

Armed Conflict: Impact on Women and Children in the South West Region, Cameroon

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DOI: <https://dx.doi.org/10.47772/IJRISS.2024.8110128>

Received: 30 October 2024; Accepted: 07 November 2024; Published: 09 December 2024

ABSTRACT

Armed conflicts have severe impacts on the affected communities, especially women and children, who are considered the most vulnerable group of people in such a context. The armed conflict in the North West and South West Regions of Cameroon has been raging on for five years now. Women and children have been the primary victims, which is a cause for concern. This prompted this research on "Armed Conflict: Impact on Women and Children in the South West Region, Cameroon". This study sought to investigate the impact of the armed conflict on women and children in the South West Region of Cameroon. This research employed a descriptive method with the use of primary data collected using questionnaires. Women and children were the target population. Frequencies and percentages were used to interpret the responses. Data visualization was done through the use of tables and graphs. Results indicated that women and children were victims of the armed conflict. The conflict had affected the health, security, education, hygiene, and general wellbeing of the women and children. Little or no access to health care, rape, school dropouts, trauma, a lack of hygiene equipment, and food insecurity were areas that significantly affected women the South West. In response to these impacts, non-governmental organizations (NGOs), government institutions, United Nations agencies, and partners, amongst other institutions and individuals, have been assisting this vulnerable group of people. Despite this assistance, a huge percentage of the affected women and children are still left in dire need of help, with education, food, shelter, and healthcare occupying the top 5%.

Key Words: Armed Conflict, Impact, Women and Children, South West Region

INTRODUCTION

The impact of armed conflict on children, especially infants and young children cannot be considered in isolation from women (Fennig & Denov 2024 **Torrisi, 2023**, Susan, 1998). Women are the primary caregivers for children, therefore when they are impacted by war, children suffer the consequence. More people around the world are facing humanitarian crises than ever before. An estimated 274 million people will need humanitarian aid in 2022, according to the United Nations Office for Coordination in Humanitarian Affairs (OCHA). While challenges such as armed conflicts, the COVID-19 pandemic, forced displacement, and climate change affect humanity on a widespread scale, they disproportionately impact the most vulnerable, especially women and children. Current research (Marou, et al. 2024) provides evidence about how armed conflict indirectly affects the survival chances of women and children through malnutrition, physical injuries, infectious diseases, poor mental health, and poor sexual and reproductive health (Eran et al., 2021).

Armed conflicts affect everyone, but there is no doubt that they affect women and children differently than men. Prior to becoming refugees, women often suffered sexual violence as a form of political persecution (United Nations High Commission for Refugees [UNHCR], 1995). According to Peace Insight (2013), women and children have been known to suffer disproportionately during and after conflicts, and they are often the most vulnerable group of people and hit hardest by the ramifications of war. The UN Platform for Action (1995) described how girls and women are especially affected by armed conflict because of their unequal status in society and their sex. History will teach lessons about terrible abuses and suffering against women

and children. In ghetto settings, Nazi Germany and its collaborators killed about 1.5 million Jewish children and tens of thousands of Romani (Gyps) children during the Holocaust.

Africa has seen the huge impacts of armed conflicts on women and children. During the Rwandan Genocide, the systematic sexual molestation, mutilation, and rape of Tutsi women and girls were used as a tool to humiliate and annihilate the ethnic Tutsi population (Amnesty International, 2004; Hamel, 2016). Women and children often suffer from physical and psychological abuse during conflicts.

In 2020, the United Nations Population Fund (UNFPA) recorded 9,216 cases of gender-based violence in CAR. Which 24 percent (or 2,281) represented sexual violence. More than a third of those brutalities were committed by members of armed groups; the rest were perpetrated by civilians. From June 2020 to May 2021, a UNFPA partner documented 619 cases of gender-based violence; of the 195 cases of sexual violence, 136 were committed against minors. OCHA (2022), referring to the statistics of the Gender-based Violence Information Management System (GBVIMS) in the Central African Republic, admits that 11,592 GBV were recorded in 2021, a 26 percent increase compared to 2020. Sexual violence made up a quarter of these GBV cases, and a closer look reveals a worrying trend with victims of sexual violence becoming younger and younger (OCHA, 2022). These victims face enormous difficulties regarding health care and food (Lin et al., 2022).

Cameroon is involved in a number of armed conflicts. This includes the Boko Haram insurgency and the escalated socio-political issues in the Anglophone regions of the country. In the North West (NW) and South West (SW) Regions, there has been contention throughout the post-colonial period, which intensified during political protests in 2016 (OCHA, 2019). It started with peaceful protests against the perceived marginalisation of the Anglophone people. violence erupted in North-West and South-West prompting security clampdowns (OCHA, 2019) and as of the end of 2019, the conflict was still active, and some longer-term outcomes and political, social, security, and institutional impacts were not yet observable beyond anecdotal evidence (World Bank Group, 2019). With the proliferation of non-state armed groups (NSAG), increased insecurity, violence, and loss of life have forced thousands of families to flee their homes, seeking refuge in nearby towns such as Douala, Bafoussam, and Yaounde. Many civilians have been killed, and displacement continues to have serious consequences for the livelihoods and living conditions of the affected populations (Folefac, 2022).

