FEATURE

Sexual and Reproductive Health Rights for Women: Sexual Violence, a Violation of the Rights of Female Refugees

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Introduction

Many individuals are compelled to leave their home countries and relocate to different nations due to strife, catastrophes, or hostilities in their countries of origin. It is at these times that female refugees experience oppression and harassment that affect their health. Female refugees face a heightened risk of being sexually exploited while living in refugee camps (Ivanova et al. 2018: 2).

Various African countries host refugees. In 2017, Africa recorded 118,374,355 refugees. Egypt recorded 185,031 refugees, the highest number in North Africa; Liberia recorded 8,433,832, the highest in West Africa; the Democratic Republic of the Congo recorded 9,521,430, the highest in Central Africa; Somalia recorded, 19,217,481, the highest in East Africa; and Angola recorded 6,283,458, the highest in Southern Africa (Adesina et al. 2022: 3). Given its perceived economic and political stability, South Africa has long been an appealing haven for asylum seekers and refugees from the neighbouring region (Freedman et al. 2020:325).

It is undeniable that refugees face numerous forms of abuse, with sexual violence being extremely prevalent in refugee camps (Akinsulure-Smith 2014: 678). It is critical to recognise that women face a significantly higher probability of being raped than men. According to Matetoane (2019: 34), women are at a higher risk due to their economic status and the social and cultural inequalities in society.

This article focuses on sexual violence against female refugees in Africa while travelling to or upon arriving in the host country. In particular, it examines the obstacles that hinder their ability to access sexual and reproductive health care. It aims to provide recommendations to address these pressing concerns through meaningful and impactful change.

Female refugees' health is determined by pre-migration events and experiences during flight and after settlement (Mwenyango 2023: 1249). The circumstances that refugees face when relocating may impact their health and deepen their vulnerabilities due to hazardous activities. Rape is one of the atrocities that female refugees have to endure when they are in transit to the host country or when they have been

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accommodated in refugee camps. This is a deeply traumatic experience, as fleeing from a war zone, a circumstance beyond their control, is distressing; experiencing rape intensifies the pain an individual endures (Araujo JO et al.2019:10).

Sexual violence involves coercing a person into a sexual act irrespective of the relationship the individual has with the perpetrator. This includes rape, defined as non-consensual penetration of the vulva or anus using a body part (Ogunwale et al 2019:110). In this article, 'sexual violence' and 'rape' will be used interchangeably.

Sexual and reproductive health

Sexual and reproductive health (SRH) refers to total physical, psychological, and social welfare regarding the reproductive system. In this regard, article 14 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) stipulates that women should have the opportunity for a fulfilling safe sex life, the ability to reproduce, and the autonomy to decide if, when, and how often they do so. In terms of article 14, maintaining SRH requires access to reliable information on safe, effective, affordable, and acceptable contraceptive options. It also involves ensuring that individuals are sensitised and given the means to protect themselves from sexually transmitted infections (STIs). These goals can be realised through the proper use of available sexual and reproductive health-care services. SRH encompasses human rights for both men and women.

Victims of sexual violence face unpleasant outcomes after they have been sexually assaulted. Refugees who are victims of sexual violence in refugee camps are often stigmatised by the wider community as well as rejected, even sanctioned, by their families, which may worsen their physical and psychological injuries (Eberechi 2019: 166). The primary need of someone who has experienced a trauma like rape is acceptance and comfort. Unfortunately, female refugees are hesitant to open up to counsellors due to the fear of facing social stigma. The stigma related to sexual violence often prevents survivors from receiving the support they need. Such support is frequently unavailable to female refugees anyway because state resources are usually limited to citizens and documented residents in the state. Geographical location and linguistic factors can pose even further barriers to accessing support.

The traumatic experiences that victims of rape undergo often have profound consequences, such as fistulas, sexually transmitted infections (STIs), contracting HIV, unwanted pregnancies, complications during childbirth, and unsafe abortions (Ivanova et al. 2018: 8). Furthermore, the psychological effects, including anxiety, shame, and post-traumatic stress disorder, can be devastating. During crises, female refugees who are victims of sexual violence are particularly vulnerable due to the unstable environment and heightened exposure to violence. This underscores the urgency of providing immediate care and support for rape victims, as their grief cannot be overlooked.

