

**Helpdesk Research Report: The Impact of Conflict on Women's Education,
Employment and Health Care**

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Query: Conflict has generally restricted women's freedom of movement. This has had effects on education, employment and health care. Is this effect universal?

Enquirer: DFID Iraq

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1. Overview

There is a large body of literature on the impacts of conflict on women's access to services and employment. There is, however, much less written on the role of restricted freedom of movement in this relationship. Whilst the focus of this helpdesk report is on the latter, it includes literature which addresses both issues.

It is difficult to make universal statements about the impact of armed conflict on the lives of women given differences in culture, geography, and context. The extent to which conflict restricts women's freedom of movement depends on a number of factors including the stage of conflict, whether the women are displaced, whether they are directly or indirectly affected by the conflict, and the cultural norms of the conflict-affected area. Forced displacement, for example, may in some cases lead to greater mobility. It can mean women assuming additional responsibilities such as taking on the role of primary breadwinner. In other contexts, women may be perceived as less threatening and thus may have more mobility to carry out economic activities which men are no longer able to do. Furthermore, women may, in some cases, be given priority for training and development programmes in health and education, as well as in income-generating activities.

Nevertheless, it is generally accepted that the fear of violence more often than not restricts women's freedom of movement. In times of political, economic and social uncertainty, there is a strong tendency to revert to traditional values (e.g. the requirement that women are accompanied by their husband or a male relative when travelling) which appear to offer protection for women and girls but which restrict their mobility. Fear of attack may prevent women from working in fields and fetching water and firewood, and stop children from going to school.

Often, restrictions on women's freedom of movement are context specific. In the Palestinian Occupied Territories, for example, restrictions which have made movement between different parts of the territories difficult or impossible have increasingly isolated women from their own families and deprived them of their support networks. The 2003 ban on family unification for Israeli citizens married to Palestinians from the Occupied Territories has led to some Palestinian women being confined to their homes, too afraid to go out in case they are arrested and expelled back to the Occupied Territories.

Employment

During conflict, many women take on tasks that their husbands or other male relatives had done previously. This key gender role change considerably increases women's workload, but it may also strengthen women's capacities and organisational capabilities, encouraging them to take on more public roles during or after conflict. Such positive developments for women, however, must be viewed in the context of the devastation they experience in armed conflict. In addition, persistent structures in many societies whereby women still only gain status through marriage means that even when women are 'empowered' in this way, they are often denied access to, owning, and inheriting productive resources in their own names. Furthermore, any positive change in gender relations is frequently reversed in post-war situations.

Health and education

In certain situations, people who are affected by conflict may be able to access additional resources, protection and security thanks to humanitarian interventions. As such, they may gain access to better services than they had previously. It has also been noted that the post-conflict period may present a 'window of opportunity' to gender-sensitize services. Notwithstanding these potential positive side-effects however, it is widely recognised that conflict has a negative impact on women's health and education.

Some of negative impacts of conflict on women's health are already a problem before the armed conflict but are exacerbated by hostilities, while others are direct consequences of the conflict. Examples from the literature include:

- Within a conflict zone, existing health services and structures may have been destroyed, health personnel may have fled or been killed, and international aid may not be able to reach the affected population. Access to health care facilities that meet reproductive health care needs in particular is often lacking. Where health services continue to function, the needs of men and combatants may be given precedence over the needs of women and non-combatants.
- Women may be constrained by household and domestic tasks or cultural norms which prevent them from travelling long distances to obtain medical care. In some countries it is required that women and men be treated separately. Women may also be pressured to become pregnant to replace the depleted population.
- Women and girls are often physically more susceptible to illness than men owing to their sexual and reproductive role. Women's reproductive health problems during conflicts may include having no sanitary supplies for menstruation, life-threatening pregnancy-related conditions, lack of birth control, and the effects of sexual violence. In the past two decades, women have also had to deal with the deadly spread of HIV/AIDS. Furthermore, their authority to control their own reproductive lives may be eroded by the social changes associated with conflict and displacement.
- The health impact of sexual violence during conflict can be disastrous. Young, single, widowed or disabled women may be at particular risk of sexual violence. Injuries, unwanted pregnancies, sexual dysfunction and HIV/AIDS are among the physical consequences. The psychological effects include anxiety, post-traumatic stress

disorders, depression and suicide. Traumatized women may have no practical or emotional support.