The armed conflict has serious ramifications for women and children. According to OCHA reports (July 2022), partners reported 740 GBV incidents to specialized service providers, with the majority being against women and children. This report stated that the divisions in the NW with a significant number of incidents recorded included Mezam (24 percent), Menchum (17 percent), Ngo-ketunjia (16 percent), and in the SW, Fako division (15 percent). Women and children are the most vulnerable in conflict situations. In the OCHA (2022) report, the majority of the survivors (90%) were females, 6.5 % were persons living with disabilities and 19% were children including 16.5% who are unaccompanied and separated children.

The armed conflict in the SW Region of Cameroon has impacted all the citizens in one way or another (Annan et al 2021). Women and children continue to feel the impact of the almost never-ending conflict in different aspects of their lives. This effect was investigated on various aspects of livelihood, such as health, security, food security, and family wellbeing. It also examined the measures taken by all stakeholders directly or indirectly related to the conflict, either through providing relief or other assistance to the victims of the conflict.

Problem Statement

Armed conflict leaves deep scars on societies, but in the South West Region of Cameroon, it is women and children who suffer the most (Willis et al., 2020, Eta et al. 2020). The violence between separatist groups and government forces has transformed everyday life into a struggle for survival, affecting families and entire communities in devastating ways. This conflict, fueled by long-standing political grievances, has escalated into a humanitarian disaster that has shattered the stability of countless lives, especially for those least equipped to cope (Robert, 2023).

Women in this region endure unimaginable hardships (Eta et al. 2020). They are not just caught in the crossfire but are often targets themselves. Sexual violence has become a brutal and horrifying reality, used to terrorize

communities and silence women. Survivors are left with lasting trauma, health complications, and social stigma that isolate them further from society (Folefac, 2022). Many women have lost their homes and livelihoods, unable to feed their children or provide them with basic necessities (Forsac 2023). Their roles as mothers and caregivers become nearly impossible to fulfill, as they struggle to keep their families safe and supported in a world that has turned upside down.

Children are equally, if not more, affected. Schools have been destroyed or turned into military camps, robbing children of the chance to learn and dream of a brighter future. Without education, their opportunities dwindle, and many are left to wander in limbo, unsure of what the future holds (Eta et al. 2020). The violence they witness is it the loss of a loved one, the sound of gunfire, or the constant fear of displacement leaves them with deep psychological scars (Annan et al 2021). Many experience nightmares, anxiety, and depression, carrying emotional wounds that could take a lifetime to heal. Worse, some children are forced into armed groups or labor, a tragic loss of innocence that no child should have to endure (Annan et al 2021).

The healthcare crisis has only compounded the suffering (Forsac 2023 & Folefac 2022). Medical facilities have been destroyed, some are unreachable due to insecurity, and pregnant women face life-threatening complications with little to no medical support. Children fall ill from preventable diseases and hunger gnaws at their fragile bodies because humanitarian aid is scarce or blocked (Eta et al. 2020). The simple act of surviving from one day to the next has become a monumental challenge.

MATERIALS AND METHOD

The scope of this research is within the humanitarian context of the NW and SW regions of Cameroon. This research was carried out in the South West Region of Cameroon. This area is one of the two regions hit by the armed conflict in the English-speaking regions of Cameroon (NW and SW). The research covered the six divisions of the South West Region, which are Fako, Kupe-Manenguba, Manyu, Meme, Ndian, and Lebialem.

A descriptive design was adopted in this research. Purposive sampling was used to reach the target population, which was women and children.

The crisis affected 2 million people in total, with women and children making up 52% of those affected (OCHA, Situation Report for Cameroon, July 2022). From this population, the sample size was obtained. At a confidence interval of 95% and a 5% margin of error, a sample size of 385 respondents was obtained. This was administered equally across the six divisions in the South West Region. The formula used to calculate the sample size was:

$$n = \frac{(z^2 pq)/e^2}{1}$$

Where

n = Sample size

Z (Confidence level at 95% level of significance) = 1.96,

P (estimated proportions) = 0.5,

q = 1-p,

e (Margin of error) = 0.05

The primary data in the research was gotten through questionnaires administered to the sampled population (women and children) using a random sampling technique. It is important to note that every person under the age of 18 is considered a child in accordance with the United Nations International Children's Emergency Fund (UNICEF) Convention on the Rights of the Child. Secondary data was obtained through the review of scientific documents and reports. These included articles, books, reports, and other non-published material. These were gotten through the internet and libraries.

