



RESEARCHING THE IMPACT
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Gendered health impacts of civil war in Nepal

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Brief Summary

This brief draws on research about the impacts of attacks on healthcare during the insurgency in Nepal to highlight the gendered health implications of conflict. Our interviews with former female combatants in the insurgency in Nepal highlighted that women and girls who fought felt their specific needs were overlooked after the end of violent conflict. Many women faced ongoing health issues resulting from untreated, or inadequately treated, reproductive health concerns rather than wounds from violence. Often neglected in the post-war peace settlement, they also faced continuing stigma and economic challenges from having married or borne children with fellow combatants. However, female healthcare providers and insurgents highlighted the surprising forms of intimate care that arose in the context of clandestine health provision.

Background

Feminist scholarship has been instrumental in highlighting the myriad ways women are involved in and experience war, especially their overlooked roles as combatants (Alison, 2004; MacKenzie, 2012). Recent research has drawn attention to the ways in which post-conflict processes often fail female combatants, excluding them from disarmament, demobilisation and reintegration (DDR processes and not recognising the specific challenges they face in returning to peaceful lives (K.C., 2019; Giri, 2021; Hauge, 2020).

Our research focused on the case of the Nepal. The insurgency in Nepal began in 1996 as the Communist Party of Nepal-Maoist (CPN-M) sought to overthrow the monarchical regime. A comprehensive peace agreement led to a republic being proclaimed in 2008, with Maoists winning in the elections that year. The two stage DDR process saw 19,602 combatants (15,756 men and 3,846 women) 'declared 'verified', meaning they qualified for entitlements of Maoist ex-combatants' (K.C., 2019, p. 459). This is despite estimates that suggest 30-40 percent of the Maoist combatants were women (K.C., 2019, p. 453) and over 40% in our sample.

In the context of Nepal, much of the academic debate about women's involvement in the conflict has centred on women's agency and their potential empowerment through participation in the Maoist insurgency (K.C. and Van Der Haar, 2019; Giri, 2021; MacKenzie and Giri, 2021). Our research highlights an oft-neglected topic in this literature, specifically about the ongoing health concerns as a result of the limited access to healthcare during the conflict, especially access to reproductive healthcare.

Study Methods

Building on our investigation of health systems under attack during the conflict in Nepal, this study drew on a literature review and 80 interviews among groups of health practitioners, journalists, elites and combatants, which took place between December 2020 and March 2021. This joint study was undertaken during the Covid Pandemic and relied on an experienced Nepalese team of social scientists, who conducted interviews in three regions diversely affected by the civil war:

- Rolpa, the birthplace and epicentre of the Maoist insurgency and whose population comprised many under privileged groups and ethnic minorities.
- Makwanpur, which was a site of contest throughout the war and
- Parbat, a more heavily policed district which was never taken over by the insurgents.

All three districts belong to the central belt of hill districts in the midwestern, central and western development regions of Nepal (as they were prior to the governance reform of 2015). The identification of interviewees built on on previous field work and benefited from a gender diverse interview team.

The interviews focused on care issues and health provision which invited qualitative and discursive accounts of experiences as combatants and healthcare providers. Our interviewees originated from a wide spectrum of political opinions and encompassed female Maoist and security forces veterans, as well as medical practitioners who worked in violent circumstances under state and insurgent jurisdictions. While gender issues were not the focus of the interviews, questions were asked about the specific experiences of women and these themes arose from participant responses.

Key Findings

Our research found that many women combatants faced ongoing social and medical issues which were not addressed by the DDR process following the end of conflict. The limited access to healthcare as a result of the conflict, particularly for women in the Maoist movement, meant their issues often went untreated. They especially struggled to access reproductive healthcare, leading to complications from pregnancy, childbirth and menstruation. However, intimate forms of care arose between female healthcare workers and female combatants as healthcare was forced into private homes and community spaces.

- **Limited access to healthcare:** During the conflict many female combatants, especially those in the Maoist insurgency, had very limited access to healthcare. This

was a problem for pregnant insurgents who were not able to access ante- or post-natal care. As one insurgent leader recalled, “We could not provide pregnant women with services like oil massage to their bodies, sufficient food like goat meat to feed them, and all at their home. It was the main problem at that time” (M22).

- **Specific health challenges of female combatants:** female healthcare workers noted that when they treated female insurgents informally, often in their homes, gynaecological issues were most common. One female community health volunteer recalled a time when she ‘sheltered seven female insurgents who were all experiencing gynaecological problems’ (P11).
- **The recruitment of girls:** Young women and girls were often dealing with the challenges of beginning menstruation. ‘We often got injured in battle or had to carry injured friends so that it was difficult to differentiate whether the blood was from battle or due to periods if you saw the flow of blood at the leg. We faced a problem of shortage of pad, urine infection, shortage of clothes to make a pad, we did not have wearing clothes as well. We faced sickness, headache etc.’ (group interview female ex-combatants M6,7,8,9)
- **Cultural stigma around pregnancy and menstruation:** Stigma prevented many from receiving support either from their comrades or healthcare providers. For some pregnant Maoists, returning to village life after crossing many social and cultural boundaries entailed resuming life under severe constraints affecting pregnancy in traditional society. These included ritual exclusion for impurity, isolation from the wider community and general ostracism when the Maoists themselves were unable to provide a haven in their compounds.
- **Lesser visibility after the war ended:** Many of our interviewees complained that health provisions in peace time had sometimes declined and that the cause they had served had failed to take their mental and physical health into consideration. Longer term war trauma was compounded by perceived neglect.

Conclusion

Many recent interventions have called for post-conflict processes to account for the gendered experiences of former combatants, but not enough focus been given to the gendered health implications of participation in a conflict, particularly reproductive health. Our study in Nepal reveals the ways in which disruptions to healthcare during conflict and/or the inaccessibility or informality of healthcare provision for female combatants means that reproductive health concerns feature prominently for this group. For many, this left them facing stigma and life-long health issues. Taking an explicitly gendered lens brings to the foreground questions of healthcare, childbearing and marriage which are crucial when exploring the gendered legacies of violent conflict and its imprint on the lives and bodies of veterans.

About RIAH

Researching the Impact of Attacks on Healthcare (RIAH) is a multi-institution and disciplinary programme to improve our understanding of the immediate, long-term, and wider impacts on healthcare on populations in contexts that have experienced armed conflict. Funded by the FCDO of the UK government.



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