Some of the factors which impact on women and girl's education during conflict include:

- When schools are destroyed, and children have to travel long distances, girls are more likely to stay at home, as they may be at increased risk of abduction, sexual violence and exploitation. Furthermore, boys may be more able to go out and engage in income-generating activities to pay their own school fees than girls.
- Girls who are separated from their families and living in temporary conditions with relatives or foster families may lack the support and encouragement to continue their education and may be expected to do household chores.
- In emergencies, there are usually far fewer women who are able to volunteer as teachers, and girls are disproportionately affected when schools are dominated by men.
- Girls may be disproportionately affected by the lack of sanitary supplies and may have to miss school during menstruation.
- Girls who are desperate to attend school and to get good grades may have to engage in transactional sex with older men – and even teachers – in order to pay their fees, cover the costs of supplies and ensure good grades, thus exposing them to higher risks of STD and HIV/AIDS infection.
- Teenage pregnancy rates are often very high in refugee and IDP camps, and girls with their own babies may not be able to attend school because of exclusionary policies, social stigma, no extended family to provide childcare, lack of appropriate facilities, etc.
- Girls who are disabled, disfigured or severely mentally affected by the crisis are likely to be kept at home, possibly even hidden from outsiders, and very unlikely to be able to go to school.

2. Key documents

General

International Committee of the Red Cross, 2001, 'Women Facing War', ICRC, Geneva
[http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0798/\\$File/ICRC_002_0798_WOMEN_FACING_WAR.PDF](http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p0798/$File/ICRC_002_0798_WOMEN_FACING_WAR.PDF)

This comprehensive ICRC study explores the problems faced by women in wartime and the coping mechanisms they employ. The following sections are of particular interest here:

Freedom of movement (pp 73-74)

In situations of armed conflict, women and girls may take on tasks previously carried out by their male relatives which take them outside or further away from their traditional environment. Women may be perceived as less threatening and thus may have more mobility to carry out economic activities which men are no longer able to do. On the other hand, women's mobility in times of conflict may be restricted as a result of:

- the introduction of checkpoints and the presence of soldiers, restrictions on movement for security reasons, and/or the breakdown in structures and systems.
- a lack of personal documentation in order to be able to move about freely or to flee their, especially if they have to cross an international border. cultural restrictions : for example, a woman may not be allowed to travel without her husband or a male family member without losing her respectability in the eyes of society.

Employment (pp 30-32)

Women may for the first time have the possibility of working outside the home, being the income earners, main decision-makers and heads of household, organising themselves with other women and going into the public sphere, which is often the preserve of men. Some of these “empowerment” changes may be seen as positive developments for women. However, they must be viewed through the lens of the loss, poverty and deprivation endemic to war, and the fact that in many societies women still only gain status (economic and social) through marriage. Moreover, any change is frequently reversed in post-war situations.

Widowhood can also change the social and economic roles of women in the household and community, and the structure of the family. The impact of widowhood differs between cultures and religions. However, it can affect women’s physical safety, identity, mobility, access to basic goods and services, and their rights to inheritance, land and property.

Health and medical care (pp 110-113)

Some factors affecting women’s health are already a problem before the armed conflict but are exacerbated by hostilities, while others are direct consequences of the conflict.

- Restricted access to schooling and further education can have an adverse effect on child survival and on health.
- Women may be constrained by household and domestic tasks or cultural norms, such as child-care or being allowed to travel only if accompanied by a male relative, which prevents them from travelling long distances to obtain medical care.
- In some countries it is required that women and men be treated separately, or that medical treatment be carried out by medical personnel of the same sex.
- In some communities, the limited resources available to pay for medical treatment are spent on the men of the household rather than the women or children.
- Women and girls are often physically more susceptible to illness than men owing to their sexual and reproductive role. Limited access to health services can lead to problems being left untreated; especially for pregnant women.
- Women may suffer different, more severe social or cultural repercussions than men as a result of war injuries. They may not receive prosthetic and rehabilitation assistance for many reasons: because they are not as visible; because only men work in the facilities providing such care; because child-care responsibilities preclude their seeking assistance; because they cannot afford the transport, accommodation and treatment costs; and/or because women’s access to military hospitals and organisations is restricted.

Education and training (pp 136-137)

In some instances, women have gained better access to education because of a conflict. Generally, however, educational opportunities for girls are restricted in many countries even in peacetime, and in periods of armed conflict a girl may lose the possibility of gaining a formal education more easily than a boy.

