki payam
4. Rejaf payam
5. Kwarijik payam
6. Dollo payam
7. Lobonok payam

The following criteria were used as a basis for selection:

(i) Accessibility:

As it was immediately after the armed conflict, many areas could not be reached because roads had not been opened up and were therefore impassable and to make matters worse, it was during the rainy season.

(ii) Insecurity:

Many areas were still insecure because of intermittent ambushes especially by the Lord's Resistance Army (LRA) and other armed groups, and fear of landmines. The research team was advised not to go to certain areas for security reasons.

(iii) Centrality of Juba:

Juba being a central place, head of political administration as well as economic activities, it was used as a source of key informants such as government officials, political leaders, members of the military high command, combatants and community workers, who were recruited as research and field assistants.

(iv) Logistical support and cost effectiveness:

Logistical support such as accommodation, computer services, transport, population statistics, maps could only be obtained in Juba. Otherwise it would have taken a lot of resources in terms of funding and time if another lesser accessible place had been selected for study.

Stage three: Selection of study sites and individual respondents.

The sample size of individual war survivors was 322 of whom 267 were women and 55 were men (as a control group). A weighted proportional cluster sampling procedure was used whereby an equal percentage of respondents for each study site were selected. That means, the higher the number of households in a payam, the larger the number of respondents interviewed.

The Juba settlement pattern is nuclear in nature and therefore it was easy to allocate respondents to be interviewed each day within walking distance. Taking a linear pattern, each interviewer was instructed to systematically select one in every five households (clusters of 1:5) for interview. The three men interviewed fellow men and women interviewed fellow women. Each interviewer administered at least five questionnaires in a day.

Selection of Focus Group Discussions.

A total of 13 focus group discussions were held, 7 for women and 6 for men, each comprising 15-25 persons. The numbers were big due to the

dire need of many survivors wanting to tell their stories. A discussion guide was used to conduct the focus group interviews. Respondents were informed earlier by the field assistants, and interviews were conducted in quiet sites selected by the respondents themselves in consultation with field assistants.

2.4 Study Population

The study population comprised of seven categories of people:

- i. Women war survivors including men as a control group. Survivors included those who survived the 1983-2005 armed conflict and were residents of Juba County at the start of the armed conflict.
- ii. Female Combatants in Southern Sudan who joined the rebel forces and were residents in Juba County before, during and after the armed conflict.
- iii. Women who were highly affected negatively by the armed conflict, e.g., the sexually abused, those who sustained physical, gynecological, surgical injuries and psychiatric problems.
- iv. Those in internally displaced person's camps. (IDPC)
- v. Key informants including opinion leaders, religious leaders, and political leaders, combatants (both male and female) who had broad information on the armed conflict.
- vi. Members of women's groups in Juba town.
- vii. Social and Community workers.

It is from the above categories that the individual interviewees, focus groups and case studies were selected.

2.5 Data Collection

Various methods were used to collect the data including:

- ◆ Individual interviews
- ◆ Focus group discussions
- ◆ In-depth interview/case studies/ narratives
- ◆ Key informant interviews
- ◆ Filming, audio recording and photography
- ◆ Systematic observation.

The type of issues addressed by each method and how each method was applied is given in more detail below:

Individual Interviews

Individual interviews using a structured questionnaire were conducted in the homes of the individual survivors by trained research assistants who were recruited from the same communities as those of the respondents, and who were fluent in English, Arabic, and the local language generally spoken in Juba. This reduced on the likelihood of a respondent giving incorrect information as the interviewer already had some knowledge about the general experiences of the armed conflict. Isis-WICCE supported the research assistants in interviewing respondents who could speak English especially the key informants.

Among the many issues on which data was collected using this method and on the armed conflict experiences were:

- Social-demographic characteristics of women survivors of armed conflict and men as a control group
- Property owned before, during and after the armed conflict;
- Reports on how the armed conflict started, progressed and ended
- The methods and types of armed conflict related torture that women experienced.
- Levels of socio-economic deprivation and infrastructural destruction inflicted during the armed conflict.
- Reports on how respondents and their families were handled by the warring groups.
- Experiences of flight and how respondents met their basic needs (coping mechanisms)
- Impact of armed conflict on the health of women, the causes of mobility and mortality.
- Relatives and friends lost during the armed conflict.
- Psychological consequences of armed conflict, torture and levels of trauma amongst the women survivors.
- Life in camps.

- Respondents' assessments of relief and resettlement programmes.
- Recommendations on the type of interventions needed for redress.

Focus Group Discussions

Thirteen focus group discussions were conducted in 7 sub counties (payams). 7 were for women and 6 were for men. Each group constituted between 15-25 persons. The discussions were audially and visually recorded.

The groups were moderated by the field coordinators with the assistance of Isis-WICCE staff and the trained research assistants who were fluent in English, Arabic and a local language. The group discussions helped respondents to recollect and enhance their war experiences. The discussions revealed as to why certain things happened and thus helped to validate information collected from individual interviews.

Issues addressed include:

- Pre-armed conflict experience/ reactions.
- Armed conflict experience and effects on the population
- Behavior of warring groups and atrocities committed
- Basic needs provisioning e.g. food, water, firewood
- Life in camps;
- Coping mechanisms/ survival strategies.
- Women's health situation during the armed conflict and services available.
- Women's economic status

Recommendations/needed action.

In-depth Interviews/Case Study Narratives

In-depth interviews included direct testimonies of individuals who were subjected to various extreme atrocities, torture, and sustained various injuries and abuses. Such individuals were identified during the group discussions and individual interviews, as well as by key informants who knew about ordeals experienced by those victims. In- depth interviews were audially and visually recorded.

The themes discussed during case study/ in-depth interviews included:

- Experiences or witnessing brutal murders of partners, close relatives, friends, neighbors and other unknown people.
- Experiences of torture
- Sexual abuse including rape, forced marriage, defilement, disfigurement.
- Life in camps.
- Experience during flight and displacement.
- Experiences of female fighters/ combatants.
- Personal recommendations/ needed actions.

Key Informant Interviews

Discussions were held with influential people including members of the SPLM/A high command, political leaders, combatants, public/ civil servants, religious leaders and other people in that high ranking category.

Key informant interviews focused on:

- Causes of the armed conflict.
- Progress of the armed conflict.
- Consequences of the armed conflict.
- Provisioning for the survival of campmates.
- The Comprehensive Peace Agreement.
- The New Sudan modalities.
- Concerns for the disadvantaged such as women, widows, orphans, the homeless, e.t.c.
- Way forward and recommendations.

Systematic Observation, Filming and Photography

Isis-WICCE personnel took photographs and video recorded the interviews and group discussion sessions. The filming and recording were done with the consent of the participants/respondents. It captured injuries, disabilities inflicted on individuals and long detailed testimonies of the torture as well as destructions of infrastructure during the armed conflict. The environmental and infrastructural situation as well as the general wellbeing of the survivors were observed and recorded.

2.6 Data Analysis

Qualitative Data Analysis

A descriptive analysis of the qualitative data was done using the following approaches;

- ◆ Content analysis of knowledge/information obtained from the literature review.
- ◆ Manual analysis of qualitative data from FGDs, key informants, and testimonies which included coding, making summaries, direct quotations and where relevant making comparisons. The data was examined to determine its explicitness in context to gender, armed conflict and women's coping responses/ experiences. In particular the content was assessed for specific reference to pre, ongoing and post-conflict situations in regard to survival pressures leading to multiple partner sex, alcohol or other substance abuse; incidents of rape or any form of violence (sexual and/or physical); reproductive health problems including STIs and HIV vulnerability, mental health and coping mechanisms at individual level, reproductive health problems and surgical health problems.

Other issues included existence and capacity of livelihood and health support structures/organizations, gender sensitivity and responsiveness of the interventions (if any) and adequacy of the responses in terms of women's needs, policy and strategic directions.

Quantitative Data Analysis

Quantitative data entry and analysis were carried out with the use of the EPI-INFO 6.02 computer software package. Analysis consisting of data cleaning, frequency runs, cross-tabulations and multivariate classification was applied using the Statistical Package for Social Sciences (SPSS). Statistical measures to establish the margin of error and reliability were used.

2.7 Training the research Team

The recruited research and field assistants including, nine women and three men underwent a one week intensive training imparted by the principal

investigator; Isis-WICCE staff, and a psychiatrist (medical doctor); the Isis-WICCE Executive Director; and a Programme Officer.

The trainees were taken through a step by step process of how to carry out research and documentation of armed conflict from a feminist and human rights perspective, and how to manage a traumatised respondent.

Introduction to Documentation

This section covered the following topics;

- i. The definition , roles and forms of documentation
- ii. Rationale for focusing on gender and human rights
- iii. The role of research and field assistants
- iv. Principles of documentation with emphasis on ethics, body language, and importance of impartiality, confidentiality, accuracy, specificity in documenting human rights violations and abuses.
- v. Methods of documentation appropriate in documenting human rights abuses especially during armed conflict situations.
- vi. The importance and rationale for involving communities/ participatory approach/ action research.

The Human Rights Approach

In the introduction to rights, the trainees were guided through the following emphasizing women's rights as human rights; definition of human rights, assessing the state of women's rights in Sudan, and the United Nations Human rights conventions and operational frameworks such as;

- The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)
- The United Nations Resolution 1325 on Women, Peace and security.
- The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR).
- The International Criminal Court and women; the Rome Statute 1998;

- The Sudanese Comprehensive Peace Agreement (CPA) 2005.

Field Research Process

A step by step explanation of the field research process was introduced, with explanations and demonstrated practice of the following appropriate methods:

- i. Differentiating between quantitative and qualitative research methods.
- ii. Managing the questionnaire for individual interviews, the practical aspects of interviewing and ethics.
- iii. Conducting focus group discussions, moderating discussions and note taking, the dos and don'ts.
- iv. The role of the facilitator/ moderator
- v. Group dynamics.
- vi. In-depth interviews/case studies/narratives.
- vii. Key informant interviews
- viii. Systematic observation, filming and photography, and cross sectional walks.
- ix. Role play.

The Field Instruments

The structured questionnaire was used for individual survivors and an interview guide for the Focus Group. (*See Appendix v*)

Role Play

Role play was used to demonstrate how a focus group is moderated. The trainees constituted themselves into a focus mock group. They selected among themselves a facilitator/moderator and a note taker and carried out a mock focus group. Then the whole exercise was reviewed. Likewise the interviewers paired up so that one worked as an interviewer and the other as a respondent. They carried out an interview marking, the time the interview began and ended. The dummy questionnaires were then reviewed.

Pretesting

A pretesting exercise was carried out in Kator Payam in Juba Town. The exercise was intended to test the appropriateness of the questionnaire and the level of responsiveness by the respondents.

De briefing

A one day de- briefing session was held with the field and research assistants after the pre- testing. The main objective of this session was to report back the success and constraints in the pre-testing exercise, to review the ability of the assistants in documentation skills and the appropriateness of the research instruments. Observed problems were put right before embarking on the actual field work.

2.8 Problems Encountered

The following problems were encountered during the data collection and management process.

(i) Language

There was a language and translation problem. The Isis-WICCE team was only conversant with the English language whereas the people of Juba speak Arabic and local languages. This definitely would affect the accuracy of recording by the research assistants. The questionnaire needed to be translated from English into Arabic and then back into English. In order to effectively capture the experiences of the respondents, interviews were conducted in either Arabic or a local language which people could best express themselves, through simultaneous translation. This made data management take longer than expected and was made more costly.

(ii) Suspicion

As the conflict had just ended, people, especially combatants were still suspicious of the situation. They were hesitant to reveal military maneuvers/ tactics let alone being able to reveal who they were. Those identified were not willing to come out as they thought that revelation could jeopardize their security.

Although the Isis-WICCE team received all the good-will and clearance from the highest office in Southern Sudan, one of the members of the Isis-WICCE research team, a photographer/video camera man was detained by some security officers in custody for more than 24 hours because he was suspected of being a spy. However, this anomaly was rectified by GOSS.

(iii) Insecurity

Juba County was still insecure especially in some areas where pockets of armed groups including the Lord Resistance Army (LRA) still existed and there were intermittent ambushes. Landmines also posed another threat. This affected the sampling and coverage as some areas were left out.

(iv) Inaccessibility

Because of the long armed conflict and attendant infrastructural destruction and disrepair, many areas were not yet opened up and hence roads were impassable. This restricted the area where more respondents could be sampled and accessed.

CHAPTER THREE

LITERATURE REVIEW

3.1 Armed Conflict, Gender and Women's Experiences

3.1.1 Global Perspectives

Literature and current debates in regard to armed conflict and women's experiences have until recently remained scanty on gender dimensions, and subsequently articulation of gender specific or gender related in-depth analysis on conflict and women's plight is still lacking. Yet factors such as poverty, social instability and powerlessness, typically associated with conflicts and forced displacements of people have been known to exacerbate women's vulnerability. Until the catastrophic Rwandan refugee crisis in 1994, there was hardly any appreciation of how significant these factors are⁷.

Gender relations are typically characterized by unequal access to, and/or distribution of power. As a result of its high prevalence, gender discrimination is known to influence other dynamics of armed conflict. More specifically gender analysis in armed conflict highlights the differences between women and men in terms of their gendered activities, their needs, their acquisition and control of resources and their access to decision-making processes in conflict and post conflict situations⁸.

Though its men of combat age who are mostly conscripted and therefore killed or injured during battle, women and children are the main victims of armed conflict. This is either directly as fatalities and casualties or indirectly through the breakdown of family and community structures⁹. The construction of the identities of women in their gendered roles as mothers and guardians of culture implies that they are victims, thus justifying the intensified use of power and violence to protect them. Often there is a perception that this protection has failed, as is the case where public acts

⁷ UNAIDS (2003). HIV/AIDS and STI prevention and care in Rwanda Refugee camps in the United Republic of Tanzania.

⁸ UNDP (2002). Gender approaches in conflict and post conflict situations. Geneva: United Nations.

⁹ Byrne (1996). Gender, Conflict and Development. Vol. 1, Bridge report 34. Brighton: BRIDGE/Institute of Development Studies.

of physical and sexual violence such as rape occur. Sexual crimes, which disproportionately affect women, may be carried out in full view of family and community, thereby rendering the victims as 'tainted' and unworthy of the protection¹⁰.

Women and men experience violence differently during and after conflict, in their capacities as both '*victims*' and '*perpetrators*'. While sexual violence is largely inflicted on women, men and boys are also raped during armed conflicts, a form of violence designed to shatter male power¹¹. Yet even where documentation of men's experiences as victims of abuse on the battlefield is available, men continue to be described as '*masculine heroes*'. In the case of former Yugoslavia for instance, it is argued that the refusal to identify men as victims of sexual violence during armed conflict was rationalized in terms of power relations during war as well as the subsequent nation building process, which dictated who could be labeled victims of sexual abuse¹². In other words, a woman can be a victim but a man is never a victim, which is a denial of one of the gendered realities of armed conflict.

Regardless of the geographical, economic, political or social context, gender inequalities are exacerbated during periods of armed conflict and continue into the post-conflict phase. Both women and men suffer armed conflict abuses and traumas, disruptions and loss of resources. The impact of these losses however, is experienced in different ways, with women often disproportionately affected. In exploring these issues, this review focuses on gender based violence i.e. physical and sexual violence, particularly against women, and its implications for women's situation in both conflict and post conflict periods.

3.1.2 Gender Based Violence (GBV) in Armed Conflict

Physical and sexual violence, especially against women is a well documented feature of armed conflict. Gender based violence in this review refers to

¹⁰ Bennet, O; Betley, J; and Warnock, K (1995). Arms to fight, Arms to protect: Women speak about conflict. London: Panos

¹¹ Moser, C; and Clark, F (eds) (2001). Victims, perpetrators or Actors?: Gender, Armed conflict and political violence. London: Zed bks.

¹² Zarkov, D. (2001). The body of the other man: Sexual violence and the construction of masculinity, sexuality and ethnicity in Croatian Media. In: C. Moser and F. Clark (eds). Victims, perpetrators or Actors? Gender, Armed Conflict, and Political violence. London: Zed Bks.

violence, sexual or otherwise, which plays on gender norms and gender exclusions to break people down both physically and psychologically. Although it is most often women who are targets of GBV, both women and men may be victims and subject to rape, increased rate of HIV infection, as well as other sexually transmitted infections (STIs), damage to physical and psychological health; disruption of lives, and loss of self-confidence and esteem¹³.

Conflict is known to worsen existing patterns of sexual violence against women in two main ways. Firstly, incidences of 'routine' violence, especially domestic violence, increase as communities breakdown during and after conflicts¹⁴. Secondly, 'routine' violence escalates in the context of masculine and militarized conflict situations. The establishment of rape camps and the provision of sexual services to occupying armed forces in exchange for resources such as food and protection are two examples of GBV during and after conflict¹⁵. Conflict breeds distinct types of power relations and imbalances. In the context of conflict, for instance, violence against women is more than the exercise of power over women. By raping women, who represent the purity and culture of a nation, invading armies are also symbolically raping the nation itself¹⁶.

