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The efficacy of international legal instruments in protecting Women's Reproductive Health Rights in post conflict settings

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ABSTRACT

This dissertation examines the effectiveness of international legal frameworks in protecting and advancing women's sexual and reproductive health rights in post-conflict settings. It highlights the disproportionate impact of war on women and their systemic exclusion and challenges within a broader socio-economic context. While this dissertation identifies key treaties such as the CEDAW and ICESCR as essential in achieving access to Sexual and Reproductive Health, it highlights the significant challenges in realising Sexual and Reproductive Health Rights within post-conflict settings. This dissertation further identifies the limitations of the Women, Peace, and Security agenda and UN Security Council Resolution 1325 in addressing gender inequalities effectively. By analysing the multi-level socio-economic approach, this dissertation revealed that overcoming challenges in a post-conflict setting will require *active* and *meaningful* participation and inclusion of women, not only at the peace table, but also within their communities and immediate environments. This dissertation concludes that empowering women, and ensuring that their voices are heard and acknowledged, will shift gender norms and lead to safer post-conflict recovery while protecting their sexual and reproductive health rights.

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LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
AP	Additional Protocols
CEDAW	Convention on the Elimination of Discrimination against Women
CESCR	Covenant on Economic, Social and Cultural Rights
CRC	Convention on the Rights of the Child
HIV	Human immunodeficiency virus
ICCPR	International Covenant on Civil and Political Rights
ICRC	International Committee of the Red Cross
ICPD	International Conference on Population and Development
IHL	International Humanitarian Law
IHRL	Human Rights Law
IPV	Intimate partner violence
GC	Geneva Conventions
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
UDHR	Universal Declaration of Human Rights
UNSCR	UN Security Council's resolutions
UHC	Universal health coverage
WHO	World Health Organisation's
WPPA	World Population Plan of Action
WPS	Women, Peace and Security

CHAPTER 1

INTRODUCTION

"War is not women's history"

Virginia Woolf

1.1. INTRODUCTION

For decades, women and girls played their undeniable part in the harrowing theater of war, enduring unimageable suffering and bearing the brunt of violence and devastation. As the dust settles, their agony intensifies, with the aftermath of conflict, leaving deep, unhealed scars.

A body of research suggests a concerning paradox, revealing that, despite considerable progress and recognition of women's sexual and reproductive health rights, women and girls remain "disproportionately disadvantaged and less prepared or empowered to survive or recover."[1] Sexual violence in post-conflict settings, for example, leads to an increased risk of sexually transmitted diseases, unintended pregnancies and resultant maternal morbidity and mortality.[2] It is therefore essential to address these violations and injustices through comprehensive efforts aimed at protecting and improving access to sexual and reproductive health services.[3] Ensuring that Sexual and Reproductive Health Rights (SRHR) are recognised and upheld is essential for achieving Sexual and Reproductive Health (SRH).[4] However, in a humanitarian context, it is not always clear what the parameters or scope of these rights include, or how they should be implemented.

Having regard to the efforts of international organisations, governments and local communities, this research aims to examine the effectiveness of the international legal framework in ensuring women's rights to sexual and reproductive health. It will identify shortcomings and practical interventions, with the goal of safeguarding, advancing and advocating women's rights in the aftermath of war.

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[1] United Nations Population Fund (2015). Shelter from the storm: A transformative agenda for women and girls in a crisis-prone world. *United Nations Population Fund.* p.4,5.
[2] Ibid at p.38,40.
[3] Ibid at p.76.
[4] R M A Tazinya, El-I M Mowafi, J M Hajjar and S Yaya 'Sexual and reproductive health and rights in humanitarian settings: a matter of life and death' (2023) 20(1) *Reproductive Health* 2.

This chapter provides a brief introduction to the historical development of sexual and reproductive health rights within international law. It then shortly outlines the goals and challenges of exercising these rights in post-conflict areas. Additionally, this chapter presents a framework that includes identified shortcomings, research questions and the study's significance and limitations.

1.2. LITERATURE REVIEW

1.2.1. Historical Overview of the Development of Sexual and Reproductive Health Rights

The World Health Organisation (WHO) defines Sexual and Reproductive Health (SRH) as, "a state of complete physical, mental, and social well-being; it is not simply the absence of disease or infirmity, but relates to all matters concerning the reproductive system, its functions and processes."[5]

The idea of Sexual and Reproductive Health and Rights was officially recognised and defined for the first time in 1994 during the International Conference on Population and Development (ICPD).[6] This caused a major change in how people around the world thought about reproductive health. In essence, it altered the way reproductive health was viewed and prioritised globally.[7]

A year later, these rights were reaffirmed and amplified at the Beijing Fourth World Conference for Women, echoing the slogan of the United Nations that, "human rights are women's rights and women's rights are human rights." [8] This phrase underscores the idea that true human rights cannot be fully realised without upholding women's rights.

The right to SRH was further refined and incorporated in the Convention on the Elimination of Discrimination against Women (CEDAW) [9] and the Convention on the

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[5] World Health Organization 2022. Available at https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/sexual-health, accessed on 5 October 2024.

[6] 'International conference on population and development, Cairo 5-13 September, 1994' *Relief Web*, 12 February 2024, 46-60 available at https://reliefweb.int/report/world/programme-action-adopted-international-conference-population-and-development-cairo-5-13-september-1994 accessed on 4 October 2024.

[7] 'Explainer: What is the ICPD and why does it matter?' *UNFPA*, 29 March 2019 available at https://www.unfpa.org/news/explainer-what-icpd-and-why-does-it-matter, accessed on 5 October 2024.

[8] 'Five big wins ushered in by the landmark Bijing Platform for Action' *UN Woman* 20 March 2020. Available at: https://reliefweb.int/report/world/five-big-wins-ushered-landmark-beijing-platform-action, accessed on 5 October 2024.

[9] Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979.

Rights of Persons with Disabilities (CRPD)[10]. These Conventions mandates countries to "take appropriate measures, including legislation, to ensure the full development and advancement of women".[11] It emphasises the need for concrete steps to ensure that women can fully develop their potential and achieve equality. Other treaty bodies, which have also acknowledged the right to SRH is the Committee on Economic, Social, and Cultural Rights (CESCR) and the Committee on the Rights of the Child (CRC).

These conventions and international treaties are foundational to both International Human Rights Law (IHRL) and International Humanitarian Law (IHL). They establish the legal frameworks and standards that protect individuals' rights, including sexual and reproductive health and rights.[12]

1.2.2. Sustainable Development Goals and Barriers to Sexual and reproductive health rights in post-conflict settings

Having been established as a fundamental human right, *universal access* to SRH is crucial for achieving the 2030 Agenda for Sustainable Development.[13] The Sustainable Development Goals are a global commitment, consisting of 17 goals for health and development over the next couple of years.[14] These goals aim to address various global challenges with the ultimate aim of creating a better and more sustainable future for all. For example, Sustainable Development Goal 3 (SDG3) pledges that everyone, regardless of their age, has the opportunity to live a healthy life and experience well-being.[15] More specifically, in the context of SRH, goal 3.1 aims to lower the number of maternal deaths to fewer than 70 for every 100,000 live births by the year 2030. This target is part of global efforts to improve maternal health and ensure safer childbirth experiences for women around the world.[16] Goal 3.7 aims to ensure that everyone has access to sexual and reproductive healthcare services, such as helping women plan and space their

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[10] Convention on the Rights of Persons with Disabilities 13 December 2006.
[11] CEDAW General Recommendation No.24.
[12] Centre of Reproductive Rights *Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings. Examining the Role and Relationship of Diverse Branches of International Law* (Technical paper) 2021, available at https://reproductiverights.org/wp-content/uploads/2021/06/SRHR-humanitarian-settings-6-2021.pdf.
[13] A M Starrs, A C Ezeh, G Barker, A Basu, J T Bertrand, R Blum 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission (2018) 391(10140) *The Lancet Commissions* 2643.
[14] A J Galati 'Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals' (2015) 18(4) *Guttmacher Policy Review* 1.
[15] Ibid at p3.
[16] World Health Organisation (WHO). Available at https://www.who.int/data/gho/data/themes/topics/sdg-target-3-1-maternal-mortality, accessed on 4 October 2021.

pregnancies, education, testing and treatment for Sexually Transmitted Infections (STIs) and ensuring safe and legal abortion services. More importantly, and applicable in post-conflict settings, SDG 5 focus on achieving gender equality.[17] This include taking actions to stop all types of violence directed at women and girls, eliminating child and early marriages and promote participation of woman in leadership roles. [18]

Even though the Agenda promises to include everyone and take the necessary steps to promote the well-being and quality of life for the most disadvantaged people, there are still major challenges in fragile states. [19] Fragile states include, for example, countries such as Libya, Afghanistan, Yemen, the Democratic Republic of the Congo (DRC) and Somalia.[20]These countries are often characterised by a loss of physical control over their territory, they struggle with making effective decisions that represent the interests of the entire population, delivering essential services and participating effectively in international relations.[21] As such, lack of basic services, poverty and ongoing violence makes it difficult to advance the SDGs.[22] Moreover, despite global consensus and the agenda's ambition to, "prosper people and planet,",[23] the proof will be in the pudding. As Galati (2015) correctly pointed out, "the real work will be in the detail – specifically how countries commit to these goals, adapt and implement them locally and measure their progress."[24]

In addition, nine years into the 2030 Agenda, the SDG Progress Report of 2023 confirmed that, "we are leaving more than half the world behind.".[25] It has been reported that, "800

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[17] A J Galati 'Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals' (2015)18(4) *Guttmacher Policy Review* 79.
[18] Ibid at p81.
[19] International Rescue Committee 'Sustainable Development Goals, in Crisis' (2018) *IRC,* available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://sustainabledevelopment.un.org/content/documents/28329Sara_Charles_document_2July_9Part2.pdf
[20] Statistica, The most unstable countries worldwide according to the fragile state index in 2023, available athttps://www.statista.com/statistics/752063/20-most-fragile-countries-worldwide/.
[21] The Fund for Peace 'Fragile States Index'. Available at https://fragilestatesindex.org/frequently-asked-questions/what-does-state-fragility-mean/ accessed on 2 October 2024.
[22] International Rescue Committee 'Sustainable Development Goals, in Crisis' (2018)1. Available at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.rescue.org/sites/default/files/2019-12/irc-sdgsincrisis-september2018.pdf, accessed on 4 October 2024.
[23] UNSDG / The 5Ps of the SDG: People, Planet, Prosperity, Peace and Partnership. Available at https://unsdg.un.org/latest/videos/5ps-sdgs-people-planet-prosperity-peace-and-partnership accessed on 16 September 2024.
[24] A J Galati 'Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals' (2015) 18(4) *Guttmacher Policy Review* 77.
[25] United Nations 'The Sustainable Development Goals Report 2023: Special edition Towards a Rescue Plan for People and Planet' 2023 at 2.

women died every day from pregnancy or childbirth in 2020",[26] that child marriages are still ongoing and by 2030, nine million girls will be married.[27] Although HIV infections has declined, this is more so among males than females.[28] Furthermore, nearly 50% of married women still face limitations in making decisions about their own bodies and health, whilst the issue of violence against women and girls remains, sadly, inadequately addressed.[29] Addressing these issues are crucial for achieving gender equality and ensuring that all women and girls can live healthy, safe and empowered lives.

1.2.3. Rights Violations *Suffered by Women and Girls in Post-Conflict Settings*

Women and girls in post-conflict settings experience numerous rights violations that impact their sexual and reproductive health. Gender-based violence and discrimination are explicitly recognised,[30] and States are called upon to protect and uphold the rights and dignity of women during and after conflicts.[31] Furthermore, post-conflict periods often lead to disruptions in education, particularly affecting girls and resulting in low attendance and return rates.[32] While states are obligated to provide comprehensive education and information on sexual and reproductive health,[33] these obligations are frequently unmet, violating girls' right to education. Women and girls face gender-based discrimination, and states are urged to enforce laws that prohibit harmful practices. [34] These include social norms and cultural expectations that often lead to early marriages, limiting their autonomy.[35]

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[26] World Health Organisation 'Trends in Maternal Mortality 2000 to 2020 Estimates by WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division' (2023) WHO xiv.
[27]United Nations 'The Sustainable Development Goals Report 2023: Special edition Towards a Rescue Plan for People and Planet' 2023 at 23
[28] Ibid at 18.
[29] Ibid at 22.
[30] CEDAW /C/GC/30 (2013) at para 29.
[31] Security Council Resolution 1325 (2008) at para 12.
[32] P Justina 'Barriers to Education in Conflict-Affected Countries and Policy Opportunities (2014) *Institute of Development Studies*, 7.
[33] United Nations Economic and Social Council (E/c 12/GC/22) *General comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)* (2016) para 49.
[34] Ibid.
[35] United Nations Population Fund (UNFPA). 'Motherhood in childhood: facing the challenge of adolescent pregnancy.' 2013 *New York: UNFPA The State of World Population.* 35.

1.3. THE RESEARCH PROBLEM

As previously pointed out, key to achieving the 2030 Agenda for Sustainable Development is access to SRH *for all*.[36] Whilst goal 3.7 strengthens the commitment made during the ICPD to ensure that everyone has access to SRH services, goal 3.8 "aims to achieve Universal Health Coverage (UHC)."[37] UHC will be achieved when everyone has access to measures that prevent diseases, activities that promote healthy living and well-being, medical care to treat illnesses, services to assist in recovery and care to relieve pain and suffering. [38] Lastly, UHC will ensure that people can access these services without facing financial hardship or being pushed into poverty.[39]

In light of the context of this research, I considered a study concerned with the "availability, accessibility, acceptability, and quality of SRH in humanitarian settings."[40] Schaaf et al. (2020) highlights the gap between the commitments made and the actual implementation and enforcement of sexual and reproductive health services [41]. The authors conclude that although efforts have been made to put systems in place to ensure access to SRH services, the actual enforcement and the availability of solutions or help for those who are denied these services are still lacking [42]. In addition, the review of the literature further suggests that political, socio-economic and cultural norms, as well as practical barriers, hamper the effectiveness and realisation of these rights. Moreover, the lack of priority funding and priority attention, is also believed to hinder progress towards universal access to SRH services, which inevitably hinders progress towards UHC.[43] Lastly, while a recent study highlights the link between the presence of women with "voice" and "influence" at the peace table, and implementation of women's rights and

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[36] A M Starrs, A C Ezeh, G Barker, A Basu, J T Bertrand, R Blum 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission (2018) 391(10140) *The Lancet Commissions* 2643.

[37] World Bank group, Universal Health Coverage Overview, available at https://www.worldbank.org/en/topic/universalhealthcoverage accessed on 4 October 2024.

[38] The World Health Report 'Research for universal health coverage. Geneva: World Health Organization' 2013, available at https://www.who.int/publications/i/item/world-health-report-2013-research-for-universal-health-coverage.

[39] Ibid.

[40] M Schaaf, V Boydell, M C Sheff, C Kay, F Torabi & R Khosla 'Accountability strategies for sexual and reproductive health and reproductive rights in humanitarian settings: a scoping review' (2020) *Conflict and Health*, 14, 18.

[41] Ibid.

[42] Ibid.

[43] M Berer 'Repoliticising sexual and reproductive health and rights'(2011) 19 (38*) Reproductive Health Matters* 8.

political representation after war, their place at the peace table remains empty.[44] This study found that including women in peace negotiations is strongly associated with better outcomes, such as lasting and durable peace.[45] However, despite this connection, women are still absent or underrepresented in such critical discussions.[46]

Despite the development of international laws and systems designed to protect women's sexual and reproductive health and rights, women and girls in areas recovering from conflict are still being denied these fundamental rights. Essentially, there are gaps between the intended protections and the reality on the ground for those in post-conflict settings. Understanding how to bridge these gaps are essential in promoting women's well-being and ensuring their rights are upheld.

1.4. RESEARCH FRAMEWORK

The purpose of this study is to critically examine the efficacy of international legal instruments in safeguarding women's reproductive health rights in post-conflict settings. By analysing existing frameworks, past experiences and identifying gaps, this study aims to evaluate policy development and practical application of these rights.

In researching the research problem, the following research questions will be explored:

1.4.1. What is the international legal framework protecting women's health rights in post-conflict settings?

1.4.2. What are the shortcomings of the existing legal framework?

1.4.3. Are there any practical reforms, which may facilitate better protection of women's health rights post-conflict?

1.5. SIGNIFICANCE AND LIMITATIONS OF THE STUDY

During this year's World Population Day 2024, governments united to renew their collective commitment to accelerate the implementation of the 1994 ICPD Program of Action. [47] They emphasised the importance of ensuring universal access to sexual and reproductive health services and advancing reproductive health.[48] However, reportedly,

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[44] J Krause, W Krause, 'Women's participation in peace negotiations and the durability of peace' (2018) 44 (6), *International Interactions,* 985.
[45] Ibid at 1005.
[46] Ibid at 1006.
[47] United Nations, World Population Day, July 2024. Available at https://www.un.org/en/observances/world-population-day on 4 October 2024.
[48] Ibid.

women still have limited reproductive autonomy, maternal mortality rates remain high, especially in conflict zones, women continue to suffer from widespread violence, and gender inequality in politics persist [49]. It is thus evident that the advancement of universal access to sexual and reproductive health services is stagnant with inadequate legal protection.

What more can be said but to reaffirm Grisken et al's conclusion? We need to be proactive and stay committed to ensuring that everyone, regardless of who they are, has access to better and sustainable sexual health services and rights.[50] Therefore, it is up to world leaders and the international community to step up and "leave no one behind."[51]

With this study, I wish to contribute to the advancement of access to sexual and reproductive health and rights, especially in post-conflict settings. These environments exacerbate vulnerabilities, making it crucial to advocate for and raise awareness about the legal instruments available and the gaps that need addressing to better protect these rights. Educating people about sexual and reproductive rights is important. It empowers individuals to understand the importance of these rights in achieving access to SRH services and overall well-being. I believe that even small contributions can create ripples of change, thereby fostering a more informed society and better results.

While this dissertation evaluates the implementation of legal instruments in post-conflict settings, it does not provide for a review of the mechanisms to enforce these instruments in post-conflict settings. This limitation arises from the study's focus on doctrinal analysis and the absence of empirical research, which restricts the ability to assess the practical effectiveness of enforcement in detail.[52] Furthermore, although many countries have laws protecting sexual and reproductive health rights within their national legal frameworks, such as the South African Constitution, which explicitly safeguards these rights under the rights to freedom and security and the right to health[53], enforcing these rights becomes very difficult in conflict and post-conflict settings. Therefore, rather than analysing how

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[49] Ibid.
[50] S Gruskin, V Yadav, A Castellanos-Usigli, G Khizanishvili, E Kismödi 'Sexual health, sexual rights and sexual pleasure: meaningfully engaging the perfect triangle' *Sexual and Reproductive Health Matters*.37.
[51] International Rescue Committee 'Sustainable Development Goals, in Crisis' (2018) *IRC* at 3.
[52] I Dobinson & F Johns "Qualitative Legal Research" available at: https://books.google.co.za/books?hl=en&lr=&id=5fiqBgAAQBAJ&oi=fnd&pg=PA16&dq=doctrinal+legal+research+method+johns&ots=efcxVQXq47&sig=o46fLMPgDCUtsmlz2sYt7UpSVkc#v=onepage&q=doctrinal%20legal%20research%20method%20johns&f=false
[53] Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), Chapter 2, the Bill of Rights,

national laws are implemented and enforced, this dissertation focuses on the international legal frameworks that establish mechanisms for the protection of human rights in conflict and post-conflict settings.