Formal educational resources, when provided, generally focus on children, yet adults need the opportunity to receive an education or training in new skills. For example, displaced adults need to be able to deal better with the situation of displacement or future return. In displacement, men are often targeted for education programmes as heads of households. This practice ignores the needs of women heads of households and of women within the family, who may be the only providers in the absence of men. Women need access to education and training opportunities in order to be able to benefit and profit from income-generating projects and sustainable development programmes.

World Bank, 2005, 'Gender Conflict and Development', Washington, D.C.

<http://www->

wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2004/11/15/000090341_20041115142901/Rendered/PDF/30494.pdf

This review addresses the gender dimensions of intrastate conflict (both during and after conflict). Chapters 7 and 8 are of particular relevance here:

Chapter 7: Gender and work (pp 89-109)

During conflict, many women take on tasks that their husbands or other male relatives had done previously.

- In the agricultural sector, women may take over responsibility for working the land, caring for livestock, trading, or carrying out wage labour outside the home. The key problem is that women are often denied access to, owning, and inheriting productive resources in their own names.
- In urban areas, a kind of “feminisation” of the informal sector takes place during conflict. Women may regard work in the informal sector as a way of liberation and empowerment or as a means of exploitation and survival.
- In the formal sector, key gender differences relate to unequal promotion opportunities, remuneration, rights, and so on for women and men. Yet the net effect during or after conflict is not clear as women are both discouraged and encouraged to take up formal employment.

Chapter 8: Gender and Rehabilitating Social Services (pp 111-121)

In most conflict situations, gender-specific roles dictate that women become the primary home providers of health care and education. While women’s regular household tasks become more complex during conflict, they often also become responsible for providing health care to ill, old, and injured family and community members. In addition, some women also provide childcare and home schooling for their children during conflict.

On the one hand, this key gender role change considerably increases women’s workload, but it may also strengthen women’s capacities and organisational capabilities, inducing them to take on more public roles during or after conflict.

Although conflict’s overall impact on education systems is unambiguously negative, the post-conflict period presents a good opportunity to gender-sensitize the education system. Re-shifting education and health care services in a post-conflict society may take a long time. Policy options include:

- changing the perception that men’s and particularly women’s health and education work are a natural extension of domestic work and not a professional occupation.
- supporting community- and home-based schooling and health care facilities, where usually many women are involved, as a first step toward reconstructing formal systems.
- gender-sensitising health systems through reproductive health care and psychological assistance to conflict survivors, by treating war-induced handicaps and disabilities, GBV, and other post-conflict traumatic disorders, and by providing STD and HIV/AIDS prevention and treatment.
- gender-sensitising education by paying more attention to adult education, particularly for women, and to girls’ high dropout rates from school during and after conflict.
- supporting the development of non-discriminatory education and training.

BRIDGE, 2003, 'Gender and Armed Conflict', Institute of Development Studies, Brighton

<http://www.bridge.ids.ac.uk/reports/CEP-Conflict-Report.pdf>

This report explores the impact of armed conflict on gender relations, and the distinct ways that both women and men are affected. Chapter 4 (pp 14-20) addresses the gender impacts of conflict, including the effects of forced displacement. According to the report, displacement disproportionately disadvantages women, because it results in reduced access to resources to cope with household responsibility and increased physical and emotional violence. Displacement also implies social exclusion and poverty – conditions that are themselves likely to prolong conflict.

Forced displacement is frequently used as a strategy of war that targets gender relations through family breakdown and social destabilisation. Displacement often leads to shifts in gendered roles and responsibilities for both women and men. Demographic change due to conflict has led to more women becoming heads of households. This has contributed to changes in the division of labour that have created new opportunities for women but in some respects further marginalised their place in society.

The report notes, however, that despite experiences of vulnerability and trauma during the process of displacement, some women benefit from displacement. They may be given priority for training and development programmes in health and education, as well as in income-generating activities. The skills women gain enable them to assume new roles within their households, becoming the main breadwinners. Men however may react to these changes with depression, alcoholism and an escalation of violence against women in public and private.

The relatively small gains women obtain during displacement do not necessarily translate to more equitable gender relationships. These gains are usually not accompanied by any change to the overall paradigms of gender differences, leaving women with new roles to fulfil but no institutional leverage to fulfil them effectively.

Plan International, 2008, 'Because I Am a Girl: The State of the World's Girls 2008', Plan UK

http://www.plan-uk.org/pdfs/because_i_am_a_Girl_2008.pdf

The 2008 'State of the World's Girls' report focuses on girls living in the shadow of war. The following sections explore issues relating to freedom of movement, access to services and economic security:

Freedom of movement (p 32)

In times of political, economic and social uncertainty, there is a strong tendency to revert to traditional values which appear to offer protection for women and girls (such as purdah, a practice which includes the seclusion of women and girls from public spaces) but which may also exclude them from external activities such as meeting friends, going to clubs and even going to school.

