Research with Women’s Survivors of Armed Conflict; The Case of central Equatorial State, South Sudan

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Out line of the presentation

- The Country Background
- Methodology
- Causes of Conflict S. Sudan
- Findings
- Policy recommendations and conclusion
Country background

- South Sudan is surrounded by 9 countries; 9\textsuperscript{th} largest country in the world; the largest in Africa
- Inhabited by diversity of tribes and have different cultures & traditions
- South Sudan has been a battle ground for two decades.
- On 9\textsuperscript{th} January 2005, the CPA was signed bringing some relative peace
- The population growth has risen from 10.3 (1956), to 38.6 (2009). 
  census results are disputed
- South Sudan is rich in natural resources with the Nile as main feature
- On 9\textsuperscript{th} July 2011, South Sudan became a new state with majority of the population leaving in rural settings
- The post conflict setting is constituted of high prevalence of large-scale poverty - 90\% leave under the poverty line
- Majority of the population did not attend school
- Very little is known about women of south Sudan; and men in south Sudan believe women’s rights are behind the kitchen
Some of the Causes of Armed Conflicts in S.S

The British-Egyptian Colonial Period.. .(1898-1956); and After Independence(1956-72; 1983 to 2005)

- Marginalization that started with the divide and rule policy by colonialists
- Leading to their exclusion in decision making processes and sharing of power with Khartoum
- Dominance of Arab elites with cultural and racial arrogance of northerners
- Resulting to deprivation of development in the south, causing economic imbalance
- Competition of the natural resources by internal and external sources
- In attempt to stop expansion of Islam and the Arab to the south
- Recurrent famines & droughts & consequent depletion of natural recourses
Methodology

- After the signing of the CPA women demanded for their part of the story of war to be told
- Visiting south Sudan (Juba), for consultation, assessment, and introduction of the objectives to strategic stakeholders
- Organized a workshop to agree on the study areas; a workshop to train research assistants; review the instrument, the terms are culturally correct; the relevant questions decided that decided on the villages to be documented
- A multistage purposive sampling was adopted
- Semi-structured individual interviews, focus groups and meetings
- Selection of men as control groups, as well as relating their own stories
- The choice of Juba County and the selection of the population to be studied
- Use of audio and visual with permission from participants
- Qualitative and Quantitative approaches used
FINDINGS
Categories; Social economic; Physical Torture; and Sexual Torture

Social and economic status;
- Displacement;

Women were unable to go on with their daily productive and reproductive roles
- Lack of food; access to health; education
- Anger and hatred the impact was huge.
- Change of roles
- Moral decay
Moral decay
• Education Attainment

- 53% of the interviewed women, and 24% of the interviewed men had no formal education.

- Only 37% of the women and (42%) of men had attained primary/junior level education.

- 6% of the women and 13% men post primary education.

- More men than women had attained junior and post primary education.
Lack of Access to Education
Resulted to Early Marriage among youth
• 90% of the adolescents in the age bracket 15 – 24 years were already married.
• By the age of 18 years, 51% of the female and 21% of the male respondents were already married.

• Early marriage with no income and high level of illiteracy increased vulnerability to;
  - Unmanageable family sizes of children.
  - Unemployment
  - HIV/AIDS infection
  - Commercial sex
  - Dependence on government
Customary Land ownership and access

- Before conflict 70.9% of male participants owned customary land while 50.8% of women participants accessed customary land.

- During conflict; 30% of women accessed land while 64% of men respondents owned customary land.

- Study time only 25% of women accessed land compared to 67% of men who owned land.