1.6. RESEARCH METHODOLOGY

This dissertation adopts a combination of doctrinal research and qualitative methodology to critically analyse the existing legal framework governing reproductive health rights for women in post-conflict settings. It involves a systematic review of relevant international treaties, conventions, and resolutions to identify its application and gaps within the current framework. By examining these legal instruments, the study evaluates their scope and implementation but also addresses the broader implications within the post-conflict contexts.[54] Secondary sources, including academic journals, reports from international organizations, and case studies from various countries, are utilized to provide context to the analysis.

1.7. OVERVIEW OF THE CHAPTERS

Chapter 1 introduces an overview of the historical development of the development, goals and challenges of sexual and reproductive health rights, research framework, and the importance of the study. Chapter 2 defines SRHRs and examines women's rights under international law. The chapter will focus on the current international legal instruments that regulate SRH. The 2 main branches, International Human Rights Law and International Humanitarian Law, are examined. Chapter 3 focus on the challenges and barriers in achieving SRH, more so in a post-conflict setting. Chapter 4 explores shortcomings in the current legal framework. Chapter 5 will conclude by analysing whether anything can be done to improve access and protection of SRH and rights and will provide recommendations based on current ideas and suggestions.

1.8. CONCLUSION

While international efforts and legal frameworks have acknowledged the importance of safeguarding women's sexual and reproductive health rights, the reality is that these rights for women and girls in post-conflict settings, remains violated and neglected. Women and girls continue to face violence, discrimination, and inadequate access to essential services. This study aims to shed light on shortcomings within the legal framework, and

[54] Ibid.

contribute to strategies that promote change and upheld women's SRHRs even in the most vulnerable contexts.

CHAPTER 2

THE PROTECTION OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS UNDER INTERNATIONAL LAW IN POST-CONFLICT SETTINGS

2.1. INTRODUCTION

The previous chapter introduced the dissertation topic, and has looked at the background and the context of sexual and reproductive health rights within a post-conflict setting. It then set out the research problem, the research aims, objectives and questions and then lastly, the significance and limitations of the study. This chapter will define sexual and reproductive health rights and will examine the evolution and protection of these rights under international law, with a focus on the current international legal instruments that regulate sexual and reproductive health.

2.2. EVOLUTION OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AND PROTECTION UNDER INTERNATIONAL LAW

To fully understand the scope and context of sexual and reproductive health rights, Pizzarossa (2018) expresses the importance of having a clear understanding of the historical evolution of SRHR. [55] The author suggests that a historical perspective will assist us in a number of aspects. First, it will help us to clarify what governments need to do to protect and promote these rights, secondly, it will increase our ability to assess how well these rights are being upheld, and lastly, it will allow us to hold individuals or entities accountable when they fail to meet these obligations.[56] According to Pizzarossa (2018), understanding past trends and conditions under which changes occurred, presents us with the best opportunity to realise SRHR.[57]

Reproductive autonomy was first acknowledged in 1968 during the International Human Rights Conference in Teheran.[58] An agreement was reached that parents, based on their own judgment and circumstances, should be able to choose how many children they want

[55] L B Pizzarossa 'Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law' (2018) 7(3) *Laws* 1.
[56] Ibid.
[57] Ibid.
[58] UNFPA, Eastern Europe and Central Asia, 14 May 2018.

and when to have them.[59] Women were now afforded access to both contraception and abortion services, and choosing whether, when, and how to have children within their rights.[60]

In addition, to achieve the objectives of social progress and development, the 1969 UN Declaration on Social Progress and Development listed as one of its goals the importance of educating people, training professionals, and giving families information and tools they need in order to help them make their own choices about family planning.[61] This goal was clearly in line with human rights and fundamental freedoms.

Likewise, the right of couples and individuals to exercise their reproductive autonomy was reaffirmed during the adoption of the World Population Plan of Action (WPPA) at the World Conference on Population and Development in Bucharest in 1974. This Plan of Action contained guidelines aimed at, "a better quality of life and rapid socio-economic development for all people." [62] A year later, the 1975 World Conference of the International Women's Year in Mexico City was held. This was a groundbreaking event because it was the first time governments from around the world came together specifically to discuss and address issues affecting women globally.[63] During this conference, the international community was reminded that gender-based discrimination remained a widespread issue. [64]

As a result, the World Plan of Action for the Implementation of the Objectives of the International Women's Year was adopted by the Conference.[65] In essence, the Report of the Conference called for a more inclusive and targeted approach to policy-making that ensures all women, especially those who are most vulnerable, receive the support and resources they need.[66]

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[59] *Proclamation of Tehran*, 1968. United Nations Audiovisual Library of International Law.
[60] Ibid.
[61] UN Declaration on Social Progress and Development (1969). Article 22(b).
[62] World Population Plan of Action (1974). Article 14(f).
[63] H Pietilä "The unfinished story of women and the United Nations" (2007) *United Nations Non-Governmental Liaison Service* 43.
[64]United Nations 'Conference equality Woman and Gender Mexico City 1975' available at *https://www.un.org/en/conferences/women/mexico-city1975*, accessed on 24 September 2024.
[65] Report of the World Conference of the International Women's Year. Mexico City, 19 June – 2 July 1975.
[66] United Nations 'Conference equality Woman and Gender Mexico City 1975' available at *https://www.un.org/en/conferences/women/mexico-city1975*, accessed on 24 September 2024.

The second International Conference on Population was held in Mexico City in 1984.[67] Although debates about women's social roles and their status in socio-economic development became more prominent during this time, the so called, "Mexico City Policy," was introduced which had a profound negative effect on family planning initiatives and organisations worldwide. [68] This policy halted all funding for abortion services and counselling around the world by US NGO's.[69]

In 1993, the World Conference on Human Rights was held in Vienna.[70] While women's rights received recognition as human rights and violence against women acknowledged as a violation of those rights, it was not until the 1994 UN International Conference on Population and Development (ICPD) that reproductive health rights were formally recognised as fundamental human rights.[71] Moreover, the ICPD highlighted states' obligations to realise these rights, alongside promoting gender equality, equity, and the empowerment of women.[72]

The Fourth Women's Conference was held in Beijing in September 1995. The Beijing Platform for Action was considered a pivotal document. [73] For example, paragraph 96 specifically states that women's human rights include their rights to make autonomous, informed decisions about their sexuality without facing coercion, discrimination, or violence. [74] This, according to Gruskin et al. (2019), marked a significant shift to prioritise women's reproductive and sexual health within the global rights' legal framework.[75]

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[67] UN Second Conference on Population. 1984. Recommendations for the Further Implementation of the World Population Plan of Action. Adopted in the World Population Conference. Mexico. 6 to 14 August 1984.
[68] H Pietilä "The unfinished story of women and the United Nations" (2007) *United Nations Non-Governmental Liaison Service* 43.
[69] Ibid.
[70] UN World Conference on Human Rights. 1993. Vienna Declaration and Programme of Action. A/CONF.157/23. Available online: http://www.refworld.org/docid/3ae6b39ec.html.
[71] W Nowicka 'Sexual and reproductive rights and the human rights agenda: controversial and contested.' *Reproductive Health Matters* (2011) 19(38) 119-128.
[72] Ibid.
[73] S Gruskin, V Yadav, A Castellanos-Usigli, G Khizanishvili, & E Kismödi 'Sexual health, sexual rights and sexual pleasure: Meaningfully engaging the perfect triangle' (2019) *Sexual and Reproductive Health Matters, 27*(1), 30.
[74] UN Fourth World Conference on Women. 1995. Beijing Declaration and Platform of Action. Available at, http://www.un.org/womenwatch/daw/beijing/platform.
[75] S Gruskin, V Yadav, A Castellanos-Usigli, G Khizanishvili, & E Kismödi 'Sexual health, sexual rights and sexual pleasure: Meaningfully engaging the perfect triangle'(2019) *Sexual and Reproductive Health Matters, 27*(1), 30.

2.3. DEFINITION OF SEXUAL AND REPRODUCTIVE HEALTH

Building on the World Health Organisation's definition of health, the ICPD Plan of Action defines reproductive health as:

'a state of complete physical, mental and social well-being and... not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (para 7.2)."[76]

"Bearing in mind the above definition, reproductive right embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (para 7.3)."[77]

Now firmly rooted in the international legal human rights framework, Gruskin et al. concluded that, for the first time, international policies began to address broader aspects of women's lives and rights, beyond just their reproductive roles. [78] Moreover, it prioritised and invested in women's reproductive and sexual health. More importantly, this shift, along with the resulting policy developments, emphasised the needs of women affected by conflict and complex emergencies.[79]

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[76] Report of the International Conference on Population and Development Cairo, 5-13 September 1994.
[77] Ibid.
[78] S Gruskin, V Yadav, A Castellanos-Usigli, G Khizanishvili, & E Kismödi 'Sexual health, sexual rights and sexual pleasure: Meaningfully engaging the perfect triangle'(2019) *Sexual and Reproductive Health Matters, 27*(1), 30.
[79] A Palmer, L Louisiana, B Anthony 'The emerging international policy agenda for health services in conflict settings' (1999) 49 *Social Science & Medicine,* 1689.

2.4. HUMAN RIGHTS LAW AND INTERNATIONAL HUMANITARIAN LAW

While International Human Rights Law focuses on protecting the rights of individuals in all situations, including in the context of armed conflict, international humanitarian law aims to limit the effects of armed conflict and safeguard those involved.[80] Despite this distinction, both aim to uphold the dignity and humanity of every individual.[81] Consequently, these two bodies of law are regarded as complementary sources of obligations during armed conflict.[82]

2.4.1. International Human Rights Law

Human rights are inherent to all human beings. They apply not only in times of peace but continue to apply in times of war.[83] States assume obligations under international law to "respect, protect and fulfil human rights." [84] In a nutshell, this means that States must avoid any actions that would infringe upon these rights by creating and enforcing laws and policies that prevent violations and implement measures and provide resources to facilitate the realisation of these rights.[85] States achieve this by incorporating human rights protections into their national legal frameworks. For example, the South African Constitution safeguards human rights through Chapter 2, which sets out the South African Bill of Rights. In the context of sexual and reproductive health, these legal duties requires States to realise the right to sexual and reproductive health.[86] In other words, women and girls must have access to comprehensive reproductive health information and services with resulted positive health outcomes.[87] For example, lower maternal mortality rates,[88] and in addition, the opportunity to make autonomous decisions about their own body and reproductive functions.[89] These human rights obligations continue to apply to situations of armed conflict and displacement.[90]

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[80] European Union Guidelines on promoting compliance with international humanitarian law [2005] OJ C327/04, at para. 2.
[81] Ibid.
[82] A Orakhelashvili 'The Interaction between Human Rights and Humanitarian Law: Fragmentation, Conflict, Parallelism, or Convergence?', (2008)19, *European Journal of International Law,* 161.
[83] United Nations Human Rights, digital library, *International Legal Protection of Human Rights in Armed Conflict* (2011) 5, available at https://digitallibrary.un.org/record/717182?ln=en&v=pdf.
[84] Universal Declaration of Human Rights.
[85] Centre of Reproductive Rights Technical Paper *Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings* (2021) 13.
[86] Centre for Reproductive Rights *Breaking Ground Treaty Monitoring Bodies on Reproductive Rights* (2019) 3.
[87] Ibid.
[88] Ibid.
[89] Ibid.
[90] United Nations Human Rights *International Legal Protection of Human Rights in Armed Conflict* (2011) 6.

In this regard, Pizzarossa (2018) suggests that the UN's treaty-monitoring bodies uses recognised human rights to evaluate how well countries are implementing and respecting sexual and reproductive health rights and to identify any violations of these rights. [91] For example, referring to Article 6.1 of the International Covenant on Economic, Social and Cultural Rights (CESCR), UN monitoring bodies argue that preventable maternal deaths due to unsafe abortions interfere with the right of the life of the mother.[92] General Comment 14 of the CESCR, on the other hand, suggests that everyone has the right to access comprehensive information about their sexual and reproductive health, and that this information is essential for making informed decisions about one's body and health, thus acknowledging the right to information on sexual and reproductive health as a crucial part of the broader right to health. [93] Furthermore, even during armed conflicts, states still have obligations to uphold human rights, including the right to health. As a result, the CESCR recommends that states should make extra efforts to provide sexual and reproductive health services to those affected by conflict.[94]

According to Henderson (2011), the key foundational documents of international human rights, are [95]: The Universal Declaration of Human Rights (UDHR), which outlines the responsibilities of countries to uphold human rights, the International Covenant on Civil and Political Rights (ICCPR), which guarantees the "right to life, freedom of religion, speech and of assembly and rights to due process and a fair trial," and the International Covenant on Economic, Social and Cultural Rights (ICESCR), which includes the "right to education and health, and a right to an adequate standard of living." In addition, Henderson (2011) highlights other core universal human rights treaties that offer greater protection for specific groups and situations where their rights have been violated.[96] The following human rights instruments, in particular, addresses women's sexual and reproductive health rights:

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[91] L B Pizzarossa 'Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law' (2018) 7(3) *Laws* 5.
[92] Ibid.
[93] UN Committee on Economic, Social and Cultural Rights 2000.
[94] CESCR, Gen. Comment No. 14, paras. 40, 65 (affirming applicability of Covenant in conflict settings and state obligations to ensure minimum essential levels of Covenant rights)
[95] T E Henderson 'Protecting Woman in Peace and Conflict: International Humanitarian and Human Rights Law at Work' (2011) 71(2) *Peace and Freedom* 17-18.
[96] Ibid.

2.4.1.1. International Covenant on Economic, Social and Cultural Rights (ICESCR):

In 2016, the CESCR Committee developed General Comment 22 on the right to sexual and reproductive health as in integral part of the right to health. [97]

While its primary concern is ensuring the enjoyment of the right to sexual and reproductive health for all individuals, the CESCR Committee, in General Comment 22, acknowledges that the full realisation of the right to sexual and reproductive health 'remains a distant goal,' particularly for women and girls worldwide.[98] Although the CESCR Committee describes the right to sexual and reproductive health as a set of "freedoms and entitlements," it also acknowledges that this right is influenced by various social factors, such as gender, ethnicity, age and disability.[99] The CESCR Committee submits that this leads to inequalities in society. For example, people who are poor face income inequality or experience discrimination and this marginalisation often results in worse sexual and reproductive health outcomes.[100] As a result, the CESCR Committee suggests that governments address these social factors by amending laws and policies, as well as altering social practices that contribute to these barriers.[101]

The CESCR Committee further emphasises States' core obligations to ensure the satisfaction of minimum essential levels of the right to sexual and reproductive health.[102] In short, these core obligations strive to eliminate barriers, establish and implement a national strategy for funding and oversight, guarantee universal access, prohibit harmful practices, prevent unsafe abortions, ensure comprehensive education and information with adequate resources for all, and, ultimately, provide access to justice and remedies for violations of sexual and reproductive health rights.[103]

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[97] United Nations Economic and Social Council (E/c 12/GC/22) *General comment No. 22 on thes right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)* (2016).
[98] Ibid at para 2.
[99] Ibid at para 8.
[100] Ibid.
[101] Ibid.
[102] United Nations Economic and Social Council (E/c 12/GC/22) *General comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)* (2016) para 49.
[103] Ibid, para 49 (a)-(h).

Furthermore, in order to achieve the highest standard of sexual and reproductive health, the CESCR Committee affirms that sexual and reproductive health must be implemented in such a way that it is available, accessible, acceptable and of good quality.[104] Availability refers to having sufficient quantities of resources, such as adequate hospitals, clinics, other health-related buildings, essential drugs, and appropriate compensation for medical and professional personnel. [105] Accessibility not only requires that hospitals and clinics be within reach, but also that they are affordable, particularly for the most vulnerable.[106]Acceptability means that health care must be culturally appropriate, in other words, respectful towards the culture of individuals and minorities.[107] Quality refers to the condition that goods and services must be "scientifically and medically appropriate and of good quality."[108]

Lastly, the CESCR Committee reiterated that the right to sexual and reproductive health is "indivisible from and interdependent with other human rights."[109] In essence, ensuring sexual and reproductive health rights is crucial for upholding the broader spectrum of human rights, as neglect in this area can lead to significant violations of other fundamental rights.

2.4.1.2. Convention on the Elimination of Discrimination against Women (CEDAW):

The Convention on the Elimination of Discrimination against Women (CEDAW) is suggested to be the only human rights treaty that affirms the reproductive rights of women.[110] Not only does the Convention require states to eliminate all forms of discrimination against women, but it also creates binding legal obligations to ensure the equal enjoyment of cultural, social, political and economic rights alongside men. [111]

More importantly, on 18 October 2013, after an extensive and thorough consultation process with women affected by conflict and other civil society actors, the CEDAW Committee adopted a landmark General Recommendation No. 30 (GR30) on, "Women

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[104] Ibid at para 11-22.
[105] CESCR General Comment No.14: The Right to the Highest Attainable Standard of Health 2000 para 12 (a).
[106] Ibid at para 12 (b).
[107] Ibid at para 12 (c).
[108] Ibid at para 12 (d).
[109] Ibid at para 10.
[110] L B Pizzarossa 'Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law' (2018) 7(3) *Laws* 5.
[111] UN Woman 'Guidebook on CEDAW General Recommendation No 30 and the UN Security Council Resolution on Women, Peace and Security' (2015) 8.

in conflict prevention, conflict and post-conflict situations."[112] The main goal of GC30 is to assist states in fulfilling their obligations under CEDAW, focusing on ensuring that women's rights are protected, respected and fulfilled during all phases of conflict. [113]

Furthermore, and just as important, the CEDAW Committee, in its General Comment 30, confirmed its connection with the UN Security Council's resolutions (UNSCRs) on Women, Peace and Security (WPS), and highlights the significance of a series of United Nations Security Council resolutions that serve as, "key political frameworks," for promoting and protecting women's rights in conflict and post-conflict situations.[114] These specific resolutions, namely 1325, 1820, 1888, 1889, 1960, 2106, 2122, 2242, 2467 and 2493 addresses various aspects of women's rights in conflict situations. For example, resolution 1889 addresses the needs of women in post-conflict recovery, while resolution 2160 and 2122 addresses measures to prevent sexual violence and promote women's participation in peace talks.[115] Additionally, these resolutions provide for "specific guidance on the impact of HIV and AIDS on women in conflict and post-conflict contexts."[116] The WPS agenda and its resolutions will be discussed in more detail in chapter four.