Some types of GBV are experienced almost entirely by women and girls during and after conflict. These include forced prostitution and sex work; increases in trafficking for sexual or other types of slavery and forced pregnancy. For instance, it is reported in Sierra Leone, that 94 % of the displaced households surveyed had experienced sexual assaults including rape, torture and sexual slavery¹⁷. In Rwanda between 250,000 – 500,000 women were raped during the 1994 genocide, and sexual violence has been reported in recent hostilities in Algeria, Myanmar, Darfur (W. Sudan) and Uganda. Dramatic increases in domestic violence in war zones and of the growing numbers of women trafficked out of war zones to become forced labourers and forced sex workers have also been reported¹⁸.

13 Amani El Jack (2003). *Gender and Armed Conflict Cutting Edge Pack*. Bridge/Institute of Development Studies (IDS), Sussex University.

14 Ibid.

15 Elisabeth Rhen, and Ellen Johnson Sirleef (2002). *Gender, Women, War and Peace: the independent experts assessment on the impact of armed conflict on women and women's role in peace building*. UNIFEM.

16 Ibid

17 Sarah, Maguire (1998). "Researching family affairs: Domestic in FRY, Albania"; In: Caroline Sweetman (ed). *Violence against women*. Oxford:Oxfam, 1998.

18 Machel, Graca (2001). *The impact of war on children*. London: Hurst and Company.

Violence against women during conflict is described as having reached epidemic proportions with civilians becoming the primary targets of groups who use terror as a tactic of armed conflict. Men and boys as well as women and girls are the victims of this targeting, but women much more than men, suffer gender based violence. Their bodies become a battle ground over which opposing forces struggle¹⁹. Women are raped as a way to humiliate the men they are related to, who are often forced to watch the assault.

In patrilineal societies, '*enemy*' women are raped and forced to bear children. Women who are already pregnant are forced to miscarry through violent attacks, and some are kidnapped and used as sex slaves to service troops as well as to cook for them and carry their loads from camp to camp. They are purposely infected with HIV/AIDS, a slow, painful murder²⁰.

However, it can be reiterated that women are not always victims. Given that many conflicts arise out of social and economic inequality, many women often take sides in an effort to better their lives or to protect themselves and their families. Women become combatants, provide medical help, protect and feed armed groups; this however can subject them to greater risk if caught by the opposing side. In South Kivu province in the Democratic Republic of Congo (DRC) women were buried alive by local villagers because they were suspected of providing food and medicine to armed groups that the villagers did not support²¹.

During conflict, women and girls are attacked because they are related to political adversaries, because they are political leaders themselves, or simply because they were at home when the soldiers arrived. This implies that no woman is exempt from violence and exploitation. In the DRC it was noted that violence against women had become pervasive with as many as eight foreign armies and numerous militia groups patrolling the countryside. The stretch from Pweto town near the Zambian boarder right up to Aru on

¹⁹ Report of the special rapportuer on systematic rape, sexual slavery and slavery like practices during armed conflict. E/CN.4/Sub/2/1998/13-22 June 1998.

²⁰ UNAIDS (2002). "Report on the global HIV/AIDs Epidemic 2002". Report prepared for the XVI International Conference on AIDS, Barcelona, 7-12 July 2002.

²¹ Current status of epidemic and global response. USAID's Progress report, 1996 – 1997. pp.8-9. USAID: Geneva.

the Sudan/Uganda boarder was described as a black hole where no one was safe. Women who took a risk to go out in the fields or on a road to market could be stripped naked, humiliated and raped in public²².

It is further noted that during conflict, women and girls experience violence at the hands of many others besides armed groups. Women are physically and economically forced or left with little choice to become sex workers or to exchange sex for food, shelter, safe passage or other needs; their bodies become part of a barter system, a form of exchange that buys the necessities of life. Government officials, aid workers, civilian authorities and their own families have all been complicit in using women in this way. Police and other civilian officials also often take advantage of women's powerlessness even when in custody. Women have been raped and tortured as a form of interrogation²³.

Sexual violence and prostitution, especially child prostitution, may also increase with the influx of peace keeping personnel in situations where local economies have been devastated and women do not have options for employment. In Kisangani and Goma in the DRC, peacekeepers were reported by local communities to be buying sex from young girls²⁴. Similar transactions were also reported in Kinshasha (DRC), the Balkans and Cambodia, prompting Rhadhika Coomaraswamy the UN special rapporteur on violence against women to express concern and call for investigation of the peacekeepers²⁵.

3.1.3 Women's Vulnerability to HIV / AIDS in Conflict Situations

The health impact of sexual violence can be disastrous, with HIV/AIDS among the physical consequences. Most of the studies on sexual violence and conflict have however not specifically focused on women's particular vulnerability to HIV/AIDS in context of conflict, and as a result HIV rates among sexual violence victims are not known.

²² Wakhweya, Angela; Reilly Catherine A; Onyango Monica, Helmer Gail (2002). HIV/AIDs, Gender and Conflict Nexus: The case of Sierra Leone, the commoditization of girls and women. AVEGA.

²³ Ibid

²⁴ Ibid

²⁵ Ibid

Globally, over 40 million people were living with HIV at the end of 2001, and more than 20 million had died since the virus was first identified²⁶. Although 70% of those currently infected are from sub-Saharan Africa, the epidemic continues to grow in other parts of the world; transmission is influenced by a complex set of social factors, including *inter alia* gender inequalities, and levels of commercial or 'survival' sex. Although many countries with high infection rates have not experienced armed conflict, there is evidence that conflict situations exacerbate the epidemic.²⁷

When the virus exists within any population, the risks of the various modes of transmission can increase during armed conflict and displacement. Women are at special risk since they are already biologically more vulnerable to infection and their place in social structures increases their vulnerability. In most places where the main form of transmission is sexual, women are affected in greater numbers than men at younger ages.²⁸ For every four men infected with HIV, six women are infected. It is now recognized that HIV/AIDS is a wider social and economic issue firmly rooted in power imbalances in gender relations in all social classes. These power imbalances are more acute in resource poor countries and regions.

Equally, these power imbalances become more acute when women and children lose their social and economic base and access to basic needs and services. Factors that contribute to the spread of HIV/AIDS in conflict situations, with particular gender emphasis include sexual and gender based violence; breakdown in social and community structures; lack of physical and legal protection; lack of health infrastructure; lack of education and skills training; para-military, combatants, military and peacekeeping forces; and use of intravenous drugs by these forces as a coping mechanism²⁹.

Sexual violence and exploitation, all too common in conflict and post conflict settings, contribute to HIV transmission, both directly or indirectly. It is currently known that HIV/AIDS spreads rapidly in areas of violent conflict, where human rights violations including rape, sexual exploitation and

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Migration and HIV; War oppression, Refugee camps fuel the spread of HIV. In: Bridge. No.5, July 1990. pp.4-5

trafficking, put girls and women in positions of increased vulnerability for infection. In Rwanda for example, where rape was used as a weapon of war during 1994 genocide, over 66% of the genocide rape victims were HIV positive³⁰.

A recent population based study in Sierra Leone, found that one out of every eight household members (13%) experienced incidents of war related sexual violence including individual and gang rape³¹. The prevalence of STIs among rape victims was found quite high³². Further the World Health Organisation found that HIV sero-prevalence rates among pregnant women increased thirty-five fold over a decade from 2% in 1989 to 7% in 1998³³. More recent reports on HIV/AIDS in Sierra Leone express concern that HIV prevalence rates may be quite high, and have the potential of getting even higher due to the risk environment of a post conflict state³⁴.

Although data are not readily available for many conflicts, elevated rates of HIV infection followed the armed conflict in Mozambique and Angola. During the war in Bosnia 30-40,000 women were raped where it was a deliberate policy to rape young women to force them to bear the enemy's child³⁵.

In the camps in Tanzania, research with women in 1995 indicated that an increasing number of pregnancies were occurring among young women and many girls who lived without the protection of their parents. In addition the frustrations and idleness of refugee men in the camp environment and their drinking habits contributed to more violence and sexual abuse against women. Most of the populations in the camps in Tanzania were from Rwanda where HIV rates were high prior to the conflict³⁶. Many refugee women sold sex to people outside the camps and many refugee men visited local sex workers. Yet HIV/AIDS was not prioritized as an issue and very few interventions were developed.

30 Ibid

31 Ibid

32 Maj. Ruranga, Uganda Joint Clinical Research Committee. The military and guardians. In: Report of the seminar on NGO Action. UK: NGO AIDS Consortium, October 1996.

33 Gersony, R. (1997). The Anguish of Northern Uganda: Results of a field based assessment of the civil conflicts in Northern Uganda. Kampala: USAID

34 Glen Williams, Caroline Aloyo, and Jeannie Anna. (2001). Resilience in conflict: A Community based approach to psycho-social support in northern Uganda. AUSI and UNICEF, Kampala.

35 Isis-WICCE (2001). Women's Experiences of Armed conflict in Uganda Gulu district

36 EASSI (2004). Beijing + 10 Review Uganda country report.

Sexual violence also occurs in complex emergencies when refugees and displaced people move from one location to another. Girls and women are raped in this context and in camp situations where “marauding groups” sexually abuse them; this includes those who are supposed to be guarding them³⁷. In such situations, although the military are aware of the dangers, they do not use condoms as protection against HIV/AIDS. An HIV positive member of the military in Uganda suggested that the military and combatants should be kept as far away from civilians as possible³⁸. However, it emerged that in complex conflict situations, this is difficult to achieve, especially when combatants either live in communities or when the military are the guardians of refugees and displaced people.

3.1.4 The Threat of HIV/AIDS

Southern Sudan has over the years managed to retain low rates of HIV/AIDS infection in a region where neighbouring countries such as Uganda, Kenya and Democratic Republic of Congo have had high rates largely because of having been isolated as a result of armed conflict. With the onset of peace and the increased return of refugees from camps in high prevalence countries, it is feared that the HIV prevalence will go up. Other factors that are anticipated to drive the epidemic up include: the lack of HIV/AIDS awareness among the population; the already high HIV prevalence in some garrison towns; HIV/AIDS prevention efforts that are likely to be negatively influenced by social bias; negative attitudes towards condom use; a poor availability of general health services and a lack of trained counselors. Added to this are recent reports by the UNFPA that health workers in the country are often unmotivated, lack the necessary knowledge and are ill supplied with blood-testing equipment to protect them from cross infection.

Prof. Ali Biely of Ahfad University in Omdurman, summarises the situation in Southern Sudan as: “*Sudan is on the verge of an HIV/AIDS epidemic.*” And despite this little is being done because all the attention is focused on the urgency of the humanitarian crisis and the need to respond to those that are immediately dying from curable diseases.

³⁷ Peter, Lamptey; Merywen, Wigley; Darr, Carr, and Yvette Collymore. Facing the HIV/AIDS Pandemic. Population Bulletin 57, No.3 . Washington, D.C: Population Reference Bureau, 2002.

³⁸ UNAIDS (2001). Aids Epidemic Update.

3.2. Torture Experiences

Torture has been defined as; *“any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity, it does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.”*³⁹

Torture in many sub-Saharan African countries – takes three main forms, war torture, custodial torture and socio-cultural torture.

3.2.1 Armed Conflict Torture

Much of the post-independence history of sub-Saharan African has been spent fighting numerous armed conflicts. The most recent armed conflict that has been fought in Southern Sudan lasted more than two decades and only ended in 2005. These conflicts have subjected the populations to various forms of torture that can broadly be grouped into two categories: the physical torture methods and the psychological torture methods. It is important to remember that all physical methods of torture have psychological implications for the victims.

Physical Torture Methods

The physical methods of torture commonly reported in Uganda and other sub-Saharan African countries include: rape, bayonet/machete/knife injuries, gunshot injuries, landmine blast injuries, *Kandoya* - also called *Rubatusa* in *Southern Sudan* (severe form of tying up where the upper limbs are tied behind the back). It results in severe stretching of the anterior thoracic muscles, and is also called the “three piece suit”. It damages the neuromuscular function of

³⁹ UN Convention Against Torture, 1984.

the upper limbs. Survivors of this form of torture report severe weakness in the arms and inability to carry out manual work, e.g. to work in the garden or to lift heavy objects. (One can only imagine the consequences of such impairment to women whose livelihood depends on her ability to use the upper limbs to do manual work!). Other forms of physical torture include beating and kicking, burning with fire, being forced to carry heavy loads over long distances and being forced to sleep in the bush or swamp for extended periods of time.

Custodial Torture

This form of torture may be carried out in places gazetted to detain civilians, such as prison cells, or in non-gazetted places such as army installations or compounds rented and run by governments or their security agencies. The methods of torture that have been documented to be used in such places include; tearing off nails, insertion of needles into the nail bed, suspension of weights onto the scrotum, having the victim bitten by red ants, burning with molten plastic, repeatedly beating the soles of the feet, threats of putting victims in cages full of reptiles, stabbing and even killing the victims⁴⁰. The torture methods used in these places are similar to those reported in the international literature, as the perpetrators are state agents who have been trained in torture methods in countries outside the continent.

Social-Cultural Maltreatment

This form of torture is rooted in the socio-cultural beliefs of the different tribes and institutions of sub-Saharan Africa. The tribal related forms of torture include: Domestic violence, female genital mutilation (FGM) which is still practiced on the African continent, the centuries old cattle-rustling and raiding still practiced in parts of Eastern Africa.

⁴⁰ Human Rights Watch (March 2004). State of Pain: Torture in Uganda.

- Isis-WICCE (1998). The short term intervention of the psychological and gynaecological consequences of armed conflict in Luwero district – Uganda.
- Isis-WICCE (2001). Medical Interventional study of war affected Gulu district - Uganda. A report.
- Isis-WICCE (). Medical interventional study of war affected Teso region – Uganda; A report.
- Isis-WICCE (2006). Medical intervention study of war affected Kigtum district – Uganda. A report.

On the institutional level, there is the widespread corporal punishment in schools that has sometimes led to permanent maiming of children, in some cases even to death. Torture sanctioned by arguments based on religion has been documented on the continent most recently in Nigeria.

Sexual Violence

Sexual violence is a form of physical torture that targets the woman. It takes many forms including; single episodes of rape, gang rape, sexual comforting, forced incest, sex in exchange of gifts or security, being forced into marriage, abduction with rape, attempted rape and being forced to witness violent sexual acts⁴¹.

Psychological Methods of Torture

The psychological methods of torture include; verbal threats, interrogations, being detained in military installations, attempted rape, abductions, destruction of property and livestock, being forced to kill, to fight, have incest or provide sexual comforting, deprivation of food, water and medicine, being forced into marriage, being forced to witness torture of others staying in an internally displaced persons camp⁴². The broad aim of such torture is political, that is to destroy the individual or to break them spiritually and then use the broken person to spread terror throughout the rest of the community⁴³.

Health Impact of Torture

Torture including sexual violence may result into various physical and psychological complications. The physical complications may take the form of reproductive health problems, surgical problems and even HIV / AIDS.

41 Amnesty International (2004). Uganda In: Amnesty International Report; pp 87-88.

42 - ACTV (April 2004). Prisons Inspection report of Kigo government prison. A Report. Ibid.

43 Kinyanda, E; Musisi, S; Walugembe J; Otim T. (2004). Medical aspects of torture as seen in Uganda. In: Istanbul Protocol: International Guidelines for the investigation and documentation of torture. Copenhagen:ICRT.

3.2.2 Reproductive Health Problems

Women's health needs in conflict situations are rarely met as they are quite different from those of men. Because women are sexually targeted during war, many of the crimes committed against them result in damage to reproductive systems or result into sexually transmitted diseases including HIV/AIDS.

Women in situations of armed conflict are predisposed to a range of reproductive health problems not only due to their vulnerability to sexual torture but also due to the breakdown of health services. The commonest chronic gynecological consequences of torture that have been observed through previous Isis-WICCE studies in Uganda have included; perineal tears, urinary fistula, feecal fistula, chronic sexually transmitted disease including HIV/AIDS, chronic lower abdominal pain, secondary infertility and painful sexual intercourse⁴⁴.

Women, who have suffered sexual torture, may develop both structural and functional problems in their reproductive systems. Structurally, they may have suffered muscle tears and other forms of damage around the lower limbs, back and pelvis and this may cause problems with certain sustained postures like sitting and standing as well as pain in joints around the pelvis which may lead to impairment in the stability of these joints a necessity for movement and posture leading to chronic pain⁴⁵.

Functionally, a woman who suffers sexual torture may develop an aversion for sexual activity which may serve as a reminder of her abuses. Pain during sexual intercourse is common. In young women, child birth may present tremendous difficulties as a result of the above mentioned structural and functional difficulties as well as infertility. In a study done in the Northern Uganda district of Kitgum where 570 women were assessed, about a quarter (24.8%) of them reported inability to have children because of various gynecological problems. A lack of safe motherhood facilities during and after the war may lead to prolonged labour in such women resulting in

⁴⁴ Musisi, S; Kinyanda, E; Liebling, H; Kiziri-Mayengo, R (2000). Post traumatic torture in Uganda: Report of a 3 year retrospective study of patient records at a specialized torture treatment centre in Kampala, Uganda. *Torture*; 10:3:81-87.