After data inspection and cleansing, the descriptive method was used to analyze the data. Software included the Statistical Package for Social Sciences (SPSS) version 26, and Microsoft Excel 2010. Data visualization

was done through the use of tables and graphs. Conclusions and generalizations were made based on the results of the analyzed data.

RESULTS

The participants in this research had different socio-demographic backgrounds. This was to ensure equitable and reliable information. The results are presented in Table 1.

Table1: Socio-demographic characteristics of respondents

No	Variables	Values	Frequency	Percentage%
1	Age-group of respondents	21-30	125	32.5
		31-40	120	31.2
		41-50	90	23.4
		51+	50	13.0
		Total	385	100.0
2	Marital Status	Single	108	28.1
		Married	181	47
		Divorced	39	10.1
		Widowed	57	14.8
		Total	385	100
3	Number of Children	None	19	5
		1-3	168	43.6
		4-6	143	37.1
		7+	55	14.3
		Total	385	100.0
4	Age-group of children (years) Multiple Responses	0-5	117	19.6
		6-10	180	30.2
		11-15	148	24.8
		16+	151	25.3
		Total	596	100
5	Crisis with most effect on respondent	Covid-19	89	23.12
		Anglophone crisis	296	76.88
		Total	385	100

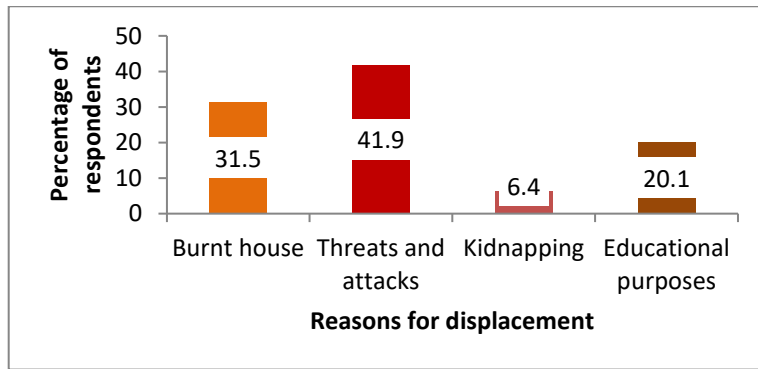
Source: Data collected during field work in 2022.

A majority of the respondents were between the ages of 21–30 years old (32.5%) and 31–40 years old (31.2%), while 51+ years old were the least encountered (13%). Also, most of the respondents (47%) were married, while 28% were single, some with children. 14% were widows, while 10% of the respondents were divorced.

Looking at the sizes of their households, those with 1-3 children formed the greatest proportion of respondents (46.5%), while households with 4-6 children made up 37.1% of the respondents. Households with seven or more children were 14.3%, and those with no children were 5%. In the households, the children were mostly between the age groups of 6–10 years (30.2%), followed by those aged 16 or more years (24.8%). Children between 11 and 15 years old made up 24.8% of the households in the study, while children below 5 years old made up 19.6%. Furthermore, since this region was not only faced with the humanitarian crisis but also the COVID-19 pandemic, 76.88% of the respondents were affected more by the Anglophone crisis, while 23.12% were affected more by the COVID-19 health pandemic.

The armed conflict in the South West Region of Cameroon has caused the displacement of thousands of people. 65% of the participants in this research were displaced, while 25% either didn't leave their areas of residence or were returnees. The reasons for displacement were multiple, given the situation they were forced to leave. A majority of the people fled their homes because of threats and attacks (41.9%), while others fled because their houses were burned (31.5%). Others (20.1%) fled in order to seek educational opportunities elsewhere, while kidnappings (6.4%) caused others to flee their homes. The results are presented in *Figure 1*.

Figure 1: Reasons for displacement caused by armed conflict in the SW Region

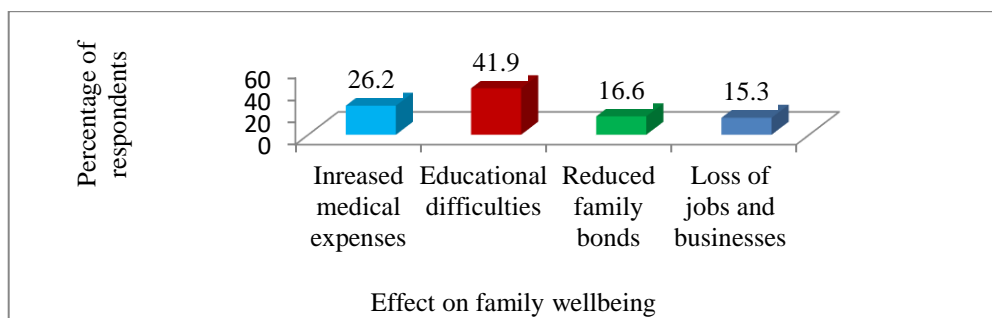


Source: Base on Data collected during field work in 2022

Also, health challenges were one of the most important aspects discussed by the women and children in this research. The incidence of the Anglophone crisis and the COVID-19 pandemic brought challenges such as disability (20%), diseases (35%), and trauma (45%). These all affected the wellbeing of the family in various aspects of their lives. Educational difficulties were the most severe challenge (41.9%), followed by increased medical expenses (26.2%). Other challenges to family wellbeing included reduced family bonds (16.6%) and the loss of jobs and businesses (15.3%). The results are presented in Figure 2.