Access to services (p 32)

In fragile states before conflict begins, the provision of basic services such as health and education is often poor. Recent research shows that of all the children out of school worldwide, over 50 per cent live in fragile states. The deterioration of such services has particular impacts on girls and young women. Insecure governments, fearing or preparing for conflict, often choose to invest resources in military spending rather than basic services.

Teachers and health workers leave their jobs due to the lack of salaries, threats of violence and inadequate supplies. Sanitation systems fail, adding to the work of women and young girls who may have to walk many miles each day to fetch water for the household. This also increases infections and risks of serious illness. The lack of resources for dealing with women's health, including reproductive health and treatment of sexually transmitted diseases and the effects of violence, increases the physical and psychological impacts of these problems.

In fragile states, fewer girls than boys go to school. In times of war, this situation can worsen – in southern Sudan, girls are more likely to die in childbirth than to finish primary school. But even if girls get to school there are many overt and 'hidden' ways in which the education they receive preserves male domination and male values even when there is an official commitment to gender equality in education.

Economic security (p 34)

When families find it difficult to make a living, girls may be forced into the labour market. This can mean unsafe paid work, commercial sex, or joining the armed forces. They may have to take on additional household tasks as other family members seek or engage in work. They may be forced into an early marriage to secure a dowry payment and/or to reduce the family burden of economic responsibility. This often leads to health problems when they become pregnant too young for their immature bodies. It is also likely to mean they drop out of school.

Health

UNIFEM, 2002, 'Women, War, Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-Building', Progress of the World's Women 2002, Vol. 1, UNIFEM, New York
http://www.unifem.org/resources/item_detail.php?ProductID=17

This report from UNIFEM discusses women's experiences during war and offers recommendations on protecting and empowering women during and after conflict. Chapter 3 (http://www.unifem.org/attachments/products/215_chapter03.pdf) explores the effects of war and women's health.

Both the experience of conflict itself and the impact of conflict on access to health care determine the physical health and the psychological well-being of women and girls in very particular ways. Women are not only victims of the general violence and lack of health care – they also face issues specific to their biology and to their social status. To add to the complexity of the picture, women also carry the burden of caring for others, including those who are sick, injured, elderly or traumatized. This in itself is stressful and often contributes to illness. (p33)

Specific issues identified in this chapter are:

- Malnutrition (p37): Because of women's physiology, they are vulnerable to vitamin and iron deficiencies that affect their health and energy levels as well as their pregnancies. Iron deficiency anaemia is a serious health condition for women of reproductive age and can be fatal for pregnant women.
- Reproductive health (p37): Women's reproductive health problems during conflicts may range from having no sanitary supplies for menstruation to life-threatening pregnancy-related conditions, from lack of birth control to the effects of sexual violence. In the past two decades, women have also had to deal with the deadly spread of HIV/AIDS.

- Effects of sexual violence (p40): The health impact of sexual violence can be disastrous. Injuries, unwanted pregnancies, sexual dysfunction and HIV/AIDS are among the physical consequences. The psychological effects include anxiety, post-traumatic stress disorders, depression and suicide.
- Mental Health (p42): little attention has been paid to the effects of conflict on the psychosocial status of women. One recent study of trauma in non-conflict situations indicates that there may be gender differences in the response to trauma. The study found that, although the lifetime prevalence of traumatic events is slightly higher for men, women run twice the risk of developing post-traumatic stress disorders, suggesting that certain types of trauma may have a deeper and longer-term psychological impact on women.
- Burden of care for others (p 42): The responsibility of care for others is so embedded that even in the most desperate conditions, women still try to take care of everyone around them. At the same time, the social responsibility of caring for the ill or disabled adds heavily to the workload of women in conflict and post-conflict situations.

World Health Organization, 2000, 'Reproductive Health during Conflict and Displacement', WHO, Geneva

https://www.who.int/reproductive-health/publications/conflict_and_displacement/pdf/conflict_displacement.pdf

Chapter 3 of this manual from the WHO (https://www.who.int/reproductive-health/publications/conflict_and_displacement/pdf/chapter2a.en.pdf) gives an overview of the impact of conflict and displacement on the reproductive health of women, men and adolescents.