⁴⁵ Ibid.

traumas and scarring of the birth canal and birth organs. This may lead to serious complications such as leaking of urine (Vesico-vaginal fistula) and faeces (recto-vaginal fistula) after delivery⁴⁶.

Sexually transmitted diseases (STDs) including HIV/AIDS are common and may result from the close proximity and lack of boundaries presented by the overcrowded conditions of refugee camps particularly the IDPs. Sexual torture and indiscriminate sexual activity to pass time in situations where adults are redundant and are exposed to ready availability of alcohol and high levels of poverty all compound to make casual sex and the consequent STD's highly prevalent.

3.2.3 Surgical Problems

Surgical problems are abound in war traumatized populations. Many are a result of injuries, physical torture, poverty, and neglect of health due to lack of or breakdown of health services in armed conflict situations. Previous surgical interventions in the eastern and northern districts of Uganda have reported the following surgical complications; recurrent back pains, discharging wounds, leg ulcers, painful swollen joints, fractured limbs, burn contractures, gunshot injuries, and chronic osteomyelitis⁴⁷.

3.2.4 Mental Health Problems

The mental health environment of individual is almost always affected by armed conflict situations, yet it is often the most neglected when post conflict health interventions are planned by governments and their donor partners.

The most common mental health problems associated with armed conflict include; anxiety disorder especially post traumatic stress disorders (PTSD), depression, alcohol abuse and suicidal attempts and completed suicides⁴⁸. In the Ugandan situation as elsewhere in the world the PTSD syndromes often occurs with co-morbid depression, anxiety disorder, somatisation disorders, a typical psychosis, chronic pain syndromes and chronic fatigue⁴⁹. Epilepsy a neuropsychological complication of torture

⁴⁶ Shylv, G (1998). The physical sequel of torture. In: Torture and its consequences. Metin Bosogln, Cambridge University.

⁴⁷ Ibid

⁴⁸ Ibid

⁴⁹ Ibid

has also been frequently documented among torture survivors in Uganda particularly following head injury⁵⁰.

The consequences of the mental health problems as a result of armed conflict are far reaching as they tend to affect the social and occupational functioning of individuals. Women suffer the bulk of these problems because they are often left to fend for themselves and their children in armed conflict. As a result they tend to be exposed more and longer to the adverse social, economic and environmental situations of the armed conflict.

3.2.5 Impact of Armed Conflict on the Health System

One of the major negative impacts of armed conflict is the disruption of the health system of a given community. Infrastructural facilities such as hospitals and health centres may be razed to the ground or badly damaged by bombs or fall into decay as a result of disrepair. Health personnel may run away to safer places or be killed in the conflict and for those who remain in the armed conflict affected regions may have ability to work severely hampered by restricted movement and inability to access the necessary drugs and medical sundries. The Primary Health Care systems are often the first ones to disintegrate in states of chronic warfare.

In addition to disruption of the health care facilities, people in situations of armed conflict often find themselves unable to afford the alternative private health care because of extreme poverty due to the decline in economic activity resulting from chronic armed conflict. In addition, people may have moved too far away from health care facilities or may have overwhelmed the health care system at the point of displacement. As a result of all the above, acute and common health chronicity and even death increase. In the case of Southern Sudan this is best illustrated by the story of pregnancy-related deaths.

A health survey undertaken by the Ministry of Health, Uganda and partners in 2006 on IDPs in the Acholi region noted that this armed conflict affected region was experiencing more than 1000 excess deaths per day due to malaria/fever, diarrhea diseases, AIDS and violence⁵¹.

⁵⁰ Ibid

⁵¹ Ibid

3.3 The Southern Sudan Context

The more than two decades of armed conflict in Southern Sudan have led to the abuse of the human rights of the population including torture which has resulted into mental and physical health complications. These conflicts have not only negatively affected the individual but led to the collapse of the health delivery system further compounding the already dismal socio, economic and health situation of Southern Sudan.

3.4 Post-Conflict Challenges

The ebbing conflict and the return of peace in Southern Sudan poses several post conflict challenges. For instance, the transformation to national state (sovereignty) and institutionalization of democracy and peace need to be seen as a process with a socio-cultural dimension. Culturally women are expected to remain silent about serious issues including those that impact on them negatively like GBV including sexual violence.

Furthermore, women suffer exclusion from negotiating teams, are excluded from peace talks and post conflict activities like resettlement, rehabilitation and reconciliation. In other words women and their wealth of experiences are rarely used for developing a basis for good governance, that promotes equity in participation in decision making, in wealth sharing and accessibility to social services.

It is in this context that Isis-WICCE made an effort to document the experiences and circumstances of Southern Sudanese women in the two decades of armed conflict (1983 – 2005). It is envisaged among others, that this documentation will make the experiences of Southern Sudanese women part of the historical events of war situations, which could be used as a lobbying tool to mitigate the re-occurrence of similar situations. Further it will provide an informed basis for guiding post conflict governance processes and reconstruction programmes.

CHAPTER FOUR

THE FINDINGS

4.1 Introduction

This chapter presents the experiences of women during the armed conflict situation in Juba county, Central Equatorial State from 1983 to 2005. Issues addressed include:

- The pre-armed conflict environment.
- Causes of the armed conflict
- The armed conflict process.
- Socio-demographic profile of the respondents
- Atrocities committed during the armed conflict.
- Damage done to property
- Sexual abuse during the armed conflict
- Reactions of women to the atrocities committed.
- Experiences during flight.
- Life in the camps.
- The nature and causes of death.

The chapter also looks at the contribution of women to the armed conflict process. Women's contribution during armed conflict are often overlooked because they fall within women's traditional gender roles as nurturers and housekeepers and are therefore taken for granted.

Because armed conflict takes place in the public sphere and it is political in nature, few women are included in the decision making of armed conflict processes (i.e. whether to fight, where to fight and when to call an end to the fighting). Despite this observation, the testimonies of women in Southern Sudan were different. They ably demonstrated their responsibility for holding together communities and families while on the run as well as providing support to the warring groups by cooking for them, caring for the sick, relaying information about armed conflict developments as well as fighting at the frontline.

Gender specific crimes directed to women are also dealt with in this chapter. Women are often targeted for abuse because they are considered as

property for the men in the community as well as a target that would make the 'enemy' demoralised. During armed conflict, women are raped, forced into marriage, taken as sex slaves and impregnated which actions have far reaching implications for women in post conflict situations, particularly being accepted back into the community.

4.2 The Pre-Armed Conflict Environment and Experiences

This section presents respondents' recollections of how the armed conflict started in their communities, its causes, immediate reactions to the conflict, and the expectations of the warring forces from the population and the women's response to those expectations.

4.2.1 Causes of the Sudanese Civil Conflict from 1983 -2005

The respondents were asked to give what they considered to have caused the armed conflict. The following were given as the causes;

- Continued cultural and racial arrogance of the northerners over the southerners
- Continued economic imbalance between the north and the south. The north has better infrastructure and is more urbanized than the south.
- The introduction of the policy of islamisation and arabanisation by General Ibrahim Abboud annoyed the southerners who did not want to be arabanised and Islamized.
- The rise of Ahmed Omar-el Bashir in the 1989 coup leading to accelerated fighting. This is because he declared a military approach to the south question and ruled out the possibility of round table peace talks.
- The inhumane treatment of southerners. Many southerners were displaced and their farms destroyed during the construction of the Jonglei Canal project.
- Grinding poverty in the southern part of Sudan.
- Religious differences between the south and the north.
- Natural hazards like floods and famine in the south.

However, Douglas H. Johnson (2003) gives the following version of the pre-war environment and the causes⁵².

⁵² Johnson, Douglas H (2003). The root causes of Sudan's civil wars.

“Sudanese army battalion 105 with garrisons at Bor, Pibor and Pochalla was still commanded in 1983 by officers absorbed from the original Anyanya. When its soldiers refused the order to move north in January 1983 they did so partly on their interpretation of the Addis Ababa agreement, that they were to serve only in the south.

The Addis Ababa agreement (March 1972) emerged from negotiations between the government of Sudan (GOS) and the Sudanese Peoples Liberation Movement or Army (SPLM/A).

Dhol Acuil, vice president of the High Executive Council, southern regional government (1972-1983), attempted to mediate, but his arrest in Khartoum for opposing the re-division of the Sudan effectively ended that effort. John Garang, then head of the staff college in Omudurman, also went to Bor, ostensibly to mediate. In fact, Garang was already part to the conspiracy among some officers in Southern Sudan who had been planning the defection of battalion 105 to the guerrillas.

The combination of the attack on Bor and the subsequent abolition of the Southern Region prompted further mutinies and desertions from garrisons across the south. By July 1983, about 2500 soldiers had defected to the new guerilla base being established in Ethiopia, and another 500 remained in the field in Bahr-el-ghazel. This was in addition to the Anyanya-2 troops already under arms. By July, there were also some 15,000 northern troops in the south supported by American- made aircraft.

The formation of a large army composed almost entirely of Southern Sudanese who had been forced into rebellion by the failure of the Addis Ababa agreement immediately resurrected the prospect of a second war for Southern Sudan independence. Many of the old Anyanya veterans had never been comfortable with the Addis Ababa agreement and now rededicated themselves to southern separatism.”

4.2.2 The Beginning of the Conflict

This section addresses the experiences women reported to have encountered at the beginning of the armed conflict, and how they found themselves among the warring groups during flight, hiding and while in camps.

During the course of the armed conflict, women found themselves amidst warring SPLA rebels and the Government of Sudan soldiers. Women reported that the warring groups first destructed them by expelling them from their

homes and burning villages, raping women and girls, abducting women and children mostly at water places and during flight. They also reported that some women and men joined the rebel ranks and others deserted their homes.

The men of Lobonok displaced camp Munuki payam narrated their own story;

"The SPLA in the beginning were not friendly to us. They looted our property, raped our women and the girls while the government army pretended to protect us from the SPLA. But, the real fact, they were not protecting us, because they also looted our properties, killed us and also raped our women and girls. Not only this but they carried out homosexual acts on us and our small boys. So we used to run and hide in the bush whenever the SPLA and the Government entered into our village. When the SPLA were disciplined, their rude attitudes against us reduced and they became friendly by saying that they were fighting to liberate the south from the Arabs in Khartoum. We were always on the run to hide in caves and thick forests whenever we were attacked. We did not cultivate nor have school for our children during the war because we were scattered due to the army attacks and the air strikes"

The Kwarijik Luri women focus group members reported;

"... The warring groups were divided into three groups, one led by John Garang, the other led by Riek Machar and the third one led by Doctor Lam Akol in Shiluk land at Fashoda. The demand of the soldiers became a burden to the population. People were to provide food, and carry their belongings under hard labor. As a result some people joined either side of the warring groups and others deserted the villages fleeing to the bush and to big towns leaving the villages bare. Soldiers of the warring groups started raiding villages, properties, abducting young girls as temporary wives and beating their parents in case they refused them".

"Some of us witnessed with our own eyes. Our family members were sexually abused and others raped putting their husbands or brothers at gun point. They also looted our properties, preventing us from getting anywhere. When some one was found alone in the forest hiding, he or she would be killed under the pretext that she or he was a spy. This was the SPLA forcing us to run and we took refuge in Juba football stadium". Kwarijik Luri Women FGD

Another one further said,

"In 1987 when the conflict became serious we left for a camp in Juba. We

left all properties behind. We took the children, the elderly people and the disabled while on the run. In other situations we lost some people, there was no protection from the government. During that period we lost hope of survival". Kwarijik Luri Women FGD

The women of Labonok IDP camp, also had this to say;

"We run away from our villages for security problems and fled to different destinations, Khartoum and the neighboring countries like Uganda, Congo and Kenya. Everybody run with his or her family. Sometimes during cross fire and without consciousness the elderly, disabled, the sick and even children were left behind. We would come to look for them later".

"No education in hiding or when running. No calendar followed. The only need was food, shelter and security. Machine guns and the anti novel sounds were the greatest fears because we expected death at any instant. Everybody was in a dilemma of what was going to happen and nobody expected that we would be survivors".

The women of Kuda, further noted that:

"...The village was deserted and people ran to town to take refugee there, everyone with her family taking along only clothes and few cooking utensils. It was hard to start in empty space. The greatest fear during the war was death when heavy machine guns were fired and the sound of military planes (antinov) appeared in the sky. Everyone prayed for the war to end. The main meal that was prepared was porridge in the morning, Asida in the evening. It was only one meal per day. This was the responsibility of husbands and wives and older children. It was difficult to cultivate during the run. Cooking itself was dangerous less the smoke exposes the hiding place. Animals like dogs and cocks were avoided during the run. Occasionally the household of a woman with a crying baby was avoided to move with."----- Women FGD Kuda.

4.3 Social and Demographic Profile of the Respondents

This section looks at the social and demographic profiles of the individual respondents. A total of 322 respondents, 267 women and 55 men were directly interviewed in the quantitative survey. Most of the respondents (99%) were resident in the different payams of Juba county and belonged to different ethnic groups though Bari (31%); Nyangwara (11%), Moru (8%) and Latuko (7.7%) were predominant. The social and demographic

characteristics of the respondents are summarized in table 1.

Table 1: Social and demographic profile of respondents (N = 322)

Age Group	Female (n=267)		Male (n=55)		Total (N=322)	
	n	%	n	%	n	%
19 years or less	9	3.4	0	0.0	9	2.8
20– 29 years	69	25.8	1	1.8	70	21.7
30– 39 years	80	30.0	6	10.9	86	26.7
40– 49 years	59	22.1	19	34.5	78	24.2
50– 59 years	36	13.5	16	29.1	52	16.1
60+ years	14	5.2	13	23.6	27	8.4
Religion						
Protestant	76	28.5	20	36.4	96	29.8
Catholic	174	65.2	31	56.4	205	63.7
Others (Muslims, Pentecost, African religion)	17	6.4	4	7.3	21	6.5
Education						
None	141	52.8	13	23.6	154	47.8
Primary/Junior	99	37.1	23	41.8	122	37.9
Senior 1-6	11	4.1	12	21.8	23	7.1
TTC/ University	16	6.0	7	12.7	23	7.1
Current employment status						
Peasant farmer/pastoralist/fisherman	78	29.2	10	18.2	88	27.3
Professional	14	5.2	9	16.4	23	7.1
Clerical/ Junior Servant	16	6.0	12	21.8	28	8.7
Trades Person/Artisan	95	35.6	6	10.9	101	31.3
Unemployed (sick, disabled, too young, too old, retired)	8	3.0	6	10.9	14	4.3
Other/Nothing specified	56	21.0	12	21.8	68	21.1
Marital Status						
Never married	27	10.1	5	9.1	32	10.0
Married (Monogamous)	168	63.0	35	63.6	203	63.0
Married (Polygamous)	33	12.2	13	23.6	46	14.3
Divorced/Separated	11	4.1	1	1.8	12	3.7
Cohabiting	1	0.4	0	0.0	1	0.3
Widowed	27	10.1	1	1.8	28	8.7

4.3.1 Age of Respondents

Table 1 shows that there were relatively more females in the younger age groups (less than 40 years) than males, while there were more male respondents in the age groups above 40 years. The implication of this age – sex distribution could be that women in Juba County are married to much older men. It could also be that women get married at very early

ages. Understanding the age categories of women is useful in designing rehabilitation and relevant needed services especially in the area of reproductive health.

4.3.2 Religion

The research team was also interested to know the religious background of the respondents. As seen in table 1, majority were of the Christian faith, with 65% of the women and 56% of the men being Catholics, while 29% of the women and 36% of the men were protestants. Muslims constituted only 6% of the women and 7% of the men.

Christian missionaries had turned the Southern Sudan into Christians. It is the military government of General Abbud which embarked on the policy of forced islamisation of the south mainly focusing on education, as affirmed by a key informant.

"The reason for this conflict was that the Islam religion was imposed on the people, and then also imposed as a language which became the official language. In school, Arabic and Islamic religion became the most important subjects and if you failed them, you are not given a Sudan School Certificate though you passed the others highly". Female Key Informant-Juba

4.3.3 Education of Respondents

As shown in table 1, one notable observation is the low level of education attainment by both women and men in Southern Sudan, where 53% of interviewed women and 24% of interviewed men have had no formal education. Only 37% of the women and 42% of the men had attained primary/junior level education. Only 6% of the women and 13% of the men had reached post primary education.

An assessment carried out by UNICEF in 2001 showed that the disparity between the sexes is far greater in areas of conflict. Early marriage, as noted earlier may be one of the constraining factors to girls' education. As one woman narrated;

"... my children missed education because of the conflict. I was taken by the SPLA men when I had gone to collect firewood. I left my children

with their father. Most of my girls got married to the SPLA. The first one now has three daughters. The second one now has one child. They all left school. The last one was in primary two, and the eldest was in primary seven when they left school.”