The armed conflict in the SW Region has brought challenges to accessing health care. According to this research, lack of finance (51.1%), summed up as financial difficulties brought by the conflict, was the greatest challenge to getting access to healthcare. This was followed by distance to the nearest medical facilities (17.8%), restriction of movement (15.5%), and insecurity (1.2%). The results are presented in Figure 3.

Figure 2: Effects of armed conflict on family wellbeing in the SW Region

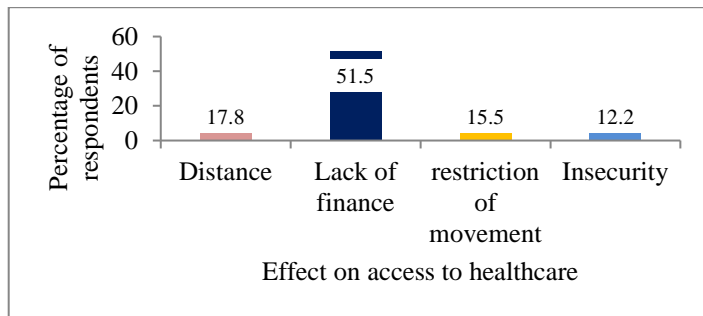


Source: Field Work, 2022

More so, the war has had a variety of effects on children. This research discovered that 36.6% of the children were exposed to alcohol and drugs. 34.5% were exposed to or encountered violence, while 16% were exposed to or engaged in prostitution. 12.9% had committed unsafe abortions. All these also affected their education, as 42.20% had to drop out of school while 31.80% recorded poor performances. 26% went to school, but it was irregular. These results are presented in Figures 4A and 4B.

Furthermore, security challenges have been common since the start of the armed conflict in the SW Region. These challenges, as discovered by the research, included torture (38%), which, according to the respondents, was the most common. Theft (34%), kidnapping (16.7%), and rape (11.4%) were also security challenges (Figure 5).

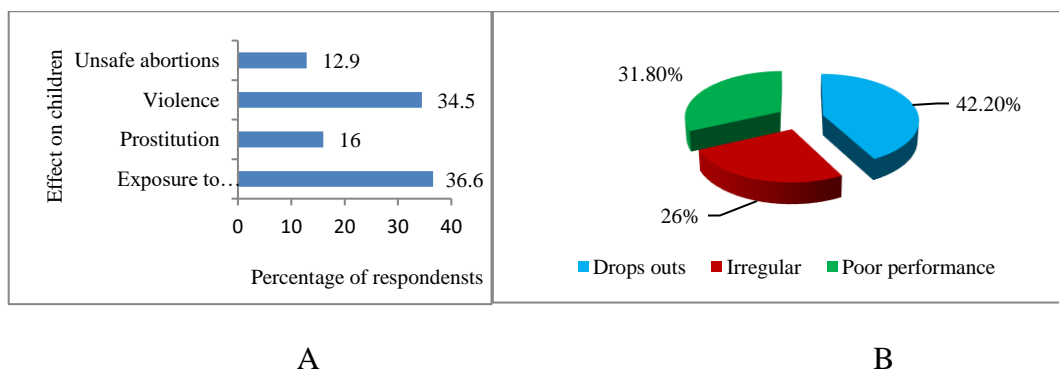
Figure 3: Effects of armed conflict on access to healthcare in the SW Region



Source: Data collected during field work in 2022

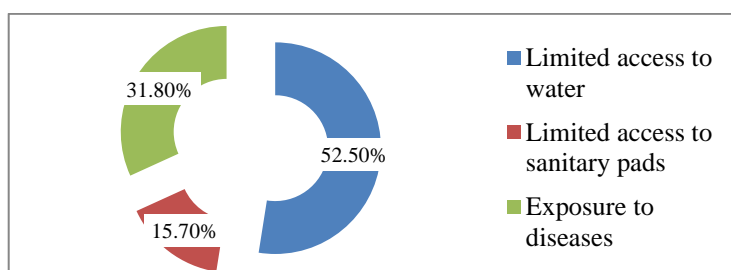
Hygiene is an important aspect of the wellbeing of the population. This is affected by armed conflict, as is the case in the SW Region of Cameroon. Households face hygiene challenges such as limited access to water, which was the most severe on the ground at 52.50%. This opposed exposure to diseases and limited access to sanitary pads (31.80% and 15.70%, respectively). The results are presented in Figure 5.

