SIGNE SVALLFORS

DEVELOPMENT DISSERTATION BRIEF

2022:01

POLITICIZING WOMEN'S HEALTH: CONSEQUENCES OF ARMED CONFLICT FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN COLOMBIA

EBA

Politicizing women's health: Consequences of armed conflict for sexual and reproductive health and rights in Colombia

Signe Svallfors

Development Dissertation Brief, 2022:01
to
The Expert Group for Aid Studies (EBA)

Signe Svallfors is a demographer interested in population, health and gender outcomes of armed conflict. She holds a PhD in sociological demography from Stockholm University since November 2021. This Development Dissertation Brief is a summary of her doctoral thesis "*Bodies and Battlefields: Sexual and Reproductive Health and Rights in the Colombian Armed Conflict*".

The dissertation is available here:
http://urn.kb.se/resolve?urn=urn:nbn:se:su:diva-197114

Corresponding address: signe.svallfors@sociology.su.se

The Expert Group for Aid Studies – EBA – is a Government committee analysing and evaluating Swedish international development aid. This report can be downloaded free of charge at www.eba.se

Please refer to the present paper as: Svallfors, S. (2022), *Politicizing women's health: Consequences of armed conflict for sexual and reproductive health and rights in Colombia*, Development Dissertation Brief 2022:01. The Expert Group for Aid Studies (EBA), Sweden.

This report can be downloaded free of charge at www.eba.se

Printed by Elanders Sverige AB
Stockholm 2022

Cover design by Julia Demchenko

Table of Contents

Sammanfattning

Denna Development Dissertation Brief (DDB) sammanfattar en doktorsavhandling i sociologisk demografi som undersöker hur Colombias väpnade konflikt har påverkat kvinnors sexuella och reproduktiva hälsa och rättigheter (SRHR). Avhandlingen är baserad på material från tre källor: geokodad information om lokalt konfliktvåld från *Uppsala Conflict Data Program*, enkätdata från *Demographic and Health Surveys*, samt originalintervjuer med nyckelpersoner inom kvinnors rättigheter och fredsbyggande i Colombia. Avhandlingen består av fyra fristående artiklar som fokuserar på olika aspekter av SRHR i relation till konflikt, inklusive familjeplanering, tillgång till hälsovård och könsrelaterat våld. Resultaten visar på en politisering av kvinnors hälsa i Colombias konflikt som allvarligt inskränker kvinnors rätt till hälsa genom flera former av könsbaserat våld och begränsningar i tillgång till vård. Avhandlingens resultat pekar på behovet av att utöka tillgången till SRHR-tjänster för konfliktdrabbade kvinnor, inklusive ett brett utbud av preventivmedelsmetoder, laglig och säker abort, samt vård och juridiskt stöd till kvinnor som utsatts för könsbaserat våld. Interventioner bör fokusera på landsbygdsområden med höga nivåer av konflikt och sämre tillgång till hälsovård, samt inkludera kvinnors perspektiv och erfarenheter.

Abstract

This Development Dissertation Brief (DDB) summarizes a doctoral dissertation in sociological demography that investigates how the Colombian armed conflict has shaped women's sexual and reproductive health and rights (SRHR). It is based on material from three sources: geocoded information about local conflict violence from the *Uppsala Conflict Data Program*, micro-level data from the *Demographic and Health Surveys*, and original interviews with stakeholders in women's rights and peacebuilding in Colombia. The thesis consists of four independent articles focused on different aspects of SRHR in relation to conflict, including family planning, access to health care, and gender-based violence. The results reveal a politicization of women's health in the Colombian armed conflict that severely infringes on women's rights to health through multiple forms of gender-based violence and limitations in access to care. The results of the dissertation point to the need to increase access to SRHR services for conflict-affected women, including a wide range of contraceptive methods, legal and safe abortion, as well as care and legal support for women who have been victimized by gender-based violence. Interventions should focus on rural areas with high levels of conflict and limited access to healthcare, as well as include women's perspectives and experiences.

Background

When representatives of the Colombian government and the left-wing guerrilla FARC signed the Havana Peace Accords in 2016, women's war-time experiences were given unique and unprecedented attention. This was due to a massive mobilization of civil society organizations (CSOs) supported by international development cooperation, including from Sweden.

Sweden's strategy for development cooperation with Colombia 2021–2025 is explicitly focused on peacebuilding and transitional justice, human rights, and gender equality "including reduced gender-based violence and increased access to, and respect for, sexual and reproductive health and rights" (Swedish Ministry for Foreign Affairs, 2021:2). Moreover, the Havana Peace Accords assigned Sweden a special role to monitor the implementation of the agreement, focusing on gender equality, conflict victims' rights, and the search for the disappeared. The dissertation on which this brief is based closely aligns with this mission.

The dissertation focused on the consequences of local violence for women's sexual and reproductive health and rights (SRHR) in Colombia. It consisted of four independent articles focused on different aspects of SRHR in relation to conflict, including family planning, access to health care, and gender-based violence.