Another woman narrated;

“... Our children are not going to school. There is no money to pay for school fees. We are widows, my husband was killed in the White House (Torture House). Rajaf East Payam Women FGD.

A key informant further recommended with regard to the girl child;

Yes, we are looking at two key issues in reference to the girl child education:

i) Girls who had already missed out on going to school because of the conflict, need to be considered first. It would be good for us to get in dialogue with them because these days, you cannot just come up with a solution without identifying the problem. For those who dropped out of school, they need counseling and to provide them with functional adult literacy programmes.

ii) Then those girls of school going age must all be encouraged and supported to go to school. Every one including women should know how to read and write as a way of preparing them for good life.”

Another key informant suggested that;

“ I think one of the mistakes we make is to look at donors as people who can give all materialistic things. A donor should invest in inculcating skills and training. That is much better. There is an African saying that; if you have someone who wants to eat fish all the time, instead of giving them money to buy fish, give them a hook and teach them how to fish. That is what education and training should be all about. ...”

4.3.4 Employment Status

As reported in Table 1, many women were engaged in petty trade (36%) and peasant cultivation (29%). A significant number of women (21%) had

no specific occupation/means of livelihood. Very few women (5%) had professional careers. Proportionately less men than women were engaged in peasant cultivation and there were three times more professional men than women.

The occupation of both men and women in the community is indicative of their education attainment and gender status. To some extent, it also determines the poverty and deprivation levels of individuals. Individuals, especially women in desperate poverty situations are highly prone to physical and sexual abuse, and other forms of discrimination during conflict situations.

4.3.5 Marital Status

Many respondents (63%) females and (64%) males respectively were monogamously married. 12% of the women were in polygamous unions (See table 1). 25% of the women lacked husband support i.e. had never married, were divorced, separated or widowed. Marital status or male support has alot of implications for women in conflict situations. Widowed, divorced or single women are more vulnerable to physical and sexual abuse, and other forms of discrimination during armed conflict than married women. With no male protection, they can be abused with impunity.

4.3.6 Age at First Marriage

The respondents were asked to indicate the age at which they first got married. Table 2 shows the results.

Table 2 : Age at first marriage

Age at first Marriage	Female (n=240)		Male (n=50)		Total (n=290)	
	n	%	n	%	n	%
18 years or less	144	60.0	5	10.0	149	51.4
19– 24 years	74	30.8	5	10.0	79	27.2
25– 30 years	19	7.9	33	66.0	52	17.9
31+ years	3	1.3	7	14.0	10	3.4

As depicted in table 2, 60% of the females first married at 18 years and 31% of women in the age group 19-24 years had got married. This means, 90% of women in Southern Sudan would be married by the age of 24.

As reported by (UNICEF, 2004)⁵³ early/adolescent marriage means early pregnancy and child birth. Teenage birth is defined as the number of births per 1000 women aged 15-19 years. Given the fact that even unmarried 18 year old girls are seen as “old maids” the teenage birth rate was estimated at least 200 per 1000 births.

Early/teenage marriage and ultimately pregnancy and child birth has implications on fertility, maternal mortality, infant and child mortality, reproductive and child health and survival. The fertility rate in Southern Sudan is estimated to be 6.7 (UNICEF 2004) while maternal mortality is estimated at 763 per 100,000 births. Some older studies found a maternal mortality ratio of 865 in armed conflict affected areas.

UNICEF, WHO, and UNFPA came up with much higher and revised estimate of 1,000 per 100,000 births. Consequently, given the high fertility of 6.7 and the fact that women start bearing children at the very young age and the low maternal health coverage, put Southern Sudan women in reproductive age of 15-49 years at very great risk.

A life expectancy of 42 in Southern Sudan means a very young population with a median age of 15-16 years and an under 18 years population higher than 50%. Survival to age 65 happens only for 25% of all new born babies and women seem to have less chance of survival in Southern Sudan than men, the reverse of the human biological trend. To make matters worse for the adolescent/ teenage mothers, problems of early marriage are compounded by not using modern contraceptives as an aid to space their children.

4.3.7 Contraceptive Use

Table 3 shows the methods of contraceptives used among the female respondents.

⁵³ UNICEF (2004). *Toward a baseline: Best estimates of social indicators for Southern Sudan*. New Sudan Centre for statistics and Evaluation.

Table 3 : Use of contraceptives by women

Mode	n=267	%
Modern contraceptives	16	6.1
Traditional	114	42.6
None	137	51.3

As shown, the use of modern contraceptives in Southern Sudan is minimal (6%). 51% of women do not use any modern family planning methods while 43% use traditional methods which may not be at all dependable. So it is possible that 94% of women are exposed to pregnancy anytime. During the armed conflict, women were exposed to sexual harrassment, rape and other forms of abuse resulting into unwanted pregnancies and children whose paternity may never be known. This creates a problem to their mothers as well as the community arising from the disintegrated traditional and cultural support systems as a result of the armed conflict.

4.3.8 Children Lost During the Conflict

Female respondents were required to indicate whether they lost any children or had still births. The results are shown in table 4.

Table 4: Lost children, still births, miscarriages among women respondents

Status*	(n=267)	%
Lost first born	52	19.6
Lost second born	41	15.4
Lost third born	44	16.6
Lost fourth born	39	14.7
Has ever had a miscarriage	61	23.0
Has ever had a still birth	31	11.6

* A woman may have lost more than one child or pregnancy.

As table 4 shows, women had either lost a child in one way or another, had still births or miscarriages. When women give birth at an early stage, there are high chances of loosing the baby either at birth or as an infant because the mothers are “*babies*” themselves at the age of 15-19 and therefore their reproductive systems are not yet fully developed for pregnancy and child birth let alone the ability of nurturing a newly born baby.

This is yet another challenge related to early marriages, early pregnancy, high fertility and lack of maternity services for such young women. Women activists could advocate for strict adherence to legal requirement of minimum age at marriage as a national priority.

4.4 Changing Socio-economic Context of Respondents

The respondents were asked to mention their social circumstances or activities engaged in before, during and after the conflict. These are summarized in table 5.

Table 5: Social and economic context of respondents in the conflict, pre- and post conflict periods

Socio-economic Context	Pre - conflict	During Conflict	Post Conflict
	%	%	%
Employment Status			
Peasant farmer/Pastoralist/Fishermen	53.2	40.0	27.4
Professional	3.4	4.0	7.1
Clerical/Junior Servant	4.0	6.8	8.6
Trades Person	8.4	13.3	29.8
Artisan	1.2	0.6	0.9
Transport Worker	0.9	0.6	0.9
Unemployed (sick, disabled, too young, too old)	6.8	6.2	4.3
Casual labourer	1.8	1.5	3.4
Military/Soldier/Army	0.3	0.9	0.3
Housewife	0.6	0.3	0.3
Other/nothing specified	19.3	25.6	16.9
Property Owned*			
Radio set	41.8	36.3	53.5
Television Set	7.4	8.0	14.5
Motorcycle	2.8	3.4	6.8
Bicycle	42.2	36.0	47.1
Car	2.8	2.2	2.8
Truck (Lorry)	0.3	0.3	0.6
Foam Mattresses	23.1	20.0	35.7
Blanket	55.7	51.4	59.4
Agricultural implements	61.8	42.2	37.2
Cooking utensils	88.9	84.0	91.1
House Type			
Permanent	13.5	9.5	10.5
Semi - permanent	74.4	73.8	77.2
Temporary	4.0	3.7	4.0
Other (no shelter)	8.1	13.0	8.3
Crops Grown*			
Maize	50.5	30.2	19.1
Cassava	36.0	20.6	11.1
Beans	46.5	31.1	22.8
Sorghum	68.9	44.9	31.3
Simsim	55.1	35.7	26.2
Groundnuts	68.0	41.8	30.2
Sweet potatoes	42.8	27.4	16.3
Bananas	18.8	11.1	8.0
Groundnuts	68.0	41.8	30.2
Sweet potatoes	42.8	27.4	16.3
Bananas	18.8	11.1	8.0
Mangoes	28.2	16.3	17.5
Guavas	24.0	13.5	14.8
Green vegetables	53.2	32.3	26.5
Yams	4.6	4.0	2.5
Coffee	3.4	2.2	1.5
Passion fruit	2.5	2.8	1.8
Soyabean	10.8	8.9	7.4
Millet	22.2	11.7	7.4
Animals and Birds Reared*			
Goats	56.6	24.6	24.3
Cows	20.9	9.5	11.1
Sheep	27.7	12.0	10.5
Pigs	2.5	1.2	1.2
Chicken	55.7	23.1	26.8
Donkeys	1.8	1.8	1.5
Ducks	17.8	11.1	11.1

*Multiple responses possible.

The results in table 5 shows that marked changes have occurred in the social and economic situations of women from the pre-conflict period to date. Though the data in this table is not gender disaggregated, it is rational to assume that the changes occurred among women since they were the majority (83%) of the respondents.

Employment Status

There has been marked changes in employment status, with for instance a sharp drop of respondents who are either peasant cultivators, pastoralists or fishermen (53%) to (27%). The proportion of professionals and junior servants has doubled and that of tradespersons has tripled. Other employment categories however have not registered any major changes.

As one woman from Lobonok camp narrated;

"... life is very hard in Juba town, particularly in our camp, no employment, no cultivation, we only crush gravel and collect firewood for sale to buy food."

Another woman had this to say;

"The impact of war on people was noticeable because of poverty; few people got employment in laborious places and others did little farming. Animals like goats, chicken became the main food for soldiers. As for properties, nothing was left. Members of the family were either killed or disappeared. We managed to survive by manual work and selling firewood in the town was the only source of survival. Every one had to do something like cutting grass, firewood, brewing beer to survive." Jebel, Juba Town -Women FGD.

Another noted that;

Ability to earn income was difficult and reduction of employees became common. Shelter was not adequate and there was poor agricultural production. Our source of income besides the food given to us by the Catholic Church, we used to collect firewood for sale and then buy basic needs for the family. During the rainy season, the villagers were able to cultivate fast growing crops like beans and pumpkins". Kuda Women FGD.

The increasing decline of individuals engaged in subsistence farming (mostly women) could be a direct effect of the armed conflict where many of them had to flee to safer areas like IDP camps where farming was impossible and they had to depend on relief aid. Dependence on relief is another factor that predisposes women to sexual abuse, using food especially as a weapon.

Property Ownership

The results also show that there has been an increase in ownership of properties like domestic electronics, home basics, bicycles and motorcycles. For assets like cars and heavy trucks there has not been much change, implying that very few women are financially in position to own such assets.

Housing Situation

The housing situation has not changed appreciably. Around 80% of the people reside in semi-permanent and temporary structures.



Crops and Animal Husbandry

The changes in crop and animal husbandry in the pre and post conflict periods are significant. Though similar crops are being grown, the proportion of farmers has sharply declined. This could be due to the fact that the people returning from IDP camps and external refugee camps have not yet had sufficient time to settle down and practice agriculture. This has an implication to food security.

4.5 Changing Gender Perspectives

4.5.1 Income Generating Activities

The respondents were asked about gender roles/income generating activities, and relations before, after and during the conflict. Their responses are summarized in table 6.

Table 6: Gender roles/activities and relations before, during and after the conflict

Gender Perspectives	Pre-conflict	During Conflict	Post Conflict
	%	%	%
Main source of income (female)			
Brewing Beer	22.0	21.6	31.8
Baking Bread	5.0	7.6	6.7
Selling charcoal	1.3	0.6	2.7
Plastering houses	0.6	0.6	0.4
Selling firewood	6.3	11.7	15.7
Crushing stones & making gravel	1.3	1.2	5.8
Cultivation	51.3	29.2	13.4
Fishing	0.6	1.2	0.0
Salary/wages	6.9	4.7	9.0
Husband's salary	2.5	1.2	0.9
Selling grass/bamboo	1.9	1.2	6.3
Selling tea	0.6	1.8	1.8
Market vendor	0.0	2.3	3.1
Housemaid	0.0	1.2	0.4
Relief aid	0.0	0.6	0.0
Knitting	0.0	1.2	0.9
None	0.0	2.3	0.9
Too young	0.0	1.8	0.0
Main Sources of Income (male)			
Builder	2.6	3.4	2.9
Cultivation	35.9	24.1	23.5
Salary/wage	51.3	62.1	55.9
Tailor	5.1	3.4	2.9
Trader	5.1	6.9	8.8
Pension	0.0	0.0	5.9
Land Ownership (female)			
Leasehold	8.0	7.5	9.4
Customary tenure	50.8	30.8	28.5
Squatter	13.0	22.9	23.2
Rented	6.5	9.0	11.2
Did not own land	18.2	23.6	21.8
No response	3.5	6.2	5.9
Land Ownership (Male)			
Leasehold	1.8	3.6	3.6
Customary tenure	70.9	63.6	67.3
Squatter	9.1	9.2	7.3
Rented	0.0	0.0	0.0
Did not own land	18.2	23.6	21.8
No response	0.0	0.0	0.0

*Multiple responses possible.

The results in table 6 show that gender specific activities have not changed markedly as a result of the conflict. The men still predominate in the productive activities while women are relegated to the reproductive, mainly home based activities. It is worthwhile to note that the proportion of women engaged in cultivation has sharply declined while that of beer brewers and salaried workers has doubled. Higher proportions of women in the post conflict period are earning income from activities like baking, crushing stones/gravel, selling grass/bamboo and selling fuel wood; activities which were hardly engaged in, in the pre-conflict period and which were seen as male activities.

While women have economically benefited from brewing alcohol, alcoholism is a big problem both among women and men. So brewing is an activity with a ready market although at the same time alcoholism has led to moral decadence and redundancy. People do not work as they start drinking from morning to evening. This requires an urgent intervention by providing an alternative to brewing.

Women gave the causes and consequences of alcoholism;

"The effect of war is still in me health wise. I feel pain in my back and head. The salary I am getting is very little but I brew beer to meet my cost of living. Regarding alcohol, I started drinking since 1986 but I started drinking heavily when I came to Juba because I had a lot on my mind to think about. My husband was shot by the SPLA; my children died two years ago and what I was supposed to inherit as property of my husband ... this has been taken away by other people. All these make me sleepless. I only sleep one hour at night and wake up the rest of the night. The only alternative and consolation for me is to drink heavily to get sleep.." Female In-depth interview respondent, Supiri camp, Juba Town.

Among the land ownership types in Southern Sudan, the dominant land ownership is customary, across all indicated periods (before, during and after) for both females and males.

Table 7: Customary land ownership

	Female %	Male%	Total
Before the conflict	50.8	70.9	54.3
During the conflict	30.8	64	36.4
Currently	28.5	67.3	35.7

Though many women claimed to own land especially under customary tenure, this may not be really true as the qualitative findings indicated otherwise. This is also confirmed in the extract below;

"....Well, like in any other country, there is a law governing the land and the categories are;

i) Ownership through requisition, where you apply and this applies to towns and cities

ii) Land that is not surveyed or planned. Here the land is called customary land. This is processed by indigenous people who acquired this through historical heritage and they own a title. Our customs are many and they are not uniform. But in the Southern Sudan no woman owns land even queens and daughters of kings. The land is held in the name of the king but the child can hold land because the children of the queen belong to the father. For this reason, when the king dies, or anyone's husband dies, the land doesn't get passed on to the woman." Male key informant - Juba

4.5.2 Gender Roles

Southern Sudan is a patriarchal society with roles demarcated according to gender, where women and girls perform specific tasks different from those of men and boys. However, during situations of armed conflict, there are chances of reversal of roles whereby women and men performed roles not expected of them according to cultural practices and norms.

The respondents were asked to list gender roles for women, men, girl and boy children respectively before, during and after the conflict. Their responses are listed in tables 8, 9, 10, and 11.