Figure 4A and 4B: Effect of armed conflict on children (A) and their educational status (B) in the SW Region



Source: Data collected during field work in 2022

Figure 5: Effects of armed conflict on hygiene conditions of the family/household.



Source: Data collected during field work in 2022

Apart from the effect of the armed conflict on the hygiene of the household, the family also faces multiple challenges. Results from the field showed that 40% of the respondents had either lost their lives or property. 20% had witnessed family separation, while 30% had lost their livelihood. Looking at these effects, a majority of the population (90%) affirmed that the crisis has not benefited the population, while 10% affirmed some benefits. Added to this, 37.40% of the respondents had received assistance from external helpers, while 62.60% had not received any form of assistance. These results are presented in Table 2.

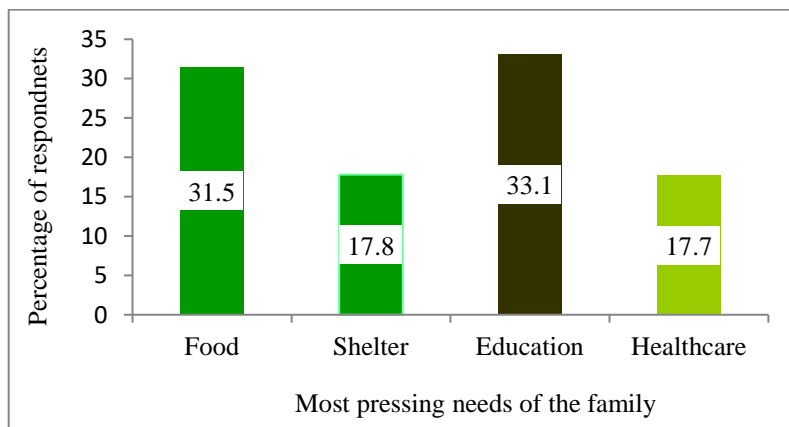
Table 2: Challenges faced by the family, importance of the crisis and reception of assistance

No	Variables	Values	Frequency	Percentage%
1	Challenges faced by the family	Loss of life and property	154	40
		Family separation	76	19.7
		Loss of Livelihood	116	30.5
		Others	38	9.8
		Total	385	100.0
2	Assistance received by the people	Not Received any assistance	217	56.37
		Have received some assistance	168	43.63
		Total	385	100.0

Source: Data collected during field work in 2022

Furthermore, given the effect of the crisis on households, many needs were the concern of the population. These needs were classified as pressing. The needs were summed up as education (33.1%), food (31.5%), shelter (17.8%), and healthcare (17.7%). This need for assessment is presented in Figure 6.

Figure: Most pressing needs of the conflict effected population in the SW Region



Source: Data collected during field work in 2022

DISCUSSIONS

Everyone experiences the repercussions of armed conflict. The NSAGs, the government's armed forces, civilians, women, and children with different socio-demographic characteristics are all victims. This is especially true given the fact that this group of people is the most vulnerable in the society. Women and children of different age groups, marital status, and household sizes all suffer considerably from the effects of

armed conflict. This result was peculiar to this research as the socio-demographic characteristics of the respondents were diverse. In line with this, research carried out by Peace Insight corroborated this finding in the conflict in Somalia. While women remain a minority of combatants and perpetrators of war, they increasingly suffer the greatest harm as stated Jane Godia in African Woman and Child Feature Service for the Insight).

Armed conflict creates an environment of terror and fear. The fighting, shooting, and other abuses make conflict areas unsafe, especially for women and children. This same scenario in the armed conflict in the SW Region of Cameroon caused the displacement of women and children. 65% of them went to neighboring towns and localities, which they considered safe. Reasons for displacement were threats and attacks, kidnapping, educational purposes, and burned houses. This result aligns with the research that was carried out by Lischer (2007). The researcher affirmed that, considering that in most situations of conflict and crisis, the person being threatened is unarmed and usually in one or more categories of vulnerability or particular risk (female, child, elderly, sick), a common response is the attempt to escape. None the less, 25% of non-displaced women and children were still vulnerable to the effects of the armed conflict. Women and children can be affected by conflict even without being displaced from their homes. According to Bendavid et al. (2021), women and children can be affected by conflict even without being displaced from their homes.

Furthermore, the armed conflict in the SW Region has had effects on the wellbeing of the family and their access to health care. The conflict caused households to face increased medical expenses. This was caused by the lack of medical facilities and pharmacies, whose workers mostly fled the conflict. Also, school drops were common, and due to insecurity, displacement for safety reduced family bonds as families lived apart. People lost their jobs, and this increased the hardship faced by the population. This all made access to healthcare more difficult. This was because of long distances to reach medical facilities, financial difficulties, restrictions on movement, and insecurity. According to Snourbar et al. (2016), wars and armed conflicts are considered the basic causes of ill health and increase the number of deaths among children and women. Also, the conflict in the Central African Republic made health service delivery challenging and influenced by a variety of factors such as insecurity, finance, access, and restrictions on movement (Altare et al. 2020).