GC30 further acknowledges the correlation between increased prevalence of gender-based violence and discrimination and the outbreak of conflict, highlighting the importance of including women in conflict prevention efforts.[117] Moreover, in the context of post-conflict settings, GR30 outlines the following focus areas:

a) Gender-based violence

GC30 affirms that violence against women and girls constitute a form of discrimination and disregard for human rights.[118] It notes that existing gender inequalities are exacerbated by conflict, making women and girls more vulnerable. [119] GC30 highlights the fact that women and girls are deliberately targeted, not only during times of war, but

[112] United Nations CEDAW /C/GC/30 (2013).
[113] UN Woman 'Guidebook on CEDAW General Recommendation No 30 and the UN Security Council Resolution on Women, Peace and Security' (2015) 9.
[114] Ibid.
[115] PeaceWomen Women's International League for Peace and Freedom *About Women, Peace and Security in the Security Council,* available at https://www.peacewomen.org/security-council/WPS-in-SC-Council.
[116] CEDAW /C/GC/30 (2013) at para 25.
[117] CEDAW /C/GC/30 (2013) at para 29.
[118] CEDAW /C/GC/30 (2013) at para 34.
[119] Ibid.

also face persistent sexual violence even after the conflict has ended.[120] It stipulates that for many women in post-conflict settings, violence does not cease, in fact, it often increases.[121] This, according to GC30, is particularly true for all forms of gender-based violence, with sexual violence escalating notably in these environments. [122] GC30 further elaborates on the continuation of violence against women in post-conflict periods, attributing it to the lack of accountability measures for these violations during this time.[123] Lastly, and most concerning, GC30 highlights the connection between sexual violence and the heightened risk of HIV transmission, noting that it is often used as a tactic of war to deliberately infect victims with the virus.[124]

In support, UNSCR 1325 calls on "all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict."[125] In other words, by calling for these measures, UNSCR 1325 aims to ensure that women and girls are not only protected during conflicts, but also that their rights and dignity are upheld.

b) Trafficking

GC30 confirms that trafficking of women and girls is a form of gender-based discrimination. [126] It notes that this issue worsens during and after conflicts due to the collapse of political, economic, and social systems.[127] GC30 concludes that conflict and post-conflict situations create specific conditions that lead to women's economic, military and sexual exploitation.[128]

c) Participation

GC30 reiterates the Committee's concerns about the marginalisation of women's voices in post-conflict and transition periods.[129] It emphasises that including a significant number of women in international negotiations, peacekeeping, mediation and

[120] CEDAW /C/GC/30 (2013) at para 35.
[121] Ibid.
[122] Ibid.
[123] Ibid.
[124] CEDAW /C/GC/30 (2013) at para 37.
[125] Security Council Resolution 1325 (2008) at para 12.
[126] CEDAW /C/GC/30 (2013) at para 39.
[127] Ibid.
[128] Ibid.
[129] CEDAW /C/GC/30 (2013) at para 42.

humanitarian efforts can lead to positive outcomes.[130] GC30 notes the Committee's assertion that women's equal, meaningful and effective participation in government, leadership roles, and civil society is essential for achieving lasting democracy, peace and gender equality.[131] GC30 suggests that post-conflict periods can offer strategic opportunities for States to implement laws and policies that may eliminate discrimination against women, thereby ensuring their equal participation in new governance structures.[132] However, GC30 acknowledges that gender equality and women's involvement in decision-making are often deprioritised or viewed as incompatible with stabilisation efforts once hostilities cease.[133] Consequently, it concludes that women's full participation in formal peace-making, post-conflict reconstruction and socioeconomic development remains insufficient.[134]

Likewise, UNSCR 1820 urges the Secretary-General to invite women to participate in discussions concerning conflict prevention and resolution and post-conflict peacebuilding.[135]

d) Access to Education, Employment and Health and Rural Women

GC30 acknowledges that women bear the brunt of conflicts, which disrupts infrastructure and results in the lack of essential service delivery.[136] It confirms that the lack of access to sexual and reproductive health services following conflict-related sexual violence leads to unintended pregnancies, sexual and reproductive injuries and sexually transmitted infections, including HIV/AIDS.[137] GC30 notes that girls and women face a higher risk of HIV infection due to power imbalances and damaging gender norms, which are exacerbated in conflict and post-conflict situations.[138]It affirms the widespread stigma and discrimination related to HIV and the significant impact thereof on prevention, treatment, care and support efforts, especially when combined with the stigma of gender-based violence.[139] GC30 further urges States to provide comprehensive sexual and reproductive health services to ensure that women have the necessary support and care

[130] Ibid.
[131] CEDAW /C/GC/30 (2013) at para 43.
[132] Ibid.
[133] Ibid.
[134] Ibid.
[135] Security Council Resolution 1820 (2000) at para 10.
[136] CEDAW /C/GC/30 (2013) at para 48.
[137] CEDAW /C/GC/30 (2013) at para 50.
[138] Ibid.
[139] Ibid.

to maintain their sexual and reproductive health, even in challenging circumstances.[140] GC30 addresses the prevention and treatment of HIV/AIDS and other sexually transmitted infections and calls for the inclusion of post-exposure prophylaxis and treatment of injuries arising from sexual violence.[141] Similarly, UNSCR 1888 encourages States to increase access to health care, psychosocial support, legal assistance and socio economic reintegration services for victims of sexual violence, in particular in rural areas.[142] Also, UNSCR 2106 stresses the requirement of assisting survivors of sexual violence timeously, and provision of non-discriminatory and comprehensive health services.[143] Furthermore, UNSCR 2106 also confirms the link between sexual violence in armed conflict and post-conflict situations and HIV infection. The resolution calls on all Member States and United Nations entities to develop and strengthen national health capabilities in an effort to provide sustainable assistance to women and girls living with HIV and AIDS in armed conflict and post-conflict situations.[144]

On the other hand, UNSCR 1820 urges not only Member States and United Nations bodies, but also financial institutions to support women's access to health and economic opportunities by bolstering the capabilities of national institutions, especially judicial and health systems, and local civil society networks.[145] This support aims to offer sustainable aid to victims of sexual violence in conflict and post-conflict settings.[146]

The integration of human rights treaty bodies with the UN Security Council's Women, Peace, and Security (WPS) agenda creates a robust framework for addressing the unique challenges faced by women in post-conflict settings. These mechanisms work together to ensure comprehensive protection and promotion of women's rights, leveraging international human rights laws and the WPS resolutions to hold states accountable.[147] This collaboration enhances the capacity for effective post-conflict reconstruction by

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[140] CEDAW /C/GC/30 (2013) at para 52(c).
[141] Ibid.
[142] Security Council Resolution 1888 (2000) at para 13.
[143] Security Council Resolution 2106 (2013) at para 19.
[144] Ibid at para 20.
[145] Security Council Resolution 1820 (2000) at para 13.
[146] Ibid.
[147] S Naraghi-Anderlini 'Linkages between Human Rights Mechanisms and The Security Council Resolutions for Women, Peace and Security: Opportunities for Enhanced Accountability for Implementation' in International Civil Society Action Network (Co-Founder) *Human Rights Mechanisms* (2015) 350.

ensuring that women's rights are central to peacebuilding efforts, fostering accountability and preventing impunity for violations. [148]

2.4.1.3. Convention on the Rights of the Child (CRC):

As one of the international human rights treaties, the CRC uniquely recognises children as 'subjects entitled to the full range of civil, political, economic, social, and cultural rights." [149] It affirms their right to participate in all matters affecting them and outlines the duty of States' Parties to 'respect, protect, and fulfil these rights."[150]

In the context of this study, we consider CRC General Comment No. 4 on "Adolescent Health and Development in the Context of the Convention on the Rights of the Child." General Comment No. 4 (GC4) specifically recognises the developmental challenges adolescents face due to their vulnerability and societal pressures,151 and reiterates the obligations on States to ensure the respect, protection and fulfilment of adolescents' rights.[152]

For example, GC4 highlights the importance of the environment in shaping the health and development of adolescents. Moreover, it acknowledges that violence often results from a "complex interplay of individual, family, community and societal factors." By addressing both the immediate and broader environments, GC4 aims to create conditions that support the healthy development of adolescents and reduce the risk of violence.[153] It further highlights the importance of raising awareness against practices that are harmful, such as child and forced marriages and genital mutilations.[154] In this regard, GC4 expresses its concern about how early marriage and pregnancy negatively impact adolescents' sexual and reproductive health, and thus recommends reforms in practice

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[148] Ibid.
[149] Children's rights Legislative Reform, Universiteit Leiden, available at https://www.childrensrightsreform.org/what/the-crc-framework/convention-on-the-rights-of-the-child-crc, accessed on 3 November 2024.
[150] Ibid.
[151] CRC General Comment No. 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child, Adopted at the Thirty-third Session of the Committee on the Rights of the Child, on 1 July 2003. CRC/GC/2003/4, available at https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-4-2003-adolescent-health, accessed on 3 November 2024.
[152] Ibid.
[153] Ibid, at para 10.
[154] Ibid, at para 19.

and legislation to increase the minimum age of marriage, with or without parental consent, to 18 years.[155]

As far as access to sexual and reproductive information are concerned, GC4 elaborates on the importance of providing girls with information on contraceptives, the dangers of early marriage, the prevention of sexually transmitted diseases, including HIV /AIDS. [156] As a result of these challenges, GC4 reiterates states parties' obligation to ensure that girls have access to appropriate information on the harmful effects of early pregnancy and unsafe abortion practice, and emphasises the importance of taking measures to reduce maternal morbidity and mortality in adolescent girls.[157]

2.4.2. International Humanitarian Law

Displacement, poverty, sexual violence and enslavement. These are all the effects of war on women and girls. Moreover, over the last 10 years, the world has seen the highest level of forced displacements since World War II,[158] with civilian casualties, significantly outnumbering those of combatants. Women and children form the majority of these deaths. Reportedly, by the end of 2024, more than 300 million people will need humanitarian assistance,[159] with an estimated 32 million women and girls of reproductive age requiring sexual and reproductive health information and services.[160]

Conflict is one of the main causes of displacements.[161] It undermines the dignity of women and girls. Unintended pregnancy due to sexual violence with resultant unsafe abortion, acquisition of sexually transmitted infections, mental health problems and sequelae of trauma, discrimination and reproductive health complications.[162] These adverse effects of violence impact on women and girls more than on their male

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[155] Ibid, at para 16.
[156] Ibid, para 24.
[157] Ibid, para 27.
[158] SK Chynoweth 'Advancing reproductive health on the humanitarian agenda: the 2012–2014 global review.' (2015) 9(1):11 *Conflict and Health.*
[159] United Nations Office for the Coordination of Humanitarian Affairs *Global Humanitarian Overview 2024* (2023), p. 5
[160] NS Singh, J Smith, S Aryasinghe, R Khosla, L Say, K Blanchet 'Evaluating the effectiveness of sexual and reproductive health services during humanitarian crises: a systematic review.' (2018)13(7) *PLoS ONE*
[161] Ibid.
[162] Ibid.

counterparts.[163] International Humanitarian Law (IHL) acknowledges that women have unique needs and face specific challenges during armed conflicts. To address these, IHL provides additional protections and rights specifically for women.

IHL is also known as, 'the law of war,' or, 'the law of armed conflict, and only applies during armed conflict.[164] The core objectives of IHL is to reduce the suffering caused by war, to set rules on how wars can be fought and to protect those not participating in war.[165] Furthermore, it aims to regulate armed conflicts that may be either international or non-international.[166] It does not allow for any derogation from its provisions due to the intricate nature of these rights.[167] IHL may also apply to non-State actors. [168] These non-State actors are for example groups that are not officially recognised as states, such as rebel groups and militants. These groups are frequently held responsible for significant destruction resulting from violations of IHL, which complicates access to post-conflict settlements.[169] This means that achieving peace and rebuilding societies after conflict will be challenging.

The principal instruments of IHL are:[170] the four Geneva Conventions of 1949 (GC I, II, III and IV), [171] supplemented by Additional Protocols I [172]and II of 1977 (AP I and AP II). [173] In short, the First Convention of 1949 sets out to protect the wounded and sick members of armed forces on land, the Second Convention, provides for the protection for the wounded, sick and shipwrecked members of armed forces at sea, the Third

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[163] Ibid.

[164] What is International Humanitarian Law?,(2004) *ICRC ADVISORY SERV. ON INT'L HUMANITARIAN* L. available at, https://www.icrc.org/eng/assets/files/other/what_is_ihl.pdf.

[165] Ibid.

[166] J Pejic 'Non-discrimination and armed conflict' (2001)83 (841) *RICR Mars* (184).

[167] International Committee of the Red Cross (ICRC), Customary International Humanitarian Law Database, Introduction to Fundamental Guarantees, https://ihldatabases.icrc.org/customary-ihl/eng/docs/v1_rul_intofugu (

[168] 'UN Guidelines on Promoting Compliance with International Humanitarian Law' available at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/file:///D:/Articles/Legal%20framework/2.%20guidelines_humanitarian%20law.pdf, accessed on 29 September 2024.

[169] Ibid.

[170] Ibid at para 4.

[171] Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, of 12 August 1949; Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, of 12 August 1949; Geneva Convention relative to the Treatment of Prisoners of War, of 12 August 1949; Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949.

[172] Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), of 8 June 1977.

[173] Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non- International Armed Conflicts (Protocol II), of 8 June 1977.

Convention sets out the protections for war prisoners, and lastly, the Fourth Convention provides for the protection for individual civilians and civilian populations.[174]

In addition to the treaties mentioned above, *customary IHL* serves as another source of IHL. While treaties are formal, written agreements between countries that define specific rules, customary IHL is unwritten practices that developed over time and accepted by the international community as legally binding. To prove that a rule is part of customary IHL, one must show that this rule is followed in a consistent and widespread manner, and that by following this rule, the international community accepts the rule as legally binding. Thus, in situations where the aforementioned treaties are less developed or not applicable, customary IHL can be applied to evidence a principle that is consistently accepted as law by a number of states.[175] This is particularly relevant in cases of non-international armed conflicts.[176] For example, ICRC Rule 87 requires that all non-combatants, including civilians, the sick and wounded, be treated humanely in all circumstances.[177]

Another example is ICRC Rule 134, which mandates that "the specific protection, health and assistance needs of women affected by armed conflict must be respected."[178] Thus, although IHL affords women the same protection as men, it also recognises their specific needs and vulnerabilities and grant them a number of further specific protections and rights. For example, The First Geneva Convention, requires that, "women shall be treated with all consideration due to their sex"."[179] Additional Protocol I provide that "women shall be the object of special respect.'[180] This clearly poses an obligation to treat women with "due regard to their sex.' A further example of respect for the specific needs of women is the requirement that pregnant mothers must be treated with special care as regards to food, clothing, medical assistance, evacuation and transportation.[181]

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[174] J Pejic 'Non-discrimination and armed conflict' (2001)83 (841) *RICR Mars* (184).
[175] What is International Humanitarian Law?, ICRC ADVISORY SERV. ON INT'L HUMANITARIAN L. (July 2004), https://www.icrc.org/eng/assets/files/other/what_is_ihl.pdf accessed on 29 September 2024.
[176] Ibid.
[177] ICRC 'Customary IHL Database' Rule 87, available at https://ihl-databases.icrc.org/en/customary-ihl/v1/rule87.
[178] First Geneva Convention, Article 12, fourth paragraph; Second Geneva Convention, Article 12, fourth paragraph; Third Geneva Convention, Article 14, second paragraph; Fourth Geneva Convention, Article 27, second paragraph.
[179] Ibid.
[180] Additional Protocol I, Article 76,1.
[181] Fourth Geneva Convention, Articles 16–18, 21–23, 38, 50, 89, 91 and 127 Additional Protocol I, Article 70(1) and Article 76(2).

Furthermore, that maternity cases, include 'expectant mothers." and are included in these provisions, affording them special protection.

In conclusion, under humanitarian law, pregnant women and those in labour are classified as "wounded persons,"[182] and as a result, they are granted the same "special protection and respect" provided to the wounded and sick. This includes ensuring their safety, care, and access to medical treatment during armed conflict, as specified in the Fourth Geneva Convention and Additional Protocol.[183]

On the other hand, and without reference to "respect for the specific needs of women," Common Article 3 of the Geneva Convention and Additional Protocol II strongly prohibit violence to life and "forbid outrages upon personal dignity, such as degrading treatment, enforced prostitution and rape."[184]

Lastly, the International Committee of the Red Cross (ICRC) is mandated to protect the lives and dignity of all victims of armed conflict.[185] Serving as the guardian of International Law, the ICRC works through its Advisory Service on IHL, to ensure the "faithful application" of humanitarian law at national level. [186]

2.5. CONCLUSION

International Human Rights Law and International Humanitarian Law have historically been separate fields. The former focuses on safeguarding individuals from abuses of power, while the latter governs the behaviour of parties during armed conflicts. However, recent legal developments have highlighted that these two areas of law not only share a common goal of upholding human dignity and integrity, but also significantly intersect in their application.[187]

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[182] Expectant women, maternity cases and new-born infants are included in the IHL definition of the wounded and sick. This is to ensure that they receive the greater protection and assistance required by their particular vulnerability (API, art. 8).

[183] Fourth Geneva Convention, Articles 16–18, 21–23, 38, 50, 89, 91 and 127 Additional Protocol I, Article 70(1) and Article 76(2).

[184] Geneva Conventions, common Article 3; Additional Protocol II, Articles 4–5.

[185] C Lindsey 'Woman facing war' (2001) *International Committee of the Red Cross* (16).

[186] Ibid.

[187] C Droege 'The Interplay between International Humanitarian Law and International Human Rights Law in situations of armed conflict' (2007) 40 (2) *International Law Reform The Hebrew University of Jerusalem* 310.

Droege (2007) examined the relationship between International Humanitarian Law and International Human Rights Law in situations of armed conflict.[188]While concurrent application of both bodies of law has the potential to offer greater protection, it also presents with certain difficulties.[189] However, notwithstanding these difficulties, the author concludes that a specific law (*lex specialis*) will take precedence over a more general law when both could apply to a situation. [190] For example, if a situation involves conduct of hostilities, humanitarian law is more relevant and allows for lethal force in ways that human rights law does not.[191] In this regard, Orakhelashvili (2008) argues that when humanitarian law is considered *lex specialis*, it serves specific purposes, and enhances, rather than diminishes, the protection provided by human rights law.[192]

In the context of sexual and reproductive health rights, Zampas et al. (2024) suggests that IHRL and IHL can work together to improve access to sexual and reproductive health services, especially in conflict settings.[193] For example, Zampas et al. reflects on "the right to be free from torture and other ill-treatment (IHRL) and the principle of humane treatment," and on "the right to non-discrimination (IHRL) and the principle of no adverse distinction (IHL)."[194]

By using IHRL to clarify and strengthen IHL, Zampas et al. suggest that these *combined* principles are essential for improving access to SRH services in conflict settings.[195]

On the other hand, in a recent analysis on "Women's Rights in Armed Conflicts under International Humanitarian Law," Waqar stresses the importance of recognising the underlying discriminatory factors that contribute to the challenges women face during conflicts. [196] The author suggests that traditional IHL provisions often overlook the

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[188] Ibid.
[189] Ibid.
[190] Ibid.
[191] Ibid.
[192] A Orakhelashvili 'The Interaction between Human Rights and Humanitarian Law: Frafmentation, Conflict, Paralleslism, or Convergence? (2008) 19 (1) *The European Journal of International Law* 182.
[193] C Zampas R Brown O Afulukwe 'Interpreting International Humanitarian Law to Guarantee Abortion and other Sexual Reproductive Health Services In Armed Conflict (2024) 26 *Health and Human Rights Journal* 33.
[194] Ibid.
[195] Ibid.
[196] A Waqar 'Women's Rights in Armed Conflicts under International Humanitarian Law' (2022) *DLP Forum* available at https://www.dlpforum.org/2022/10/13/women-rights-in-armed-conflicts-under-international-humanitarian-law/ accessed on 29 September 2024.

diverse roles women play in war, viewing them primarily as victims.[197] These issues will be discussed further in the following chapters.

