‘Mythbusting: Are women the main victims of armed conflict?’

Op-ed by Henrik Urdal, Senior Researcher, Centre for the Study of Civil War at PRIO

Wars kill: before, during and after military operations. Before armed conflict breaks out, military expenditures often increase and divert scarce resources from health services and medical care. During conflict, the most obvious victims are the casualties – both soldiers and civilians – directly attributed to conflict. But major losses of life, injury, disease and deteriorating health also stem from indirect and long-term consequences of armed conflict. Armed conflict not only increases the prevalence of disease and injury, but also weakens societies’ capacity for providing care. One recent global study reports that, with these indirect effects taken into account, civil wars generally seem to kill more women than men. However, a comparison of several global studies as well as country case studies brings this finding into question.

Estimating the human consequences of war is challenging due to lack of high quality data from many conflict settings. However, recent empirical studies of armed conflict and health using a variety of approaches and data sources have provided new insights and led to methodological developments and debates that are likely to move the field significantly forward. It is often assumed that the number of deaths from indirect causes of war exceeds the number of direct ‘battle-deaths’. However, the claim that recent wars have seen approximately nine indirect deaths for every direct casualty does not appear to be backed by solid evidence. The ratio of indirect to direct deaths varies hugely depending on the nature of the conflict, but evidence seems to suggest that on average there is one indirect death per direct death in conflict. While there is an increasing effort being made to monitor the human consequences of conflict and emergencies, many of the mortality studies conducted focus on age groups rather than gender.

Studies of overall conflict mortality have set off much debate recently, in particular with regard to the excessive number of deaths in Iraq and the Democratic Republic of Congo. Major sources of contention have been sampling methods (Iraq) and the establishment of a ‘baseline’, or ‘non-conflict’, mortality level (the Democratic Republic of Congo). While it seems clear that some studies have over-estimated the total number of war-related victims, the gender distribution of the recorded deaths could still provide insight into the overall gendered effects of war. Men generally have higher mortality than women, but the exact balance varies significantly across countries and regions. The global gender difference in Crude Mortality Rates (CMR) was around 1.14 male deaths per female death in 2000–2005. In Sub-Saharan Africa, relatively more female deaths are recorded, and in the 2000–2005 period the male-female mortality ratio was as low as 1.06, reflecting the region’s high maternal mortality rates. Studies of overall war-time mortality typically provide estimates of CMR, but rarely by gender.

However, in a review of health studies of 20 different refugee and displaced populations, the Médecins Sans Frontières found an overall average mortality ratio of 1.27 male deaths for every female, well beyond the ‘normal’ gender gap in mortality. Likewise, recent studies of mortality in conflicts in Cambodia, the Democratic Republic of Congo, and Iraq also suggest that conflict mortality is higher for men than for women.
Thus, with the caveat that relatively few studies of overall conflict mortality provide statistics broken down by gender, the notion that women are more likely to die from war cannot be supported by available systematic case study evidence. In order to assess the gendered consequences of war further, more conflict mortality surveys should provide mortality estimates for men and women.

Meanwhile, although deteriorating health services has been suggested as one reason why women die as an indirect result of war, strikingly little attention has been paid to how civil war may affect reproductive health and maternal mortality. This lack of attention is surprising given the very significant impact maternal mortality has on female life expectancy in the poorest countries. The highly gendered nature of dying in pregnancy and childbirth makes both maternal mortality rates and fertility levels obvious suspects in the search for sources of high female war mortality.

Civil war and post-war conditions pose an increased risk to maternal health for at least three reasons. First, a shortage of medical professionals leads to higher rates of dangerous abortions. Second, women being larger percentage of displaced populations combined with a shortage of medical professionals/clinics can lead to a greater risk of infectious diseases during or after pregnancy. Third, family economic crises and higher rates of being in displaced populations with poor access to food can lead to higher malnutrition levels during and after pregnancy. Although conflicting parties sometimes deliberately destroy infrastructure, they may not realize the full extent of the consequences for the civilian population. When infrastructure is destroyed, existing health services function poorly.

