

Abortion care needs in Darfur and Chad

by Tamara Fetter

Given the prevalence of sexual and gender-based violence in Darfur, why are safe abortion services and treatment of complications resulting from unsafe abortions or miscarriages not provided at all refugee/IDP health facilities?

Cases of rape of and violence against women in Darfur and in refugee camps in Chad are well-documented. These occur while women are collecting water, fuel or animal fodder, or during imprisonment. There have also been cases of women being forced to submit to sex in exchange for 'protection' by police officers and male camp residents.¹

Between October 2004 and February 2005, Médecins sans Frontières (MSF) teams in West and South Darfur treated almost 500 women and girls who had been raped – almost a third of whom had been multiply raped. These figures probably represent only a fraction of cases as Sudanese women, like women in other conflict zones, refuse to report forced sex for fear of isolation, abandonment and stigma.

Around one in twenty rape cases will result in unwanted pregnancy. Many others result in desertion by husbands and/or in such chronic health problems as pelvic inflammatory disease, HIV and other sexually transmitted infections. Psychological and physical trauma and malnutrition put rape victims at risk of miscarriage. Lack of access to health and contraceptive services cause women to seek unsafe abortions – with potentially grave complications – rather than carry a child to term.

Violence is systematically used as a weapon of war by the Janjaweed militia, a gross breach of international humanitarian law. Similar acts in Rwanda and Bosnia are now

considered crimes against humanity. The UN, governments and NGOs working with refugees and IDPs are obliged to provide protection from sexual violence. They must ensure that health services can respond to the consequences of sexual violence, that women and girls are informed of their rights and that culturally appropriate treatment and counselling services are accessible to all women who need them.



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Abortion is legal in Chad if it is a question of saving a woman's life and protecting her health. Sudanese law allows abortion to save the mother's life, or when the pregnancy is the result of rape which has occurred not more than 90 days before the pregnant woman expresses her wish to have the abortion, or when the child has died in the mother's womb. The legal provisions in both countries

are unambiguous: a Sudanese woman's right to life and health is violated if she is forced to carry to term an unwanted pregnancy resulting from rape.

Standards versus reality

Preliminary assessments of availability of services for survivors of sexual violence in Darfur are disturbing. Human Rights Watch has noted that "despite the existence of clear standards for responding to sexual and gender-based violence... humanitarian agencies are not implementing these guidelines on a systematic basis in Darfur and Chad." HRW found that only one in six agencies providing health services in

the refugee camps in Chad offers emergency contraception, comprehensive treatment of sexually transmitted infections and post-exposure prophylaxis for the prevention of HIV transmission.² Emergency contraception – a higher dosage of hormonal contraceptive pills begun within 72 hours of rape – is an effective, affordable and non-surgical option for the prevention of pregnancy recommended in WHO/UNHCR's *Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons*.³ This manual argues that:

- Women have the right to complete information on all pregnancy and termination options including emergency contraception when appropriate.
- Health care providers should be well informed about the abortion laws of the host country and availability (if legal) of safe abortion services.
- Where safe abortion services are not available, women who undergo an unsafe abortion should have access to the full range of post-abortion care,

Displaced child in Kutum, Darfur, taking care of her baby.

including emergency treatment of abortion complications.

HRW notes that the question of access to safe abortion as an option for victims of rape is not openly discussed in any health facility receiving international humanitarian assistance in Darfur, Chad or elsewhere. There has been little or no discussion of how to operationalise WHO/UNHCR standards in a field setting and health providers are left to use their own initiative to find out about local 'safe' abortion services. Humanitarian agencies seem to assume it is not essential to provide abortion services or accurate information for victims of rape in camp or IDP settings. It is likely that US

government anti-abortion policies have contributed to reluctance to provide safe abortion services.

Health providers should, at a minimum, be prepared and able to treat complications resulting from unsafe abortions on site. Performing a uterine evacuation to treat an unsafe abortion, miscarriage or early abortion is one of the simplest and most common surgical procedures in the world. Women are suffering and dying needlessly. The additional cost of providing abortion care to IDP/refugee women is minimal. Change must come from the top in donor and operational agencies. Continued denial of a woman's right to have information about and access to a

safe and legal termination of rape-induced pregnancy is a blatant violation of national laws and international human rights treaties.

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1. UNICEF *The Effects of Conflict on Health and Well-being of Women and Girls in Darfur*. Sept 2005. www.unicef.org/spanish/emerg/darfur/files/sitan_unfpaunicef.pdf
2. Human Rights Watch *Sexual Violence and its Consequences among Displaced Persons in Darfur and Chad*. April 2005. <http://hrw.org/backgrounder/africa/darfur0505/darfur0405.pdf>
3. www.who.int/reproductive-health/publications/clinical_mngt_survivors_of_rape/