The key concept of the dissertation was the Guttmacher-Lancet Commission definition of SRHR. It emphasizes the right for all individuals to enjoy a state of physical, psychological, and social well-being in relation to all aspects of sexual and reproductive health, not just the absence of disease, dysfunction, or injury. This means that all individuals, regardless of social, cultural, legal and economic context, should be able to make decisions about their own bodies and sexuality, freely express their gender and sexual identity, and decide when, if and with whom to form relationships, have sex, marry and have children (Starrs et al., 2018).

While there have been many progressive shifts in SRHR over the last century, development is not always sustained or evenly distributed. Overall, fully enjoying SRHR remains limited for a majority of the world's population due to several individual, social, and structural factors at the national or sub-national levels (Liang et al., 2019; Starrs et al., 2018). In particular women living in conflict may be at risk of sexual and reproductive health concerns, including pregnancy-related mortality and morbidity that could have been prevented, a lack of access to health care goods and services, and conflict-related sexual violence (McGinn, 2000). Conflict thus poses a serious challenge to development at the individual, household, community, and national levels (Collier et al., 2003; Gates et al., 2012).

Understanding the costs of war on human lives is a matter of recognizing security beyond the battlefield, and provides important lessons for governments, international development cooperation, and CSOs aiming to remedy those costs. The dissertation contributes to knowledge by using advanced quantitative models and original interviews to look at the social factors that shape SRHR. The mixed-methods design provides a comprehensive understanding of both the relationship between conflict and concrete SRHR outcomes, as well as the mechanisms connecting the two. The thesis bridges several scholarships within the social sciences, ranging from demography, sociology, international relations, and public health. By combining multiple research traditions, this work contributes to a multifaceted understanding of gendered demographic and health outcomes of war. In a broader sense, the thesis adds a piece to the puzzle in understanding how social determinants such as violent conflict shape lives, self-determination, and social relations at the micro-level.

The overarching research question of the dissertation is: *What is the impact of the Colombian armed conflict on women's SRHR?*

To answer this question, the four separate articles in the thesis focused on the following sub-research questions:

1. *How can we understand the consequences of conflict on SRHR from a perspective of Radical Reproductive Justice?*
2. *How does violent conflict influence women's use of reversible modern contraceptive methods?*
3. *How does local conflict relate to women's uptake of sterilization?*
4. *What is the link between local conflict violence and individual women's experiences of intimate partner violence?*

The rest of this dissertation brief is structured as follows. In this background section, the policy landscape of gender, health and conflict is introduced in order to situate the thesis in an international normative framework. I then briefly describe conflict dynamics and peace aspirations in Colombia, and provide an overview of previous research on gender, health, and security in this context. Next, I introduce the research design. In the results section, I summarize the four independent articles of the thesis. Finally, I conclude with policy recommendations based on the findings of the thesis.

The policy landscape of gender, health, and conflict

The dissertation can be linked to a broader historical and current policy landscape focused on the promotion of gender, peace, and development.

Before the end of the 1990s, it was unthinkable that gender would be a focus for international security policy. For a long time, women were assumed to be unaffected by conflict, also in terms of SRHR and conflict-related sexual violence. For example, the war tribunals after World War II regarded sexual violence as something private and not a military strategy.

The first systematic reports and analyses of SRHR in conflict came with the wars in Bosnia and Rwanda. Sexual violence in war contexts was then conceptualized as a "weapon of war", a term which has since been discussed rigorously. Sexual violence and its deleterious consequences for well-being was not an unknown phenomenon previously – but it was understudied and not the concern of security analyses.

By the end of the 1990s, the reporting had changed and SRHR concerns such as sexual violence were beginning to be taken seriously. New and increased attention, documentation, conceptualization, and preparedness for dealing with the phenomenon emerged. The unanimous adoption of United Nations (UN) Security Council Resolution 1325 in October 2000 was the first time that the Security Council acknowledged that women play a part in conflict. It was a call for women's inclusion in all aspects of peace and security, at all levels, and it recognized women as contributors, not only victims, of war. Since then, multiple follow-up resolutions have been adopted to continue the work. While gender perspectives used to be at the margins, they are now at the heart of international security efforts. The 2018 Nobel Peace Prize award to Nadia Murad and Denis Mukwege was perhaps the ultimate recognition of sexual violence and SRHR as a security concern (Cohn, 2013; Tickner, 2001).

Similarly, SRHR are now part of the core of the international human rights, population policy and sustainable development agendas. Prior to the mid-1990s, decennial population conferences had invited politicians and researchers to discuss issues mainly revolving around global population growth. There was a broad concern that families in poor countries had too many children, which would eventually lead to an exponential population growth unsustainable to individual countries' and the planet's resources.