- The most recent monitoring of Isis-WICCE activities indicate even more women losing the accessing land due to new dynamics in post-war era.
IMPLICATIONS

- Over 80% of women survivors of the war depended on land for their well being
- Failure to have enough to eat
- Unable to address their numerous health needs
- Living in unimaginable conditions; very poor health conditions with majority of families malnourished
Physical and emotional Torture: n=267 women and n=55 men

- Beating; 37% women and 54% men
- Bayonet injuries; 13% women; 33% men
- Detained by warring factions; 25% women; 47% men
- Forced to join the fighters; 15% women; 27% men
- Forced to kill; 7% women 9% men
- Tying Rabusta; 14% women 44% men
- Deprived medicine; 25% women 38% men
- Burning; 15% women 31% men
- Hard labour; 30% women 58% men
- Gun shorts; 27% women 47% men
- Detained by army 25% women 47% men
- Burning; hanging; landmine
Sexual Torture

- Sexual violence used to destabilize communities, destroy family bonds, quell resistance and instill fear.

- 62.5% of the women reported having experienced sexual torture (including Rape, gang rape, forced marriage, forced incest, forceful insertion of objects in the vagina).
  - Heterosexual rape (single episode) 41.9%
  - Heterosexual rape (Gang rape) 36%
  - Attempted rape 32%
  - Forced marriage 31.1%
  - Sexual comforting 26.6%
  - Defilement 30.3%
  - Sex in exchange of food 29%
  - Forced incest 24%
  - Abduction with sex 28.5%

**With no given statistics respondents reported many men having been raped**
Consequences

- Abnormal vaginal bleeding (6.4%).
- Abnormal vaginal discharge (4.5%).
- Infertility (3.4%).
- Leaking urine (1%)
- Chronic abdominal pain (16.1%).
- Perineal Tears (1.5%).
- STIs and HIV/AIDS.
- Sexual dysfunction, unwanted pregnancy.
- 50% of women with gynecological conditions did not seek care or they medicated themselves.
The Status of the Health System

- Has one of the worst health indicators in the world - Sudan house health survey 2006-2054 per 100,000 live births
- Only 26% of pregnant women access skilful personnel
- Only 14% of pregnant women deliver in health units and only 10% of deliveries
- Every one maternal death, 6 survive with chronic ill health i.e., fistula
- UNFPA (S.S) estimates 55,000 cases on obstetric fistulae in south Sudan
Health System Cont..

- Up to 75% of the population have no access to even basic healthcare; majority depend on the services by NGOs
- Very few medical professionals; the parish health unity managed by community health workers, and maternal and child health workers
- The traditional birth attendants are not trained
- Lack of trained mental health workers to support survivors with post traumatic problems. There is only 1 Psychiatrist who is soon retiring; even when statistics show a gruesome situation; 62.5% of the women experienced sexual torture.; 80% suffered from psychological torture; 44.5% had psychological distress; 11.5% attempted suicide.
- Infertility that has caused domestic violence
- Harmful traditional practices – STI, HIV/AIDs
Isis- WICCE Recovery Interventions

- Affirmative action to build the capacity of women leaders
- Ongoing training of health workers in reproductive and mental health
- Production of annual report
- Revamped two Primary Health Care Units and in Juba Referral/Teaching Hospital
- Disseminating regional and international instruments to members of Parliament at state levels
- Developing of policy briefs and engaging policy makers
POLICY RECOMMENDATIONS

- Mental health must be part of the budget especially at the primary health care level if it is to make a big difference in a country with lean human health resources.
- Addressing the psycho-social problems of communities will enhance the capacity of South Sudanese to carry on the development of their country without being dependants on foreign aid.
- South Sudan has been admitted to the United Nations, now is time to sign vital treaties that support the rights of women, i.e. the CEDAW, the implement UNSCR1325, 1820 and 1960.
- Train more health workers on the identification and treatment of reproductive and gynecological problem, including trauma management.
- International community should support south Sudan government to deal with the reproductive complications, i.e. Fistula, FGM among others. And build the capacity of health workers.
Main References

- Isis- WICCE Evaluation reports 2009 to date
- Report of the medical Intervention in South Sudan, June, 2011
- Sudan Household Health Survey
- Medicins Sans frontier, 2008
THANK YOU FOR LISTENING