More so, women and children are exposed to security challenges during armed conflicts. The armed conflict in the SW Region exposed women and children to rape, torture, kidnapping, and theft. These acts can leave everlasting marks on women who survive. They often have to live with the terrifying images of rape, war, sexually transmissible diseases (STDs), stigma, and death for the majority of their lives. This group of people is most vulnerable during conflict. In Northern Uganda, one in three women suffered from conflict-related sexual violence (CRSV), including torture, forced marriage, and rape (Woldetsadik et al., 2022). According to the United Nations, in the past years, Boko Haram and ISIL (Islamic State) have also used systematic abductions of children as methods of warfare.

Education is one of the first areas affected by armed conflicts in any society. In the SW Region of Cameroon, children's education was interrupted by frequent shutdown of schools and abduction of teachers and students. This atmosphere of fright and insecurity led to school dropouts, relocations, and poor performances. This result is similar to that of other researchers. For instance, Akame et al. (2021) reported that between 2017 and 2019, 42 schools were attacked with about 305 students, teachers, and principals being abducted and killed in the NW and SW regions of Cameroon. According to the Human Rights Watch 2020 report, schools remain unsafe as armed forces in Cameroon have occupied school buildings. This situation resulted in decreased enrollment, fear, panic, and the propagation of misinformation, which hampers the functioning of the school system (Akame et al., 2021).

The resulting lack of hygiene leads to a deterioration of the general health situation of women and children. War is the main reason for the difficulty of delivering health services, especially to women and children. Pregnancy, prenatal, and childbirth women are in dire need of medical follow-up, medical examination, awareness of health, and health care such as immunization for the prevention of diseases. The loss of basic needs leads to abortion, low birth weight, loss of the ability to generate milk to breastfeed her child, the spread of disease, and an increase in deaths (Gasseer et al., 2004).

The Anglophone crisis, characterized by intensive conflict, has had several other challenges for the household. Research in the SW Region discovered that it had led to loss of life and property, family separation, and loss of livelihood. This situation came from continued fighting, which led to health and food insecurity, forced displacement, and insufficient finances to afford basic needs. The International Crisis Group (ICG) estimated that the conflict in the SW and NW regions of Cameroon had claimed about 3,000 lives. (ICG 2019b). In line with this discovery, Zachary et al. (2019) discovered that African women and children are at a substantially increased risk of death and loss of livelihood from nearby high-intensity armed conflicts; children exposed to conflict are analogously at increased risk of becoming orphans. Also in Tigray-Ethiopia and Vietnam, armed conflicts increased infant mortality in areas where conflict was most intense (Kiros et al., 2001; Savitz et al., 1993).

Additionally, providing humanitarian aid to areas affected by a crisis provides significant relief to the people. Assistance with basic needs such as food, water, and shelter curbs food insecurity, ensures safety, and reduces health risks. About half the women and children affected by the crisis in the SW Region have received assistance. This is either from non-governmental organizations, state institutions, family, or well-wishers. According to the OCHA July 2022 report, in the SW, the World Food Programme (WFP), Caritas Kumba, and Authentic Memorial Empowerment Foundation (AMEF) assisted 47,617 beneficiaries with 385,698 mt of mixed commodities in Meme and Manyu divisions.

In the midst of the conflict in the SW Region of Cameroon, women and children continue to lack basic needs. According to this research's analysis of their preferences, women and children currently have higher percentages of food and education choices than men. This is opposed to shelter and healthcare, which are still important. Education will keep the children off the streets and increase awareness in the community. Food security is crucial, especially with the reduction in farming due to insecurity in remote areas. Increased prices for basic amenities pose a threat to food security and, consequently, to the health of the population. According to the United Nations Educational, Scientific, and Cultural Organization (UNESCO), education can mitigate the psychosocial impact of conflict by creating stability, structure, and hope for the future. UNESCO also reiterates that drilling the population on information and problem-solving skills keeps children and youth away from exploitation and harm, kidnapping, child soldiering, and sexual and gender-based violence.

CONCLUSION

The armed conflict in the SW and NW regions of Cameroon has been going on for more than 5 years now. This conflict has affected everyone in society, from the local to the international. Internally displaced people have spread all over the national territory, while a large number of Cameroonian refugees are in Nigeria. Women and children are the most vulnerable groups of people in the community. The armed conflict in the SW Region has had several effects on them. This cuts across every aspect of their lives, from health to security and unto general family wellbeing. Women and children have faced challenges that directly affect their livelihood. This has even led to the loss of lives and property and exposed the children to many social ills such as rape, alcoholism and drug abuse. Despite the efforts of the national and internal communities, more assistance is needed in this conflict-hit zone.