Table 8: Gender roles of women before, during and after the conflict

Before the conflict	During the conflict	Currently after the conflict
Prepare food	Prepare food	Prepare food
Collecting firewood	Collecting fire wood	Collecting firewood
Fetching water	Fetching water	Fetching water
Cultivation	Cultivation	Cultivation
Brewing beer	Brewing beer	Brewing beer
Buying food from market	Buying food from market	Buying food from market
Caring for children	Caring for children	Caring for children
Processing food e.g. brewing, grinding grain	Processing food e.g. brewing, grinding grain	Processing food e.g. brewing, grinding grain
Run small business	Run small business	Run small business
Washing clothes for family	Washing clothes for family	Washing clothes for family
Pray for the family	Pray for the family	Pray for the family
Organize the home	Organize the home	Organize the home
Security for the children	Security for the children	Security for the children
Earn money for the home	Earn money for the home	Earn money for the home
	Care for the husband	Care for the husband
	Nurse sick family members	Erect shelters
		Give birth to children
		Nurse sick family members
		Go for adult education
		Work with government

Table 9: Gender roles of men before, during and after the conflict

Before the conflict	During the conflict	Currently after the conflict
Income generation	Income generation	Income generation
Participate in the army	Participate in the army	Participate in the army
Cultivation	Cultivation	Cultivation
Build a house for the family	Build a house for the family	Build a house for the family
Care for children	Care for children	Care for children
Care for the wife	Care for the wife	Care for the wife
Clean the house	Clean the house	Clean the house
Collect firewood	Collect firewood	Collect firewood
Buy food	Buy food	Buy food
Formal employment	Formal employment	Formal employment
Earn money to solve family needs	Earn money to solve family needs	Earn money to solve family needs
Look after the animals	Look after the animals	Look after the animals
	Idle and running near the river	Security of the home
	Run away	Go to school
	Sit idle all day	
	Do nothing	
	Play "dunuma" and then go and drink	
	Go to school	
	Killed	
	Unemployed	
	Go hunting/fishing	

Table 10: Gender roles of girls before, during and after the conflict

Before the conflict	During the conflict	Currently after the conflict
Assist the mother in cooking, fetching water, looking after children	Assist the mother in cooking, fetching water, looking after children	Assist the mother in cooking, fetching water, looking after children
Assist in cleaning the house	Assist in cleaning the house	Assist in cleaning the house
Care for younger children	Care for younger children	Care for younger children
Cultivation	Cultivation	Cultivation
Fetch firewood	Fetch firewood	Fetch firewood
Grinding grain	Grinding grain	Grinding grain
Attend school	Attend school	Attend school
Wash utensils	Wash utensils	Wash utensils
	Sell beer	Participate in brewing beer
	Sell charcoal	
	Sweeping the house	

Table 11: Gender roles of boys before, during and after the conflict

Before the conflict	During the conflict	Currently after the conflict
Assist father	Assist father	Assist father
Assist in care of animals	Assist in care of animals	Assist in care of animals
Assist mother in household chores	Assist mother in household chores	Assist mother in household chores
Assist father to shop	Assist father to shop	Assist father to shop
Run errands for mother and father	Run errands for mother and father	Run errands for mother and father
Cleaning compound	Cleaning compound	Cleaning compound
Cultivation	Cultivation	Cultivation
Go to school	Go to school	Go to school
Do small repairs at home on fence and house	Do small repairs at home on fence and house	Do small repairs at home on fence and house
Do nothing	Do nothing	Do nothing
	Join the army	Play games
	Sought refugee in Juba and Uganda	Do petty business

The results in tables 8, 9, 10 and 11 show marked changes in men and women's roles before, during and after the conflict. Women's roles increased both in the conflict and post conflict periods. The roles of girl and boy children also changed. The changes in the roles could have been a result of the absence of the husbands who went to fight leaving the women behind. In such situations women and children irrespective of sex have to take on additional roles including those of the absentee husband.

4.6 Women's Contribution and Survival Strategies/Coping Mechanisms During The Armed Conflict.

4.6.1 Introduction

Women's contribution and survival strategies/ coping mechanisms during the armed conflict were another issue on which information was collected. Issues addressed included:

- How Survivors managed to get food supplies for the family members;
- The main source of food and types of food available;
- The persons responsible for looking for food and household provisions.
- The number of meals per day

- Possibilities of being able to carry out some cultivation at any one time during the armed conflict
- Means of accessing household needs such as food, water, firewood, salt, soap, beddings and shelter
- Meeting sexual/conjugal obligations
- Contribution of women combatants.

Different contributions were made by women and men depending on the type of activity, time and location. Respondents were also asked to indicate how they were able to access household provisions during the armed conflict.

4.6.2. Accessing Basic Needs

During the focus group discussions, the issue of food provisioning was addressed. Various respondents gave the different ways through which they accessed food. The Lobonok camp men's group had this to say;

"We got food through selling firewood, fruits and vegetables. Then we bought food. It was difficult to get food supplies, hunger overpowered the communities. There could be no proper meals for a week. There could be only one main meal per day in the evening or otherwise no food for the whole day. There were some chances to cultivate a small place when grass is very high because soldiers minimize their operations. When we were on the run, there was no cooking less the smoke is seen".

"We could get water from the River Nile, and use mango trees for firewood. For shelter, we used grass and sticks for something temporary..."

"The road from Juba to Torit was closed, people were starving because of hunger. Food was being dropped by the aeroplane. A tough army man in charge was controlling the food and he was not giving it to the civilians. The army would give only 1 cup of dura (Sorghum) to each family. Women used to collect green wild vegetables near the stream and also green mangoes, pawpaw to make porridge out of it. 20 - 30 people were dying daily." Female Respondent - Juba

One of the Bishops of the Catholic Church was asked whether the church provided some provisions to the people.

"...In the beginning, there was little food coming and this little was from friends. It was given to people, this was stopped by the Government. NGOs were actually stopped to do any work anywhere... What we did was to bring money in a very hidden way because most of that money was being used to buy guns for the SPLA. When we got this money, we bought the available expensive food from Khartoum by air which became very little for the people."

The Kworijik-Luri women's focus group gave their explanation:

"Due to lack of food, we used to sell firewood so that we could buy provisions for the family. Men and women had to work together to collect firewood. In most cases we went without food for two or three days. In the beginning, our shelter was made of plastic and later when the situation improved, we changed into mud and grass. We drank water from the river Nile."

Jabel Nyoka women's focus group narrated:

"We came here [camp] in 1998. There was no food, shelter, school and medicine. The only NGO that assisted is CART. During that period there was no other work for men except going to the market to labor and get food for the family. Women stayed at home doing some minor work..."

Narration of a social worker on household provision:

"some of these people sustain their own families because they did some small skilled work to earn a living. Some people made ropes for tying goats and sold others, stitched mats which people sleep on and some of them cultivate on small scale. It was also good when the people of equatorial allowed some of the IDPs to use their land for cultivation and their yields were good which they sell to get money to educate their children or to sustain themselves. NGOs used to support IDPs, food and provide shelter and the government at times gave food."

While the men were fighting, women took the responsibility of their families in most cases. In the case where the father or husband is a soldier and is killed and the mother is displaced the elder child takes over the responsibility. So the household administration in our situation is run by the mother or the elder child because men were both with war parties and those who were within were always at security risk. So the danger was more on the men to be available"

The Kuda-Women focus group also revealed the following:

- During movement, women used to take bean seeds and sorghum and whenever they settled they would plant and luckily sometimes were able to harvest.
- Men and women used to fetch water when the source was too far from the hiding place.
- Some times, they used to sell honey to get money to buy food, salt, soap and even clothes.
- Alternatively, survivors ate wild fruits and greens. During the fighting, in order to hide the smoke, food was cooked only at night.

4.6.3 Life in Camps

Respondents revealed *different experiences while in camps*. Many social interactions happened. Many testified experiencing hardships especially hunger. Basic needs such as clean water, sanitation and education for the children were not sufficient, and health facilities were also inadequate. There was minimal assistance provided by NGOs such as Sudan Aid, World Food Programme & CART who supplied sorghum, beans, plastic covers for the roofs, cooking oil and utensils.

It was also observed that there was a shift in carrying out roles, where men carried out roles that are socially known as women's roles, and likewise women carried out men's roles.

During the focus group discussions, respondents gave the following information.

"... All of us here experienced life in camps. Many normal social interactions happened. People abandoned customs. As a result those who had chances left the camp and rented houses in town. We took almost 6 years in the camp and came back to our original place in Kuda. We experienced hardships, and hunger was the major one. The basic needs like clean water, sanitation and education for our children and health facilities were not adequate. There was assistance provided by government and NGOs like Sudan Aid, World Food Programme, CART, they supplied sorghum, beans, plastic covers for roofs cooking oil and utensils." Women FGD Jebel Juba town.

".... We were at school and SPLA arrived, they looted our cows and killed

people in the church plus the chief. At that time, people begun to move out and camping started. Our work was to cut grass, collect firewood, cooking, fetch water. Our people were killed and up to now we are still suffering. Before the war we were having food, we used to get beans from the market plus coffee and sugar after selling our vegetables in Juba market. Now we eat once a day. At that time we were not able to cultivate because of landmines, fear to be arrested and thus we had no permanent source of income, no shelter.” Rajaf East Payam Women FGD.

“Many of us lived in the camps because some assistance was received. Some of us lived for five years in the camps. Life was very difficult in the beginning because no assistance reached the camps. There was no water, latrines, soap, clothing and it was congested. The families moved half naked with just a small cloth around the waist. All this affected our health”. Lobonok camp Women focus group.

“our camp was in SPLA controlled area. Our life was not so bad because we built houses and were provided with food and seeds by the Norwegian Peoples Aid (NPA), medicine by ZOA and further treatment in hospital. Most of our people died of illness”. Kuda Women FGD.

4.6.4 Sexuality

Respondents also reported how they handled issues of sexuality. They indicated that in most cases, there was no interest in sex while in hiding due to low morale. However, when there was some relative peace and food in the hiding places, men and women had sex and could produce children.

4.7 Contribution of Women as Combatants

Women in Southern Sudan were also very active during combat. They participated in various military related activities which included provision of information, caring for the injured, and mobilisation for the army. Women were also active at frontlines. The research team was able to get the experiences of a few combatants;

Organising Fellow Women

“I joined the SPLA as an organizer of fellow women in 1991. The program

involved organizing women into groups or associations and explaining the objectives/ manifesto of SPLA and I was moving around to sensitise women in the communities. My sector was called the area sector command which was from Kajokeji up to Tombora. By then I was organizing women into programs like tailoring and distributing books to the children which were donated by the Africa Action in Health.” Female Combatant

Provision of Health Care

“I fought but also saved lives. You know, I attended to one woman who was blown by a landmine in 1997 March 21st on the Tei Paya Morobo road. We were in one big truck with other women soldiers some of whom died even the driver so we joined to take care of the wounded. We were also helping soldiers in hospitals”. Female Combatant

Front Line Operations

“I decided to join SPLA because I shared its sentiments and objectives although I am a professional teacher. It really moved me and I felt the oppression of the government of Juba and I put it in my heart that the liberation of Sudan is not only for men because we also have to participate. I did fight as a Southern Sudanese and as a woman to fight for my own freedom, women and my relatives so that they are secure and not to be oppressed any more”.

“During the fighting I attended the major operations, the Nimule operation which was in 1994; the one of Yei in 1997; and then to eastern Sudan. I do remember our soldiers were killed and the atrocities which were committed. So I am not surprised when I hear of war in other countries because it happened here too. It was good for women to join the struggle. ” Female Combatant.

Protecting Women's Dignity and Rights

“As a woman activist, I also made sure that women's rights are respected. One time it happened in Kajokeji where a young girl was taken and I got the news that she had been abducted by one of our soldiers as his wife. I contacted him and told him it was not good to take this young girl as a wife, although the father had accepted. I advised the soldier to officially declare that he was the husband of the girl”. Female Combatant

Leadership

"Because of my hard work and good conduct I was 2nd lieutenant, then 1st lieutenant, then I became a major because some promotions came after doing something good or even to promote a woman by the movement is not usual. With the new ranks now, I am a colonel. I got my promotions on merit.

My promotion as a 2nd lieutenant was an initiative to mobilise women/ formation of women associations like from Kaya up to Morobo up to Yambiyo in 1990 and I got a promotion. The other promotion is political, the mobilisation of our people and educating them about the objectives and goals of SPLA. The third was the care I provided to soldiers like mobilising food for them. Promotions of the barges say barge 1, barge 2, barge 3, are awarded according to what you do." Female Combatant

4.8 Health Situation of Respondents

This section examines the short and long term medical and psychological effects of armed conflict on the study population especially the women.

Issues addressed include:

- Torture / trauma experiences
- Perpetrators of torture
- Psychological complications
- Gynaecological complications
- Surgical complications
- Health seeking behavior
- Knowledge, attitude, perceptions and services for HIV / AIDS

The analysis is based on the broad definition of health as the physical, social, mental, psychological and spiritual well being of a person and not merely absence of infirmity. Women in this study reported both physical illnesses as well as psychological problems.

4.8.1 Exposure to Armed Conflict Related Torture / Trauma

Respondents were asked whether they had experienced various physical and psychological torture / trauma experiences including loss of family members.

Loss of Family Members

The results of the response to the question on whether they had lost family members are reported in Table 12

Table 12: Loss of family member

Family member lost	Female respondents		Male respondents		Total respondents		Chi square	df	p-value
	n	%	n	%	n	%	χ^2		
Spouse	73	27.3	11	20.0	84	26.1	1.28	1	0.26
Children	83	32.9	24	45.3	107	35.1	2.93	1	0.09
Close relative	210	79.0	34	64.2	244	76.7	5.64	1	0.02*

* Statistically significant association

The results in table 12, show that about a quarter of the respondents (26.1%) reported having lost a spouse as a result of the armed conflict.

Slightly more females (27.3%) than males (20.0%) reported having lost their spouse although this difference did not attain statistical significance ($\chi^2=1.28$; $df = 1$; $p=0.26$).

On other relatives lost as a result of the conflict, 35.1% of respondents reported having lost at least one child while 76.7% of the respondents reported having lost a close relative as a result of the conflict. Significantly more female respondents (79.0%) than male respondents (64.2%) reported having lost a close relative as a result of the conflict ($\chi^2=5.65$; $df=1$; $p=0.02$) and this difference was statistically significant. The causes of spouse loss are shown in table 13.

Table 13: Cause of spouse loss (n=84)

Cause of spouse loss	Female		Male		Total	
	n	%	n	%	n	%
Death by natural causes	29	42.9	8	47.1	37	43.7
Killed	36	52.9	6	41.2	42	50.6
Disappeared	2	2.9	1	5.9	3	3.4
Abducted	1	1.4	1	5.9	2	2.3
$\chi^2=1.97$ $df=3$ $p\text{-value}=0.58$						

The main cause of death of the spouse (table 13) reported in this study was being killed (50.6%) followed by dying due to natural causes (43.7%), having disappeared (3.4%) and abduction (2.3%). There was no statistically significant difference between the gender on cause of death of spouse.

4.8.2 Sexual Abuse and Gender Based Violence during the Conflict

Sexual abuse is one of the major atrocities committed against women and girls during armed conflict. This includes defilement, rape, sexual comforting, forced marriages and many others. Such atrocities destroy women’s physical, social, and psychological well being as well as that of people who depend on them. Women are often singled out for abuse simply because of their gender and because they are also considered custodians of the genetic purity of a community so that raping them is destroying the racial purity of a community.

In many situations of armed conflict, women’s experiences of sexual abuse are often overlooked and deemed secondary to other “mainstream” human rights abuses such as murder, forced detention, or disappearances mainly due to ignorance. During the study, female respondents were asked whether they had personally experienced sexual abuse or knew any woman who had been subjected to such abuse.

Table 14 reports on the sexual torture experienced by female respondents and significant others.

Table 14: Sexual and physical violence experienced by females

Torture Experience*	Experience in (n =267)			
	Self		Others	
	n	%	n	%
Heterosexual rape (single episode)	6	2.2	112	41.9
Heterosexual rape (gang rape)	5	1.9	98	36.7
Attempted rape	12	4.5	87	32.6
Force marriage	11	4.1	83	31.1
Sexual comforting	5	1.9	71	26.6
Defilement	15	5.6	81	30.3
Sex in exchange for food	2	0.7	79	29.6
Forced incest	1	0.4	64	24.0
Abduction with sex	5	1.9	76	28.5

* Some respondents experienced more than one event.

The general observation from table 14 is that there appeared to be systematic under reporting of these occurrences probably due to the intense stigma associated with these acts. This can be inferred by comparing what was experienced by the individual respondent and what the individual reported she had heard experienced by others. For example while only 2.2% of the women reported having experienced the heterosexual rape, 41.9% reported having witnessed or heard about the heterosexual rape of others. The same pattern could be observed for all the other acts of sexual torture. Below are some of the extracts of testimonies shared by respondents:

"We witnessed and saw with our own eyes our own women being sexually abused. All the warring groups including the government were responsible though senior officers used to prevent these activities."

Kuda Men's Focus Group.

"Most of us have seen with our own eyes and witnessed wives being sexually abused. Little happened to the boys but the girls were taken as temporary wives. Up to now, some are still the wives of soldiers" Kuda women's focus group".

"I am from Kuda and my husband is a chief. When the conflict broke out, my husband was in Torit. We ran in the nearby bush. We came and collected vegetables and we went back in the bush. It happened one day when my daughter in law delivered and she could not sleep in the bush with the baby. I found the soldiers were in the house trying to rape her, then I told them that this lady had just delivered two days ago, why then do you want to rape her? They said that they can leave her and they wanted me. I said that I am an old woman and instead they replied that they enjoyed old women better. So they raped me; they were six in number. They just raped me outside in the open. Some of them were beating me and others holding my hands and legs. When my husband came from Torit, I told him what happened. He was annoyed but said it was not my fault. I fell sick and had pain all over my body as well as headache. I currently pass urine with pain." Female Respondent- Kuda Dolo

A lady from Munuki Payam in depth interview;

"I went to cut grass in the forest for sale so that I can buy food for my children, the SPLA got a group of us, men and women. We were taken to their barracks. We were forced to pound and grind dry maize for making their meals. I stayed with them for 8 years. Later, I surrendered to the government

soldiers in a place called Buzia. I asked them to bring me back to Juba. I was worried about my children. My first born was 5 years and the second was three years when we separated. When I returned they had forgotten me and they preferred their father. Their father was not happy and said I was a wife to all the soldiers in the barracks. When my husband died I came back and stayed with my daughters. They became very stubborn and begun to move around with soldiers. The first one now has three children and the second one now has one. They refused to look after their children so now I am the one taking care of these children. With all the hard work I did, I am still feeling exhausted, body pain and head aches.”