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Unfortunately, the devastating effects of sexual violence are often disregarded. It is important to acknowledge their significant impact, considering the historical marginalisation of women in diverse cultures. By addressing these hurdles, a way will be paved for a more inclusive and equitable realisation of women's right to access sexual and reproductive health (SRH) services.

Prioritising the provision of SRH services to marginalised individuals, including those who have been displaced, is crucial. Access to these services is a basic human right and can significantly impact their well-being and quality of life. By ensuring that these individuals have access to SRH services, ostracised individuals can find help to lead healthier and more stable lives. Despite the urgent need for refugee women to access SRH

services, these vulnerable persons encounter barriers that undermine their right to SRH care.

These challenges stem from the failure of stakeholders to understand the extent of the prevalence of sexual violence against female refugees and the reluctance of female refugees to report instances of sexual violence – reluctance often stemming from concerns about shame, social exclusion, and bringing dishonour to their families. This will be discussed next.

Barriers to the exercise of SRHR of female refugees

In some cultures, victims of sexual violence face immense barriers to speaking out due to the taboo surrounding sex and the fear of having their privacy invaded if they report such traumatic experiences (Miller 2011: 78). Additionally, in numerous communities, these acts are regarded as disgracing the entire community and the victim's family (Stevens & Eberechi 2019: 166). This indicates that extraordinarily little sensitisation has been conducted in the community on sexual violence and the importance of disclosing it when it occurs.

It is crucial to recognise that many individuals are hesitant to report sexual violence incidents due to the fear of being stigmatised (Miller 2011:78). In certain societies, women are prohibited from revealing such adversities. It is important to encourage an environment of understanding and support rather than judgment and taboo around these issues. In most cases, a woman who has been raped may need to report the incident to the police before being able to receive a medical referral for treatment (Matetoane 2019: 31). This means that many female refugees do not access medical help, as many rape cases remain unreported.

Lack of knowledge about sexual violence against female refugees has contributed to the issue of rape being ineffectively addressed. There are several reasons why it is difficult to gather precise data on sexual violence. For example, many refugee women and asylum seekers who have been raped do not report the incident, which hinders their access to SRH care. Evidence also shows that police officials or humanitarian aid workers have been perpetrators of sexual violence (Sarkin & Morais 2023: 11). Victims are often afraid to report them for fear of not being able to seek help from these officials during xenophobic incidents. Moreover, some women are sexually assaulted by military officials meant to facilitate their relocation during armed conflicts (Freedman et al. 2020: 327).

In addition to the issue of underreporting, refugee women encounter various obstacles that prevent them from accessing SRH services. Limited access to HIV prevention services, such as pre- and post-exposure prophylaxis and testing, increases the risk of HIV infection among refugees. Insufficient health-care access also prevents many refugee women from starting HIV treatment. Furthermore, they often lack information about where to find SRH services.

Another major barrier is language, as refugees struggle to communicate with health-care providers (Ivanova et al. 2018: 9). While courts use translators in legal proceedings, it is equally important that state authorities employ translators in health-care settings to bridge this gap for vulnerable populations.

Furthermore, it sometimes takes many years for asylum seekers to acquire documentation. Asylum seekers who are raped thus face barriers in accessing health care due to a lack of documentation. Those who consequently become infected with HIV or STIs face challenges in receiving treatment at clinics and hospitals due to a lack of valid documentation

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(Freedman et al. 2020:324). This worsens their health conditions, as failure to obtain treatment for chronic diseases like HIV/AIDS is a serious health hazard.

In humanitarian settings, it is essential to include SRH services as part of the minimum health care package. The support that survivors of sexual violence need is often not included in current health services, such as reproductive and maternal health, mental health, and psychosocial support, and is not offered as a separate service (Moreno 2014: 2023).

According to Eberechi (2019: 166), the current state of the criminal justice system in African countries poses a major obstacle for victims of sexual violence, especially in refugee camps. In this system, victims cannot directly approach the courts to protect their rights, as offences are seen as crimes against the state rather than individuals. This creates challenges for victims in refugee camps, where court facilities are often unavailable. While access to courts is crucial for justice, in many African countries, victims are usually only witnesses in state prosecutions, limiting their ability to seek redress. Empowering victims to assert their rights and pursue remedies is fair and vital for creating a just and equitable legal system. Victims of sexual violence have the right to seek justice and hold perpetrators accountable, making it crucial to advocate for a system that prioritises their rights and well-being (Eberechi 2019: 163).