The International Conference on Population and Development in Cairo (abbreviated ICPD or the Cairo Conference) in 1994 broke new ground, by focusing not on how to make women in low- and middle-income countries

participate in contraception programs, but instead on how to support women in their family planning. The new paradigm emphasized that if women are empowered to make free choices surrounding issues related to sexuality and reproduction, population prosperity will follow (Finkle and McIntosh, 2002).

Female empowerment has since become a guiding principle in international population policy. In the words of former UN Secretary General Ban-Ki Moon, the Cairo Program "affirmed sexual and reproductive health as a fundamental human right and emphasized that empowering women and girls is key to ensuring the well-being of individuals, families, nations and our world" (United Nations General Assembly, 1994:viii). The Cairo Program was ratified by Colombia in 1995 and thereby incorporated into the Colombian Constitution (Díaz Amado et al., 2010).

Both the Cairo Program and Resolution 1325 have largely been driven by grassroots women's organizations that have successfully aimed at changing the landscape regarding how matters of gender, conflict, sexuality and reproduction are discussed at the highest level. The core contributions of those frameworks have been to put women's agency at the forefront; when peace agreements are negotiated or family planning programs discussed, women's experiences and perspectives must be considered. This paradigm shift constitutes a massive democratization of security and population policies, since the female half of the population was seldomly consulted on these topics previously.

Women's autonomy has an intrinsic value and benefits for individuals, households, communities, and societies. Knowledge about how SRHR and gender equality are affected by conflict contributes to a better understanding of issues with great importance for human development. As mentioned, Colombia's ongoing peace process has had an unprecedented focus on gender

and women's rights. This dissertation thus timely contributes with new evidence on the gendered consequences of war on women's health, which may help guide transitional justice processes as well as comprehensive health interventions.

The findings can inform policymakers wishing to promote Sustainable Development Goals 3: Healthy Lives and Well-being, 5: Gender Equality, and 16: Promote Peace and End Violence. Moving towards 2030, it is important to understand how to design comprehensive interventions on SRHR, gender equality, and peacebuilding.

Conflict dynamics and peace aspirations in Colombia

The Colombian conflict dates back to the mid-20th century and involves the government, paramilitary groups, organized crime groups, and left-wing guerrillas such as *las Fuerzas Armadas Revolucionarias de Colombia* (FARC, The Revolutionary Armed Forces of Colombia) and *el Ejército de Liberación Nacional* (ELN, The National Liberation Army).

The Colombian conflict ignited in the mid-1960s when various guerrilla groups formed as a response to a colonial legacy of unequal land ownership, corruption, socioeconomic injustice, exclusion of alternative political views, and a governmental vacuum in remote areas (Bethell, 1995; de Roux, 1994).

In the 1970s, the guerrillas turned to drug trafficking, extortion and kidnapping for economic and political purposes, after which large landowners and drug traffickers created their own armed forces of auto-defense in the 1980s, forming right-wing paramilitary groups. Most of these groups were included under the umbrella of *las Autodefensas Unidas de Colombia* (AUC, The United Self-defence Forces of Colombia), which disbanded in 2006.

Because of the diversity of the actors involved, the armed conflict has grown ever more complex throughout the decades. Conflict has been fueled by state corruption and lack of legitimacy, chronic deficiency in political, social and, economic stability and tolerance, a judicial climate of impunity, and the widespread production and export of cocaine hydrochloride (Franco et al., 2006; Jansson, 2008; de Roux, 1994).

The cocaine economy has been one of the most important drivers of conflict in Colombia, the world's top producer of coca leaves that are later refined into cocaine for the international drug market (UNOCD, 2016). The plant is grown as a cash crop, representing the most profitable crop for *minifundias*, small farms. The profits of the drug trade exceed that of most Latin American countries' gross domestic product. Its illicit and informal traits cause a lack of direct governmental taxation or accounting of its transactions. Even though Colombia had traditionally been an agricultural export economy, coca is arguably the real main export commodity (Jansson, 2008).

Colombia is a country with a physical geography that renders unitary territorial control very difficult (Bakewell and Holler, 2011). Ever since the guerrillas emerged in the 1960s, they have dominated large territories in the rural areas and *de facto* replaced the functions of the state, including resource control, tax collection, and monopoly on violence (Jansson, 2008). This means that the Colombian state has not been in control of the entire national territory for decades of internal armed conflict.

Several initiatives for peace at both grassroots and governmental levels have aimed to end the violence in Colombia. The government's model has been to negotiate peace agreements with one insurgent group at a time, ever since the 1980s. The latest one (to date) with the FARC in 2016 gained a lot of international attention, not least for the unprecedented inclusion of women.

The gender provisions of the Havana Peace Accords included, among other things, ensuring women's right to land ownership, integrating a gender approach into the mandate of the Truth Commission and organizing special hearings for women, and excluding sexual violence from amnesty in the process of transitional justice (Salvesen and Nylander, 2017). Yet, true peace would entail the full acknowledgment of the state's monopoly of violence, a challenging task in a country where this has never truly existed.

