messages by promoting awareness of SGBV and the availability of PEP among its own national staff, patients and other local organisations.

Where rape victims seek care outside conventional health structures, with midwives or traditional birth attendants (TBAs), MSF is starting to liaise more closely with them. TBAs can tell victims about the availability of PEP and refer SGBV cases to MSF health structures. In Sudan, MSF is considering employing qualified TBAs as community health workers, both to better reach out to rape victims and to encourage TBAs to liaise with MSF facilities without fear of losing income from their own patients.

Which approach – horizontal or vertical?

MSF combines both approaches. Where we identify a specific, acute problem of violence, we adopt a ‘vertical’ programme specifically addressing SGBV. In our experience, this works best using a comprehensive approach – providing medical care within a framework including IEC, psychosocial support, legal assistance and liaison with other women’s organisations who can provide continued material and social support.

In contexts without acute problems of violence, MSF employs a horizontal approach. SGBV is part of all our healthcare programmes globally – over 35 projects worldwide. The challenge for horizontal programmes is that SGBV becomes just one issue of many faced by medical staff in their hectic day’s work. The impact of stigmatisation makes it all the more difficult for SGBV to be handled in a general medical structure. One way that MSF counters this problem is by establishing ‘safe spaces’ in every health structure, where women can speak about their health questions and about SGBV with the assurance of full privacy and confidentiality. MSF would ideally like to open separate women’s clinics in all its projects, if availability of female medical staff allows it.

As MSF’s main expertise is medical, both horizontal and vertical approaches rely heavily on the presence of others who can assume responsibility for psychosocial, legal and material/economic follow-up. Due to the complexities inherent in these contexts, legal assistance is often lacking. To truly respond to SGBV, international and national actors must demonstrate political will to invest significant financial and human resources in all these inseparable and indispensable dimensions of care for victims of sexual violence.

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1. For more information, see www.msf.org.au/stories/lifefeature/2006/129-twf.shtml
2. In the case of HIV infection PEP is a course of antiretroviral drugs which to be effective must be started as soon as possible – and certainly no longer than 72 hours – after risk of exposure.
3. See www.msf.org/au/infosheets/pep.shtml

Uganda: early marriage as a form of sexual violence

by Noah Gottschalk

Evidence is mounting that early marriage is a form of sexual and gender-based violence (SGBV) with detrimental physical, social and economic effects. Policymakers need to focus on the complex interactions between education, early marriage and sexual violence.

Uganda currently hosts at least 230,000 refugees, the vast majority of them southern Sudanese. With very few exceptions, only refugees living within designated settlements are officially recognised and offered protection and assistance. Refugees receive seeds, tools and small plots of land on which to grow their own food, which government and UNHCR officials expect will supplement or replace rations, with any surplus sold to earn money to meet basic needs including the cost of schooling. Refugees adopt a lifestyle similar to Uganda’s rural poor but with several crucial differences. Years of cultivating the same land – without the possibility of crop rotation – have reduced soil fertility and yields. Moreover, refugees are generally unable to take their products to market and thus depend on Ugandan middlemen who buy cheaply from individual households and sell goods in urban markets for significant profits.

Early marriage is often seen as a survival strategy by those unable to move from these isolated settlements, forced to depend on subsistence farming and trapped in poverty. Some girls hope to enjoy greater economic security if married. For their parents the brideprice can be an important financial asset. Many parents also view early marriage as the best – and often only – means of safeguarding their daughters from the high levels of SGBV prevailing in Uganda’s refugee settlements. Officials often ascribe early marriage to cultural preferences but it is clear from talking with refugees themselves that motivations of economic and physical security, often linked to basic survival, are more important determinants.

1. For more information, see www.msf.org.au/stories/lifefeature/2006/129-twf.shtml
Family members and neighbours frequently regard a few years of primary school as sufficient for girls and deride – and harass – those who seek to continue to secondary school. At school, girls report sexual harassment from other students, teachers, men living near schools and even from men who come to the school grounds specifically to look for young girls. It is common to find children of many ages studying in the same class; girls of 12 may find themselves studying alongside 17-19 year old young men.

Recent cuts in international funding for education, particularly at secondary level, have made matters worse. Many girls who previously received scholarships have returned home where they report harassment by neighbours and pressure from family friends seeking to marry them. In refugee settlements girls who have been forced to drop out of school for financial reasons often have little or no immediate prospects of returning. Most parents interviewed believe that once girls stop studying they should marry, regardless of their age, and it is often easier for parents to marry them off rather than trying to raise money for school fees. Moreover, the desire for financial stability and physical protection leads many girls to pursue marriages soon after leaving school. Once married, few girls return to school even if it becomes economically viable. Girls married before the age of 18 often become trapped in abusive or neglectful relationships or are abandoned by husbands.