Another lady from Kuda also shared her experience;

“During the war we were staying in Gumbele. The SPLA and Dinka came and wanted food. My husband was forced to look for food. Meanwhile, I was raped by three men, the two held me while the other raped me, and did it in turns. I was left in pain and beaten. I was affected badly after being raped because it was my first time to be raped. I informed my husband after being raped but he said it was not my fault”. Female Respondent, Kuda Dolo.



A woman being raped on top of her husband as a mattress

A key informant also had this to share

“We witnessed cases when men were used as mattresses. A man would be told to sleep down on the floor while facing up, then his wife would be laid on top of him and systematically raped by the army”. Key Informant - Juba.

4.8.3 Physical Torture Experiences

The respondents were asked to indicate whether they had experienced physical torture events. The results are shown in table 15.

Table 15: Types of torture suffered by respondents

Torture Event*	Female (n=267)		Male (n=55)		Total (N=322)		Chi square	Df	p- value
	n	%	n	%	n	%			
Beating/Kicking	103	38.6	30	54.5	133	41.3	4.61	1	0.03*
Bayonet/Knife/Spear injury	35	13.1	18	32.7	53	16.5	12.66	1	0.000*
Tying severely /Rabutusa	38	14.2	24	43.6	62	19.3	25.19	1	0.000*
Deprivation of food/water	71	26.6	25	45.5	96	29.9	7.65	1	0.06
Deprived medicine	66	24.7	21	38.2	87	27.2	4.06	1	0.04*
Burning	41	15.4	17	30.9	58	18.1	7.39	1	0.07
Gunshot injury	27	10.1	24	43.6	51	15.9	38.24	1	0.000*
Land mine injury	24	9.0	14	25.5	38	11.8	11.79	1	0.001*
Hanging	8	3.0	10	18.2	18	5.7	19.53	1	0.000*
Hard labour	79	29.7	32	58.2	111	34.5	16.34	1	0.000*

* Statistically significant association

On physical methods of torture, the most frequently reported were; beating/kicking (41.3 %), hard labour (34.5%), deprivation of food/water (29.9%), deprivation of medicine (27.2%) and severe tying (Rabutusa; (19.3%). The physical methods of torture including beating/kicking, bayonet/knife/spear injury, Rabutusa, deprivation of medicine, gunshot injuries, landmine injuries, hanging and hard labour were proportionally reported more by male respondents than female respondents. Some women shared their experiences as below:

..... "All suffered, whenever men moved they were tortured by soldiers. The women had to look for firewood and go to the stream to fetch water. In the process, they would step on landmines and loss their legs... The boys were taken to the barracks to wash clothes for soldiers." – Kworojik Luri women FGD.

Narration of an in-depth interviewed woman in Lobonok IDP Camp.

"I was shot two times by LRA while grinding inside my house in Lobonok. My other children, my brother and husband were killed in this shooting. I was left with two girls and two boys who run away with the rest of the community.

I stayed for twelve days without eating and drinking water. When the government army came, two officers from Fojolu and Mundari, removed me from my room, and they also buried all the dead bodies. I was then brought to Juba hospital, where I was given further medication and blood. By this time my leg had rotten and it was cut off.

I stayed in the hospital for two years and I was given an artificial leg. I then came back. With the help of Norwegian Council for Africa, they built a house for me and gave me eight goats but they were stolen by thieves. I now have no responsible person to look after my children.

In another incident, my daughter had gone with other women to look for vegetables and she stepped on a landmine. It cut off both of her legs. She only lived for 15 days and died”.

A female key informant also shared her testimony of torture.

“ I was arrested by the Jalaba and beaten up. They tied my legs and hands, rabutusa style, leaving my chest out. I was then hanged up with the face looking down. Then my face was covered with a polythene bag full of red pepper. I coughed terribly, cried and my eyes almost jumped out. I still have pain in the chest due to this. I think my lungs were destroyed”



Torture through severe tying (rabortusa)

4.8.4 Psychological Torture Experiences

Although psychological torture does not leave physical scars on the individual, it may lead to emotional and behavioural disorder including psychosis (madness), suicidal behavior and disability. The psychological torture experiences are shown in Table 16.

Table 16: Psychological torture experiences of respondents

Torture event	Female (n=267)		Male (n=55)		Total (N=322)		Chi square	D f	p- value
	n	%	n	%	n	%			
Detained by army	67	25.1	26	47.3	93	28.9	10.92	1	0.001*
Forced to sleep in bush	116	43.4	34	61.8	150	46.6	6.19	1	0.013*
Abduction	26	9.7	8	14.5	34	10.6	1.10	1	0.30
Loss of property/livestock looting	180	67.4	39	70.9	219	68.0	0.26	1	0.61
Forced to join army/rebels	15	5.6	15	27.3	30	9.4	25.04	1	0.000*
Forced to kill against will	7	2.6	5	9.1	12	3.7	5.32	1	0.02
Witnessed someone killed	37	13.9	16	29.1	53	16.5	7.70	1	0.006*

*Statistically significant association

The psychological methods of torture, most frequently reported included; loss of property/livestock (68.0%), being forced to sleep in the bush for extended periods of time (46.6%), and being detained by the army (28.9%). The severely traumatizing experience of witnessing someone being killed, was reported by 16.5% of respondents. Comparing the two genders on psychological trauma events, proportionately more males than females reported having suffered or witnessed these traumatizing experiences.

"... There are many ladies whom I know have been raped, girls who have been raped, people who have been displaced, people who have seen loved ones being killed. It is a big impact when it comes to situations when idleness and poverty are high. We have many problems and the level of trauma is too high. All of us are traumatized including the leaders, military and civilians." Male Key informant, Juba.

" As for psychological disorders, many people are traumatised due to subjection to unusual events of raping and witnessing women and girls being raped, beaten and killed" Kuda Women Focus Group.

4.8.5 Perpetrators of Armed Conflict Torture

The perpetrators of armed conflict related torture are shown in table 17.

Table 17: Perpetrators of war torture

Perpetrators	Female (n=267)		Male (n=55)		Total(N=320)	
	n	%	n	%	n	%
Sudan Armed Forces	242	90.6	52	94.5	294	91.3
SPLA	235	88.0	41	74.5	276	85.7
Police	57	21.3	13	23.6	70	21.7
Militia	108	40.4	31	56.4	139	43.2
Prison officers	57	21.3	15	27.3	72	22.4
LRA	105	39.6	18	34.0	123	38.7
Other agency e.g. mob justice	38	14.3	11	20.0	49	15.3

*Some respondents reported more than one type of perpetrator.

On the perpetrators of atrocities, the most frequently reported groups were; Sudan Armed Forces (91.3%), SPLA (85.7%), and the militias (43.2%). Foreign forces such as the Lord's Resistance Army (LRA; 38.7%) were also reported to have participated in acts of torture. Slightly more female than male respondents reported being tortured by the SPLA and the LRA, whereas more male respondents reported being tortured by SAF, Militia, Police and Prison officers.

"At that time, there was no place to go. People just assembled here at the mission/church. Government soldiers moved here in 1992, looted our livestock. I was taken to the bridge being accused that the SPLA were my husbands. The LRA did not also give us any rest here. The LRA's target was the civilians and yet we were innocent". Women FGD, Rajaf East Payam.

"The SPLA and Lokor militia disturbed us so much. They looted our food, goats, household property and everything. The government soldiers tortured us so much. They overworked the women and even the men. This included fetching water, collecting firewood and they killed many people. They also cut out clitoris of young girls. Some people's legs were cut off." Lobonok Camp Women FGD

4.8.6 Psychological and Medical Consequences of Torture

(i) Psychological Distress

The psychological symptoms experienced by respondents are shown in table 18.

Table 18: Psychological symptoms experienced by respondents

Sign/symptoms experienced for at least two weeks	Female (n=267)		Male (n=55)		Total (N=322)	
	n	%	n	%	n	%
Often have headaches	147	55.1	52	94.5	199	61.8
Appetite has been poor	109	40.8	32	58.2	141	43.8
Sleeps badly	105	39.3	23	41.8	128	39.8
Easily frightened	79	29.6	9	16.4	88	27.3
Hands shake/tremble all the time	24	9.0	7	12.7	31	9.6
Feels nervous, tense or worried	59	22.1	16	29.1	75	23.3
Has poor digestion	49	18.4	16	29.1	65	20.2
Has trouble thinking clearly	65	24.4	13	23.6	78	24.3
Feels unhappy all the time	116	43.4	25	45.5	141	43.3
Cries more than usual	36	13.8	1	1.9	37	11.0
Finds it difficult to enjoy daily activities	55	20.8	17	30.9	72	22.5
Finds it difficult to make decisions	30	11.2	13	23.6	43	13.4
Daily work is suffering not able to perform it well	87	32.7	22	40.0	109	34.0
Unable to play a useful part in life	28	10.5	10	18.2	38	11.8
Has lost interest in things	49	18.4	15	27.3	64	19.9
Feels you are a worthless person	33	12.5	6	11.8	39	12.3
Has thoughts of ending one's life	26	9.7	2	3.6	28	8.7
Feels tired all the time	50	18.7	12	21.8	62	19.3
Has uncomfortable feelings in the stomach	40	15.0	17	30.9	57	17.7
You are easily tired	65	24.4	8	14.5	73	22.7

The most commonly reported psychological symptoms were; having frequent headaches (61.8%), having poor appetite (43.8%), feeling unhappy all the time (43.3%), sleeping badly (39.8%) and being easily frightened (27.3%). Table 19 shows the level of psychological distress among respondents.

Table 19: Level of psychological distress among respondents

Level of Psychological Distress	Female (n=267)		Male (n=55)		Total (N=322)	
	n	%	n	%	n	%
Having significant (above threshold) psychological symptoms	89	33.3	20	36.4	109	33.9
$\chi^2 = 0.19$ Df = 1 p-value = 0.67						

The results in table 19 show that about a third (33.9%) of the respondents had above threshold psychological distress scores. These were the people who were most likely to be suffering from a psychiatric disorder. There was no statistically significant difference between females (33.3%) and males (36.4%) on the proportion reporting above threshold psychological distress scores.



Black eyes depicting stressful thoughts

Health Seeking Behaviour

Table 20 shows the health seeking behaviour for psychological problems. On previous health seeking behaviour for psychological distress, 43% of the women, and 46% of men sought treatment from a primary health care

centre, while 21% of the women and 61% of the men went to private clinics. Twenty six percent of the women went to Juba Hospital compared to 57% of the men. Self medication was reported by 26% of the women and 61% of the men seeking treatment. While all men had reported having sought some form of treatment, 2.3% of females reported having never sought treatment. Generally, there were gender differentials in health seeking behaviour for psychological distress with more men than women reporting having sought treatment.

Table 20: Previous health seeking behaviour of respondents for psychological distress

Health Seeking behaviour*	Female (n=267)		Male (n=55)		Total (N=322)	
	n	%	n	%	n	%
Never sought treatment	5	2.3	0	0.0	5	1.8
Self medication	45	17.7	27	50.0	72	23.4
To traditional healers	28	11.0	13	24.1	41	13.3
Primary health centre	108	42.5	25	46.3	133	43.2
Private clinic	54	21.3	33	61.1	87	28.2
Juba Hospital (referral hospital)	66	26.2	31	57.4	97	31.7

* Some respondents sought treatment from more than one source.

A key informant recommended the following on trauma management;

"... All of us are traumatized. We need counseling and we do not know where we will get the counseling from. We continue to be traumatized because we still see the same things around us. We still see suffering because the employment has not yet taken off; secondary schools have not yet been established; we have not only women who have not had access to any form of education but also men; some places are still affected by violence and landmines".

This key informant was asked what she understands by trauma management. This is what she said;

Trauma management to me means;

- *Doing something for women's survival;*
- *Having access to land and getting loans for business and agriculture;*

- When girls and boys are going to school because education is key.
- When early and forced marriages are stopped
- When my health is dealt with"

ii) Substance abuse among respondents

The use of substances of addiction such as marijuana, alcohol and khat, among respondents is shown in table 21.

Table 21: Substance abuse among respondents

Type of Substance	Female (n=267)		Male (n=55)		Total (N=322)		Chi square	D f	p-value
	n	%	n	%	N	%			
Cigarettes/tobacco	19	7.1	31	56.4	50	15.6	83.97	1	0.000*
Alcohol	64	24.1	23	41.8	87	27.1	7.28	1	0.007*
Marijuana/opium	2	0.8	0	0.0	2	0.6	0.42	1	0.52
Suad	22	8.3	6	10.9	28	8.7	0.40	1	0.53
Khat/Mairungi	2	0.8	0	0.0	2	0.6	0.42	1	0.52
Solvents	3	1.1	0	0.0	3	0.9	0.63	1	0.43
Shisha	7	2.7	2	3.7	9	2.8	0.18	1	0.67

* Statistically significant association

About a quarter (27.1%) of the respondents were using alcohol while 15.6% were using cigarettes/tobacco. 2.8% used shisha, while other substances (suad, khat/mairungi, solvents) respectively were used by less than 1% of the respondents. More males than females used alcohol and cigarettes/tobacco.



Man smoking shisha

Women also gave reasons why they were taking alcohol:

“...Regarding alcohol, I drink alcohol as well as smoking tobacco, because of poverty. The food I am cooking is so little that I will let the children eat and I drink alcohol.”

– Kworojik Luri women FGD.

4.8.7 Suicidal and Homicidal Ideation/Behaviour

Suicidal behaviour is an index of psychological distress in society. Tables 22 and 23 show the suicidal behaviour assessment of the respondents.

Table 22: Suicidal behaviour among respondents

Suicidal Behaviour	Female (n=267)		Male (n=55)		Total (N=322)		Chi square	Df	p-value
	n	%	n	%	n	%			
Attempted suicide (life time)	9	3.4	0	0.0	9	2.8	2.09	1	0.15
Attempted suicide (last months)	5	1.9	0	0.0	5	1.6	1.14	1	0.29
Current suicidal ideation (current thoughts of ending one's life)	26	9.7	2	3.6	28	8.7	2.14	1	0.14

Table 23: Homicidal ideation among respondents

Homicidal Ideation	Female (n=267)		Male (n=55)		Total (N=322)	
	n	%	n	%	n	%
Feel like killing someone	4	1.5	0	0.0	4	1.2
$\chi^2=0.83$ Df=1 p-value=0.36						

3.4% of female respondents had attempted to commit suicide in their lifetime. 1.9% had attempted suicide in the last 12 months, and 9.7% harboured ideas of committing suicide at the time of the survey. 1.5% of the women respondents felt like killing someone at the time of the survey. Among males, 3.6% had contemplated suicide. There was no statistically significant difference between men and women on these variables.



Homicidal ideas in about 1.2% of the respondents point to the need for developing institutional mechanisms for dealing with the inter-ethnic tensions that have arisen as a result of the conflict. If it is not addressed, these homicidal ideas will perpetuate the cycle of violence in this society.

4.8.8 Gyneacological Problems

About a third (30.9%) of the women interviewed reported having a gynaecological problem. Table 24 shows the nature and incidence of the problems.

Table 24: Gyneacological problems among respondents

Problem *	(n= 267)	%
Abnormal vaginal discharge	12	4.5
Vaginal and perineal tear	4	1.5
Leaking urine	3	1.1
Leaking feaces	1	0.4
Infertility	9	3.4
Chronic lower abdominal pain	43	16.1
Abnormal vaginal bleeding/too heavy	17	6.4
Swellings in the abdomen	14	5.2
Genital sores	21	7.9
Genital laxity	1	0.4
Unwanted pregnancy	1	0.4
Sexual dysfunction	9	3.4

* Some respondents had more than one problem.

Chronic lower abdominal pains, genital sores, abdominal swellings and abnormal vaginal discharges were the most frequently reported problems. These problems are often caused by sexual abuse such as rape, exposure to sexually transmitted diseases including HIV/AIDS; battering, complicated pregnancies and child delivery in absence of trained medical staff and unsanitary conditions.

Health Seeking Behaviour

On previous health seeking behaviour for gynaecological problems, about third of the female respondents had been to either a primary health centre, to a private clinic/dispensary, or to Juba Hospital. About a quarter of the female respondents with gynaecological problems had not tried to seek treatment or had tried ineffective therapies such as self medication or going to traditional healers.