The impact of conflict and displacement on reproductive health of women (p11):

The reasons for women's greater vulnerability are not only physical but also social. During conflict and displacement, women's physical and social vulnerability increases.

- Stress and malnutrition endanger the health of pregnant and lactating women and their children.
- The extended network of family support during pregnancy and lactation is lost.
- Traumatized women may have no practical or emotional support.
- Young, single, widowed or disabled women may be at particular risk of sexual violence.
- The breakdown of family and social networks can leave many households headed by women, who may be forced to offer sex in exchange for food, shelter or protection.
- Women's authority to control their own reproductive lives may be eroded by the social changes associated with conflict and displacement.
- Women may be pressured to become pregnant to replace the depleted population.
- Access to health care facilities that meet reproductive health care needs is often lacking.

Impact on the capacity to respond to reproductive health care needs (p 13)

Along with increased reproductive health needs, there is a diminished capacity within the health service, community and family to respond to these needs. For example:

- family and community networks of support and protection may be lost
- poverty and loss of livelihood reduce the capacity of individuals and families to protect their health, including their reproductive health

- within a conflict zone, existing health services and structures may have been destroyed, health personnel may have fled or been killed, and international aid may not be able to reach the affected population
- emergency obstetric facilities may have been destroyed, or may have become inaccessible
- where health services continue to function, the needs of combatants may be given precedence over the needs of non-combatants.

International Alert and Women Waging Peace, 2004, 'Protecting Vulnerable Groups', Chapter 5 in Inclusive Security, Sustainable Peace: A Toolkit for Advocacy and Action, International Alert, London, and Women Waging Peace, Washington D.C.
http://www.huntalternatives.org/download/44_section5.pdf

According to chapter 5 of this report, women and young girls of childbearing age are generally more vulnerable to sexual assaults and reproductive ill-health. This is exacerbated in situations of conflict when women are exposed to increased levels of violence, lack of security and poor access to safe medical health services. Part 2 of this chapter (pp 18-31) examines reproductive health issues, rights and services that affect populations primarily within conflict and post conflict situations.

Education

UNESCO, 2006, 'Education in Emergencies: the Gender Implications', UNESCO, Paris
http://www2.unescobkk.org/elib/publications/092/edu_emergencies_Low.pdf

This report discusses education provision in crisis situations (namely, natural disasters and conflict). The specific gender dimensions are summarised below (pp 4-5).

Factors that limit girls' educational opportunities in stable contexts often intensify in crises. In the 'abnormal' world of a refugee camp, for example, sexual violence can become normalized. This adversely affects girls' education in different ways. The risk of sexual violence on the way to school, or even in and around the school, may convince parents to keep their daughters at home. Increased risk is created by, for example, large numbers of soldiers, rebels, police or even peacekeepers in the area, or by having to go further than normal to find firewood, food or water. Girls who do go to school may find that they are subjected to harassment, exploitation and even rape by male students or teachers, with no one to turn to for protection, response or reporting. In an emergency education programme, checks and balances such as professional orientation sessions for new teachers, codes of conduct and regular supervision for teachers may not be in place, and new 'emergency' teachers may have far lower levels of professionalism than 'regular' teachers. Furthermore, large numbers of over-age male students, who are trying to catch up on years of missed schooling, often contribute to an uncomfortable classroom environment for girls. This is especially true if, as is the case in most programmes, there are very few women teachers.

Hence, the impact of crises on education has both 'supply' and 'demand' elements:

Supply Factors

- When schools are destroyed, and children have to travel long – and possibly dangerous – distances to attend the nearest functioning facility, girls are more likely to stay at home.
- When schools are damaged or just not maintained and no sanitary facilities exist, girls – and especially adolescent girls – are disproportionately affected; they may have to miss school during menstruation.

- Girls may be at increased risk of abduction and of sexual violence and exploitation.
- In emergencies, there are usually far fewer women who are able to volunteer as teachers, and girls are disproportionately affected when schools are dominated by men.

Demand Factors

- Where parents are unable to pay school fees and buy the necessary supplies, boys may be more able – and it may be safer for them – to go out and engage in income-generating activities to pay their own school fees than girls.
- For refugees, IDPs and others affected by crises, the symbolic power of education as a force for change and as a passport to a different and better life is particularly strong; children often want to go to school, whatever the costs. Girls who are desperate to attend school and to get good grades may have to engage in transactional sex with older men – and even teachers – in order to pay their fees, cover the costs of supplies and ensure good grades, thus exposing them to higher risks of STD and HIV/AIDS infection.
- Children who are separated from their families and living in temporary conditions with relatives or foster families may lack the support and encouragement to continue their education. This is especially the case for girls who are often expected to do household chores and have no time to study.
- Teenage pregnancy rates are often very high in refugee and IDP camps, and girls with their own babies may not be able to attend school because of exclusionary policies, social stigma, no extended family to provide childcare, lack of appropriate facilities, etc.
- Girls who are disabled, disfigured or severely mentally affected by the crisis are likely to be kept at home, possibly even hidden from outsiders, and very unlikely to be able to go to school.