RECOMMENDATIONS

The conflict in the South West Region of Cameroon has severely impacted women and children, making immediate and comprehensive intervention crucial. Humanitarian aid must be increased, with international support directed toward critical services like healthcare, education, and trauma counseling. It is essential to ensure that these resources are safely and efficiently accessible, with authorities playing a key role in facilitating aid delivery. Women and children need stronger protection measures, such as the creation of safe spaces, child welfare programs, and access to mental health services. Rebuilding and securing schools is necessary, along with introducing mobile classrooms or alternative learning options where needed.

To help women regain their livelihoods, vocational training and microfinance opportunities should be provided, along with agricultural assistance to enhance food security. Addressing trauma through community-based mental health support and peer groups is equally important. Peace building efforts should focus on

fostering dialogue among conflicting parties and amplifying the voices of local communities. Additionally, a well-enforced legal framework is needed to combat gender-based violence and ensure the safety of displaced populations. These combined efforts are vital for fostering recovery and long-term stability in the affected region.

REFERENCES

1. Akame, G. A., Crockett, J., & Anoma, R. A. B. (2021). Baseline research: Education in crisis in the Anglophone regions of Cameroon. Solidarity and Development Initiative (SODEI). <https://www.researchgate.net/profile/GilbertAkame/publication/349297440 .pdf>
2. Altare, C., Bwenge, M. E., Tosha, M., Hook, C., Ba, H., Bikoro, S., Scognamiglio, T., Tappis, H., Pfaffmann, J., Balaluka, G., Ties, B., Spiegel, P. (2020). Health services for women, children, and adolescents in conflict-affected settings: Experience from North and South Kivu, Democratic Republic of Congo. *Conflict and Health*, 14, 13031-020-00265
3. Amnesty International, Rwanda: "Marked for Death", Rape Survivors Living with HIV/AIDS in Rwanda , 6 April 2004, AFR 47/007/2004, available at: <https://www.refworld.org/docid/4129fd524.html> (accessed 21 July 2022)
4. Annan, N., Beseng, M., Crawford, G., & Kewir, J. K. (2021). Civil society, peacebuilding from below and shrinking civic space: the case of Cameroon's 'Anglophone' conflict. *Conflict, Security & Development*, 21(6), 697-725.
5. Banyanga, J., Björkqvist, K., Österman, K. (2017). The Trauma of Women Who Were Raped and Children Who Were Born as a Result of Rape during the Rwandan Genocide: Cases from the Rwandan Diaspora. *Pyrex Journal of African Studies and Development*, 3, 31–39. <http://urn.fi/URN:NBN:fi-fe2020100882901>
6. Bendavid, E., Boerma, T., Akseer, N., Langer, A., Malembaka, E. B., Okiro, E. A., ... & Wise, P. (2021). The effects of armed conflict on the health of women and children. *The Lancet*, 397(10273), 522-532. Gasseer, N., Dresden, E., Keeney, G., and Warren, N. (2004). Status of Women and Infant in Complex Humanitarian Emergencies. *Journal of Midwifery & Women's Health*, 49,7-13.
7. Bendavid, E., Boerma, T., Akseer, N., Langer, A., Malembaka, E.B., Okiro, E.A., Wise, P.H., Heft-Neal, S., Black, R.E., and Bhutta, Z.A. (2021). Branch Consortium Steering Committee. The effects of armed conflict on the health of women and children, 397, 522-532
8. DeJong, J., Ghattas, H., Bashour, H., Mourtada, R., Akik, C., and Reese-Masterson, A. (2017). Reproductive, maternal, neonatal and child health in conflict: a case study on Syria using countdown indicators. *BMJ Glob Health*, 3,000-302.
9. Eta, A. J., Linong-Fontebo, H., & Yenshu, E. (2020). Addressing the growing gender inequalities in new conflict areas in Africa: The case of Cameroon and Nigeria.
10. Fennig, M., & Denov, M. (2024). How do we make up for lost time?: Tackling current questions and realities of children during and following armed conflict. In *Research Handbook of Children and Armed Conflict* (pp. 1-18). Edward Elgar Publishing.
11. Folefac, Chapanyi Helen. "Assessing the impact of political crisis in Cameroon, 1972-2018." PhD diss., North-West University (South Africa), 2022.
12. Hamel, M. E. (2016). Ethnic belonging of the children born of rape in post-conflict Bosnia-Herzegovina and Rwanda. *Journal of the Association for the Study of Ethnicity and Nationalism*, 22, 287–304.
13. Human Rights Watch (2020). Cameroon: Events of 2019. <https://www.hrw.org/world-report/2020/country-chapters/cameroon>
14. ICG. 2019b. "Cameroon's Anglophone Dialogue: A Work in Progress," September 26. <https://www.crisisgroup.org/africa/central-africa/cameroon/cameroons-anglophone-dialogue-work-progress>
15. Kantengwa, O. (2014). How motherhood triumphs over trauma among mothers with children from genocidal rape in Rwanda. *Journal of Social and Political Psychology*, 2, 417–434.
16. Kiros, G.E., and Hogan, D. (2001). War, famine, and excess child mortality in Africa: the role of parental education. *Int J Epidemiol* 1,30,447–55.
17. Lin, S., Wang, C., Wang, Q., Xie, S., Tu, Q., Zhang, H., ... & Redfern, J. (2022). The experience of