Gender, health, and security in Colombia

All parts of Colombia have been affected by conflict, but it produces different effects on different segments of society. The countryside has been disproportionally affected by conflict. The health sector itself has increasingly become a victim of the various actors of the conflict, who have interfered with funding, the access to health services, and the ability for health care professionals to perform their medical activities (Franco et al., 2006).

Security itself is also gendered. For young men, homicide has been the principal cause of death, and taking up arms has been a way to escape precariousness in a context with a tremendously uneven resource distribution. Women, on the other hand, have more often been the primary targets of widespread sexual violence and displacement (Theidon, 2009).

Sexual violence has been perpetrated by all armed groups in Colombia. It has been used purposefully to intimidate individuals and communities, extract information, humiliate and hurt enemies, enforce strict rules of conduct, and punish allegiances, transgressions of traditional gender roles, and civil society activism (Kreft, 2020).

Women who have experienced sexual violence have often not considered themselves victims and have generally avoided reporting violations in fear of reprisals and stigmatization. The government has allowed a system of impunity surrounding these crimes, leading to a normalization of sexual violence. It is impossible to say how prevalent this phenomenon has been, but Afro-Colombian and indigenous women in rural areas have been disproportionally affected due to a combination of misogyny, racialization, and precarity (Meertens, 2010).

Further, testimonies from girls and women tell of forced contraception, abortion, adoption, and sterilization as prices to pay in order to join the ranks of FARC. Enlisting has often been women's way of breaking free from the macho culture that has pervaded rural areas, but it has come at the price of strict control of their reproductive lives (Herrera and Porch, 2008).

Research design

The thesis employed a mixed-methods approach and combined multiple sources of data to answer the study's research. This triangulation offsets limitations of any single method or set of data and validates the conclusions. While survey data and regression models are useful to identify general patterns of statistical relationships net of confounding factors, qualitative interviews are useful for creating a richer understanding of why these relationships exist in the particular context (Curry and Nunez-Smith, 2015).

Quantitative data and methods

The quantitative segment was based on a combination of the Demographic and Health Surveys (DHS) and geolocated data on conflict violence from the Uppsala Conflict Data Program Georeferenced Event Dataset (UCDP-GED) to explore how exposure to local conflict correlates with SRHR outcomes.

The UCDP-GED contains information from 1989 about events of organized violence in which at least one person was killed, including when and where each event occurred and an estimation of the number of casualties (Sundberg and Melander, 2013). This dataset enables clear and objective definitions of how violence is captured and accurate measurements at the subnational level (Eck, 2012).

The DHS offer nationally representative cross-sectional and retrospective information on individual women's SRHR and characteristics within the age group 15–49. I combined six rounds of the survey to enable long-term analyses over the period 1990–2016. Response rates were above 85 percent in each round.

Conflict violence is not randomized but rather tends to concentrate in certain areas, which is why observations of women within the same area are mutually dependent. In other words, women living in the same area are likely to exhibit similar socio-demographic characteristics compared to those in other areas because of a range of unobserved factors. This warrants multi-level regression models to account for unobserved heterogeneity at the local level, which could co-determine both the treatment (conflict) and the outcome (SRHR). The statistical models therefore included fixed effects at the regional levels and clustered standard errors (Angrist and Pischke, 2009).

Qualitative data and methods

In the qualitative segment of the thesis, I collected original interviews with stakeholders in women's rights, SRHR, and peacebuilding in Colombia. The interviews added a more interpretative and contextual insight to the thesis, to gain a richer understanding of how conflict has affected women's SRHR.

Following initial chain referral via similar organizations in Sweden and subsequently in Colombia, I made a purposeful selection of interviewees based on the specializations of the experts and their willingness to participate. The selection of interviewees can be thought of as a panel representing multiple decades of cumulative knowledge about the topics under study. I completed 15 semi-structured interviews from November 2019 until February 2020 in English and/or Spanish. I used thematic analysis to sort through and examine the data (Ayres 2012; Bogner, Littig, and Menz 2009).

Ethical considerations

When dealing with individual-level data, the confidentiality of respondents must be guaranteed. With regards to the quantitative data, the participation in DHS is based on informed and voluntary consent. Results are strictly confidential, including between members of the household, identified only by a series of numbers after the interview. By using secondary data, the security, anonymity, and privacy of the survey respondents was carefully respected.

As for the collection of the qualitative data, I chose not to interview women about their own life experiences of war since it would have required great measures of safety and care that were not feasible within the scope of this study. I utilized the organization's own safety nets and routines to ensure security, since interviews took place during daytime and most often in the organization's headquarters. I did not disclose names or descriptions of participants and organizations in the manuscripts to safeguard respondent privacy and avoid social desirability bias, even if several stakeholders expressed that anonymity was unnecessary. Participation in the interviews was based on informed and voluntary consent. Further details about the research design and a discussion of data limitations can be found in the dissertation.