Table 25: Previous health seeking behaviour for gynaecological problems

Health Seeking behaviour*	(n=84)	%
Never sought treatment	5	6.0
Self medication	11	13.1
To traditional healers	9	10.7
Primary health centre	27	32.1
Private Clinic/ dispensary	29	34.5
Juba Hospital (Referral hospital)	31	36.9

* Some respondents sought help from more than one source.

6% of the respondents never sought any care for gynaecological problems, 13% treated themselves and 11% consulted traditional healers. The rest visited primary health centres (32%), private clinics (34%) and Juba referral hospital (37%) respectively. Below are some of the extracts by the respondents;

"We go to the main town to look for medical services. Here there is no single health care centre. During pregnancy, there are no services for check up. Women gave birth traditionally. Umbilical cords were cut by un-sterilized objects. Death during child birth is common. Women are assisted by experienced elderly women or any woman who has given birth to two or more children. About treatment we do examinations in the hospital but we buy medicine with our money." Lobonok Camp Munuk Payam Women FGD

Those of Jabel Nyoka had this to say:

"Health Conditions during the war were in bad shape. There were lots of illnesses caused by malaria and other illnesses but no medicine for treatment. Some women miscarried during pregnancy due to lack of medical attention"

The women of Kuda Focus Group narrated the health problems.

"... the impact of war on health was huge; lack of medicine and malnutrition was acute. Malaria, diarrhoea, cholera were very common in the area and little is known about it. Girls from 14-17 years experienced raping and hard labour while cooking for soldiers. This affected their health..."

4.8.9 Surgical Complaints

Bodily complaints were reported by 77.6% of the respondents. This may reflect the previously documented tendency of non-western populations to somatise psychological distress. That is the expression of psychological distress using bodily complaints which are more culturally meaningful and will elicit helping behaviour from one's community. This is partially borne out by considering the nature of the most prevalent complaints, which were; joint pains (54.3%) and backaches (41.0%). The surgical problems reported by respondents are given in Table 26.

Table 26: Surgical complaints

Complaint	Female (n=267)		Male (=55)		Total (N= 322)		Chi square	Df	p- value
	n	%	n	%	n	%			
Backaches	158	59.2	32	58.2	132	41.0	0.02	1	0.89
Swelling of the limbs	26	9.7	10	18.2	36	11.2	3.28	1	0.07*
Broken bone in limb	24	9.0	7	12.7	31	9.6	0.73	1	0.39
Joint pains	135	50.6	40	72.7	175	54.3	9.03	1	0.003*
Severe wounds	2	0.7	0	0.0	2	0.6	0.41	1	0.52
Lost limb/part of limb	4	1.5	0	0.0	4	1.2	0.83	1	0.36
Swelling in abdomen or groin	5	1.9	3	5.5	8	2.5	2.42	1	0.12
Burnt badly disfigurement	14	5.2	2	3.6	16	5.0	0.25	1	0.61
Body part forcefully cut	2	0.7	1	1.8	3	0.9	0.57	1	0.45
Has at least one surgical complaint	203	76.0	47	85.5	250	77.6	2.33	1	0.13

* Statistically significant association

Surgical health complications often result from the exposure of the musculoskeletal system to the traumatizing conditions of armed conflict that involved physical tortures, traveling long distances on foot often carrying heavy loads and poor nutrition. Other complaints that were definitely of a surgical nature included; swelling of limbs (11.2%), broken bones in limbs (9.6%), having been burnt badly and disfigured (5.0%), having severe wounds (0.6%), having lost a limb/part of a limb (1.2%) and having a body part forcefully cut off (0.9%). Gender differentials were evident vis-à-vis problems like having swelling of the limbs which were proportionately reported more by males (18.2%) than females (9.7%), and joint pains which were proportionately reported more by males (72.7%) than females (50.6%).



An amputee (gun shot victim) shares her story

Health Seeking Behaviour

On health seeking behaviour for surgical complaints, about a third (34.2%) of the respondents had been to Juba Hospital, a quarter had been to private clinics (26.1%) or had attempted self medication (23.3%). All those who had never sought treatment were females (7.8%).

4.8.10 Knowledge, Attitudes and Services for HIV/AIDS

Respondents were asked to indicate whether they were aware of HIV/AIDS and how it is transmitted. They were also asked whether HIV/AIDS is a problem in the community, whether there were cases of HIV/AIDS and about the availability of testing, counseling and the availability of antiretroviral therapy. Their responses are shown in table 27.

Table 27: Knowledge, attitude and services for HIV/AIDS

	Female		Male		Total	
	n	%	n	%	n	%
Knowledge						
Knowledge about the disease	236	88.4	50	90.0	286	88.8
HIV /AIDS a problem? Yes	217	82	46	85.2	263	82.4
Family members infected	63	24	06	11.1	69	21.8
Presence of other cases	136	51.7	30	55.6	166	52.4
Main route of transmission*						
Unsterilised skin piercing instruments	17	6.4	06	11.8	23	7.3
Sharing food /drinks	26	9.8	06	11.8	32	10.1
Blood transfusion	09	3.4	0	0.0	09	2.8
Sex	182	68.4	39	76.5	22	69.7
Services						
Availability of testing services	145	55.1	23	43.4	168	53.2
Availability of counseling	142	54.2	17	32.1	159	50.5
Availability of ARVs	95	36.1	12	23.1	107	34.0

* Some respondents reported more than one method of transmission.

As table 27 shows, most respondents (88%) knew about HIV/AIDS, with slightly more men (90%) than women (88%) knowing about this illness. On methods of transmission, only 70% recognized sex as a method of transmitting HIV/AIDS with slightly more men (77%) than women (68%) recognizing this method. Other methods of transmission such as use of unsterilized skin piercing instruments (7%) and transfusion of unsafe blood (3%) were less recognised. False beliefs about HIV transmission were still highly prevalent in this community with for example 11% of the respondents saying that sharing food and drink with someone with HIV/AIDS could transmit the illness. Most (82%) respondents said that HIV/AIDS was a problem in their community with 22% reporting having a family member who had this illness and 52% reporting that they knew of an HIV/AIDS case in their community. On availability of services for HIV/AIDS, about half of the respondents knew of counseling and testing services with only a third knowing about the availability of Anti Retrovirals (ARVs). These results show that HIV/AIDS is already a serious problem in this society that requires urgent intervention beginning with running effective health education campaigns throughout Southern Sudan.

When asked to assess their own risk of contracting HIV in the next few years, about half of the respondents thought that it was high with more women (56%) than men (35%) reporting so. The disparity between the different gender in risk assessment for contracting HIV/AIDS points probably to the greater vulnerability that women feel largely due to their inability to have control over their sexuality, as shared below;

"... HIV/AIDS was there since the army had sexual affairs with young girls and even married women. This in a way intensified the spread of HIV/AIDS. In addition, due to the high poverty, women engaged in sex in exchange for money.

All this was happening due to ignorance of the danger of the disease. Prevention of AIDS is still a challenge because people are not mobilized to campaign against the disease." Community worker, Juba.

CHAPTER FIVE

DISCUSSION, CHALLENGES AND RECOMMENDATIONS

5.1 Discussion

Several types of armed conflicts have plagued Sudan generally and Southern Sudan in particular. Whatever their nature, the socio-economic dynamics of the conflict situation has had an adverse impact on women's well being, with profound and diverse changes in gender roles and relations.

The study findings demonstrate that closely related to the prolonged civil conflict, the Southern Sudanese women experienced acute poverty manifested especially in context of food insecurity and poor health; persistent insecurity of person and property; displacement and congestion in squalid disease ridden camps; moral decay and gender based violence especially rape, defilement, and survival sex (commercial sex).

In face of the raging armed conflict, Southern Sudanese women resorted to mobility as a coping mechanism to the situation. While most able bodied men enlisted in the rank and file of the military, women and children abandoned their homes, livestock, and agricultural fields and moved into IDP camps or external UNHCR refugee camps in quest of security and survival.

Displacement, in many ways at the cutting edge of social change, puts extreme pressure on social systems. To survive, people who had been locked into a tightly knit structure of sub clan relationships had to abruptly learn to interact with strangers, people to whom they had no kinship ties. Women especially with no male head or support, particularly found this difficult. They became highly prone to discrimination, and all forms of sexual exploitation including physical and sexual violence. The latter became especially rife when the perpetrators enjoyed impunity knowing that the helpless women had no one to protect them and no where to seek any form of redress given the collapse of social order and support system.

For many Southern Sudanese women, fleeing the chaos and destruction of armed conflict that engulfed their homes offered only temporary respite, in

the process of flight the women left behind most of their essential personal effects like cooking utensils, food, clothes and beddings. On the way to IDP camps and other safe havens, they often trekked through hostile territory, subsisting on wild plants and fruits and drinking unsafe water. More often than not, weaker family members like the elderly and children died on the way. Worse still, the camps did not often prove to be safe havens and the women continued to suffer hunger and disease, lack of education, heavy workloads and too often were subjected to sexual assault and domestic beatings exacerbated by cramped living conditions.

In context of such situations, many women succumbed to despair. A number of them were chronically depressed, and even suicidal. The women had to contend with suppressed anger, which the broken social cultural system and encampment environment could not allow them to vent. Inevitably this state of mind had a corrosive effect on their coping strategies.

The study findings show that the refugee men were not left unscathed by this situation. Many of them perverted the established cultural codes of conduct and behavior to perpetuate and safeguard their personal and selfish interests. Many of the husbands could not play their gender roles as bread winners and protectors of their families, and as a result developed insecure gender identities which latter turned into anger and frustration which they in turn meted out to the female members of households, subjecting them to all sorts of harassment. Girl children were denied education even where facilities were available, and were often beaten and sexually abused by close male family members. Others were coerced into early marriages and some abducted back to the places they fled from so as to be married off in exchange for bride wealth.

Though most women did not participate actively as combatants, whenever they were caught in crossfire by either side, they were subjected to the most humiliating, brutal and traumatizing experiences. Apart from gang rapes often with their husbands present and acting as mattresses, they were bayoneted in their vaginas and the young girls especially would have their external genitalia especially the clitoris cut out. Experiences of such gruesome torture and humiliation often resulted into mental health

problems. In the study, it emerged that the multitude of physical, sexual and psychological torture that the women especially experienced, led to a host of both mental and physical health problems.

Although abuses against women were widespread, many women in the study lacked courage to talk about them. This is because it is taboo especially for women to openly speak about issues of sexuality. As a result even among Southern Sudanese women, their experiences of sexual abuse have remained uncommunicated to aid workers, donors, and policy makers; and hence no informed mechanisms have been put in place to address them.

It has been argued in certain circles that in terms of attaining gender equality and empowerment the armed conflict may prove to be a mixed blessing, that as is often with the violent civil upheaval, fractured lives can present windows of opportunity for constructive change. The gist of the argument is that despite being homeless, hungry and frightened, the Southern Sudan woman is at the same time liberated from traditional constraints, that in the vacuum created by the disintegration of the clan support system, she has discovered the licence to implement innovative survival strategies that transcend the traditional gender roles.

However the study findings demonstrate the contrary. Whereas it is undisputable that the women have been burdened with additional gender roles and responsibilities, there is no convincing evidence that this has resulted into the women's reshaping of gender roles and relations, and patriarchal influences. In fact several women irrespective of socio-economic standing felt that their empowerment is threatening to men and the established social order. When asked to list their pressing problems they chose to focus on issues like water, sanitation, education and nutrition, shying away from crucial issues of gender equality and empowerment. After all some male respondents clearly indicated that women's rights were behind the "*kitchen*" meaning that women in Southern Sudan have no rights within a household.

The term "*Gender*" is a relatively new concept to the people of Southern Sudan and many leaders do not know what gender equality should entail.

This has led to interpretation of gender to mean women's issues/concerns, leading to continued marginalization, aggravated by the cultural/traditional/tribal practices. In addition, the problem of illiteracy and low levels of education is not only a problem for only women but also men, who are all still stuck in the culture. The long armed conflict made matters worse. There is need to understand and internalize gender analysis concepts.

However a number of women e.g. some of the key informants have broken through, to attain positions of civic and political authority. With the enabling gender policy environment clearly spelt out in the CPA, its hoped that such women will act as torch bearers for the multitudes of Southern Sudan women who aspire not only for better living conditions but also opportunities to rid themselves of the constraints imposed on them by repressive cultural traditions and norms which perpetuate gender based female subjugation and oppression. For the Southern Sudanese women to participate effectively in the post conflict peace and reconstruction process, the starting point should be to build their self esteem and restore their ability to function normally given the traumatizing experiences they have gone through.

As a result of the armed conflict, women of Southern Sudan missed out on nearly all the developments and benefits of and within the women's movement worldwide. Some of these included the 1993 Conference on Human rights in Vienna, and the 1995 Beijing Conference, Commissions on the Status of Women, among others. Now that the Comprehensive Peace Agreement is categorically clear about women's empowerment, and integration into the mainstream of development, women should not miss another chance.

5.2 Challenges and Recommendations

- The untapped wealth of women's armed conflict experiences should be exploited by all relevant stakeholders including the transitional government of Southern Sudan, the donor community and local and foreign NGOs to develop a basis for good governance that promotes gender equity in participation in decision making, wealth sharing and access to social services.

- Women should be central to the post conflict peace building and reconstruction mainstream. This means that they should be well represented in the legal, administrative and other decision making fora to ensure that they are part of the process that formulates policy for civil society.
- Ensuring women's equal access to resources and benefits across the board can not be addressed by affirmative action *per se* like the allotting of 25% of positions in the national assembly to women as is spelt out in the CPA. Women stand to benefit most if gender responsive budgeting especially in respect to the oil revenues is instituted as soon as possible.
- The silencing of guns does not automatically mean the end of physical and sexual abuses, and other forms of discrimination against women. As mechanisms are put in place to sensitize and mobilize men against gender based violence, administrative and legal systems should be strengthened to ensure that those who subject women to physical and sexual abuse and other crimes are prosecuted and punished.
- Women who have experienced trauma by acts of armed conflict committed against themselves, family members, kith and kin should be encouraged to seek counseling. Women victims of rape, other forms of sexual and physical violence should be enabled to seek and access medical treatment. It is important that the Government of Southern Sudan establishes treatment centres across the region and prioritises training of South Sudanese to revamp its human resource capacity in the health sector. The results of this study should be used as a tool for planning evidence based health interventions targeting the affected women.
- The findings that over 50% of the women felt that they are at risk of contracting HIV/AIDS in the next few years calls for concerted efforts at HIV/AIDS prevention and/or control. The high levels of ignorance including false beliefs about the dynamics of HIV/AIDS infection and spread calls for the design of culturally sensitive HIV/AIDS health education and other intervention campaigns.

- The findings revealed a terrible overall situation as well as a tremendous gender gap in education. When armed conflict disrupts education and destroys much of the infrastructure, post conflict reconstruction and rehabilitation must as of necessity, focus on universal and compulsory primary education at least. Recruitment into high level professional and decision making positions require favourable competition with men, women should therefore be facilitated with education opportunities to bridge this gap..
- Findings also show a very high incidence of early/adolescent marriages and early pregnancy. This calls for special programmes especially those related to reproductive health and adult functional literacy.

5.3 Conclusion

This is one of the few studies where a gender informed exploration and documentation of women's experiences in the prolonged Southern Sudan armed conflict has been attempted. Apart from articulating the multitude of the harrowing physical sexual and psychological experiences and the subsequent dire health consequences that Southern Sudanese women suffered, the study has strived to highlight the value of these experiences as key resources for post conflict peace and reconstruction processes. Women's wealth of experiences during the conflict have a potential for providing an informed basis for a political framework within which their gender specific interests and role in peace building and governance can be addressed. Based on the women's documented experiences, its discernible that armed conflict affects men and women differently; and hence if women's specific needs are not addressed or their potential contributions to governance are neglected, no meaningful policies and programmes pertaining to conflict and peace from the perspectives of gender equality will be formulated and implemented. In this context, for Southern Sudan to achieve sustainable peace, it is therefore recommended that the government and key stakeholders work together to;

- Budget for sufficient funds for gender related programmes including mainstreaming gender into all programmes, projects and activities.

- Address the socio-economic deterioration of Southern Sudan, especially in the area of education, health and trauma management, and poverty reduction;
- Address the historic imbalances of development including gender equality and equitable resource allocation;
- Understand and internalise the gender analysis concept and implementation of the CPA provisions related to women, including the 25% affirmative action.
- Define both practical and strategic needs as a lobbying tool for revision of regressive, degrading and harmful customary laws and practices.
- Women work together as a united force irrespective of their ethnic, religious, race, socio-economic, or political/ideological differences. Women should continue to lobby for more inclusion in the top levels of leadership.
- Women should organize themselves into solidarity groups and organizations to enable them promote their interests and to mobilize resources for their economic empowerment.
- Children without either parents; who are on the streets, especially girls should be given special attention especially in the area of provision of a home, either formal education or functional literacy and rehabilitation.