Early marriages in refugee settlements are most commonly a result of pre-marital sex between young people, at least one of whom is a minor. Under Ugandan law, sexual intercourse – both consensual and non-consensual – with a girl under the age of 18 is a criminal act, regardless of the age of the male involved. The Ugandan legal system has a huge back-log of ‘defilement’ cases. Most cases are resolved out of court through payment to the girl’s family. Boys whose families are unwilling or unable to pay may spend long periods in prison. ‘Defilement’ is usually detected when girls become pregnant and the usual response is either a hastily-arranged marriage or the payment of a fee for ‘spoiling’ the girl and blotting her marriage prospects. As boys who are unable or unwilling to pay either the dowry or the fee may be ostracised, assaulted or even murdered, they often see little alternative but to leave the settlement. Although parents often bring their daughters back home when boys depart, some girls remain with in-laws who often mistreat them or blame them for their son’s imprisonment or flight. Even those who return to their parents are often looked down upon and subjected to abuse.

Alcohol plays a major role in exacerbating domestic and sexual violence. Money spent on drinking results in less money to pay school fees, often leading parents to pursue bride price though early marriage either to pay for household expenses, school fees for male children or more alcohol. Furthermore, chronic drunkenness is directly related to elevated levels of sexual violence including incest and rape.

Gender imbalances pervade refugee schools in Uganda: the higher the school level, the greater the disparity. Girls face many obstacles to enrolment and achievement: the gendered division of household labour, the popular perception that sending girls to school is less likely to benefit the family, and the teasing and sexual harassment that girls commonly face at home, in the community and even at school. Some parents explain that before they were displaced early marriage was closely related to income levels: those with greater means got married later. In Uganda, however, early marriage is typically arranged as a hasty response to sexual relationships. Many girls end up getting married at a significantly younger age than was traditionally the norm. Given the protracted nature of displacement, especially amongst southern Sudanese, this is now happening to a second generation.

Extreme poverty, harassment and threats of sexual violence often prevent girls from attending school, causing them to be increasingly vulnerable to SGBV in and around their homes and fields. With no other economic opportunities and no effective means of protecting girls from assault and rape, parents and young women themselves often see little alternative to early marriage. This in itself, however, can represent a form of violence, leading to ill-health from early child-bearing and continued impoverishment exacerbated by denial of educational opportunities.

Gender imbalances pervade refugee communities must work together to:

- recognise that early marriage is both a cause of and a response to reduced livelihood options
- reform Uganda’s defilement laws to decriminalise consensual sexual relationships between minors
- provide alternatives to marriage as a survival strategy

NGOs and UNHCR are working to sensitise communities on these issues. Without economic alternatives or genuine physical security, however, thousands of young refugees in Uganda will continue to be subjected to early marriage and its associated sexual violence. To tackle these problems, the international community, host government and refugee communities must work together to:

- recognise that early marriage is both a cause of and a response to reduced livelihood options
- reform Uganda’s defilement laws to decriminalise consensual sexual relationships between minors
- provide alternatives to marriage as a survival strategy
Establishing services in post-conflict Sierra Leone

by Amie-Tejan Kellah

During Sierra Leone’s 11-year civil war – which ended in 2001 – there was a high incidence of sexual assault against women and young girls.¹ Return of peace has not meant that women and girls are safe from sexual assault.

Years of conflict have weakened the rule of law and survivors of gender-based violence (GBV) have few opportunities to access appropriate services. As survivors are often blamed and stigmatised, women and girls are hesitant to come forward to seek assistance and/or denounce their assailants.

Sexual assault is a criminal offence in Sierra Leone but many cases are still handled by traditional community authorities. Sanctions they impose are generally more harmful to survivors than perpetrators – such as forcing the survivor to marry their assailant. In many instances, women cannot report incidences of sexual assault to police without first receiving consent from the local chief.

IRC has partnered with the Government of Sierra Leone to establish three Sexual Assault Referral Centres (SARC) – locally referred to as ‘Rainbo’ centres. One is in the capital, Freetown; the others are in provincial capitals, Kinema and Kono. Each centre offers free medical, psychosocial and legal support. From March 2003 to September 2005, the Centres provided services for 1,769 survivors of sexual assault – 75% of whom had been raped.

Singed out by UNHCR in 2004 as one of seven ‘best practice’ GBV programmes worldwide, the SARC project has taken a multi-disciplinary approach to sexual assault. Since no single agency or organisation has the mandate or the capacity to address GBV alone, SARC has worked with a range of government and non-government stakeholders. Partnership with the branch of the Sierra Leonian police charged with investigating domestic, sexual and physical violence against women and children has led to a huge increase in referrals.

Each Rainbo Centre is closely connected to a government hospital and provides free and confidential counselling, forensic medical examination and treatment, transport, food, clothes and legal advocacy. In order to ensure that all female survivors have the option of being seen by female doctors, the SARC project trained eight female doctors to conduct all preliminary medical consultations and to prescribe treatment for clients at the Freetown centre. Since female doctors are not available in the provinces, the project trained two health ministry doctors to work alongside Rainbo Centre midwives.

The SARC project, in conjunction with partner agencies, also works to educate the community on accessing services at the Centres on the consequences of sexual assault and on advocacy. IRC conducts regular capacity-building trainings with partner agencies on topics including clinical management of rape and communications skills in working with survivors. SARC’s medical, psychosocial and legal services will eventually be transferred to the control of the Sierra Leonian government.

¹. Human Rights Watch (2003) report We’ll Kill You if You Cry: Sexual Violence in the Sierra Leone Conflict estimates that as many as 257,000 Sierra Leonian women and girls were raped during the civil war.