Results

The thesis consists of four independent articles focusing on different aspects of SRHR in relation to conflict, including family planning, access to health care, and gender-based violence. The contents of each article are briefly summarized below.

Study I: Reproductive justice in the Colombian armed conflict

In the first study, I used the concept of reproductive justice to analyze how women's reproductive autonomy unfolds in the context of war. More specifically, I focused on how matters of sexuality and reproduction gain political meaning with intersectional dimensions in the war context.

Reproductive justice holds that reproduction is not a mere biological, isolated, or individual event, but deeply politicized both as a means to control women and a means by which women aim to control their own lives. This perspective questions the idea of "choice" when it comes to making autonomous decisions on matters related to sexuality and reproduction, since intersectional distinctions such as race and class stratify women's ability to make the same choices.

The analysis of stakeholder interviews showed that several armed actors have purposefully used women's health as an instrument in politically motivated strategies to increase their power. Armed actors have obstructed women's access to care by hindering them from leaving an area that they control to go to a health facility. Health care personnel have been targeted by armed forces, ranging from being forced to serve illicit groups with health care, being robbed or kidnapped, or being restricted from entering an area under the group's control. Armed groups have used sexual violence against women to indirectly harm their partners or fathers, instill fear in the civilian population, and punish human rights activists and women breaking traditional gender norms.

Beyond the purposeful politicization of SRHR, women's health and access to care have also suffered from collateral damages of war due to a range of factors that have not necessarily resulted from war tactics. The lack of access to SRHR goods and services has also resulted from transportation issues causing reductions in shipments, increased poverty following economic collapses, and a reluctance among health care professionals to work in intense conflict areas. Sexual violence has taken place not only as a military strategy but also due to institutional decay caused by conflict, the state's historical neglect of certain parts of the country, and the negligence of the state to implement policies that are already in place to protect women.

Sexual violence demands a response from the health care system that has not been met. Women are not receiving proper health care after victimization even though sexual violence puts them at risk of unwanted pregnancies as well as morbidity and mortality during and after pregnancy. Victimized women face stigma from their communities and intimate partners, impaired mental health such as depression and alcoholism, and a lack of psychosocial support. In geographically remote areas where state presence is low and illicit armed groups have held power, the only authority that women can turn to following victimization to sexual violence is often the perpetrators, leading to a firmly established culture of impunity. Many women are unaware of their constitutional right to have an abortion to end an unwanted pregnancy resulting from sexual violence.

Women in disadvantaged socio-economic positions have been the most deprived of care because the state has allowed certain degrees of societal deterioration and impunity for violence in remote areas. This shows that marginalized groups of women face additional barriers to enjoying bodily autonomy because of war. Intersectional distinctions such as race and class limit certain women in particular from maneuvering their sexual and reproductive lives.

In conclusion, both destruction and decay related to body matters have impinged on women's rights granted by Colombian legislation. Both can be regarded as politicizations of women's SRHR, by constituting symbolic spaces of power struggles that send a strong message about the body's vulnerability. The findings highlight how formal rights are not enough since intersectional forces require differential policy responses to guarantee reproductive justice for all. While the Colombian state in many ways acknowledges women's rights on paper, the lack of implementation poses a great challenge to reproductive justice. A reproductive rights framework only focused on policy would therefore miss the target, since relevant public and private entities must take action to ensure that those rights are upheld and implemented.

Study II: Conflict and contraception in Colombia

In the second study, Sunnee Billingsley and I used statistical analyses to investigate the impact of local violence on women's use of modern contraception. We excluded women who were sterilized or whose partners had undergone a vasectomy as these would not take up reversible contraception.

We found that although modern contraceptive use increased over time, it declined according to conflict intensity across time and space. The magnitude of the conflict effect can be contextualized in relation to the span over time: the decline in contraceptive use amounts to erasing the progress made in contraceptive use in the first seven years that we observe. Given the positive trend over time in contraceptive use in Colombia in general, contraceptive use would likely have increased more over time in the absence of violent conflict.

A small portion of the relationship could be explained by an increase in women's demand to have children soon, which might be explained by uncertainty around losing a partner. But it is also likely that women's access to contraception diminished because of conflict, although we could not

investigate this empirically. Other potential mediators – women's employment status, sexual activity, health care agency, and intimate partner violence – did not explain women's declined use of contraception. We also found no difference in the risk of using traditional, short- or long-acting reversible contraception, only an increase in contraceptive non-use. This again points towards changes in demand and overall access to contraception, but not that certain reversible methods are more available than others.

Since fertility demand only accounted for a part of the reduced contraceptive use in relation to conflict, many women are likely at risk of unwanted pregnancy when faced with conflict. This carries dire implications in a country such as Colombia, where abortion is only legal in exceptional cases. Because of the contribution of unsafe abortion to maternal morbidity and mortality, the failure to provide women with safe and legal abortion remains one of the biggest violations of women's health and human rights. If access to modern contraception is reduced due to conflict and the unavailability of safe abortion, women's health and lives will inevitably be at risk.