[197] Ibid.

CHAPTER 3

CHALLENGES AND BARRIERS TO REPRODUCTIVE HEALTH IN POST-CONFLICT SETTINGS

"I do not wish them [women] to have power over men; but over themselves."

Mary Wollstonecraft

3.1 INTRODUCTION

The term 'post-conflict' might be perceived as an 'end' with some implication of finality, however, examples from various countries, such as Afghanistan, Burundi, Rwanda, and Angola, have described "post-conflict" scenarios as a process of transitioning from war to peace, as opposed to a "single event."[198] War often results in the collapse of institutional infrastructures with a consequent lack of functioning, self-sustaining government systems.[199] These conditions significantly hinder economic growth, social progress, and overall development in post-conflict environments, making it difficult for these areas to rebuild and move forward. [200] Likewise, insecurities relating to reproductive health, choices, and rights are heightened in post-conflict settings.[201] These insecurities are exacerbated by a combination of weakened healthcare systems, social instability, violence and economic hardship, all of which impact women's ability to have control over their reproductive lives.[202] As indicated in the preceding Chapters, these insecurities were acknowledged in the UN Sustainable Development Goals, along with various treaties and resolutions. [203] Consequently, universal access to sexual reproductive health was reaffirmed as a human right, and as a result, maternal health became a global priority.[204] Therefore, in order to promote and sustain this journey toward peace and

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[198]L Brahimi 'State Building in crisis and post-conflict Countries' (2007). Available at: https://constitutionnet.org/sites/default/files/Brahimi%20UNPAN026305.pdf, accessed on 20 October 2024.
[199]Ibid.
[200] G Brown, A Langer, F Stewart 'A Typology of Post-Conflict Environments' (2011) *CRPD Working Paper No. 1,*
[201] J Hedström and T Herder, T. 'Women's sexual and reproductive health in war and conflict: are we seeing the full picture?'(2023) 16(1) *Global Health Action.*

[202] S Svallfors, H Litorp, K Båge, A M Ekström, K Elimian, E Gayawan & A Kågesten 'Armed conflict, insecurity, and attitudes toward women's and girls' reproductive autonomy in Nigeria.' (2024). *Social Science & Medicine*, 348.
[203] J Hedström and T Herder 'Women's sexual and reproductive health in war and conflict: are we seeing the full picture?' (2023) 16 (1). *Global Health Action.*
[204] Ibid at 1.

stability, various factors that interplay and contribute to the complexity of this transition process must be explored.[205]

This chapter will explore the challenges in achieving sustainable and universal access to sexual and reproductive health in post-conflict settings. While the international laws and agreements discussed in Chapter 2 are designed to protect reproductive rights, they may not be sufficient or effective in addressing the realities faced by women and girls in post-conflict contexts. Therefore, this chapter aims to delve deeper into these challenges and how they manifest in such environments.

3.2 THE SOCIO-ECOLOGICAL MODEL

In order to understand the interrelated factors that influence behaviour and health outcomes at different levels within a society, various studies [206] [207] [208] [209] [210] have utilised the Social *Ecological Model*. This model provides a clear understanding of how individuals interact with their environment and the broader social system.[211] It illustrates how a person's health is shaped by not just individual choices, but also social, cultural and environmental influences. [212] Similarly, and with reference to previous studies, this chapter will organise the different factors affecting women's sexual and reproductive health within this framework. In the context of post-conflict settings, the individual level focuses on individual factors that influence a woman's SRH outcomes, the interpersonal level focuses on relationships, such as family and friends and other social networks that affect SRH outcomes, at community level, the role of local institutions and social cohesion are considered, and finally, the structural level focuses on broader social,

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[205] Ibid, 15.

[206] N B Sidamo, A A Kerbo, K D Gidebo & Y D Wado 'Socio-Ecological Analysis of Barriers to Access and Utilization of Adolescent Sexual and Reproductive Health Services in Sub-Saharan Africa: A Qualitative Systematic Review' (2023) 14 *Journal of Contraception,* 103.

[207] K N O'Laughlin, K Greenwald, S K Rahman, Z M Faustin, S Ashaba, A C Tsai, N C Ware, A Kambugu & I V Bassett 'A Social-Ecological Framework to Understand Barriers to HIV Clinic Attendance in Nakivale Refugee Settlement in Uganda: A Qualitative Study' (2021) 25 *Aids and Behaviour,* 1729.

[208] V Tirado, J Chu, C Hanson, A M Ekström, and A Kågesten, 'Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review' (2020). *PLOS ONE*, 1.

[209] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection' (2017) 11:15, *Conflict and Health,* 1.

[210] K Mmari, R Blum, 'Risk and protective factors that affect adolescent reproductive health in developing countries: A structured literature review' (2009)4 *Global Public Health,*350.

[211] K Aronica, E Crawford, E Licherdell, J Onoh 'Social Ecological Model' *Models and Mechanisms of Public Health. Available at:* https://courses.lumenlearning.com/suny-buffalo-environmentalhealth, accessed on 22 October 2024.

[212] Ibid.

economic and political structures that shape SRH outcomes.[213] I believe that this approach will provide a clearer understanding of the challenges faced by women and girls in post-conflict settings.

3.2.1 Risk and protective factors

I begin the analysis with the study by Mmari et al (2009).[214] Their research involved the identification of adolescent behaviour and outcomes within each of these social environments that would either increase or decrease "protective," and "risk" factors concerning their reproductive health.[215] Factors are categorised as "protective" if they either promote positive health behaviours and outcomes, or discourage behaviours that lead to negative health outcomes.[216] In other words, protective factors help safeguard or improve health by encouraging healthy choices or preventing harmful ones, such as the use of condoms and contraception. Likewise, "risk" factors refer to factors that either increase the probability of negative health behaviours and outcomes, or discourage favourable outcomes.[217] In other words, risk factors are things that contribute to poor health or make it harder for someone to avoid negative health outcomes, for example, alcohol use or exchanging sex for money.

Mmari et al (2009) limited their research to developing countries and considered factors/outcomes, such as condom use, premarital sex, early childbearing, sexually transmitted infections and HIV.[218] The study found that factors, such as attitude, decision-making or personal circumstances played a significant role in shaping the outcomes.[219] Although the factors influencing the outcomes were primarily related to the adolescents themselves, the study recognised the significance of other influences, such as culture, social cohesion, and community in the outcomes.[220] It emphasised that understanding risk and

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[213] M R Kaufman, F Cornish, RS Zimmerman, B T Johnson 'Health behavior change models for HIV prevention and AIDS care: practical recommendations for a multi-level approach' (2014*). Journal Acquired Immune Deficiency Syndrome.*

[214] K Mmari, R Blum, 'Risk and protective factors that affect adolescent reproductive health in developing countries: A structured literature review' (2009) 4 *Global Public Health,* 350.

[215] Ibid.

[216] Ibid.

[217] Ibid, 351.

[218] Ibid, 353.

[219] Ibid.

[220] Ibid.

protective factors can guide the development of programmes and policies aimed at improving reproductive health in developing countries.[221]

I proceed to a study by Hutchinson et al. (2017). Although most research on sexual and reproductive health focuses on a broad population-level approach, new research suggests that factors influencing risk and protection, are also meaningfully shaped by the specific context in which they occur.[222] This study therefore sought to further explore these risk and protective factors associated with sexual and reproductive health of young women in the context of armed conflict.[223] However, some degree of uncertainty exists about how conflict may force individuals to make difficult choices, where they might take on certain risks in order to increase their level of protection.[224] In other words, during conflict, women and girls may have to balance between accepting certain risks and ensuring their own safety. For example, women may have access to sexual and reproductive health services within refugee camps, but at the same time, that environment might very well expose them to sexual violence.[225] This study utilised the conceptual framework created by Mmari et al. as a reference point. [226] They then built upon it to develop a socio-ecological framework to guide their review.[227] As such, they identified factors and then mapped them according to Mmari et al's six environments namely, institutional, community, school, family, peer and individual.[228]

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[221] Ibid, 362.
[222] S Bilchik 'Serious and Violent Juvenile Offenders' (1998) *Juvenile Justice Bulletin, 7.*
[223] Ibid, 2.
[224] Inter-agency Working Group on Reproductive Health in Crisis. (2010) *Inter-agency field manual on reproductive health in Humanitarian settings. New York: Inter-agency Working Group on Reproductive Health in Crisis.*
[225] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 3.
[226] R Blum, K Mmari 'Risk and protective factors affecting adolescent reproductive health in developing countries.' (2005) *Geneva: World Health Organization.*
[227] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 1.
[228] Ibid, 3,4.

3.2.2 *Institutional level*

Unstable governance, inadequate infrastructure and shifts in how households manage their resources were identified at the institutional level as factors that limit access to health services during and after times of conflict.[229] These factors include legislative justice mechanisms that fail to protect women from sexual violence, inadequate health and education infrastructures that limit access to quality sexual and reproductive health services and education, and young women forced to work in conditions where sexual exploitation is a significant risk, as a means of family survival.[230]

3.2.3 *Community level*

A girl's life opportunities and risks are heavily influenced by the cultural and social framework of the community in which she lives.[231] Each community has unique cultural norms, beliefs, and attitudes that shape and influence a girl's life in several important ways. For example, community-specific factors determine "how much freedom a girl has to make her own decisions, whether she is protected from violence and abuse, if she is pressured into early marriage, her risk of experiencing early or unintended pregnancy, and whether she is allowed to return to school after becoming a mother." [232] However, periods of conflict often result in a collapse of these social structures and norms,[233] with the chances of young women experiencing negative sexual outcomes, such as sexual violence, unintended pregnancies, or exploitation.[234] This happens because the protective system normally provided by families and communities, such as educational support, guidance, supervision and safety measures, are disrupted or no longer functioning properly.[235] Without these protective mechanism, young women become more vulnerable to harm. Another

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[229] Ibid, 4.
[230] Ibid.
[231] Ibid, 4.
[232] United Nations Population Fund (UNFPA). 'Motherhood in childhood: facing the challenge of adolescent pregnancy.' 2013 *New York: UNFPA The State of World Population.* 35.
[233] WW Muhwezi, E Kinyanda, M Mungherera, P Onyango, E Ngabirano, J Muron et al. *Vulnerability to high-risk sexual behaviour (HRSB) following exposure to war trauma as seen in post-conflict communities in eastern Uganda: a qualitative study.* (2011) *Conflict Health*, 7.
[234] Ibid.
[235] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 5.

important factor identified at community level is changing norms.[236] One study showed that women gained increased agency, the power and ability to make decisions, during conflict, which persisted even after the war ended.[237] In contrast, another study found that high-risk sexual behaviour, adopted as a survival strategy during the conflict, continued into peacetime in the post-conflict period.[238] In essence, the community environment can influence SRH outcomes in multiple ways, depending on the presence and interaction of these risk and protective factors.

3.2.4 School-level environment

At school level, a body of research illustrated that having access to education in schools plays a significant role in promoting better SRH outcomes in developing regions.[239] Similarly, a more recent study by Bone et al. (2024) demonstrated the link between low levels of female education and higher fertility rates.[240] This nexus can best be illustrated by a study, which was conducted during a universal primary education programme in Nigeria from 1976 to 1981.[241] The study showed that women who received an additional year of schooling had on average 0.26 fewer children by the age of 25 than they would have without the extra education.[242] Likewise, a study conducted among Muslim women in rural West Bengal explored the relationship between educational attainment and fertility behaviour in married women.[243] The findings confirmed that higher levels of education were associated with lower fertility rates. [244] Consequently, the better and more education a woman received, the greater control she had over her reproductive decisions.

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[236] Ibid, 5.
[237] D Rajasingham-Senanayake, 'Between reality and representation: Women's agency in war and post conflict Sri Lanka.' (2004) 16 *Cultural Dynamics*, 141–168.
[238] WW Muhwezi, E Kinyanda, M Mungherera, P Onyango, E Ngabirano, J Muron et al. *Vulnerability to high-risk sexual behaviour (HRSB) following exposure to war trauma as seen in post-conflict communities in eastern Uganda: a qualitative study.* (2011) *Conflict Health*, 13.
[239] United Nations Population Fund (UNFPA). 'Motherhood in childhood: facing the challenge of adolescent pregnancy.' 2013 *New York: UNFPA The State of World Population.* 28.
[240] V Bove, J Di Salvatore, L Elia & R Nisti 'Mothers at peace: International peacebuilding and post-conflict fertility.'(2024) 167, *Journal of Development Economics.*
[241] U O Osili and B T Long, 'Does female schooling reduce fertility? Evidence from Nigeria'. (2008) 87 *Journal of Development Economics*, 67,70.
[242] Ibid at 73.
[243] Khan, Soleman, and A. K. M. Anwaruzzaman. 'Role of Education in Determining Fertility Level among Muslim Women in Rural Areas of West Bengal' (2021) 17 *Punjab Geographer*, 110.
[244] Ibid at 124.

In the context of conflict, I considered the study on the 2003-2011 Iraq War. This study examined the relationship between conflict, education and fertility.[245] The findings revealed a sharp rise in teenage fertility, largely driven by an increase in early marriage rates for security and economic reasons.[246] Notably, this increase was most prominent among girls with only primary education or less.[247]

Even though education was included in the United Nations resolution, which ensures that children continue to have access to basic services, including education during the conflict and post-conflict periods,[248] an update of the 2022 ECW global figures is conclusive. It revealed that 72 million children in crisis-affected countries were out of school. Of these, 53% were girls.[249]

Furthermore, although post-conflict periods present with opportunities to rebuild, restructure and transform the educational system, studies have illustrated low return rates to education in post-conflict settings.[250] Resultantly, women and girls will continue to miss out on critical knowledge about reproductive health, contraception, and family planning and will remain vulnerable to sexual violence, unintended pregnancies, and resultant unsafe abortions.

3.2.5 Family-level environment

At family level, factors such as the role of parents, family structures, household vulnerabilities and early marriage are identified. [251]Although Blum and Mmari (2005) found that protective factors, such as living with both parents and family stability, protect against early onset of sexual activity and pregnancy, [252] armed

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[245] Valerie Cetorelli, 'The Effect on Fertility of the 2003-2011 War in Iraq,' (2014) *Population and Development Review,* 581.
[246] Ibid at 599.
[247] Ibid at 599.
[248] S Nicolai, C Triplehorn. 'The role of education in protecting children in conflict.' (2003) *London: Overseas Development Institute*, 8.
[249] Education Cannot Wait, June 2023. Available https://www.educationcannotwait.org/sites/default/files/2023-07/f_ecw1022_globalestimates_paper_mech2_1.pdf.
[250] P Justina 'Barriers to Education in Conflict-Affected Countries and Policy Opportunities (2014) Instutue of Development Studies, 7.
[251] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,*6.
[252] R Blum, K Mmari 'Risk and protective factors affecting adolescent reproductive health in developing countries.' (2005) *Geneva: World Health Organization.*

conflict has shown to have a detrimental effect on the protective nature of family structures, mainly due to the changing roles within the household.[253]

The issue of violence against women within family structures in post-conflict settings deserves attention. Violence against women is defined by the United Nations as, "any act of gender-based violence that results in, or is likely to result in physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." Further refined, intermate partner violence (IPV) are defined as, "the use of power of force, threatened or actual, by a husband or an intimate male partner that results in injury, death, or psychological harm." This type of violence, be it physical, sexual or emotional, has shown to be the most prevalent form of abuse against women, [254] with growing recognition of its connection to the broader patterns of violence that emerge in post-conflict situations.[255] Several studies have illustrated that men who had personally experienced political violence or human rights abuses were more likely to commit IPV in conflict and post-conflict settings.[256] This suggests that exposure to violence, trauma, and social instability during conflict increases the probability of abusive behaviour in personal relationships, particularly toward intimate partners. As a result, when men return from the battlefield, the end of war does not necessarily mark the end of violence for women.[257]

Illustrative of the above was a study of Angolan war veteran families.[258] This study established a nexus between armed men's exposure to sexual violence during war, and their tendency to commit IPV when war is over.[259] In other

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[253] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 6.

[254] G Feseha, M Gerbaba 'Intimate partner physical violence among women in Shimelba refugee camp, Northern Ethiopia.' (2012) 12:125 *BMC Public Health*, 1.

[255] F Neuner, V Ertl, C Cantani ' Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda (2013) 86 *Social Science & Medicine* 13.

[256] JTD Kelly, E Colantuoni, C Robinson, MR Decker "From the battlefield to the bedroom: A Multilevel analysis of the links between political conflict and intimate partner violence in Liberia' (2018) 3 *BMJ Global Health.* 2

[257] S Bradley 'Domestic and Family Violence in Post-Conflict Communities: International Human Rights Law and the State's Obligation to Protect Women and Children." (2018) 20 *Health and Human Rights Journal 2,* 124.

[258] T Bruck W Stojetz ' Exposure to collective gender-based violence causes intimate partner violence' available at https://voxdev.org/topic/institutions-political-economy/exposure-collective-gender-based-violence-causes-intimate, accessed on 19 October 2024.

[259] Ibid.

words, wartime sexual violence results in post-war intimate partner violence, and as quoted by Cockburn, "When men, brutalized by fighting, return home, they are liable to turn the home itself into a battleground."[260] Women in these settings are exposed to sexual violence and often forced by their partners to have sex. Studies in this regard have shown that gynaecological issues, such as vaginal infections, bleedings or discharge, chronic pelvic pain, sexual dysfunction, urinary tract infections, painful intercourse, pelvic inflammatory disease, infertility, fibroids and sexually transmitted diseases are significantly higher for those women who suffer from IPV. [261] Moreover, forced sex may also result in injuries, such as trauma to the anus, vagina and urethra. [262] In addition, refusal to use a condom or any form of contraception, further exposes them to diseases such as HIV and AIDS, unintended pregnancies and possibly unsafe abortions.[263]

It can be concluded that the increase in IPV in post-conflict settings negatively contributes to the lingering effects of war. Moreover, it aggravates women's health issues by limiting their autonomy and their ability to seek medical care.