Women’s Commission for Refugee Women and Children, 2004, ‘Global Survey on Education in Emergencies’, WCRWC, New York

http://www.womenscommission.org/pdf/Ed_Emerg.pdf

This Global Survey on Education in Emergencies is an attempt to gather information on how many refugee, displaced and returnee children and youth have access to education and the nature of the education they receive. Part II of the survey includes a number of country case studies.

Gender (pp 15-17)

On average, in refugee situations, girls’ enrolment is approximately the same as boys’ for pre-primary education and the first year of primary. The number of children enrolled beyond grade 4 decreases significantly for all refugees—both boys and girls. Whereas girls represent more than 40 percent of all students enrolled in the first four primary grades, after grade 4 their enrolment tapers off to approximately 34 percent by grade 12. Girls’ enrolment at the secondary level varies dramatically between countries, from a low of 18 percent in Kenya to 48 percent in Thailand.

The gradual decrease in girls’ enrolment after grade 4 can be due to many factors, including:

- Fears for girls’ safety either in school or on the way to school
- Demand for girls’ labour to care for other siblings, for domestic responsibilities, or for income generating activities
- Inability to pay school fees or other related costs of schooling, such as uniforms, materials, etc.

- Cultural factors that do not support girls' education or that prioritise the education of boys over girls
- Special sanitary needs of menstruating girls, if girls do not have access to sanitary pads, an extra change of clothes, soap, towels and clean water while at school
- Early pregnancy/early marriage.

3. Case Studies

Amnesty International, 2005, 'Israel: Conflict, Occupation and Patriarchy: Women Carry the Burden', Amnesty International, London

<http://www.amnesty.org/en/library/asset/MDE15/016/2005/en/623916bd-f791-11dd-8fd7-f57af21896e1/mde150162005en.pdf>

This report discusses the impact of the Israeli Occupation and conflict on women in the Palestinian Territories. Chapter 2 in particular looks at the effects on restrictions of movement, access to health care, employment, and access to education:

Freedom of movement:

- Restrictions of movement have created new possibilities for men to increase the degree of control they exercise over women's movement, whether deliberately or as a result of a protective attitude. The result is that women have less opportunity to move outside the home or village/town. (p 7)
- The restrictions which have made movement between different parts of the Occupied Territories difficult or impossible have increasingly isolated women from their own families and deprived them of their support networks. Such mobility restrictions have increased the sense of isolation of women who live away from their families, especially at times of pregnancy, illness or other difficult circumstances. Being cut off from their families and support networks has also been particularly detrimental for women who are facing difficulties in their relationship with their husbands and/or with their husbands' family. Such forced isolation can be a determining factor in perpetuating situations of family violence. (pp 16-17)
- In July 2003 the Israeli parliament passed a law banning family unification for Israeli citizens married to Palestinians from the Occupied Territories. Palestinian women who have been refused family unification and who are living with their Israeli or Jerusalemite spouses "illegally" are confined to their homes, too afraid to go out in case they are arrested and expelled back to the Occupied Territories and thus separated from their husbands and children. Those who are in an abusive marriage are often reluctant to leave their husbands because if they do they would have to go back to the Occupied Territories and be separated from their children. (p 17)

Access to health care:

- Health workers report that the fear of not being able to reach hospital in time to give birth has become a major source of anxiety and fear for Palestinian women throughout the Occupied Territories. The problem is particularly acute for women who live in villages and rural areas. During army incursions or when the army imposes a curfew getting to hospital is a problem and may be impossible even for those who live in town. (p10)
- Health workers are concerned that an increasing number of women who could give birth naturally resort to induced or caesarian delivery out of fear of not being able to reach a hospital if they go into labour at night or during a military incursion, a curfew or a closure. Furthermore, the percentage of women delivering their babies at home has increased. (p11)