Study III: Contraceptive choice as risk reduction? The relevance of local violence for women's uptake of sterilization in Colombia

The third study fills a gap in knowledge revealed in the second study by looking specifically at women's uptake of sterilization, which is the most commonly used contraceptive method in Colombia and the only one that implies a definitive stop to women's childbearing. I investigated four theoretically-motivated hypotheses of whether women's sterilization uptake increased or diminished, and whether any changes were voluntary or coerced.

Statistical analyses showed that local conflict was linked to an increased sterilization uptake overall. Women exposed to the highest levels of local conflict were one-third more likely to undergo sterilization compared to

women who did not experience conflict during observation. Uptake was largest among more affluent women who are most likely to make autonomous reproductive choices, indicating that uptake was not driven by coercion. Interviews with SRHR stakeholders suggested that women may opt for sterilization when reversible methods become less accessible because of conflict.

Since sterilization is a relatively available contraceptive option in Colombia, the conclusion was that it may represent a risk-aversion strategy for women who have completed their fertility goals. Whatever their circumstances, women make reproductive choices based on what they perceive will be most beneficial to themselves and their children. Even if women in conflict may be able to make an *informed* contraceptive choice based on accurate knowledge about different methods, they may be restricted from making a *free* choice of their preferred contraceptive method. Sterilization may then represent a risk-aversion strategy of fertility regulation when other aspects of life turn more uncertain during armed conflict.

Study IV: Hidden casualties: The links between armed conflict and intimate partner violence in Colombia

While the Havana Peace Accords uniquely focused on women's experiences of war, in particular regarding sexual violence, the everyday violence that women may face in their homes was not acknowledged. The fourth and final study thus investigated the impact of local conflict on women's victimization to intimate partner violence.

Statistical analyses showed that conflict generally was linked to an elevated risk for women to experience emotional, physical, and sexual violence perpetrated by their partner. There was no evidence that women's acceptance of IPV increased with conflict. Among women who had experienced IPV recently,

conflict related to an increased probability of being in a relationship. This could reflect women staying in abusive relationships because conflict normalizes violence or increases women's reluctance to leave such relationships. These findings suggest that armed conflict is not only indirectly extremely harmful to women by increasing their risk of multiple forms of IPV, but also exacerbates the vulnerability of women who are already victimized.

The key policy implication of this article is that the focus in the Havana Peace Accords on sexual violence is insufficient to address all forms of gender-based violence in the Colombian armed conflict. Building on the feminist notion that "the personal is political", I problematize how violence committed in the "public sphere" is more readily acknowledged, while the connections between women's experiences of violence in "private" and larger sociopolitical structures are made invisible. A sole focus on "public" violence thus overlooks the hidden casualties from war in the private sphere. If the goal of peace initiatives is a positive peace – without any forms of physical and structural violence that potentially could cause future conflict – violence in intimate relationships must be addressed alongside sexualized aggressions perpetrated by armed groups.

Conclusion

The dissertation, summarized in this brief, highlights the politicization of women's health in the Colombian armed conflict, with multiple forms of gender-based violence and limitations in access to care, which severely infringes on women's rights to health. But regardless of their situation, women are not passive victims of war but instead continue to navigate their reproductive lives. Even during conflict, life goes on.

At the same time, conflict increases women's insecurity in ways that have previously been overlooked. For example, conflict exacerbates women's lack of access to health care, risks of intimate partner violence, and sexual violence perpetrated as both military strategies and opportunistic crimes. These nuances show how survivorship and victimization are not a dichotomy, but operate on a spectrum.

The findings emphasize how matters of SRHR are infused with gendered power dimensions, which may be exacerbated or militarized during war. Women living in conflict face greater risks of gender-based violence perpetrated both by armed groups and family members; this, in turn, makes them vulnerable to other SRHR concerns that seldom are adequately addressed by the Colombian state. This is either because human rights violations are not criminalized, because crimes are not punished, or simply because other policy goals are prioritized. If it is ultimately the state's responsibility to protect its citizens from harm, the failure to do so implies negligence towards women's dignity and well-being, with great costs for individuals, families, communities, and societies.

Colombia is now at a watershed moment in terms of violence prevention and peace building. This calls for attention to how reproductive justice and gender equality can be infused into post-war transformations. Substantial efforts are needed on the part of policymakers and academic scholarship in order to address how women's SRHR are affected by violent conflict in Colombia and beyond.