3.2.6 Peer level environment

At peer level, a study of the 1991–2002 Sierra Leone civil war, illustrates the impact of armed conflict on social interaction and engagement in post-war context.[264] The study found that intense exposure to war violence seems to strongly motivate these individuals to become more involved in their communities and in local decision-making processes.[265] A further protective factor identified at this level is the protective and supportive nature peer relationships may have on young women's SRH outcomes.[266]

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[260] S Bradley 'Domestic and Family Violence in Post-Conflict Communities: International Human Rights Law and the State's Obligation to Protect Women and Children." (2018) 20 *Health and Human Rights Journal 2,* 125.
[261] JC Cambell 'Health Consequences of Intimate Partner Violence' (2002) 359 *The Lancet*
[262] Ibid.
[263] Ibid.
[264] J Bellows, E Miguel ' War and local collective action in Sierra Leone.' (2009) *Journal of Public Economics,* 1144.
[265] Ibid.
[266] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 7.

3.2.7 *Individual-level environment*

At individual level, in the context of conflict, certain personal characteristics, like being a woman, having lower social status or being of a certain age, makes young women more vulnerable to the risks of sexual violence and poor SRH outcomes. [267] Moreover, the breakdown of social norms and the absence of law and order further increase the risk factors for gender-based violence.[268] Furthermore, women's reproductive role increases their vulnerability, especially during conflict with a growing need for sexual and reproductive health services. [269]As a further example demonstrating the hardships endured by young women, I considered a report compiled by Doctors on Call for Services / Heal Africa in Goma, Eastern Congo.[270] The report documented female survivors of sexual violence between April 2003 and June 2006. Armed groups from DRC utilised rape as a strategy to humiliate, control and terrorise young women. Reportedly, 4715 women suffered severe traumatic gynaecological injuries with the majority of women facing long-term psychological and social hardships.[271] In addition, they were left pregnant, and infected with sexually transmitted diseases, including HIV, with little to no access to medical services.[272]

3.2.8 *The application of the socio-ecological module to the young refugee population*

I further considered the study by Tirado et al. (2020).[273] Tirado et al. utilised Bronfenbrenner's ecological theory to illustrate how a "combination of individual (beliefs, behaviours), social and community (norms), institutional and health system (health services and education) and structural factors (laws, protection mechanisms) interact to shape the health and wellbeing among young refugees." [274] This study was conducted to address the growing need to evaluate the various factors influencing the health outcomes of young refugees,

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[267] O Bornemisza, MK Ranson, TM Poletti,E Sondorp 'Promoting health equity in conflict-affected fragile states.(2010) *Social Science Medicine,* 84-85.
[268] V Percival, E Richards, T Maclean, S Theobald 'Health systems and gender in post-conflict context: building back better. ((2014) *Conflict and Health,*4.
[269] Ibid.
[270] AO Longombe ,KM Claude, J Ruminjo 'Fistula and traumatic genital injury from sexual violence in a conflict setting in eastern Congo: case studies. (2008) Reproductive *Health Matters.* 132.
[271] Ibid.
[272] Ibid.
[273] V Tirado, J Chu, C Hanson, A M Ekström, and A Kågesten, 'Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review'(2020). *PLOS ONE.*
[274] Ibid, 3.

particularly focusing on the perceived barriers and interventions to SRHR for those refugees aged between 10 and 24 years.[275]

This research is especially important in post-conflict contexts, as studies have shown that many refugees and internally displaced persons do not return to their original homes due to insufficient safety, lack of essential services and limited economic opportunities.[276] Although other young people face similar challenges in relation to SRHR, this study illustrates that these challenges are exacerbated by the refugee context.[277] Notably, the research for this study found no publications addressing the sexual and reproductive health and rights challenges faced by young refugees living with HIV.

Without repeating the factors already acknowledged in the previous study by Hutchinson et al. (2017), Tirado et al. identified individual-level factors, such as the poor comprehension of SRHR.[278] They illustrate this with an example from a study of young females in a Thai refugee camps, which highlighted a lack of knowledge about menstruation and the possibility of pregnancy from first sexual experiences.[279] At the social and community level, apart from issues of sexual violence and exploitation, this study highlighted the lack of social support and trust as a barrier to SRHR. This was exemplified by a study from a Tanzanian refugee camp, where male teachers accused girls of lying about menstrual cramps.[280] Equally, at institutional level, lack of confidentiality was perceived as a barrier to SRHR.[281] This is particularly important in the context of HIV-related services. At structural level, this study highlights policies, laws [282] and weak law enforcement as barriers to SRHR. This finding aligns with a

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[275] Ibid, 1, 3.
[276] PW Fagan, 'Refugees and IDPs after conflict. Why they do not go home'. (2011) *United States Institute of Peace Special Report,* 2.
[277] V Tirado, J Chu, C Hanson, A M Ekström, and A Kågesten, 'Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review'(2020). *PLOS ONE.*
[278] Ibid,9.
[279] M Benner J Townsend .W Kaoloi K Htwe, et al. 'Reproductive Health and quality of life of young Burmese refugees in Thailand' (2010) *Conflict and Health,* 4.
[280] ZM Turkmen Sanduvac 'Menstrual Hygiene Management (MHM) for Education in Emergencies (EIE): A Study for Plan International Tanzania' (2017), Available at https://reliefweb.int/report/united-republic-tanzania/menstrual-hygiene-management-mhm-education-emergencies-eie-study, accessed on 29 October 2024.
[281] J Lowicki-Zucca 'Scattered Dreams, Broken Promises: An Assessment of the Links between Girls' Empowerment and Gender-based Violence in the Kyaka II Refugee Settlement, Uganda'. Available at https://www.womensrefugeecommission.org/research-resources/scattered-dreams-broken-promises, accessed on 29 October 2024.
[282] Ibid.

study from a Zambian refugee camp, where children were reluctant to report gender-based violence to either the police or the church, fearing sexual assault from both. 283

Similarly, utilising the social-ecological model, O'Laughlin et al. (2021) observed health behaviours in refugee settlements in Uganda.[284] This study specifically studied the obstacles affecting how refugees engage with HIV care.[285] The study aimed to identify possible ways to adjust or reduce obstacles to accessing HIV care within a humanitarian setting, where resources and access to these services are often limited.[286] Factors such as physical and emotional well-being, transport and distance to the clinic, policies, and regulations are considered barriers to obtaining and engaging in HIV treatment.[287] Moreover, the study noted that high levels of social cohesion in these settlements created stigma and fear of losing community support, discouraging individuals from disclosing their HIV status and seeking care.[288]

3.3 CONCLUSION:

In order to understand the unique challenges faced by women in post-conflict settings, it is important to examine how their rights are influenced and fulfilled within the broader socio-economic context.[289] In considering these multifaceted factors, such as access to healthcare, economic conditions, educational opportunities and cultural and social norms, we can better protect and enhance the efficacy of these legal instruments. [290] This ensures that sexual and reproductive health rights are upheld in a sustainable manner, ultimately contributing to the well-being and empowerment of young women in post-

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[283] United Nations High Commissioner for Refugees. 'Through the Eyes of a Child: Refugee Children Speak about Violence—A Report on Participatory Assessments Carried out with Refugee and Returnee Children in Southern Africa' (2008).
[284] K N O'Laughlin K Greenwald S K. Rahman Z M Faustin A C. Tsai C. Ware· A Kambugu I V. Bassett 'A Social-Ecological Framework to Understand Barriers to HIV Clinic Attendance in Nakivale Refugee Settlement in Uganda: a Qualitative Study' (2021)25 *Aids and Behavior,* 1729.
[285] Ibid, 1730.
[286] Ibid.
[287] Ibid, 1734.
[288] Ibid.
[289] AM Starrs, AC Ezeh, G Barker et al. 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission' (2018)398 *Lancet,* 2648.
[290] Ibid,2642.

conflict settings. The next chapter will consider the challenges and barriers in achieving SRH in a post-conflict setting.

CHAPTER 4

POST-CONFLICT SRHR PROTECTIONS FOR WOMEN: ACHIEVEMENTS AND SHORTCOMING

4.1 INTRODUCTION

Ronald Reagan said:

"We know that peace is the condition under which mankind was meant to flourish. Yet peace does not exist of its own will. It depends on us, on our courage to build it and guard it and pass it on to future generations."[291]

Chapters 1 and 2 established that universal access to SRH is a fundamental human right[292] and crucial for the recovery and resilience of affected populations.[293] Furthermore, that access to SRH services is essential for achieving the 2030 Agenda for Sustainable Development.[294] In addition, Chapter 3 demonstrated the unique challenges faced by women in post-conflict settings and examined how women's SRHRs are influenced within the broader socio-economic context. By addressing these issues, we can improve the effectiveness of legal protections discussed in Chapter 2.[295] I suggest that this will then ensure peace and stability, which are crucial for the well-being and prosperity of societies. As such, this statement by Ronald Reagan resonates deeply in the context of sexual and reproductive health in post-conflict settings and highlights the proactive role we must take in fostering peace.

In response to the findings in Chapter 3, and acknowledging that women in these settings continue to suffer various harms within a broader socio-economic context, this chapter will explore specific regulations, relevance, and initiatives taken by legislative bodies to

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[291] The Ronald Reagan Presidential Library' *Address to the Nation on National Security.* Available at: https://www.reaganlibrary.gov/archives/speech/address-nation-national-security.
[292] UN Fourth World Conference on Women. 1995. Beijing Declaration and Platform of Action. Available at, http://www.un.org/womenwatch/daw/beijing/platform.
[293] United Nations Population Fund (2015). Shelter from the storm: A transformative agenda for women and girls in a crisis-prone world. *United Nations Population Fund.* p.76.
[294] A M Starrs, A C Ezeh, G Barker, A Basu, J T Bertrand, R Blum 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission (2018) 391(10140) *The Lancet Commissions* 2642.
[295] AM Starrs, AC Ezeh, G Barker et al. 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission' (2018) 398 *Lancet,* 2648.

mitigate the impacts of conflict on the well-being and rights of women and girls. This chapter will further identify shortcomings in the current legal framework.

4.2 BACKGROUND

Building on Chapter 2, the UN Security Council (UNSC) adopted Resolution 1325 in October 2000 as a commitment to the international Women, Peace and Security (WPS) Agenda. It is worth noting that Resolution 1325 was not an isolated initiative.[296] It was built upon foundational instruments, namely the "resolutions of the International Congress of Women in 1915, the Convention on the Elimination of All Forms of Discrimination against Women in 1979, the Forward-looking Strategies for the Advancement of Women in 1985 and the Beijing Declaration and Platform for Action in 1995." These all aimed at advancing women's rights and gender equality.[297]

Resolution 1325 recognised two key points.[298] Firstly, that women were significantly and uniquely affected by war and conflict, experiencing severe hardships and challenges, and secondly, that women were crucial for peacebuilding and rebuilding societies after conflicts, moreover, that their involvement and contributions are essential for achieving lasting peace and effective post-conflict reconstruction.[299] Conflict-related gender-based violence was recognised for the first time in the history of UNSC, as a security concern and a threat to international peace and security.[300] As a result, the resolution urged all countries to take action to mitigate the effects of conflict on women and girls.[301] It emphasised the importance of involving women more in peace negotiations and peacekeeping missions.[302] The resolution also pointed out that men and women have different needs for protection during and after conflicts, which must be recognised and addressed. [303]Additionally, it acknowledged that the way peace is implemented can affect

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[296] C Chinkin, 'Gender and New Wars.' (2020)9(1) *Stability: International Journal of Security & Development,* 2,3.
[297] Ibid.
[298] C De Jonge Oudraat 'UNSCR 1325 – Conundrums and Opportunities'(2013) 39 *International Interactions,*612.
[299] Ibid.
[300] C Chinkin et al. 'Gender and New Wars.' (2020) 9(1)1, *Stability: International Journal of Security & Development,*4.
[301]'Parliaments as Partners, Supporting the Women Peace and Security Agenda' *United Nations Development Plans, A global Handbook.* 2.
[302] Ibid.
[303] L Olsson & T Gizelis, *An introduction to Resolution 1325* (2015) 1.

men and women differently, especially regarding their access to resources and power.[304] Therefore, Resolution 1325 emphasized the importance of gender mainstreaming, which involves integrating the unique needs and contributions of all genders into every stage of establishing and sustaining peace, ensuring that both men and women benefit equally from peacebuilding efforts.[305]

The significance of UNSCR 1325 was, however, overshadowed by the September 11th terrorist attacks in 2001, causing a shift in global focus towards military actions and counter-terrorism efforts in Iraq and Afghanistan, diverting attention from these critical issues.[306] Eventually, in 2010, the U.S. Secretary of State, Hillary Clinton, announced that the United States would create a National Action Plan (NAP) to speed up the implementation of UNSCR 1325.[307] As a result, state governments started implementing the Women, Peace and Security agenda by developing National Action Plans (NAPs).[308] The development of these NAPs are described as a "key tool in translating UNSCR 1325 and related Resolutions into national policies and programmes." [309] In other words, it aimed to align national policies with broader international objectives, ensuring that global issues are tackled locally by member states. While NAPs created by different countries can be quite different from one another, they generally cover the main four pillars outlined in UNSCR1325. [310]

In order to fully appreciate the achievements and shortcoming of UNSCR 1325, one must have regard to the underlining principles of the WPS agenda and related UN Security Council Resolutions. These will be discussed below.

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[304] Ibid.
[305] Ibid.
[306] C De Jonge Oudraat 'UNSCR 1325 – Conundrums and Opportunities'(2013) 39 *International Interactions,*612.
[307] Ibid.
[308] L J Shepherd 'Making war safe for women? National Action Plans and the militarization of the Women, Peace and Security Agenda'. (2016)37(3) *International Political Science Review,* 324.
[309] Y Duduko & Y Langenhuizen 'Localisation of the UNSCR 1325 Agenda'(2022)17 (1), *Journal of Regional Security,* 27.
[310] Ibid.

4.3 UNSCR 1325 AND THE FOUR PILLARS OF THE WPS AGENDA

Formally initiated by the UNSCR 1325, the WPS agenda is built on four key principles. These are:[311]

4.3.1 Participation:

The goal is to guarantee that women are afforded equal opportunities as those too men in making decisions related to peace and security.[312] This means expanding women's representation in key roles, such as mediators and /or negotiators and backing efforts led by local women to promote peace and resolve conflicts within their communities.[313]

Overall, this pillar aims to integrate women fully into peace and security efforts, whilst recognising their vital contributions and perspectives.

4.3.2 Protection:

This pillar focuses on protecting the rights of women and girls during conflicts or humanitarian crises.[314] It recognises women's unique safety concerns and addresses gender-based and sexual violence while tailoring support for women and girls who are refugees throughout all stages of their displacement.[315]

In essence, it emphasises the importance of creating safe environments for women and girls and ensuring their rights are upheld in challenging situations.

4.3.3 Prevention:

This pillar aims to stop conflicts and "all forms of violence against women and girls, both during and after conflicts." In doing so, its objectives are to change societal attitudes and behaviours that fuel violence, and while also recognizing the roles of men and boys, not only as potential perpetrators but also as victims of violence and as key partners in creating safer, more equitable societies, it also aims to ensure that those responsible for sexual violence face justice.[316]

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[311] UNRCCA 'Women Peace and Security'. Available at: https://unrcca.unmissions.org/sites/default/files/unrcca_handout_wps_2020.pdf.
[312] Ibid.
[313] Ibid.
[314] Ibid.
[315] Ibid.
[316] Ibid.

Overall, this pillar focuses on proactive measures to prevent violence and conflict, emphasising the importance of gender equality and the active involvement of women in these efforts.

4.3.4 Relief and recovery:

This pillar focuses on addressing the specific needs of women and girls during and after conflicts. [317] Key aspects include ensuring that women and girls receive the necessary support, such as helping them return to their home countries, leaving military life, and reintegrating into civilian society, creating safe and suitable living conditions in refugee camps, providing aid to those who have been forced to flee their homes, and strengthening the abilities of women to actively participate in and contribute to relief and recovery efforts.[318] This includes recognising and utilising their skills and knowledge to help rebuild and stabilise their communities.[319]

In essence, this pillar highlights the importance of addressing the unique needs of women and girls during crises while also emphasizing the need to empower them to actively contribute to recovery and rebuilding efforts.

4.4 UN SECURITY COUNCIL RESOLUTIONS ON WOMEN, PEACE AND SECURITY

While the adoption of UNSCR 1325 is foundational to the WPS agenda, additional resolutions have been introduced. These resolutions recognise and address global challenges:[320]

4.4.1 Resolution 1820 (2008)[321]

This resolution recognises that sexual violence in conflicts persist and have become widespread and brutal.[322] It calls for specific action to address sexual violence in conflict and its aftermath. [323] For example, to ensure that addressing

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[317] Ibid.
[318] Ibid.
[319] Ibid.
[320] E M Doeland, I Skjelbaek 'Narratives of Support and Resistance: A Political Psychological Analysis of the Implementation of UNSCR 1325 in Bosnia and Herzegovina' (2018)39(5) *Political Psychology*, 997.
[321] S/RES/1820 (2008)
[322] Ibid, 1,2.
[323] Ibid,3.

sexual violence becomes an integral part of peacebuilding efforts, the Peacebuilding Commission is asked to include sexual violence as a key issue in its recommendations for post-conflict recovery.[324] Moreover, it stresses the importance of ensuring that women's organizations and groups are represented in decision-making processes, particularly those related to post-conflict recovery, so that their needs and perspectives are taken into account.[325]

4.4.2 Resolution 1888 (2009)[326]

This resolution recognises the ongoing issue of sexual violence in armed conflicts, especially against women and children, with girls being particularly affected. [327]It therefore reminds states of their legal duties under international conventions, such as the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention on the Rights of the Child, to protect women and children during conflict.[328] Furthermore, it calls on more inclusion of women in peace processes, and improved training and resources for addressing sexual violence in conflict settings.[329]

4.4.3 Resolution 1889 (2009)[330]

This resolution recognises ongoing obstacles to women's full participation in conflict prevention, resolution and post-conflict public life due to violence, lack of security, cultural discrimination and socio-economic factors.[331] It emphasises the need for financial support for women's early recovery after conflict,[332] integration of gender perspectives into all post-conflict rebuilding efforts,[333] and collaboration with civil society organizations to address women and girls' specific needs, including education, healthcare, and access to justice.[334]

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[324] Ibid at para 11.
[325] Ibid at para 11 and 12.
[326] S/RES/1888 (2009)
[327] Ibid, 1.
[328] Ibid.
[329] Ibid, 2.
[330] S/RES/1889(2009)
[331] Ibid, 2.
[332] Ibid, 2.
[333] Ibid, at para 8.
[334] Ibid, at para 10.