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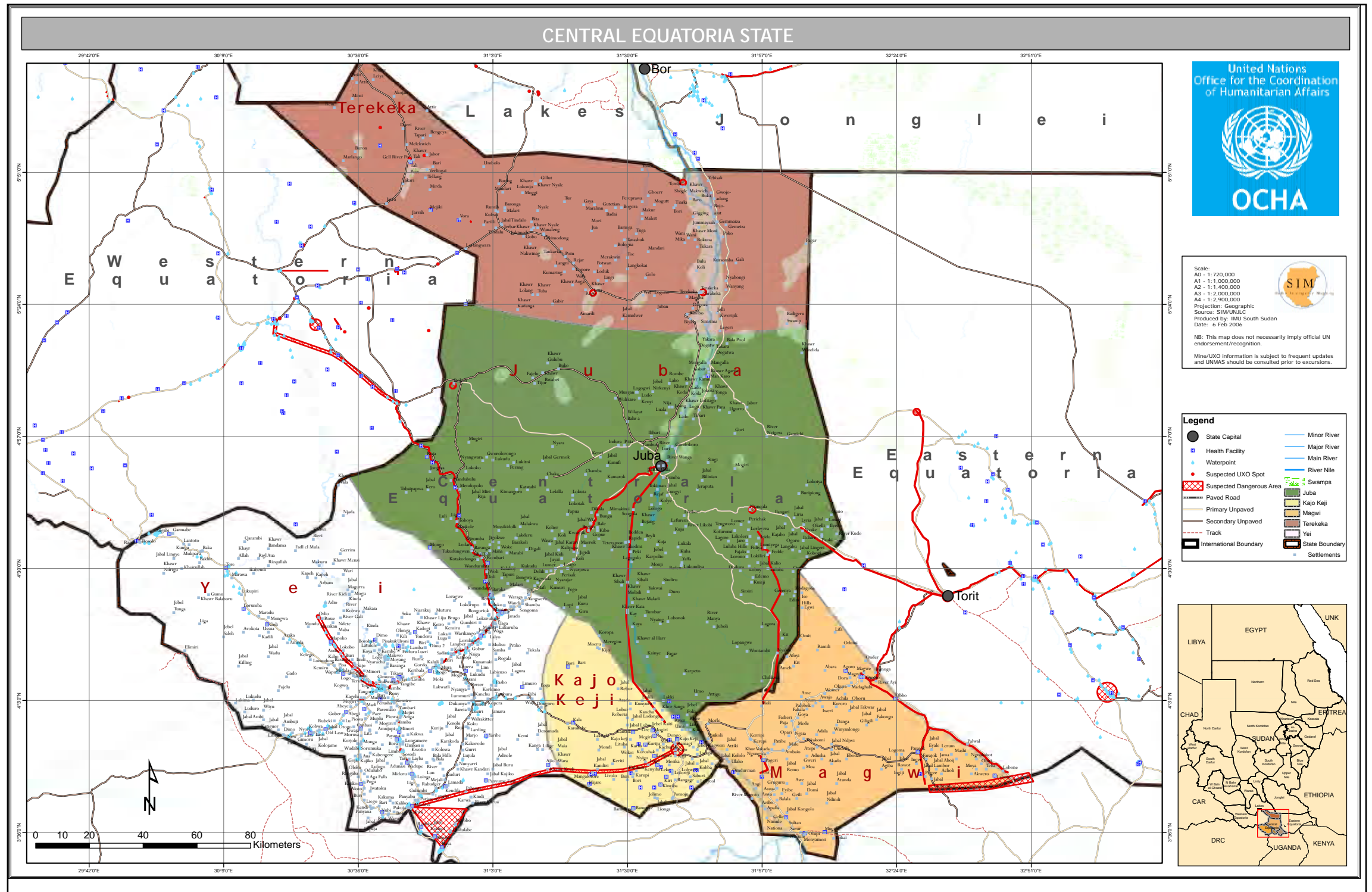
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APPENDIX I: MAP OF SUDAN



APPENDIX III : MAP OF CENTRAL EQUATORIA STATE



APPENDIX IV: QUESTIONNAIRE

WOMEN'S EXPERIENCES DURING THE ARMED CONFLICT IN Southern Sudan, 1983 – 2005: THE CASE OF JUBA.

100. IDENTIFICATION FORM NUMBER

101: Name of Respondent:

Surname:

Other names:

200. SOCIAL DEMOGRAPHIC CHARACTERISTICS OF THE SURVIVOR

201. Current Residence

1.1 Village

1.2 Parish.....

1.3 Sub- County

202. Residence of Origin:

2.1 Different Village 1. Yes (if Yes, name the village) ☐
2. No

2.2 Different Parish 1. Yes ☐
2. No

2.3 Different County 1. Yes ☐
2. No

203. Sex

1 = Female
2 = Male

☐

204. How old are you (age in completed years)?

(That means you were born when? – Probe for year of birth)

205. How old were you when you first experienced armed conflict?

.....

206. Which year was this?

207. Tribe/Ethnic Group (tick the relevant one)

1. Dinka

2. Bari

3. Acholi

4. Madi

3. Other- (specific).....

☐

208. Religion

1. Protestant

2. Catholic

3. Pentecostal

4. Muslim

5. African Traditional Faith

6. Other (specify).....

☐

209. Education (what is the highest level of formal education you have attained?) – Please tick only one answer.

1. None

2. Primary/Junior

3. Post Primary (TTC)

4. Senior 1-4 Level

5. Senior 5-6 Level

6. Post Secondary

7. University

8. Other (specify)

210. Employment status before the conflict 1 = Yes 2 = No

	Before the conflict	During the conflict	currently
Peasant farmer/pastoralist			
Fisherman			
Professional (specify)			
Clerical/Junior civil servant			
Trades person			
Artisan			
Transport worker			
Unemployed (sick, disabled, too old, retired)			
Other (specific)			

211. Marital status

1. Never Married
2. Married – Monogamous (church, mosque, customary)
3. Married – Polygamous (church, mosque, customary)
4. Divorced/ Separated
5. Cohabiting (*use an equivalent term for this*)
6. Widowed

212.

1. Age at first marriage
2. Number of times married

213. List persons in the household who are currently 15 years old or more beginning with the respondent

No.	Name	Sex	Age	Relationship
1				
2				
3				
4				
5				
6				
7				
8				
9				

214. Who is the head of this household?

1. Woman
2. Man
3. Girl Child
4. Boy Child.

*** A child means one below 18 years.

215. How many births have you had? (to ask only women)

Birth No.	Sex of child	Is child Alive	Age of Child	How old were you at the birth of this child	With whom does the child live	In case of Death		
	M = 1 F = 2	Yes = 1 No = 2				Year of death	Age at death	Cause of death

216. Did you have any still births (births after 7 months but born dead)?

Yes (Probe cause)

No

☐

217. Did you have any of miscarriage (births before 7 months)

Yes (Probe cause)

No

☐

218. Methods of contraceptives used

1. Modern contraceptives
2. Traditional contraceptives
3. None

☐

219. (Ask the men only) How many children have you had ?

300. ECONOMIC STATUS

301. Property owned before, during and after the conflict

Property/Assets owned	Time period		
	Before the war	During the war	Currently
1. Land			
a) Estimated size (? units for measuring land)			
b) Ownership			
1 =Lease			
2 =Customary			
3 = Squatter			
4 = Rented			
2. Major crops			
grown (? Measure of size of garden)			
1 = Maize			
2 = Cassava			

3 = Beans			
4 = Millet			
5 = Sorghum			
6 = Sim sim			
7 = Ground nuts			
8= other (specify)			
9= other(specify)			
3. Animals reared (State number) e.g.			
1 = Goats			
2= Cows			
3= Sheep			
4= Pigs			
5= Chicken			
6= Donkeys			
7= Others (specify)			
4a. Kind of Living house:			
<i>i) Walls</i>			
1 = Brick Walls			
2 = Mud and wattle walls			
3 = Thatch			
4 = Other (Specify)			
<i>ii) Roof</i>			
1 = Iron sheet			
2 = Tiles			
3 = Grass			
4 = Other (Specify)			
<i>iii) Windows</i>			
1 = Wooden Shutters			
2 = Glass panes			
3 = Neither			
4= Others specify			

(b). **Household hold property owned.** (For each row 1= Yes and 2=No, more than one answer is acceptable)?

Household property	Before the conflict	During the conflict	After the conflict
1 = Radio			
2=Motorcycle			
3=Bicycle			
4=Car			
5= Foam mattress			
6=Blanket			
7=Cooking utensils(saucepan, pots, plates)			
5. Others specify			

302. Gender Roles

In your household, what were the responsibilities of women, men and children in the home and in the gardens ?

	Before the conflict	During the conflict	Presently
Women			
Men			
Girl Child			
Boy Child			
Youth			
Elderly			

Access to basic needs

303. Who used to provide for the following basics (For each row 1 = Yes and 2=No, more than one answer is acceptable)?

	Women	Men	Girl child	Boy Child
1 = Food				
2 = Water				
3 = Firewood				
4 = Clothing				
5 = Shelter				
6 = Other household materials (specify)				

304. Did you get the following forms of assistance from these agencies during the war? (1 = Yes 2 = No)

	Church	Mosque	Red Cross	Women Groups	Army	Other Humanitarian Agency e.g. WFP (specify)
Food					
Clothing					
Blankets					
Cooking Utensils					
Shelter					
Water					
Security					
Counselling services					
Education					
Medicine					
Others (specify)					

400. WAR TRAUMA EXPERIENCE

401. Did you ever lose any of the following persons as a result of conflict?

1= Yes 2= No

1a. Spouse ☐

1b. If Yes, what was the nature of loss ☐

1 = Natural causes (specify)

2= Killed

3= Disappeared

2a. Child(ren) ☐

2b. If Yes, what was the nature of loss ☐

1 = Natural causes (specify)

2= Killed

3= Disappeared

3a. Other close relatives (auntie, uncle, cousin, grandparent) ☐

3b. If Yes, what was the nature of loss ☐

1 = Natural causes (specify)

2= Killed

3= Disappeared

402. Have you personally experienced any of the following?

1=Yes 2=No

	Event	Response
1.	Heterosexual rape (Single episode)	
2.	Heterosexual rape (Gang rape)	
3.	Homosexual rape	
4.	Attempted Rape (Failed rape)	
5.	Forced marriage (against your will)	
6.	Sexual comforting (put in barracks or rebel camp passed from one soldier/rebel to another in temporary marriages)	
7.	Defilement (sex before age 18 years)	
8.	Sex in exchange for food	
9.	Forced incest (with close family members)	
10	Abduction with sex of self	
11.	Abduction with sex	

403. Have you ever experienced any of the following?

1. Yes

2. No

	Event	Response
1.	Beating/ Kicking	
2.	Bayonet/ Knife /Panga/ Spear	
3.	Forced hard labour	
4.	Severe Tying Kandoya	
5.	Deprivation of food /water	
6.	Deprivation of medicine	
7.	Burning	
8.	Gunshotinjury	
9.	Suffered a land mine injury	

404. Have you ever experienced the following?

1. Yes

2. No

	Event	Response
1.	Been detained by the army?	
2.	Forced to sleep in the bush?	
3.	Abducted?	
4.	Lost property/livestock through destruction and looting?	
5.	Force to join the army or rebel ranks against your will?	
6.	Forced to kill someone against your will?	
7.	Witnessed someone sexually abused?	
8.	Watched someone killed?	
9.	Denied access to food/water?	
10.	Denied access to medicine?	

405. Has any of the following groups been involved in perpetuating the above war related experiences? (More than one answer is expected)

1= Yes 2=No

Group	Response
1=Government soldiers?	
2=SPLA?	
3=Police?	
4=Local Defence personnel (?local equivalent)?	
5=Prisons officers	
6=Other agency (specify)	

500. IMPACT OF THE ARMED CONFLICT ON HEALTH7

HIV/AIDS

501. Do you know the disease called HIV/AIDS?

- 1 = Yes
- 2 = No

☐

502. What is the main route through HIV/AIDS is transmitted in your community?

- 1 = Use of unsterilised skin piercing instruments
- 2 = Through sharing food and drink
- 3 = Through blood transmission
- 4 = Through sex
- 5 = Others (specify)

☐

503. Is HIV/AIDS a problem of your community?

- 1 = Yes
- 2 = No

☐

504. Are you HIV positive?

- 1 = Yes
- 2 = No
- 3 = I do not know

☐

505. How do you assess your risk of contracting HIV/AIDS over the next few years?

- 1 = High
- 2 = Medium
- 3 = Low

☐

Alcohol/Substance Use

506. In the last month did you use any of the following substances?

- 1 = Cigarettes
- 2 = Alcohol
- 3 = Marijuana
- 4 = Cocaine
- 5 = Khat (mairungi)
- 6 = Sniff Petrol
- 7 = Heroin

☐

If you take alcohol, which of these statement below are true about your alcohol consumption behaviour (more than one statement may be true)

507. In the past I have tried to cut down my alcohol consumption but I
have failed? 1 = Yes 2 = No ☐

508. In the past when people talked about my alcohol consumption it made
me angry? 1 = Yes 2 = No ☐

509. In the past I have ever felt guilty about my alcohol consumption?
1 = Yes 2 = No ☐

510. I have ever had to take alcohol first thing in the morning?
1 = Yes 2 = No ☐

511. Have you ever attempted to take your life (in your entire lifetime)?
1 = Yes 2 = No ☐

512. In the last 12 months have ever attempted to take your life?
1 = Yes 2 = No ☐

513. PSYCHATRIC PROBLEMS

This instrument assesses the level of psychological distress the patient may be experiencing or (may have experienced in the last two weeks). If the symptoms or sign is present or has been present in the past two weeks mark with **(number 1)**. if a person does not have the sign or symptom or has not had it in the past two weeks mark with **(number 2)**

	Signs/symptoms*	Mark here
1.	Do you often have headaches?	
2.	Has your appetite been poor ?	
3.	Do you sleep badly?	
4.	Are you easily frightened?	
5.	Do you hand shake/tremble all the time?	
6.	Do you feel nervous tense or worried?	
7.	Is your digestion poor?	
8.	Do you have trouble thinking clearly?	
9.	Do you feel un happy?	
10.	Do you cry more than usual?	
11.	Do you find it difficult to enjoy your daily activities?	
12.	Do you find it difficult to make decisions?	
13.	Is your daily work suffering?	
14.	Are you unable to play a useful part in your life?	
15.	Have you lost interest in things?	
16.	Do you feel that you are worthless person?	
17.	Has the thought of ending your life been in your mind?	
18.	Do you feel like killing someone ?	
19.	Do you feel tired all the time?	
20.	Do you have uncomfortable feeling in your stomach?	
21.	Are you easily tired?	

***(If someone has more than 4 positive or no. 17 is positive refer to the hospital)**

514. Where have sought treatment for the above symptoms/ signs in the past? (More than one answer is accepted). 1. Yes 2. No

		Response
1.	Nowhere	
2.	Self medication	
3.	Been to traditional healers	
4.	Been to local health centre	
5.	Been to a clinic	
6.	Been to the district hospital	
7.	Been to Referral hospital	

515. GYNAECOLOGICAL (answered only by women)

Respondent with

1 = Yes

2 = No

	Gynaecological condition*	Response
1.	Abnormal vaginal discharge	
2.	Vaginal and perineal tear	
3.	Urinary fistula (leaking urine)	
4.	Rectal fistula (leaking faeces)	
5.	Infertility inability to have children	
6.	Chronic lower abdominal pain	
7.	Abnormal vaginal bleeding (too heavy or bleeding for too long)	
8.	Swelling in the abdomen	
9.	Genital sores	
10.	Genital laxity	
11.	Unwanted pregnancy	
12.	Sexual dysfunction	

(If someone has any of these conditions refer to the hospital)

516. Where have you sought treatment for the above symptoms/signs in the past? 1 = Yes 2 = No

		Response
1	Nowhere	
2	Self mediation	
3	Been to a traditional healer	
4	Been to local health centre	
5	Been to the district hospital	
6	Been to a clinic	
7	Been to referral hospital	

517. SURGICAL

Do you suffer from any of these following complaints (2 weeks or more)

1= Yes

2= No

	Complaints	Response
1.	Do you have backaches	
2.	Do you have swellings of the limb	
3.	Do you have a broken bone in any of your limb	
4.	Do you have any pain in your joints	
5.	Do you have any wound on any part of your body (severe wound that has been long standing)?	
6.	Have you lost a limb or part of your limb?	
7.	Do you have any swelling on your abdomen or in the groin area?	
8.	Have you ever been burnt badly leading to formation of disfigurement or disabling scars	
9.	Has any part of your body been forcefully cut away (lips, ears etc)?	

518. Where have you sought treatment for the above symptoms/signs in the past?

1= Yes

2= No

		Response
1	Nowhere	
2	Self mediation	
3	Been to a traditional healer	
4	Been to local health centre	
5	Been to the district hospital	
6	Been to a clinic	
7	Been to referral hospital	

Do you have any questions about what we have been talking about?

Thank you very much for spending your most valuable time to talk to me and for the narration of your experiences during the armed conflict!

Name of interviewer

Time the interview started

Time the interview ended

Date



We Link Women Internationally

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