State actors have shown little positive response to sexual violence against refugee women. When asylum seekers arrive in a host country, they must begin applying for refugee status. In a country like South Africa, a major destination for refugees, processing these applications can take up to 19 years before a final decision is made (Amnesty International 2019: 5). Such administrative delays indicate weaknesses in the asylum system. Although South Africa's Immigration Act 13 of 2002 promises swift processing, little has been done to improve efficiency, and delays remain a persistent issue.

Many African countries have not effectively prosecuted perpetrators of rape within the host country. As mentioned, when police and military officials rape refugees, they are rarely prosecuted or convicted. A major reason for the lack of prosecution is insufficient evidence. This failure to prosecute fosters impunity, as punishment serves to deter repeat offences.

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There is truly little community sensitisation on the issue of sexual violence against refugee women. As a result, refugees and asylum seekers continue facing sexual violence without any relief or closure. In addition, there is no provision of health-care services for these victims, especially before acquiring their status determination. It is also essential to highlight that countries like South Africa offer women who have suffered sexual violence an inherent right to seek asylum, but regrettably, these vulnerable individuals are typically unaware of this crucial entitlement (Freedman et al. 2020: 326).

It is clear from the evidence that the implementation of SRH programmes is feasible in humanitarian settings. However, they fail to meet high-quality standards, which might result in the needs of female refugees not being met. For example, research revealed that the range of contraceptive options provided in humanitarian settings was often restricted to just birth control pills and condoms (Ivanova et al. 2018:2). Therefore, it is crucial to broaden the spectrum of contraceptive options beyond mere pills and condoms to guarantee comprehensive reproductive health care for all female refugees in humanitarian settings. This expansion would empower women to make informed choices about their reproductive health and effectively plan their futures. Female refugees not only require family-planning services but also have many other needs, such as HIV/STI testing, treatment and mental health and psychology support. Thus, there is a need to broaden the SRH services provided.

It is essential to recognise that women have unique health needs related to their sexual and reproductive functioning. Acknowledging these factors is crucial for ensuring proper health care and support for women. The following recommendations are made to help address the issues impacting the well-being of female refugees.

- Healthcare workers must be trained to provide care for survivors of sexual violence effectively. Equipping them with the necessary skills in SRH services would help ensure that female refugees have unimpeded access to the care and support they require during such difficult times.

- Other African countries must take inspiration from South Africa's progressive approach and grant women who have suffered sexual persecution an automatic right to obtain asylum. Furthermore, it is crucial to ensure that women who have been victims of sexual abuse and are seeking refugee status in South Africa are fully informed of this automatic right to seek asylum.

- Communities need to raise awareness and educate women about the importance of speaking out about their experiences of sexual violence. By doing so, victims may be made aware of free psycho/social counselling services which would aid their healing process and educate them on their right to access sexual and reproductive health services. African states need to take action to remove obstacles such as language barriers between facilitators and female refugee victims by providing translators and interpreters to facilitate effective communication. This would significantly enhance the ability to collaborate and achieve these goals.

Conclusion

Female refugees are disproportionately affected by sexual violence both in transit to and within the host country. As a result, their risk of becoming infected with HIV/AIDS and STIs is remarkably high. One reason why this problem persists is that there is a lack of research, often due to female refugees not reporting crimes. It is also crucial to recognise that the barriers preventing female refugees from exercising their sexual reproductive and health rights are rooted in stakeholders' failure to comprehend the severity of sexual violence.

Nonetheless, the lack of understanding among these vulnerable individuals of their role in addressing sexual violence prevents them from accessing SRH care. Their reluctance to report sexual violence, often stemming from concerns about shame, social exclusion, and bringing dishonour to their families, obstructs their ability to access crucial information and support such as HIV/AIDS and STI testing and rape counselling.

To address these issues, African states should improve conditions so as to facilitate reporting, such as by raising awareness in communities about the prevalence of sexual violence and educating people about the steps victims should take. In addition, translators and interpreters must be available to eradicate language and communication barriers to helping female refugee victims.

The quality of SRH services for female refugees who have experienced sexual violence also needs to be improved. Finally, having access to accurate statistics on sexual violence is crucial for taking decisive action against these crimes and ensuring that the perpetrators are held accountable through prosecution.

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