4.4.4 *Resolution 1960 (2010)*[335]

This resolution acknowledges that progress in addressing sexual violence during armed conflicts has been slow.[336] It therefore calls for stronger commitment from leaders to prevent such crimes and combat impunity, and reaffirms the obligation of states to prosecute perpetrators.[337] Furthermore, with the help of international support, it calls on states, to help victims re-integrate into society by offering them economic opportunities, social and legal support, as well as access to medical and mental health services.[338]

4.4.5 *Resolution 2106 (2013)*[339]

While recognizing the slow progress in implementing Resolution 1960 (2010) to combat sexual violence,[340] this resolution emphasizes the critical role of women's empowerment and gender equality in achieving long-term prevention.[341] Furthermore, it establishes the link between sexual violence in conflicts and HIV infection and acknowledge that women and girls bear a disproportionate burden.[342] It also highlights the key role of women, civil society and community leaders in addressing sexual violence and supporting survivors in accessing justice.[343]

4.4.6 *Resolution 2122 (2013)*[344]

This resolution acknowledges that the WPS agenda has not been fully realized [345] and emphasises that women continue to endure human rights violations and face obstacles to participating in decision-making processes.[346] It further emphasises the crucial role of empowering women and girls, as well as

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[335] S/RES/1960 (2010)
[336] Ibid, 1.
[337] Ibid.
[338] Ibid.
[339] S/RES/2106 (2013)
[340] Ibid, 1.
[341] Ibid.
[342] Ibid, at para 20.
[343] Ibid, at para 22.
[344] S/RES/2122 (2013)
[345] Ibid, 2.
[346] Ibid.

achieving gender equality, in ensuring lasting international peace and security.[347]

4.4.7 *Resolution 2242 (2013)*[348]

This resolution restates the support for the principles and goals outlined in the Beijing Declaration and Platform for Action.[349] It emphasises the link between women's involvement in conflict prevention, resolution, and rebuilding and the effectiveness and sustainability of these efforts.[350] It further highlights the absence of greater resources, accountability, political will and attitudinal change, and reiterates the importance of the 2030 Agenda for Sustainable Development's on gender equality and women's empowerment for conflict prevention and maintaining peace and security.[351] It also recognises the under-representation of women in efforts to resolve conflict and establish lasting peace, lack of women in senior positions, and insufficient financing.[352]

4.4.8 *Resolution 2467 (2019)*[353]

This resolution acknowledges the dedication to ensure that women's rights are upheld, and their specific needs are addressed during and after conflict,[354] but recognises the slow progress in eliminating sexual violence in these contexts. [355]It highlights the importance of women's participation in peace processes, the need for gender-sensitive humanitarian responses and the critical role of civil society. [356] It also calls for stronger measures to hold individuals responsible for committing acts of sexual violence. [357]

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[347] Ibid, at para 4.
[348] S/RES/2242 (2013)
[349] Ibid, 1.
[350] Ibid.
[351] Ibid, 2.
[352] Ibid, at para 1.
[353] S/RES/2467(2019).
[354] Ibid, 2.
[355] Ibid, 1.
[356] Ibid, 2.
[357] Ibid, at para 3.

4.5 GENDER EQUALITY AND NORMS; A BALANCING ACT

It is evident from the foregoing that the WPS agenda recognises the different impact of wars on men and women.[358] Additionally, the WPS agenda highlights the ongoing and significant challenges faced by women, as discussed in Chapter 3.

The WPS agenda strives to address the specific needs and contributions of women in conflict situations, thereby ensuring that their experiences are reflected in policies and decisions to create comprehensive and effective peacebuilding [359] However, in analysing the implementation and advancement of the WPS agenda, De Jonge Oudraat (2013), identified a complex relationship between two key concepts, namely gender balancing, which involves equal representation of men and women, and gender mainstreaming, which integrates gender perspectives into all policies and programmes.[360] The study highlighted the challenge of balancing gender equality, ensuring equal rights for men and women, while maintaining operational effectiveness, or how well policies and actions function in practice.[361] The author concluded that without a deep understanding of how gender roles and inequalities are embedded in societies, policies designed to be gender-inclusive might fail or even have negative effects.[362]

On the other hand, Chinkin et al (2017) argued that the norms of gender equality, as outlined in UNSCR 1325, are considered fundamental global standards, similar to human rights and democracy.[363] These norms, specifically include ensuring women's rights to be protected from violence based on their gender, proactive measures to prevent such violence from occurring, and guaranteeing women's involvement in political decisions, especially those related to peace, security and post-conflict recovery.[364]

However, what is of interest in the context of this research is the study by Doeland et al. (2018). In response to the UNSCR 1325, and within the context of the Bosnia war, Doeland et al. (2018) analysed how gender equality norms had changed one generation

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[358] C Chinkin, 'Gender and New Wars.' (2020)9(1) *Stability: International Journal of Security & Development,* 3.
[359] Ibid.
[360] C De Jonge Oudraat 'UNSCR 1325 – Conundrums and Opportunities'(2013) 39 *International Interactions,*613.
[361] Ibid.
[362] Ibid, 614.
[363] C Chinkin & M Kaldor 'International Law and New Wars" (2017) Cambridge, United Kingdom, 33.
[364] Ibid.

after the conflict and how these changes aligned with the goals and efforts of UNSCR.[365] The authors first define "norm change," and describes it as a complex process involving shifts in what is considered acceptable behaviour at individual, political and social levels.[366] Norms, the author suggests, are essentially the unwritten rules that dictate behaviour.[367] It determines what is deemed normal or appropriate behaviour by individuals and groups, and these judgements, the author suggests, are influenced by the political, cultural and social environments to which individuals belong, or with which they identify.[368] Norm change, therefore, is about altering the standard expectations and behaviours within a society.[369] However, this can be challenging, because these norms are deeply ingrained and vary across different communities and contexts.

Secondly, and similar to the Socio-ecological Model discussed in Chapter 3, the author examined the changes in gender norms at different levels and how implementation efforts of the WPS agenda were understood and implemented locally.[370] For example, the macro or political level refers to the state and its institutions and examines how changes in gender norms were influenced by the laws, policies and structures at the national level, meso or community level focused on different social and cultural groups within a state and how these groups supported or resisted changes in gender norms, and lastly, the micro or proximal level involves individuals and their actions and examines how individuals either worked to change the existing norms or maintained the current ones within the community and larger society.[371]

Broadley, what the authors found was, while some supported the WPS agenda and changes in gender equality norms, others resisted it.[372] Thus, arguments in support were seen through three main perspectives.[373] First, they were viewed as a continuation of familiar socialist-era norms, representing continuity with the past.[374] Second, the increasing gender equality were considered a new development that aligns Bosnia with

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[365] E M Doeland, I Skjelbaek 'Narratives of Support and Resistance: A Political Psychological Analysis of the Implementation of UNSCR 1325 in Bosnia and Herzegovina' (2018)39(5) *Political Psychology*, 995.
[366] Ibid, 996.
[367] Ibid.
[368] Ibid.
[369] Ibid.
[370] Ibid, 999.
[371] Ibid.
[372] Ibid.
[373] Ibid, 1008.
[374] Ibid.

Western countries.[375] Third, these norms were seen as adaptable, capable of being integrated into new ethnic and religious contexts within Bosnia, demonstrating flexibility and sociopolitical manoeuvrability.[376]

On the other hand, the study identified patriarchy and nationalism as two key factors resisting gender equality in Bosnia.[377] Social structures, for example, where men hold the majority of power and authority, as well as traditional gender roles, were found to be very influential in both private and domestic settings, such as within families and personal relationships. [378]These norms hinder broader societal efforts to promote gender equality. [379] Furthermore, these deeply ingrained patriarchal norms persist across various ethnic, religious and nationalist groups, making them challenging to change.[380] Similarly, nationalism, which includes ethnic divisions and nationalist feelings left over from the war, still affected everyday life and political interactions in Bosnia.[381] These nationalist sentiments reinforce traditional gender roles and resist changes towards gender equality.[382]

The authors concluded that although leaders openly endorse gender equality, often to align with political goals, many doubt the sincerity or effectiveness of this support. [383] In contrast, within private and family settings, traditional gender roles and nationalism create significant resistance to gender equality. [384] Overall, while there is public support for gender equality, strong private resistance rooted in traditional and nationalist values, explains why women continues to face barriers.[385] To fully realise the WPA agenda, concerted efforts to change deep-seated societal norms and engagement of individuals at all levels of society, are suggested.[386]

While I agree that this study aligns with the CESCR Committee's assertion that women's rights to SRH are strongly influenced by various social factors such as gender, ethnicity,

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[375] Ibid.
[376] Ibid.
[377] Ibid.
[378] Ibid.
[379] Ibid.
[380] Ibid.
[381] Ibid.
[382] Ibid.
[383] Ibid.
[384] Ibid.
[385] Ibid.
[386] Ibid.

age and disability,[387] which lead to societal inequalities that must be addressed through legal and policy reforms, I also acknowledge the necessity of altering social practices that contribute to these barriers.[388] This study further aligns with research, discussed in Chapter 3, which shows that factors affecting risk and protection, are greatly influenced by the particular environments in which they happen. [389] In this regard, I considered a further and most relevant study by Akbari (2024).[390] The author analysed the power dynamics across four conflict phases (2002-2022) in Afghanistan against the WPS agenda's attempt to support women during these periods.[391] The study found that the agenda did not adequately account for the specific challenges and barriers women faced due to the country's deeply ingrained patriarchal structures, especially during times of conflict and transition.[392] Additionally, there was no clear political strategy to effectively implement WPS goals in a way that would lead to tangible and lasting improvements for women. [393] The agenda resultantly failed to change patriarchal and gender-biased structures with a further and very unfortunate decline in women's rights and security in Afghanistan.[394]

4.6 THE PROOF IS IN THE PUDDING

Galati (2015) established that "the real work will be in the detail – specifically how countries commit to these goals, adapt and implement them locally and measure their progress."[395] Referring to the 2030 Agenda for Sustainable Development, Galati (2015) realised that achieving those goals will require detailed and practical efforts, and that the success of these goals, depends on the specific actions taken at the local level and the ability to monitor and adjust strategies as needed.

Having regard to the above, I examined a report by the Secretary-General, dated 24 September 2024, which tracked and reported on the implementation of Resolution 1325 and progress of WPS agenda.[396] This report is based on data and analysis from various,

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[387] Ibid at para 8.
[388] Ibid.
[389] S Bilchik 'Serious and Violent Juvenile Offenders' (1998) *Juvenile Justice Bulletin, 7.*
[390] F Akbari, J True, 'Bargaining with Patriarchy in Peacemaking: The Failure of Women, Peace, and Security in Afghanistan' (2024) 4 *Global Studies Quarterly,* 1.
[391] Ibid.
[392] Ibid.
[393] Ibid.
[394] Ibid.
[395] A J Galati 'Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals' (2015) 18(4) *Guttmacher Policy Review* 77.
[396] Security Council. S/2024/671 *Women and peace and security:* Report of the Secretary-General.

"United Nations entities, including peacekeeping operations, special political missions, and country teams. It also incorporates inputs from Member States, regional organizations, civil society, and other globally recognized data sources." [397] I therefore consider this report to be conclusive.

For the purpose of this study, I will only deal with findings and conclusions as far as it relates to the protection of women's SRHR. The term, "conflict-related sexual violence," will refer to "rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence against women and girls that is directly or indirectly linked to a conflict."[398]

4.6.1 Decision-making power

In the context of peace and security issues, men still hold the majority of the power and make most of the decisions.[399] Despite efforts to promote gender equality, women are still significantly underrepresented in leadership roles and decision-making positions in these areas.[400] This imbalance suggests that men's perspectives and priorities are more likely to shape policies and actions related to peace and security.[401] For example, in 2023, the number of women who died in armed conflicts was twice as high as it was in 2022.[402] Additionally, the United Nations confirmed that cases of sexual violence related to conflicts increased by 50% compared to the previous year.[403] Furthermore, there was a 35% rise in the number of girls who experienced severe violations in conflict zones.[404]

4.6.2 Funding

The report suggests that while there is support for the WPS agenda, it is often provided through small-scale initiatives that lack sufficient funding.[405] Historically, women have been excluded from key areas like the economy and financial decision-making, resulting in unequal access to resources.[406] For example, a recent

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[397] Ibid.
[398] See S/2024/292, 1.
[399] S/2024/671, 2.
[400] Ibid.
[401] Ibid.
[402] See S/2024/385.
[403] See S/2024/292.
[404] See S/2024/384 and S/2023/363.
[405] See S/2024/671. 3.
[406] Ibid.

study demonstrated a gap between commitments made by governments to fund and the actual amount of funding they receive, which has been decreasing.[407] Most of the funding is controlled by a few donors and often involves reallocating existing funds, rather than providing new ones, with much of the money going to international organisations instead of directly supporting local groups in conflict areas.[408] The shift towards humanitarian aid has reduced the resources available for women's organisations, as this sector focuses less on gender equality.[409] On the other hand, funding for humanitarian aid to address gender-based violence has also significantly decreased.[410] This reduction is reportedly evident in the Democratic Republic of the Congo where the number of women and girls accessing these services has declined from 195 000 to 120 000.[411] Similarly, due to unmet funding requirements in the Syrian Arab Republic, numerous safe spaces for women and girls had to close, leaving 2.3 million women aged 15 to 49 without access to maternal, sexual, and reproductive health services.[412] Additionally, inadequate funding in the Central African Republic has resulted in only 29% of rape survivors receiving medical care within 72 hours.[413]

4.6.3 Women's participation in peace processes

Findings from data collected in 2023 through Women in Peace Processes Monitor shows that women are still significantly underrepresented in peace processes.[414] Despite efforts to promote gender equality, women are rarely included as negotiators, mediators or signatories in peace agreements. These findings are conclusive of minimal improvement in this area over the last 10 years.[415] In addition, no peace agreements included women's groups or representatives as signatories.[416] These findings underscore the ongoing challenges in achieving gender equality in peace processes. However, an interesting study by J Krause et

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[407] Ibid, 4.
[408] Ibid and see UN Women 'Facts and figures: Women, Peace, and Security. Available at: https://www.unwomen.org/en/what-we-do/peace-and-security/facts-and-figures#_ednref20.
[409] Ibid.
[410] Ibid, 19.
[411] Ibid.
[412] Ibid.
[413] Ibid.
[414] Ibid,9.
[415] Ibid.

[416] Ibid.

al. (2018) is conclusive of the value of women's influence in peace negotiations. [417] Between 1990 and 2014, women signed only 13 out of 130 peace agreements.[418]However, the authors found that the agreements that included women's signatures had a much higher success rate in being implemented, 90% compared to 77% for those agreements that did not include women. [419]This suggests that peace agreements involving women are more likely to be successfully put into action.

4.6.4 Safety and rights of women and girls in crisis

In 2023, 612 million women and girls were reportedly exposed to conflict.[420] This is 150% more than ten years ago.[421] The rates of women being killed and the incidence of sexual violence against women and girls have risen sharply.[422] This situation is indicative of a severe and growing problem.

By the end of 2023, 117.5 million people were forced to leave their homes due to violence and conflict, marking a significant increase of 70% from 2018.[423] In Sudan alone, 53% of displaced people were women and girls.[424] Moreover, many displaced Afghan nationals in Pakistan, including a large number of women and girls, reportedly returned to Afghanistan in deteriorated health and with serious mental health problems.[425] This highlights the severe impact of conflict and violence on vulnerable populations, especially women and children.

The report further emphasises that international human rights law, including special protection for women and children, is being ignored.[426] Additionally, humanitarian law related to reproductive health and rights is being severely violated. [427]This is most clearly demonstrated by the war in Gaza. In the midst of this war, around 52 000 women were pregnant, and with only three remaining maternity hospitals,

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[417] J Krause, W Krause, 'Women's participation in peace negotiations and the durability of peace' (2018) 44 (6), *International Interactions*, 987.
[418] Ibid.
[419] Ibid.
[420] Ibid,14.
[421] Ibid.
[422] See S/2024/292, 1 and S/2024/385, 1.
[423] See S/2024/671,15.
[424] Ibid.
[425] Ibid.
[426] Ibid,16.
[427] Ibid, 17.

180 babies were born per day.[428] Moreover, most of these births occurred without proper medical care; no pain relief for caesarean sections with a lack of basic needs like water, sanitation, nutrition and postpartum care due to destroyed hospitals and maternity clinics. [429] Thus, without access to essential healthcare, women face serious risks, and the absence of these services lead to life-threatening complications and preventable deaths. This statement is evident from current data that shows that in 35 crisis-affected countries, 61% of preventable deaths occur among pregnant women.[430] This means that about 500 women die every day in these countries due to a lack of proper medical care and support.[431] These deaths could be avoided with better healthcare and resources.

Moreover, since the April 2023 outbreak of conflict in Sudan, 260 000 pregnant women were in need of assistance.[432] Reportedly, most of these pregnancies resulted from sexual violence, followed by inability to access required medical intervention within 72 hours, such as emergency contraception and post-exposure prophylaxis.[433] A further example from Yemen illustrates a decline in reproductive health and postnatal care, which was previously available, by 35% to 22% respectively.[434] Furthermore, the prevalence of gender-based violence has reportedly increased exponentially since 2023. For instance, gender-based violence in the Democratic Republic of the Congo has surged by 300% over three years.[435] In Haiti, support for survivors of sexual and intimate partner violence has risen by 43% in one year.[436] In Ethiopia, more than 10,000 survivors of sexual violence received medical care within a three-year period.[437]

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[428] Ibid.
[429] Ibid.
[430] State of the World Population 2024: Interwoven Lives, Threads of Hope – Ending Inequalities in Sexual and Reproductive Health and Rights (United Nations publication, 2024), 13.
[431] Ibid.
[432] See S/2024/671 and United Nations, Office for the Coordination of Humanitarian Affairs, "Sudan: UN leaders call for urgent action against scourge of sexual violence amid ongoing conflict", 25 April 2024.
[433] See S/2024/671,17.
[434] See S/2024/269. See also OCHA 'Humanitarian Needs Overview 2024, Yemen, p20, available at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/file:///C:/Users/GRS/Downloads/Yemen%20Humanitarian%20Needs%20Overview%202024%20(January%202024)%20(1).pdf

[435] See S/2024/671, 17.
[436] Ibid.
[437] Ibid.

4.7 CONCLUSION

It is evident that the WPS agenda and Resolution 1325 are failing to protect women's sexual and reproductive health and rights. Despite the ambitious goals set forth, the real challenge lies in the detailed implementation and local adaptation of these goals, as highlighted by Galati (2015). The Secretary-General's report from September 2024 underscores the lack of progress, revealing that women remain underrepresented and funding for gender-based violence initiatives remaining inadequate. Moreover, the documented data shows a stark rise in gender-based violence and a shortfall in assistance for survivors. Without substantial funding, "on the ground", policy implementation, the inclusion of women in peace processes and an understanding of the cultural and power dynamics at play, the WPS agenda and Resolution 1325 will continue to fall short in safeguarding women's SRHR in conflict, as well as conflict-affected areas.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

"Igitur qui desiderat pacem, praeparet bellum"[438]

Publius Flavius Vegetius Renatus

5.1 INTRODUCTION

This chapter will conclude the study by summarizing the key aspects of each chapter and will reflect on how they address the research aims and questions. It will also provide recommendations for enhancing the protection and promotion of women's sexual and reproductive health rights in post-conflict settings.