Little systematic research has been done on how conflict affects fertility. But a body of literature shows that economic shocks generally have a negative short-term effect on fertility. Outbreaks of armed conflict may be expected to have a similar effect. Wars may reduce the supply of children, particularly where large numbers of young men are mobilized for warfare, possibly leading to both delayed marriages and declines in marital fertility. Such short-term effects have been found in several case studies.

However, long-lasting and high intensity civil wars could be expected to exert an opposite effect on fertility. For instance, access to family planning services could be severed if health clinics have to limit services. Fertility may also increase as a result of a replacement strategy, where parents have more children in order to replace children lost due to greater infant and child mortality. Further, closed schools could mean that the cost of children declines at the same time as their potential value as labor increases. And long-lasting wars and instability may cause parents to choose short-term income from many children over long-term return from fewer and educated children. There may also be an effect on fertility via female education and labor force participation.

Another factor to consider is that when many people are displaced, diseases break out more easily. People live under precarious conditions, with poor access to fresh water, health care, heating, sanitation facilities, contraception, etc. Diseases that are more easily transmitted under such conditions include cholera, tuberculosis, malaria and various other infections, including sexually transmitted diseases. Some studies addressing the gendered health effects among children refugees find an excess mortality in girls, reportedly caused by the priority of infant boys in emergency situations.

While conflict is likely to lead to increasing maternal mortality in many contexts, it is not clear whether this relationship could account for a very significant relative decline in female life expectancy. It cannot be established from existing empirical studies that war has a negative effect on reproductive health to that degree. Among displaced populations in camps with presence of international humanitarian organizations, reproductive health is often improved compared to the pre-conflict situation. While rarely surveyed, refugee and IDP camps with no international presence may be likely to experience particularly adverse health conditions.

This op-ed is based on Henrik Urdal’s review article for the Human Security Report Project “The Impact of War on the Health of Women and Men – What Do We Know?”

A Momentum for Change

Op-ed by Jan Egeland, Director, Norwegian Institute of International Affairs (NUPI)

Over the past decade, a number of international norms, decisions and declarations have all recognized that the application of a gender perspective is a necessary precondition if we are to succeed in promoting security, development and humanitarian principles.

In light of this recognition, the United Nations (UN) has declared that the international community must have a specific focus on women in all our work in crisis and post-crisis situations. Not only women’s needs but also their resourcefulness should be emphasized. In a few post-conflict situations, such as Burundi and Nepal, the representation of women in political decision-making has increased manifold since peace agreements were made and the peace processes started. In many development programs and capacity building efforts inside and outside of the UN there is greater, better and more effective focus on the empowerment of women.

In most countries, women and girls have achieved greater access to health care and education over the past decade. In many emergency operations humanitarian workers have mainstreamed gender perspectives, and relief groups provide more appropriate and effective aid for women and girls – as...
well as men and boys. During my tenure as the UN Emergency Relief Coordinator, the UN established a stand-by gender capacity that can send experts anywhere in the world on short notice to help protect and promote the rights of women in extreme situations. So far operative gender experts have been deployed to improve humanitarian programs in more than 20 countries.

However, the bitter reality in most crisis and post-crisis situations is that little has changed. In too many places women and girls continue to live in extreme vulnerability, suffer un-believable human rights abuses, and remain totally marginalized in all decision-making that affects their lives and their communities. The realities on the ground have not changed for most of the women in most of the situations that the UN wanted to reach.

Humanitarian crises – be they an outcome of conflict or natural disaster – reinforce, increase and perpetuate social inequalities and discrimination, including gender inequalities. Pre-existing vulnerabilities are also often exacerbated. We see more sexual and domestic violence. We see violations of housing, land and property rights, as well as violations of personal documentation and status rights. Too few men give priority to studying, advocating and acting on the situation of vulnerable women in crisis, conflict and disasters. Many of the good advocates for women’s rights have in recent years been more successful in organising seminars and studies in New York, Geneva, Nairobi or Oslo than in getting field projects, envoys and local action to make a difference on the front lines.