- Many Palestinian women have increasingly neglected their health as they focus on the well-being of their children and other family members before their own. (p 11)
- Medical facilities in the Gaza Strip are unable to adequately diagnose and treat cancer patients, notably women suffering from breast cancer. According to Physicians for Human Rights-Israel, the rate of survival of breast cancer patients in the Gaza Strip is only 30-40%, compared to 70-75% in Israel. (p 12)

Employment:

- Historically, the participation of Palestinian women in the labour force has been low. However, before the *intifada* women's participation had risen to 15.8% of women aged over 25 years. This trend has since been reversed and women's participation has declined to around 10.5%. (p 13)
- The sharp increase in unemployment has put pressure on women to find work outside the home, often as cleaners or labourers in unregulated sectors, where they are more at risk of being exploited or even abused, and which are not considered acceptable for women in Palestinian society. They are also exposed to pressures or abuse at home by husbands or male relatives who resent women becoming the providers while they themselves are unemployed. (pp 13-14)
- Women who work outside the home also continue to bear most of the burden of running the house and taking care of children and family. The increased amount of time and energy they have to spend getting to and from work because of checkpoints, roadblocks and closures add an extra burden. For working mothers the fear of not being able to return home because of a closed checkpoint or a sudden curfew is a constant source of anxiety. (p 14)

Education

- Some families, especially in rural or more conservative sectors of society, are unwilling to allow their daughters to live away from home or to be exposed to the potential dangers of daily commuting to and from university. University professors, student deans and staff members, as well as social workers and non-governmental organisations are often called upon to intervene on behalf of female students to find the necessary funding to allow them to continue their studies or to convince families to allow their daughters to attend university and live away from home. (p 15)

United Nations Economic and Social Commission for Western Asia, 2001, 'Female-Headed Households in Selected Conflict-Stricken ESCWA Areas', UN-ESCWA, Beirut
http://www.siyanda.org/docs/femaleheaded_households_in_selected_conflictstriken_escwa_areas_040427072751.doc

This study explores the complex links between poverty, conflict and female household headship in Lebanon, Palestine and Yemen. Through an examination of cross cultural data, it reveals that female heads of households living in conflict-stricken countries are subject to gender specific constraints similar to other female population groups. They also suffer from the same debilitating effects of poverty (e.g., lack of access to services) and conflict (e.g., displacement leading to vulnerability and impoverishment) as other poor population groups. Yet evidence suggests that what sets this diverse group apart is the multiple inter-linked burdens they are forced to shoulder, namely:

- balancing the responsibility of being the sole/main income earners with their social reproductive role
- suffering from lack of recognition of their status as household heads and sole/main income providers (particularly for separated, divorced, or unmarried women)

- accepting more menial jobs compared to other female groups in the absence of male economic and familial support
- encountering more monitoring by relatives and communities who view them with suspicion, given the absence of a male adult in the household
- experiencing more discrimination in accessing benefits which decree female heads of households as no longer eligible when a son reaches the age of maturity.

Human Rights Watch, 2006, 'Lessons in Terror: Attacks on Education in Afghanistan', HRW, New York

<http://www.hrw.org/reports/2006/afghanistan0706/afghanistan0706webfullwcover.pdf>

This report examines the impact of insecurity on education in Afghanistan, especially on girls' education.

Insecurity affects all aspects of Afghans' lives: their ability to work, to reach medical care, to go to the market, and to attend school. Afghan women and girls, who have always confronted formidable social and historical barriers to traveling freely or receiving an education, especially under the Taliban and their mujahedin predecessors, are particularly hard hit. (p 4)

Attacks on all aspects of the education process sharply increased in late 2005 and the first half of 2006. Even more common have been threatening "night letters," alone or preceding actual attacks, distributed in mosques, around schools, and on routes taken by students and teachers, warning them against attending school and making credible threats of violence. Physical attacks or threats against schools and their staff hurt education directly and indirectly. Directly, an attack may force a school to close, either because the building is destroyed or because the teachers and students are too afraid to attend. Attacks and threats may also have an indirect ripple effect, causing schools in the surrounding area to shut down as well. (p 4)

Where schools do not close altogether, each incident influences the risk assessment that parents and students undertake every day. Afghanistan, teachers, parents, and students are keenly attuned to fluctuations in this pattern and decide to continue—or stop—going to school based on how they view the general climate of insecurity. Parents often have a lower threshold for pulling their daughters out of school than boys, given greater social restrictions on girls' movements and legitimate concerns about sexual harassment and violence. General insecurity and violence targeted against education also exacerbate other barriers that keep children, particularly girls, from going to school. These include having to travel a long way to the nearest school or having no school available at all; poor school infrastructure; a shortage of qualified teachers, especially women teachers; the low quality of teaching; and poverty. All of these factors affect, and are affected by, Afghanistan's varied but conservative culture. Each has a greater impact on girls and women, in large part because there are far fewer girls' schools than boys' schools. (p 5)