5.2 BEYOND THE BATTLEFIELD

This study has shown that women are disproportionately affected by the negative impacts of war. It highlights the systemic exclusion of women in broader socio-economic contexts, including their limited participation in decision-making processes. This marginalization of women results in widespread ripple effects with far-reaching consequences. Therefore, this study sought to analyze the effectiveness of international legal frameworks in safeguarding and advancing women's SRHR in the aftermath of war.

Chapter 1 provided an introduction to the study and highlighted the enduring impact of war on women. It stated the research problem by emphasizing that sexual and reproductive health can only be achieved when sexual and reproductive health rights are fully realized, and universal health coverage achieved. Chapter 1 further discussed the purpose of the study, the research questions, followed by the significance and limitations of the study.

Chapter 2 aimed to provide a comprehensive understanding of the progress made in advancing sexual and reproductive health rights and how SRH has evolved to become firmly embedded within the international human rights' legal framework. Chapter 2 further highlighted the persistent violations of women's sexual and reproductive health rights, which have been explicitly acknowledged by treaty monitoring bodies over time.

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[438] "Therefore, whoever desires peace, let him prepare for war."

In response, special protections under international human rights and humanitarian law have been established to safeguard these rights, particularly in conflict and post-conflict settings, where such violations are prevalent.

Chapter 3 explored the significant challenges women face in achieving sustainable and universal access to sexual and reproductive health services during the transition from war to peace. To contextualize these challenges, Chapter 3 analysed them through the lens of the socio-economic model, which underlines the importance of examining how these rights are shaped, influenced, and realized within the broader socio-economic framework. Chapter 3 therefore highlighted the linkage between societal, economic, and systemic factors that impact women's access to essential services in post-conflict settings.

Chapter 4 focussed on the specific protections available to women in conflict and post-conflict settings, with particular emphasis on the WPS agenda and UN Security Council Resolution 1325. It examined how war affects women differently than men and highlighted the value of women's participation in peace negotiations. Chapter 4 also explored the importance of understanding societal "norms" as it relates to gender equality, while recognizing the influence of patriarchal structures that can hinder women's access to sexual and reproductive health services. Chapter 4 lastly discussed the implementation of Resolution 1325 and progress of WPS agenda as reported by the Secretary-General on 24 September 2024.

5.3 UNPACKING THE GAPS: A CRITICAL EXAMINATION OF LEGAL FRAMEWORKS

This section addresses the research questions guiding the study, exploring the international legal framework protecting women's sexual and reproductive health rights in post-conflict settings, identifying challenges and barriers, shortcomings, and proposing practical reforms to strengthen protections.

5.3.1 What is the International legal framework protecting women's health rights in post-conflict settings?

Having examined the definition of SRH, this study found that the International Conference on Population and Development Programme of Action (ICPD PoA), in their recognition of SRHRs, did not create new rights, but applied "already

recognized" human rights to the context of reproduction and sexuality.[439] These rights are firmly grounded in previously accepted laws and international agreements, which serves as the legal and ethical foundation for SRHR.[440] As such, SRHR is directly linked to widely recognised treaties such as the Universal Declaration of Human Rights (UDHR), the CEDAW and ICESCR.[441] These treaties are fundamental to SRHR, and affirm the right to access to health, equality, non-discrimination, and dignity.[442] Moreover, in the event of violations of SRHR, the UN treaty monitoring bodies utilise these treaties as a legal framework to address and resolve issues.[443] This study, therefore, specifically highlighted the role of the ICESCR and CEDAW. The ICESCR recognizes everyone's right to the "highest attainable standard of physical and mental health," including the right to "make decisions about sexual and reproductive health free from discrimination, coercion, or violence."[444] Similarly, CEDAW explicitly affirms women's reproductive rights, highlighting their importance in achieving gender equality. It emphasizes that addressing gender discrimination and ensuring reproductive rights are essential steps toward safeguarding women's health and promoting equality.[445] This study further examined general comments, recommendations, and reports that have been developed to clarify the rights and obligations under these treaties. In this regard, the research found that General Recommendation No. 30, in conjunction with the UNSCRs on the Women, Peace, and Security (WPS) agenda, serves as a pivotal political framework to provide guidance and ensure that women's sexual and reproductive health and rights are protected and respected, both during and after conflict.[446] Whilst the research suggest that the adoption of the aforementioned treaties has seemingly created a strong foundation for the

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[439] Report of the International Conference on Population and Development Cairo, 5-13 September 1994.
[440] L B Pizzarossa 'Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law' (2018) 7(3) *Laws,* 5.
[441] T E Henderson *Protecting Woman in Peace and Conflict: International Humanitarian and Human Rights Law at Work.* Available at https://ukzn.idm.oclc.org/login?url=https://www.proquest.com/scholarlyjournals/protecting-women-peace-conflict-international/docview/922721550, 3.
[442] Ibid.
[443] Ibid.
[444] United Nations Economic and Social Council (E/c 12/GC/22) *General comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)* (2016).
[445] L B Pizzarossa 'Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law' (2018) 7(3) *Laws,* 8.
[446] UN Woman 'Guidebook on CEDAW General Recommendation No 30 and the UN Security Council Resolution on Women, Peace and Security' (2015) 9.

recognition and protection of SRHR under international law,[447] I have assessed *what* these rights include, and whether states are succeeding in recognising and upholding sexual and reproductive health rights. I have done so on the basis of the general recommendations, comments and reports.

5.3.2 What are the shortcomings in the existing legal framework?

In order to answer this research question, I evaluated the efficacy of the legal framework through the lens of the socio-economic model, focusing on the challenges faced by women in post-conflict settings. These challenges are highlighted in General Recommendation No. 30, the WPS agenda, and the Secretary-General's report dated 24 September 2024, which together provide critical insights into the gaps in addressing women's needs and rights in these contexts.

At *institutional level,* the study by Hutchinson (2017) demonstrated how several systemic issues hinder women's access to essential health services during and after conflict. These are issues such as gender inequality in access to education, and legal systems that inadequately address violence against women.[448] The study by Hutchinson (2017) is illustrative of how broader societal and structural problems disproportionately impact women. At a *community level*, cultural norms, attitudes, and social structures, were found to be critical factors in determining women's and girls' access to decision-making, protection from harm, and educational and life opportunities.[449] Hutchinson (2017) points out that the community environment influence SRH outcomes in multiple ways.[450] At a *school-level environment*, a body of research demonstrates the lack of access to consistent education for girls during and after periods of conflict, which severely impacts their sexual and reproductive health (SRH) outcomes. Gender inequality was found to be a fundamental underlying factor that limits girls' access to education. At a *family-*

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[447] Ibid.

[448] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 4.

[449] United Nations Population Fund (UNFPA). 'Motherhood in childhood: facing the challenge of adolescent pregnancy.' 2013 *New York: UNFPA The State of World Population.* 35

[450] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 4.

level environment, the study by Hutchinson (2017) demonstrated the devastating impact of conflict on family structures and women's well-being,[451] with IPV emerging as a key factor perpetuating the lingering effects of war. [452] Moreover, the study found that women who experience IPV face significantly higher rates of gynaecological problems, and often have limited control over their reproductive choices and lack access to the necessary medical care.[453] Lastly, at an *individual-level environment*, a study by Bornemisza (2010) affirms that young women in conflict settings are particularly vulnerable to sexual violence and poor SRH outcomes due to personal characteristics such as gender, social status, and age, the breakdown of social norms, and the absence of law and order.[454] A further study by Tirado (2017) highlights the lack of knowledge and poor comprehension of SRHR as an obstacle in achieving SRH.

Whilst the WPS agenda acknowledges the distinct impacts of war on men and women, the interconnected barriers at various levels, as discusses above, highlights deep-rooted gender inequality. I therefore agree with De Jonge Oudraat's (2013) argument that gender-inclusive policies risk failure or unintended consequences without a thorough understanding of embedded gender inequalities.[455] Furthermore, the analyses by Doeland et al. (2018) and Akbari (2024) also highlight significant resistance to gender equality which is driven by deeply ingrained traditional gender roles. These findings therefore reinforce the need for comprehensive legal, policy, and societal reforms to address gender inequalities and fully implement the WPS agenda. Similarly, the 2024 report by the Secretary-General highlights the ongoing challenges in protecting SRHR in conflict zones, and emphasize the failure of the WPS agenda and Resolution 1325 to effectively address gender inequality in these areas.

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[451] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 6.

[452] T Bruck W Stojetz ' Exposure to collective gender-based violence causes intimate partner violence' available at https://voxdev.org/topic/institutions-political-economy/exposure-collective-gender-based-violence-causes-intimate, accessed on 19 October 2024.

[453] JC Cambell ' Health Consequences of Intimate Partner Violence' (2002) 359 *The Lancet*

[454] O Bornemisza, MK Ranson, TM Poletti,E Sondorp 'Promoting health equity in conflict-affected fragile states'.(2010) *Social Science Medicine,* 84-85.

[455] C De Jonge Oudraat 'UNSCR 1325 – Conundrums and Opportunities'(2013) 39 *International Interactions,*613.

5.3.3 *Are there any practical reforms which may facilitate better protection of women's health rights post conflict?*

UNSCR 1325 urges states to include women in peacebuilding and post-conflict reconstruction efforts, but also, specifically emphasizes women's *active* and *meaningful* participation in peace processes.[456] Similarly, Resolution 1820 calls on UN organizations to collaborate with *women-led* NGOs to develop mechanisms aimed at protecting vulnerable groups, such as for example refugees, from sexual violence.[457] Moreover, the inclusion of women in policy reforms aligns with the human-rights based approach which emphasizes the importance of *empowering* individuals, especially those affected by conflicts, to take actively part in decisions that impact their lives.[458] This means acknowledging women's ability and right to influence and shape programs and policies designed to help them.[459] The impact of including women at the peace table is effectively demonstrated in the study by Krause et al. (2018). [460] This study illustrates and confirms that women's involvement increase the legitimacy of peace processes, leading to more sustainable outcomes.[461] This demonstrates that including women in peace processes is both practical and achievable.

5.4 CONCLUSION

The inadequate protection of SRHR in post-conflict settings is a reflection of deep-rooted systemic barriers and engrained gender inequalities at multiple levels, institutional,

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[456] M Schaaf, V Boydell, M C Sheff, C Kay, F Torabi & R Khosla 'Accountability strategies for sexual and reproductive health and reproductive rights in humanitarian settings: a scoping review' (2020) *Conflict and Health*, 12.

[457] M Schaaf, V Boydell, M C Sheff, C Kay, F Torabi & R Khosla 'Accountability strategies for sexual and reproductive health and reproductive rights in humanitarian settings: a scoping review' (2020) *Conflict and Health*, 12.

[458] UNFPA, Agency, Choice and Access, *Strategy for Promoting Gender Equality and the rights of women and adolescent girls.* Available at https://www.unfpa.org/sites/default/files/pub pdf/2023_Gender%20Equality%20Strategy.pdf

[459] Ibid.

[460] J Krause, W Krause, 'Women's participation in peace negotiations and the durability of peace' (2018) 44 (6), *International Interactions,* 987.

[461] Ibid.

community, family, and individual.[462] While the international legal framework provides a foundation for recognising these rights, its practical implementation often falls short due to socio-economic challenges, cultural norms, and a lack of political will. The failure to address these barriers highlights the urgent need for comprehensive reforms that prioritize gender equality and integrate women into all levels of decision-making. Ensuring women's *meaningful* participation in peacebuilding and reconstruction is not only a critical step towards fulfilling their rights but also a necessary measure for effective and sustainable post-conflict societies.

5.5 RECOMMENDATIONS

Akbari's (2024) study of Afghanistan highlights the failure of the WPS agenda despite significant Western investment in gender equality. [463] In contrast, an example from a local initiative launched by Dr. Naledi Pandor, South Africa's former Minister of International Relations and Cooperation, demonstrates how political strategies can effectively bridge the gap between the theoretical and practical implementation of the WPS agenda. [464] In addition, a study by Dick et al (2024) highlights the value of learning through doing.[465] The recommendations are therefore based on the barriers identified at various levels in paragraph 5.3.2 and the evidence from paragraph 5.3.3 demonstrating that women's health rights post-conflict is best safeguarded and advanced through their active inclusion:

5.5.1 Foster Collaborative platforms

A study of the Sierra Leone War reveals that individuals who experienced intense violence, were strongly motivated to engage more actively in their communities and local decision-making processes,[466] while supportive peer

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[462] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health.*

[463] F Akbari, J True, 'Bargaining with Patriarchy in Peacemaking: The Failure of Women, Peace, and Security in Afghanistan' (2024) 4 *Global Studies Quarterly,* 10.

[464] ACCORD, Conflict and Resilience Monitor, Advancing the Women, Peace and Security Agenda in South Africa, April 24 2024. Available at: https://www.accord.org.za/analysis/advancing-the-women-peace-and-security-agenda-in-south-africa/

[465] B Dick, M Plesons, C Simon, J Ferguson, A Kassem Ali, V Chandra-Mouli, ' Providing technical assistance: lessons learned from the first three years of the WHO Adolescent and Youth Sexual and Reproductive Health and Rights Technical Assistance Coordination Mechanism' (2024) 21 (88) *Reproductive Health,* 17.

[466] J Bellows, E Miguel ' War and local collective action in Sierra Leone.' (2009) *Journal of Public Economics,* 1144.

relationships were identified as a protective factor that positively influences young women's SRH outcomes. [467] On this basis, I recommend similar initiatives such as "The Young Women for Life Movement". [468] In essence, this program empowers women from similar backgrounds and circumstances in creating a supportive network where they can share experiences and ideas. Such a network provides support, resources, and a sense of community that enables young women to strengthen their ability to cope, to recover, and to "fight gender injustices and exclusion".[469] The collective strength and voices of young women have shown to influence policymakers to take positive action.[470]

5.5.2 The establishment of women's mediation networks

South Africa's Gertrude Shope Women's Mediation Network (GSWMN) was created in response to South Africa's commitment to gender mainstreaming in peace operations, and to fill the gap left by the lack of women in discussions about peace and peace-building policies [471] By training women in conflict "resolution, mediation and negotiation", I recommend using this South African example to inspire the creation of similar networks that will support and empower women in peacebuilding and leadership roles.

5.5.3 Technical assistance coordination mechanism – "moving words to action" [472]

A recent study by Dick et al. (2024) found an increasing number of evidence-based interventions, along with growing commitments from governments and donors, aimed at addressing the sexual and reproductive health challenges faced by young people in low- and middle-income countries.[473] These challenges

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[467] A Hutchinson, P Waterhouse, J March-McDonald, S Neal & R Ingham, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection'(2017) 11:15, *Conflict and Health,* 7.
[468] Young Women for life. Available at: https://www.youngwomenforlife.co.za/.
[469] Ibid.
[470] Ibid.
[471] ACCORD, Conflict and Resilience Monitor, Advancing the Women, Peace and Security Agenda in South Africa, April 24 2024. Available at: https://www.accord.org.za/analysis/advancing-the-women-peace-and-security-agenda-in-south-africa/
[472] B Dick, M Plesons, C Simon, J Ferguson, A Kassem Ali, V Chandra-Mouli, ' Providing technical assistance: lessons learned from the first three years of the WHO Adolescent and Youth Sexual and Reproductive Health and Rights Technical Assistance Coordination Mechanism' (2024) 21 (88) *Reproductive Health,* 1.
[473] Ibid.

include preventing HIV infections, managing early pregnancies, reducing related health risks, and addressing harmful traditional practices like child marriage.[474] However, the study recognized that governments often struggle to implement their policies due to a lack of technical assistance, despite their commitments.[475] In response, the WHO established the Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) Technical Assistance Coordination Mechanism to support health ministries with "timely, efficient, and effective assistance." [476] According to the authors, these mechanisms have been designed using input from those directly involved in providing and receiving support, as well as insights from past experiences, making it practical and responsive to real-world needs.[477] Thus, we can gain valuable insights and inspiration from the WHO's AYSRHR Technical Assistance Coordination Mechanism, as outlined in the study by Dick et al. Having regard to similar evidence-based interventions and challenges in post-conflict settings, I recommend the development and implementation of Technical Assistance Mechanisms specifically tailored to address the complexities of post-conflict environments. Similarly, the implementation of policies to enforce rights established by the international legal framework can be achieved by these tailored mechanisms designed specifically for these post-conflict settings. Such mechanisms have proven to be both practical and responsive to real needs, effectively bridging the gap between intentions and action.[478]

I leave you with the words and recommendation by Dr GNM Pandor:

> "One of the valuable lessons drawn from the experience of the Network is that you do not only build peace because there is war, you build peace by investing in a peace infrastructure that can sustain you during times of crises."[479]

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[474] Ibid, 2.
[475] Ibid.
[476] Ibid, 1.
[477] Ibid.
[478] Ibid.
[479] South African Government, Official Information and Services, Minister Naledi Pandor: Gertude Shope Annual Dialogue Forum. Available at: https://www.gov.za/news/speeches/minister-naledi-pandor-gertrude-shope-annual-dialogue-forum-08-mar-2023.

BIBLIOGRAPHY

BOOKS, ARTICLES AND REPORTS

Akbari F, True J, 'Bargaining with Patriarchy in Peacemaking: The Failure of Women, Peace, and Security in Afghanistan' (2024) 4 *Global Studies Quarterly.*

Bellows J, Miguel E 'War and local collective action in Sierra Leone.' (2009) *Journal of Public Economics.*

Benner M, Townsend J, Kaoloi W, Htwe K et al. 'Reproductive Health and quality of life of young Burmese refugees in Thailand' (2010) *Conflict and Health.*

Berer M 'Repoliticising sexual and reproductive health and rights'(2011) 19 (38*) Reproductive Health Matters.*

Bilchik S 'Serious and Violent Juvenile Offenders' (1998) *Juvenile Justice Bulletin.*

Bornemisza O, Ranson M K, Poletti T M, Sondorp E 'Promoting health equity in conflict-affected fragile states.(2010) *Social Science Medicine.*

Bove V, Di Salvatore J, Elia L & Nisti R 'Mothers at peace: International peacebuilding and post-conflict fertility.'(2024) 167, *Journal of Development Economics.*

Bradley S 'Domestic and Family Violence in Post-Conflict Communities: International Human Rights Law and the State's Obligation to Protect Women and Children." (2018) 20 *Health and Human Rights Journal 2.*

Brown G, Langer A, Stewart F 'A Typology of Post-Conflict Environments' (2011) *CRPD Working Paper No. 1.*

Cambell J C 'Health Consequences of Intimate Partner Violence' (2002) 359 *The Lancet.*

Centre of Reproductive Rights, *Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings. Examining the Role and Relationship of Diverse Branches of International Law* (Technical paper) 2021, available at https://reproductiverights.org/wp-content/uploads/2021/06/SRHR-humanitarian-settings-6-2021.pdf.