- stroke survivors and caregivers during hospital-to-home transitional care: a qualitative longitudinal study. *International journal of nursing studies*, 130, 104213.
18. Marou, V., Vardavas, C. I., Aslanoglou, K., Nikitara, K., Plyta, Z., Leonardi-Bee, J., ... & Suk, J. E. (2024). The impact of conflict on infectious disease: a systematic literature review. *Conflict and Health*, 18(1), 27.
 19. OCHA (2022). Cameroon Situation Report, July 13, 2022. <https://reports.unocha.org/en/country/cameroon/>
 20. OCHA, (2019). Cameroon: North-West and South-West Crisis Situation Report No. 2 - As of 31 December 2018. <https://reliefweb.int/report/cameroon/cameroon-north-west-and-south-west-crisis-situation-report-no-2-31-december-2018>
 21. OCHA, (2022) Central African Republic Situation Report <https://reports.unocha.org/en/country/car/>
 22. Peace Insight (2021), the effects of conflict are felt hardest by women and children. <https://www.peaceinsight.org/en/articles/effects-conflict-women-children/?location=&theme=women-peace-security>
 23. Robert, G. M. M. (2023). Decolonisation and its Impact on Current Crises and Conflicts in Cameroon: A Human Perspective.
 24. Sarah Kenyon Lischer (2007). Causes and Consequences of Conflict-Induced Displacement, *Civil Wars*, 2, 142-155.
 25. Savitz, D.A., Thang, N.M., Swenson, I.E., Stone, E.M. (1993). Vietnamese infant and childhood mortality in relation to the Vietnam War. *Am J Public Health*, 83, 1134–8
 26. Snoubar, Y. (2016). Impact of Wars and Conflicts on Women and Children in Middle East: Health, Psychological, Educational and Social Crisis. *European Journal of Social Sciences Education and Research*, 6, 211-215.
 27. Solomon, A. (2012). *Far from the Tree: Parents, children, and the Search for identity*. New York: Scribner.
 28. Susan, M. (1998). The Effects of Armed Conflict on Girls and Women, *Peace and Conflict*, 4, 381-392
 29. Torrisi, O. (2023). Young-age exposure to armed conflict and women's experiences of intimate partner violence. *Journal of Marriage and Family*, 85(1), 7-32.
 30. UNFPA, (2020). In the Central African Republic, the devastating price women and girls pay for war. <https://www.unfpa.org/news/central-african-republic-devastating-price-women-and-girls-pay-war>
 31. United Nations (1995). Platform for Action, <https://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf> (Accessed on 21st July, 2022)
 32. United Nations Office of the Secretary General. <https://childrenandarmedconflict.un.org/six-grave-violations/abduction-of-children/> (Accessed on July 27, 2022)
 33. United States Holocaust Memorial Museum: Children During the Holocaust. <https://encyclopedia.ushmm.org/content/en/article/children-during-the-holocaust> (Accessed on 21st July, 2022)
 34. Willis, R., Angove, J., Mbinkar, C., & McAulay, J. (2020). 'We Remain Their Slaves': Voices from the Cameroon Conflict. Available at SSRN 3576732.
 35. Woldetsadik, M.A., Acan, G., Odiya, O.I. (2022). The enduring consequences of conflict-related sexual violence: a qualitative study of women survivors in northern Uganda. *Confl Health*, 16, 1-16
 36. . <https://doi.org/10.1186/s13031-022-00448-y>
 37. World Economic Forum, Davos, (2022). Why we need more female voices while addressing humanitarian crises <https://www.weforum.org/agenda/2022/05/listening-to-female-voices-can-stop-humanitarian-crisis-harming-women-s-and-girls-health/>
 38. Zachary, W., Sam, H., Paul, H.W., Robert, E. B., Marshall, B., Ties, B., Zulfiqar, A. B., and Eran B. (2019). Women and children living in areas of armed conflict in Africa: a geospatial analysis of mortality and orphanhood, *The Lancet Global Health*, 12, 1622–1631, 2214 [https://doi.org/10.1016/S2214-109X\(19\)30407-3](https://doi.org/10.1016/S2214-109X(19)30407-3). (<https://www.sciencedirect.com/science/article/pii/S2214109X19304073>)