According to the World Bank, an estimated 774,000 children attended school in 2001. By 2005, with girls' education no longer prohibited and with much international assistance, 5.2 million children were officially enrolled in grades one through twelve, according to the Ministry of Education. Despite these improvements, however, the majority of primary-school-age girls remain out of school, and many children in rural areas have no access to schools at all. At the secondary level, the numbers are far worse: gross enrolment rates were only 5 percent for girls in 2004, compared with 20 percent for boys. Moreover, the gains of the past four-and-a-half years appear to have reached a plateau. The Ministry of Education told Human Rights Watch that it did not expect total school enrolments to increase in 2006; indeed, they expect new enrolments to decrease by 2008 as refugee returns level off. (p 7)

Shemyakina, O., 2006, 'The Effect of Armed Conflict on Accumulation of Schooling: Results from Tajikistan', HiCN Working Paper 12, Institute of Development Studies, Brighton

<http://www.hicn.org/papers/wp12.pdf>

This paper evaluates the impact of the conflict in Tajikistan (1992-1998) on school enrolment by children aged 7-15 and explores whether the exposure to conflict affected the probability of completion of mandatory schooling by children. The results imply that exposure to the conflict had a large significant negative effect on the enrolment of girls, and little, or no, effect on enrolment of boys. It finds that girls who were of school age during the conflict and lived in conflict affected regions were i) 12.3 percent less likely to complete mandatory schooling as compared to girls who had the opportunity to complete their schooling before the conflict started, and ii) 7 percent less likely to complete school than girls of the same age who lived in regions relatively unaffected by conflict. Thus, the armed conflict in Tajikistan may have created significant regional and generational disparities in the education attained by women. (p 1)

A review of the literature reveals that armed conflicts can affect schooling of individuals through the following four channels (p 10):

- First, civil wars and conflicts may reduce expected returns to schooling, which in turn may motivate decisions to stop attending school either temporarily or permanently.
- Second, armed conflicts reduce resources available to many households
- Third, infrastructure is often destroyed in the course of internal wars, and schools and educational facilities are often targeted by militants.
- Fourth, violence and feelings of insecurity may induce households to keep children away from public places, go into hiding or relocate.

Further, the conflict may have specific gender impacts. Girls may be withdrawn from school much earlier and married off to lift the burden from their families. Also girls may stay at home to avoid sexual assaults and harassment on their way to school. Even if girls complete education, they may not be able to work outside their households, either because fewer opportunities are available in general or because society starts to frown at families who let their women engage in outside employment. (p 13)

4. Further resources

The following UNIFEM information sheets outline the impact of conflict on women in a number of countries:

UNIFEM, 2007, 'Gender Profile of the Conflict in Haiti', UNIFEM, New York

http://www.womenwarpeace.org/docs/haiti_pfv.pdf

UNIFEM, 2007, 'Gender Profile of the Conflict in Guatemala', UNIFEM, New York

http://www.womenwarpeace.org/docs/guatemala_pfv.pdf

UNIFEM, 2007, 'Gender Profile of the Conflict in El Salvador', UNIFEM, New York

http://www.womenwarpeace.org/docs/elsalvador_pfv.pdf

UNIFEM, 2007, 'Gender Profile of the Conflict in Colombia', UNIFEM, New York

http://www.womenwarpeace.org/docs/colombia_pfv.pdf

UNIFEM, 2007, 'Gender Profile of the Conflict in Iraq', UNIFEM, New York

http://www.womenwarpeace.org/docs/iraq_pfv.pdf

5. Additional information

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Websites visited

AlertNet, BRIDGE, Eldis, GSDRC, Human Security Gateway, International Committee of the Red Cross (ICRC), Institute of Development Studies (IDS), Institute for Inclusive Security (Hunt Alternatives), International Labour Organization (ILO), INSTRAW, Inter-Agency Network for Education in Emergencies (IANEE), International Crisis Group (ICG), Kvinna Till Kvinna, Peace and Conflict Monitor, PeaceWomen Project, Reproductive Health Response in Conflict Consortium (RHRC), Siyanda, UNIFEM, Wikipedia, Women's Refugee Commission, Womenwarpeace.org, Woodrow Wilson Center, World Health Organization (WHO)

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