Cetorelli V, 'The Effect on Fertility of the 2003-2011 War in Iraq,' (2014) *Population and Development Review.*

Chynoweth SK 'Advancing reproductive health on the humanitarian agenda: the 2012–2014 global review. '(2015) 9(1):I1 *Conflict and Health.*

Chinkin C, 'Gender and New Wars.' (2020)9(1) *Stability: International Journal of Security & Development.*

De Jonge C Oudraat 'UNSCR 1325 – Conundrums and Opportunities'(2013) 39 *International Interactions.*

Dick B, Plesons M, Simon C, Ferguson J, Kassem Ali A, Chandra-Mouli V, ' Providing technical assistance: lessons learned from the first three years of the WHO Adolescent and Youth Sexual and Reproductive Health and Rights Technical Assistance Coordination Mechanism' (2024) 21 (88) *Reproductive Health.*

Feseha G, Gerbaba M 'Intimate partner physical violence among women in Shimelba refugee camp, Northern Ethiopia.' (2012) 12:125 *BMC Public Health.*

Dobinson I & Johns F "Qualitative Legal Research" available at: https://books.google.co.za/books?hl=en&lr=&id=5fiqBgAAQBAJ&oi=fnd&pg=PA16&dq=doctrinal+legal+research+method+johns&ots=efcxVQXq47&sig=o46fLMPgDCUtsmlz2sYt7UpSVkc#v=onepage&q=doctrinal%20legal%20research%20method%20johns&f=false.

Doeland E M, Skjelbaek I 'Narratives of Support and Resistance: A Political Psychological Analysis of the Implementation of UNSCR 1325 in Bosnia and Herzegovina' (2018)39(5) *Political Psychology.*

Duduko Y & Langenhuizen Y 'Localisation of the UNSCR 1325 Agenda'(2022)17 (1), *Journal of Regional Security.*

Fagan P W, 'Refugees and IDPs after conflict. Why they do not go home'. (2011) *United States Institute of Peace Special Report.*

Galati AJ 'Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals' (2015) 18(4) *Guttmacher Policy Review.*

Gruskin S, Yadav V, Castellanos-Usigli A, Khizanishvili G, Kismödi E 'Sexual health, sexual rights and sexual pleasure: meaningfully engaging the perfect triangle' *Sexual and Reproductive Health Matters.*

Hedström, J. and Herder, T 'Women's sexual and reproductive health in war and conflict: are we seeing the full picture?(2023) 16(1) *Global Health Action.*

Henderson T E, 'Protecting Woman in Peace and Conflict: International Humanitarian and Human Rights Law at Work' (2011) 71(2) *Peace and Freedom.*

Hutchinson A, Waterhouse P, March-McDonald J, Neal S & Ingham R, 'Understanding processes of risk and protection that shape the sexual and reproductive health of young women affected by conflict: The price of protection' (2017) 11:15, *Conflict and Health.*

Inter-agency Working Group on Reproductive Health in Crisis. (2010) *Inter-agency field manual on reproductive health in Humanitarian settings. New York: Inter-agency Working Group on Reproductive Health in Crisis.*

Justina J 'Barriers to Education in Conflict-Affected Countries and Policy Opportunities' (2014) *Institute of Development Studies.*

Kaufman M R, Cornish F, Zimmerman R S, Johnson B T 'Health behavior change models for HIV prevention and AIDS care: practical recommendations for a multi-level approach' (2014). *Journal Acquired Immune Deficiency Syndrome.*

Kelly JTD, Colantuoni E, Robinson C, Decker MR "From the battlefield to the bedroom: A Multilevel analysis of the links between political conflict and intimate partner violence in Liberia' (2018) 3 *BMJ Global Health.*

Khan, Soleman, and Anwaruzzaman A K M. 'Role of Education in Determining Fertility Level among Muslim Women in Rural Areas of West Bengal' (2021) 17 *Punjab Geographer.*

Krause J, Krause W, 'Women's participation in peace negotiations and the durability of peace' (2018) 44 (6), *International Interactions.*

Lindsey C 'Woman facing war' (2001) *International Committee of the Red Cross* (16).

Longombe A O, Claude K M, Ruminjo J 'Fistula and traumatic genital injury from sexual violence in a conflict setting in eastern Congo: case studies. (2008) Reproductive *Health Matters.*

Mmari M, Blum R, 'Risk and protective factors that affect adolescent reproductive health in developing countries: A structured literature review' (2009)4 *Global Public Health.*

Muhwezi W W, Kinyanda E, Mungherera M, Onyango P, Ngabirano E, Muron J et al. *Vulnerability to high-risk sexual behaviour (HRSB) following exposure to war trauma as seen in post-conflict communities in eastern Uganda: a qualitative study.* (2011) *Conflict Health.*

Naraghi-Anderlini S 'Linkages between Human Rights Mechanisms and The Security Council Resolutions for Women, Peace and Security: Opportunities for Enhanced Accountability for Implementation' in International Civil Society Action Network (Co-Founder) *Human Rights Mechanisms* (2015).

Neuner F, Ertl V, Cantani C 'Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda (2013) 86 *Social Science & Medicine.*

Nowicka W 'Sexual and reproductive rights and the human rights agenda: controversial and contested.' (2011) 19(38), *Reproductive Health Matters.*

Nicolai S, Triplehorn C. 'The role of education in protecting children in conflict.' (2003) *London: Overseas Development Institute.*

O'Laughlin K N, Greenwald K, Rahman S K, Faustin Z M, Ashaba S, Tsai A C, Ware N C, Kambugu A & Bassett I V 'A Social-Ecological Framework to Understand Barriers to HIV Clinic Attendance in Nakivale Refugee Settlement in Uganda: A Qualitative Study' (2021) 25 *Aids and Behaviour.*

Olsson L & Gizelis T, (2015).*An introduction to Resolution 1325.*

Orakhelashvili A 'The Interaction between Human Rights and Humanitarian Law: Fragmentation, Conflict, Parallelism, or Convergence?', (2008)19, *European Journal of International Law.*

Osili U O and Long B T, 'Does female schooling reduce fertility? Evidence from Nigeria'. (2008) 87 *Journal of Development Economics.*

Palmer A, Louisiana L, Anthony B 'The emerging international policy agenda for health services in conflict settings' (1999) 49 *Social Science & Medicine.*

Parliaments as Partners, Supporting the Women Peace and Security Agenda' *United Nations Development Plans, A global Handbook.*

Pejic J 'Non-discrimination and armed conflict' (2001)83 (841) *RICR Mars.*

Pietilä H "The unfinished story of women and the United Nations" (2007) *United Nations Non-Governmental Liaison Service.*

Percival V, Richards E, Maclean T, Theobald S 'Health systems and gender in post-conflict context: building back better' (2014) *Conflict and Health.*

Pizzarossa L P 'Here to Stay: The Evolution of Sexual and Reproductive Health and Rights in International Human Rights Law' (2018) 7(3) *Laws.*

Rajasingham-Senanayake D, 'Between reality and representation: Women's agency in war and post conflict Sri Lanka.' (2004) 16 *Cultural Dynamics.*

Schaaf M, Boydell V, Sheff M C, Kay C, Torabi F & Khosla R 'Accountability strategies for sexual and reproductive health and reproductive rights in humanitarian settings: a scoping review' (2020) *Conflict and Health.*

Shepherd L J 'Making war safe for women? National Action Plans and the militarization of the Women, Peace and Security Agenda'. (2016)37(3) *International Political Science Review.*

Sidamo N B, Kerbo A A, Gidebo K D & Wado Y D 'Socio-Ecological Analysis of Barriers to Access and Utilization of Adolescent Sexual and Reproductive Health Services in Sub-Saharan Africa: A Qualitative Systematic Review' (2023) 14 *Journal of Contraception.*

Singh NS, Smith J, Aryasinghe S, Khosla R, Say L, Blanchet K 'Evaluating the effectiveness of sexual and reproductive health services during humanitarian crises: a systematic review.' (2018)13(7) *PLoS ONE.*

Starrs A M, Ezeh A C, Barker G, Basu A, Bertrand J T, Blum R 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission (2018) 391(10140) *The Lancet Commissions.*

Starrs A M, Ezeh A C, Barker G et al. 'Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission'(2018) 398, *Lancet.*

Svallfors S, Litorp H, Båge K, Ekström A M, Elimian K, Gayawan E & Kågesten A 'Armed conflict, insecurity, and attitudes toward women's and girls' reproductive autonomy in Nigeria.' (2024). *Social Science & Medicine*, 348.

Tazinya, R. M. A., Mowafi, El-I. M., Hajjar, J. M., & Yaya, S. 'Sexual and reproductive health and rights in humanitarian settings: A matter of life and death'. (2023) *20* (1) *Reproductive Health.*

The World Health Report 'Research for universal health coverage. Geneva: World Health Organization' 2013, available at https://www.who.int/publications/i/item/world-health-report-2013-research-for-universal-health-coverage.

Tirado V, Chu J, Hanson C, Ekström A M, and Kågesten A, 'Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review'(2020). *PLOS ONE.*

United Nations High Commissioner for Refugees. 'Through the Eyes of a Child: Refugee Children Speak about Violence—A Report on Participatory Assessments Carried out with Refugee and Returnee Children in Southern Africa' (2008).

United Nations Human Rights: *International Legal Protection of Human Rights in Armed Conflict* (2011) 5, available at https://digitallibrary.un.org/record/717182?ln=en&v=pdf.

United Nations Population Fund 'Shelter from the storm: A transformative agenda for women and girls in a crisis-prone world.' *UNPF.*

United Nations Population Fund 'Motherhood in childhood: facing the challenge of adolescent pregnancy.' 2013 *New York: UNFPA The State of World Population.*

United Nations 'The Sustainable Development Goals Report 2023: Special edition Towards a Rescue Plan for People and Planet' 2023.

United Nations Woman, (2015) 'Guidebook on CEDAW General Recommendation No 30 and the UN Security Council Resolution on Women, Peace and Security'

World Health Organization, (2023) 'Trends in Maternal Mortality 2000 to 2020 Estimates by WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division' WHO xiv, available at https://reliefweb.int/report/world/trends-maternal-mortality-2000-2020-estimates-who-unicef-unfpa-world-bank-group-and-undesapopulation-division-enarruzh#:~:text=The%20report%2C%20which%20tracks%20maternal,(SDGs)%20came%20into%20effect.

Zampas C, Brown R, Afulukwe O 'Interpreting International Humanitarian Law to Guarantee Abortion and other Sexual Reproductive Health Services In Armed Conflict (2024) 26 *Health and Human Rights Journal*.

ONLINE ARTICLES

Aronica K, Crawford E, Licherdell E, Onoh J 'Social Ecological Model' *Models and Mechanisms of Public Health. Available at:* https://courses.lumenlearning.com/suny-buffalo-environmentalhealth, accessed on 22 October 2024.

Bruck T, Stojetz W, ' Exposure to collective gender-based violence causes intimate partner violence' available at https://voxdev.org/topic/institutions-political-economy/exposure-collective-gender-based-violence-causes-intimate.

Children's rights: *Legislative Reform,* Universiteit Leiden, available at https://www.childrensrightsreform.org/what/the-crc-framework/convention-on-the-rights-of-the-child-crc, accessed on 3 November 2024.

Education Cannot Wait, June 2023, available https://www.educationcannotwait.org/sites/default/files/2023-07/f_ecw1022_globalestimates_paper_mech2_1.pdf.

'Explainer: What is the ICPD and why does it matter?' *UNFPA*, 29 March 2019 available at https://www.unfpa.org/news/explainer-what-icpd-and-why-does-it-matter, accessed on 5 October 2024.

'Five big wins ushered in by the landmark Bijing Platform for Action' *UN Woman* 20 March 2020. Available at: https://reliefweb.int/report/world/five-big-wins-ushered-landmark-beijing-platform-action, accessed on 5 October 2024.

'International Conference on Population and Development, Cairo 5–13 September, 1994.' *Relief Web,* 12 Feb. 2024, available at https://reliefweb.int/report/world/programme-action-

adopted-international-conference-population-and-development-cairo-5-13-september-1994, accessed 4 October 2024.

International Rescue Committee, (2018) 'Sustainable Development Goals, in Crisis' *IRC,* available at: https://sustainabledevelopment.un.org/content/documents/28329Sara_Charles_document_2July_9Part2.pdf.

Lowicki-Zucca J 'Scattered Dreams, Broken Promises: An Assessment of the Links between Girls' Empowerment and Gender-based Violence in the Kyaka II Refugee Settlement, Uganda'. Available at https://www.womensrefugeecommission.org/research-resources/scattered-dreams-broken-promises.

PeaceWomen Women's International League for Peace and Freedom *About Women, Peace and Security in the Security Council,* available at https://www.peacewomen.org/security-council/WPS-in-SC-Council.

The Fund for Peace, 'Fragile States Index', available at https://fragilestatesindex.org/frequently-asked-questions/what-does-state-fragility-mean/ accessed on 2 October 2024.

The Ronald Reagan Presidential Library' *Address to the Nation on National Security,* available at: https://www.reaganlibrary.gov/archives/speech/address-nation-national-security.

Turkmen Z M, Sanduvac 'Menstrual Hygiene Management (MHM) for Education in Emergencies (EIE): A Study for Plan International Tanzania' (2017), Available at https://reliefweb.int/report/united-republic-tanzania/menstrual-hygiene-management-mhm-education-emergencies-eie-study, accessed on 29 October 2024.

UNSDG, 'The 5Ps of the SDG: People, Planet, Prosperity, Peace and Partnership' available at https://unsdg.un.org/latest/videos/5ps-sdgs-people-planet-prosperity-peace-and-partnership accessed on 16 September 2024.

United Nations, World Population Day, July 2024, available at https://www.un.org/en/observances/world-population-day on 4 October 2024.

UNRCCA 'Women Peace and Security'. Available at: https://unrcca.unmissions.org/sites/default/files/unrcca_handout_wps_2020.pdf.

UN Women 'Facts and figures: Women, Peace, and Security. Available at: https://www.unwomen.org/en/what-we-do/peace-and-security/facts-and-figures#_ednref20.

What is International Humanitarian Law? (2004) *ICRC ADVISORY SERV. ON INT'L HUMANITARIAN* L. available at, https://www.icrc.org/eng/assets/files/other/what_is_ihl.pdf.

World Bank group, Universal Health Coverage Overview, available at https://www.worldbank.org/en/topic/universalhealthcoverage accessed on 4 October 2024.

World Health Organization 2022, available at https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/sexual-health, accessed on 5 October 2024.

World Health Organization, Maternal mortality, available athttps://www.who.int/data/gho/data/themes/topics/sdg-target-3-1-maternal-mortality, accessed on 4 October 2021.

INTERNATIONAL TREATIES AND CONVENTIONS

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979).

Convention on the Rights of the Child (CRC) (1989).

Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field', 12 August 1949.

Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949.

Geneva Convention relative to the Treatment of Prisoners of War, 12 August 1949.

Geneva Convention relative to the Protection of Civilian Persons in Time of War, 12 August 1949.

International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966).

International Covenant on Civil and Political Rights (ICCPR) (1966).

Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I)', 8 June 1977.

Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II)', 8 June 1977

DECLARATIONS, UN GENERAL COMMENTS, RECOMMENDATIONS

Committee on the Elimination of Discrimination against Women, General Recommendation No. 24: Article 12 of the Convention (Women and Health) (1999), UN Doc. A/54/38/Rev.1, chap. I.

Committee on the Elimination of Discrimination against Women (CEDAW), General Recommendation No. 30 on women in conflict prevention, conflict and post-conflict situations, CEDAW/C/GC/30 (2013).

European Union, 'Guidelines on Promoting Compliance with International Humanitarian Law' [2005] OJ C327/04.

ICRC 'Customary IHL Database' Rule 87, available at https://ihl-databases.icrc.org/en/customary-ihl/v1/rule 87.

Proclamation of Tehran, 1968.

United Nations Committee on Economic, Social and Cultural Rights, 'General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the International Covenant on Economic, Social and Cultural Rights)' (2000) E/C.12/2000/4.

United Nations Economic and Social Council, 'General Comment No. 22 on the Right to Sexual and Reproductive Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)' (2016) E/C.12/GC/22.

United Nations Security Council, Resolution 1325 (2000) on Women, Peace, and Security, 31 October 2000, S/RES/1325.

United Nations Security Council, 'Resolution 1820 (2008) 19 June 2008, S/RES/1820 (2008).

United Nations Security Council, 'Resolution 1888 (2009) 30 September 2009, S/RES/1888 (2009).

United Nations Security Council Resolution 1889 (2009), S/RES/1889.

United Nations Security Council Resolution 1960 (2010), 16 December 2010, S/RES/1960.

United Nations Security Council, 'Resolution 2106 (2013), 24 June 2013, S/RES/2106 (2013).

United Nations Security Council Resolution 2106 (2013), 24 June 2013, S/RES/2106.

United Nations Security Council Resolution 2242 (2015), 13 November 2015, S/RES/2242.

United Nations Security Council, *Women and Peace and Security: Report of the Secretary-General*, September 2024, S/2024/671.

United Nations Security Council, *Women and Peace and Security: Report of the Secretary-General*, 12 April 2024, S/2024/292.

United Nations, 'Beijing Declaration and Platform for Action' (1995) Fourth World Conference on Women, A/CONF.177/20/Rev.1.

United Nations Committee on the Rights of the Child, 'General Comment No. 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child', 1 July 2003, CRC/GC/2003/4.

United Nations Economic and Social Council, General Comment No. 22 on the Right to Sexual and Reproductive Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights), 2 May 2016, E/C.12/GC/22.

United Nations General Assembly, Declaration on Social Progress and Development, Resolution 2542 (XXIV), 11 December 1969, Article 22(b).

United Nations, 'Recommendations for the Further Implementation of the World Population Plan of Action, Adopted in the World Population Conference, Mexico City, 6–14 August 1984' (1984).

United Nations, 'Report of the International Conference on Population and Development' (1994) A/CONF.171/13.

United Nations, Report of the World Conference of the International Women's Year, Mexico City, 19 June-2 July 1975 (E/CONF.66/34).

United Nations, 'Universal Declaration of Human Rights' (1948) UNGA Res 217 A (III).

United Nations, 'Vienna Declaration and Programme of Action' (1993) A/CONF.157/23.

United Nations, World Population Plan of Action, adopted at the United Nations World Population Conference, Bucharest, 19-30 August 1974, Article 14(f).

UNIVERSITY OF
KWAZULU-NATAL
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Mrs Monica Janse Van Rensburg (223054526)
School Of Law
Howard College

Dear Mrs Monica Janse Van Rensburg,

Original application number: 00026192
Project title: The efficacy of international legal Instruments in protecting women's reproductive health rights in post conflict settings

Exemption from Ethics Review

In response to your application received on 31 May 2024, your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICS REVIEW.**

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

In case you have further queries, please quote the above reference number.

PLEASE NOTE:
Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,

[redacted]

Mr Matthew Blain Kimble
pp Academic Leader Research
School Of Law