Laws and policies have been adopted in Colombia to support SRHR and war-affected women. The 1998 Rome Statute to which Colombia is a signatory defines many SRHR violations during war, such as rape, sexual slavery, enforced prostitution, and forced pregnancy, as crimes against humanity. Since 2006, women in Colombia have the right to safe and legal abortion following sexual violence. The Constitutional Court decision Auto 092 in 2008 ordered

that the Ministry of Health is responsible for several programs to protect displaced women: promoting women's health, preventing sexual violence against displaced women, integrated attention to victimized women's health, and offering psychosocial support to displaced women. The Law of Victims (Law of 1448 of 2011) includes measures that ensure victims' rights, explicitly including women who have been victimized of gender-based violence.

These examples show that Colombia's legislation and support of international humanitarian law are already progressive in many ways, even if the partial criminalization of abortion remains an infringement on women's reproductive rights. A priority of the Colombian government should therefore be to follow its regional neighbors, for example Argentina, Mexico and Uruguay, that have recently legalized abortion, as well as to sufficiently implement the progressive policies that are already in place.

Several policy recommendations can be suggested based on the findings of the dissertation, aimed at local, national, and global policymakers in Colombia and beyond. Starting with the *what*, policymakers are recommended to:

- Improve access to quality SRHR services for conflict-affected women.
- Ensure that women have access to the contraceptive method of their choosing, not only sterilization.
- Provide women with access to safe and legal abortion.
- Address violence in intimate partnerships alongside sexualized aggressions perpetrated by armed groups.
- Introduce comprehensive primary prevention programs on gender-based violence to facilitate change by addressing the underlying root causes of violence, such as harmful gender norms.
- Develop careful survivor response systems to address the consequences of gender-based violence and avoid re-traumatization: specialized health

services including (but not limited to) trauma counseling and sexual and reproductive care, legal support for victims, as well as training and capacity building for professionals in the health system and law enforcement.

- Include economic empowerment in both primary and secondary prevention of gender-based violence to enable women to leave abusive relationships.

Following with the *how*, interventions aimed at improving SRHR and gender equality should:

- Focus particularly on rural areas with poor access to healthcare and high intensity of conflict.
- Involve women-led CSOs on the ground and listen to the experiences and perspectives of women and girls.
- Engage with local communities to allow for discussions with key stakeholders.
- Tailor culturally sensitive and effective programs to the specific setting, without compromising human rights.

Finally, the following policy recommendations are directed specifically to the Colombian state and international development cooperation actors present in Colombia:

- Implement the Havana Peace Accords to their full extent in Colombia, above all with respect to its gender provisions.
- Implement existing policies on SRHR and gender-based violence in Colombia.
- Support gender-inclusive peace negotiations with remaining armed actors in Colombia.

References

Angrist, Joshua D., and Jörn-Steffen Pischke. 2009. *Mostly Harmless Econometrics: An Empiricist's Companion*. Princeton: Princeton University Press.

Ayres, Lioness. 2012. "Thematic Coding and Analysis." Pp. 867–68 in *The SAGE Encyclopedia of Qualitative Research Methods*, edited by L. M. Given. Thousand Oaks: SAGE Publications.

Bakewell, Peter, and Jacqueline Holler. 2011. *A History of Latin America to 1825*. Malden: Wiley-Blackwell.

Bethell, Leslie. 1995. *The Cambridge History of Latin America*. Cambridge: Cambridge University Press.

Bogner, Alexander, Beate Littig, and Wolfgang Menz. 2009. *Interviewing Experts*. Basingstoke: Palgrave Macmillan.

Cohn, Carol. 2013. Women and Wars: Contested Histories, Uncertain Futures. Cambridge: Polity Press.

Collier, Paul, V. L. Elliott, Håvard Hegre, Anke Hoeffler, Marta Reynal-Querol, and Nicholas Sambanis. 2003. *Civil War as Development in Reverse*. World Bank.

Curry, Leslie, and Marcella Nunez-Smith. 2015. *Mixed Methods in Health Sciences Research: A Practical Primer*. Thousand Oaks: SAGE Publications.

Díaz Amado, Eduardo, Maria Cristina Calderón García, Katherine Romero Cristancho, Elena Prada Salas, and Eliane Barreto Hauzeur. 2010. "Obstacles and Challenges Following the Partial Decriminalisation of Abortion in Colombia." *Reproductive Health Matters* 18(36):118–26. doi: 10.1016/S0968-8080(10)36531-1

Eck, Kristine. 2012. "In Data We Trust? A Comparison of UCDP GED and ACLED Conflict Events Datasets." *Cooperation and Conflict* 47(1):124–41. doi: 10.1177/0010836711434463

Finkle, Jason L., and C. Alison McIntosh. 2002. "United Nations Population Conferences: Shaping the Policy Agenda for the Twenty-First Century." *Studies in Family Planning* 33(1):11–23. doi: https://www.jstor.org/stable/2696329

Franco, Saúl, Clara Mercedes Suarez, Claudia Beatriz Naranjo, Liliana Carolina Báez, and Patricia Rozo. 2006. "The Effects of the Armed Conflict on the Life and Health in Colombia." *Ciência & Saúde Coletiva* 11(2):349–61. doi: 10.1590/S1413-81232006000200013