The international community has for too long talked about the large-scale, organized rape in the Democratic Republic of Congo, Darfur and elsewhere. Rape is a crime of the worst kind. When perpetrated in a war, it is a war crime. The first international trial declaring rape as a war crime took place in Europe in the 13th century – but women are still physically and mentally destroyed in war and crisis in all cultures and on all continents. Those military and civilian commanders who condone or commit this crime belong in jail, and campaigns need to target their individual accountability.

Similarly, religious or administrative leaders who do not defend women subjected to local or tribal atrocities, including so called “honour murders”, must be targeted and brought to justice. Authorities who tolerate systematic abortion of girls because local traditions prefer sons must be exposed for international condemnation.

The current momentum for focusing on women’s governance and political, economic and social rights is not and must not be lost. It is as easy and as difficult as that: Making basic human rights a reality among all and everywhere – irrespective of gender, race or status.

Jan Egeland’s op-ed is based on his statement delivered at the 2010 Annual Ministerial Review, held during the high-level segment of the substantive session of the UN Economic and Social Council, 28 June - 1 July 2010.

Men&Gender Research

By Suk Chun

The importance of involving men in advancing the Resolution 1325 agendas was highlighted at the policy making level when the UN Secretary-General Ban Ki-moon in November 2009 launched the ‘Network of Men Leaders’, an initiative to bring together current and former politicians, activists, religious and community figures to combat the global pandemic of sexual violence. In explaining his motivation, Ban noted that 70 per cent of women experience some form of physical or sexual violence from men at least once in their lifetime – thus men have a crucial role to play in ending such violence. Increasingly, we see prominent men leaders such as Donald Steinberg of International Crisis Group and former UN Special Envoy to Darfur and elsewhere. Rape is a crime of war, it is a war crime.

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forces in implementing UNSCR 1325. To access the virtual dialogue forum, please visit http://www.un-instraw.org/1325vd2/

A Ministerial-level event titled “A 1325 Call to Action” will be hosted by the Group of Friends of Women, Peace and Security and the Permanent Mission of Canada to the UN at the UN headquarters in New York on 25 September. The event aims to generate momentum and high-level political commitment towards concrete action on women, peace and security at the upcoming Security Council Ministerial meeting on 1325 in October. It will also seek to introduce the idea of ‘commitments for action’ in preparation for the October Open Debate and to launch an interactive electronic platform of commitments by Member States, UN agencies and civil society organizations. The event will be open to all Member States, UN agencies and civil society.

Operation 1325, a Swedish organisation, will host a conference titled ‘Ten Years – What Now?’ on 21–22 October in Stockholm, Sweden. The aim of the conference is to enhance the knowledge among decision makers, governmental officials, academics and civil society organisations about challenges and success stories with the aim of readjusting and reclaiming Resolution 1325. The participants include Sanam Anderlini, Hanan Ashrawi, Yakin Ertürk, Amy Smythe and 1325 Sudan forum for 1325. Contact 10years@operation1325.se for any further inquiries or to register to participate in the conference.

Recent PRIO Publications


Academic Publications by Men or on Masculinities


Gabriella Casanas (2010) UN: Wartime rape no more inevitable, acceptable than mass murder, August 13, CNN. The article is available online at http://edition.cnn.com/2010/WORLD/africa/08/12/un.wartime.rape/#fpid=OrfAUu59s15&wom=true


News from Norway

The Norwegian Refugee Council, in collaboration with the Norwegian Red Cross, Norwegian Church Aid, Norwegian People’s Aid, Caritas, Save the Children, FOKUS and CARE will host a conference titled ‘Gender in Humanitarian Assistance 2010 – Do we pass the quality test?’ on 14 September. Please contact gender@nordsor.no by 30 August to register for the event.

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