Gates, Scott, Håvard Hegre, Håvard Mokleiv Nygård, and Håvard Strand. 2012. "Development Consequences of Armed Conflict." *World Development* 40(9):1713–22. doi: 10.1016/j.worlddev.2012.04.031

Herrera, Natalia, and Douglas Porch. 2008. "'Like Going to a Fiesta' – the Role of Female Fighters in Colombia's FARC-EP." *Small Wars & Insurgencies* 19(4):609–34. doi: 10.1080/09592310802462547

Jansson, Oscar. 2008. "The Cursed Leaf: An Anthropology of the Political Economy of Cocaine Production in Southern Colombia." PhD thesis, Department of Cultural Anthropology and Ethnology, Uppsala University.

Kreft, Anne-Kathrin. 2020. "Civil Society Perspectives on Sexual Violence in Conflict: Patriarchy and War Strategy in Colombia." *International Affairs* 96(2):457–78. doi: 10.1093/ia/iiz257

Liang, Mengjia, Sandile Simelane, Guillem Fortuny Fillo, Satvika Chalasani, Katherine Weny, Pablo Salazar Canelos, Lorna Jenkins, Ann-Beth Moller, Venkatraman Chandra-Mouli, Lale Say, Kristien Michielsen, Danielle Marie Claire Engel, and Rachel Snow. 2019. "The State of Adolescent Sexual and Reproductive Health." *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine* 65(6S):S3–15. doi: 10.1016/j.jadohealth.2019.09.015

McGinn, Therese. 2000. "Reproductive Health of War-Affected Populations: What Do We Know?" *International Family Planning Perspectives* 26(4):174–80. doi: 10.2307/2648255

Meertens, Donny. 2010. "Forced Displacement and Women's Security in Colombia." *Disasters* 34:S147–64. doi: 10.1111/j.1467-7717.2010.01151.x

de Roux, Francisco J. 1994. "The Impact of Drug Trafficking on Colombian Culture." Pp. 92–118 in *The Culture of Violence*, edited by K. Rupesinghe and M. Rubio Correa. Tokyo: United Nations University Press.

Salvesen, Hilde, and Dag Nylander. 2017. *Towards an Inclusive Peace: Women and the Gender Approach in the Colombian Peace Process*. NOREF Norwegian Center for Conflict Resolution.

Starrs, Ann M., Alex C. Ezeh, Gary Barker, Alaka Basu, Jane T. Bertrand, Robert Blum, Awa M. Coll-Seck, Anand Grover, Laura Laski, Monica Roa, Zeba A. Sathar, Lale Say, Gamal I. Serour, Susheela Singh, Karin Stenberg, Marleen Temmerman, Ann Biddlecom, Anna Popinchalk, Cynthia Summers, and Lori S. Ashford. 2018. "Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher– Lancet Commission." *The Lancet* 391(10140):2642–92. doi: 10.1016/S0140-6736(18)30293-9

Sundberg, Ralph, and Erik Melander. 2013. "Introducing the UCDP Georeferenced Event Dataset." *Journal of Peace Research* 50(4):523–32. doi: 10.1177/0022343313484347

Swedish Ministry for Foreign Affairs. 2021. *Strategy for Sweden's Development Cooperation with Colombia 2021–2025*. Stockholm: Regeringskansliet.

Theidon, Kimberly. 2009. "Reconstructing Masculinities: The Disarmament, Demobilization, and Reintegration of Former Combatants in Colombia." *Human Rights Quarterly* 31(1):1–34. doi: https://www.jstor.org/stable/20486735

Tickner, J. Ann. 2001. Gendering World Politics: Issues and Approaches in the Post-Cold War Era. New York: Columbia University Press.

United Nations General Assembly. 1994. Programme of Action of the International Conference on Population and Development. Cairo.

Armed conflicts pose a great challenge to women's sexual and reproductive health and rights (SRHR). This DDB explores the effects of conflict on women's SRHR in Colombia. It points to women's limited access to health care and victimization to multiple forms of gender-based violence as well as identifies pathways to improve SRHR.

Väpnade konflikter medför stora utmaningar för kvinnors sexuella och reproduktiva hälsa och rättigheter (SRHR). Denna DDB undersöker konfliktens effekter på kvinnors SRHR i Colombia. Studien visar på kvinnors begränsade tillgång till sjukvård och utsatthet för könsbaserat våld samt möjliga sätt att förbättra SRHR.

This is a Development Dissertation Brief (DDB), where EBA gives recent PhDs the opportunity to summarise their dissertation, focusing on its relevance for Swedish development cooperation. If you are interested in writing a DDB, please contact us: ud.eba@gov.se

EBA

The Expert Group for Aid Studies – EBA – is an independent government committee analyzing and evaluating Swedish International Development Aid.
www.eba.se