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Ethical and Global Health Perspectives on Obstetric Healthcare and Safe Abortions in Refugee and Internally Displaced Populations

Hannah Boutros, MD[1]

[1] Department of Pediatrics, UNC School of Medicine, Campus Box 7593, Chapel Hill, 27599-7593, NC, United States

Statement of Significance

Literature demonstrates women living in poverty in remote areas are less likely to receive adequate health care, particularly in regard to obstetrics and gynecology. Lack of medical care during childbirth is associated with significant maternal mortality due to otherwise readily prevented or treated causes. While reproductive healthcare for women in all 'developing nations' merits consideration, this catch-all term for under-resourced regions obscures disproportionate burdens faced by a heterogeneous collection of communities facing disparate barriers to health care.

Displaced women, both externally as refugees or within their nation of origin, face maternal morbidity and mortality rates at nearly twice the world average. Displaced women and those in countries deemed as undergoing a humanitarian crisis, represent the majority of all maternal deaths—both globally and among developing nations.

This article considers the current state of women's health in displaced populations. Data on morbidity, mortality, and disparities in reproductive health demonstrate a violation of their human rights as defined by well-established ethical paradigms and international declarations. The onus of guaranteeing human rights to reproductive health falls well within the purview of the international medical community. Medical providers and medical organizations have a responsibility to recognize and amend these disparities and this article concludes by offering practical approaches toward this end.

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Corresponding Author:
Hannah Boutros, MD,
Department of Pediatrics,
UNC School of Medicine,
Campus Box 7593, Chapel
Hill, 27599-7593, NC, United
States
(hannah_boutros@med.unc.edu)

According to the World Health Organization (WHO), women living in poverty in remote areas are less likely to receive adequate healthcare than women of higher socioeconomic status. Millions of births worldwide are not assisted by a midwife, doctor, or nurse, resulting in significant maternal mortality. Approximately 295,000 women die annually from preventable causes related to pregnancy and childbirth, and 94% of these deaths occur in developing countries.[1] Women who are displaced or living in countries affected by conflict are at significantly higher risk of dying in pregnancy or childbirth. Maternal mortality in humanitarian crises is twice that of the world average.[1] In 2015, 61% of all maternal deaths took place in 35 countries affected by humanitarian crises.[2] This data on maternal mortality underscores the ongoing and urgent need for reproductive healthcare in developing countries, especially those affected by humanitarian crises.

According to 2019 data from the United Nations High Commissioner for Refugees (UNHCR), 1 in 100 people (or 79.5 million people) in the world are currently displaced, the highest level on record.[3] The UNHCR defines a refugee as someone with a well-founded fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group who has been forced to flee his or her country because of persecution, war, or violence.[4] The UNHCR

also defines an internally displaced person (IDP) as someone who has been forced to flee their home but does not cross an international border. Unlike refugees, IDPs are not protected by international law or eligible to receive many types of aid because they legally remain under the protection of their original government, which can constrain the response of aid agencies. Both refugees and IDPs face similar challenges to accessing health services, therefore this paper will refer to both refugee and IDP populations as "displaced" or "refugee."

Displaced women face an unmet need for family planning and obstetric care, including appropriate perinatal care. Without access to these services, women have higher rates of unwanted pregnancies, unsafe abortions, and complications from pregnancy and delivery which can be fatal: an estimated 15% of pregnancies in displaced populations end in a serious and potentially life-threatening complication requiring medical intervention.[5] In addition, an estimated 25-50% of maternal deaths in refugee populations are due to complications of unsafe abortion, including hemorrhage, infection, and damage to internal organs.[5,6]

During crisis and conflict, there is an increase in violence against women, and sexual violence is often used as a weapon of war. Although this often goes unreported, many displaced women suffer from gender-based violence including rape.[6,7] Because of their exposure to frequent, unwanted, and unprotected sexual encounters, these women are at high risk for unwanted pregnancy and sexually transmitted infections which pose harm to both mother and child.[6] Displaced women who become pregnant often are unable to access appropriate perinatal and postpartum care. They are at risk of death from complications during and following pregnancy and childbirth.

Evidence shows that without access to family planning, women resort to unsafe abortion conducted by unskilled providers in ill-equipped and unhygienic conditions.[5] According to the WHO, approximately 25 million unsafe abortions (45% of all abortions) occurred annually between 2010 and 2014 and 97% of these unsafe abortions occurred in developing countries.[8]

Unsafe abortion, severe bleeding, infections, and complications from delivery account for over 75% of maternal mortality, yet most of these problems are treatable and preventable.[1] These avoidable maternal deaths underscore the need for an ethical framework to prevent unwanted pregnancies and increase access to safe abortion, especially for displaced women.

This paper will describe the reproductive health rights of refugees and examine the barriers to adequate obstetric healthcare including safe abortion and post-abortion care. The ethical challenges of both providing and accessing safe abortion in areas affected by conflict will be discussed. Finally, this paper will consider approaches to harm reduction, urging humanitarian organizations to collect data on the prevalence of unsafe abortion and availability of abortion services for refugees and internally displaced women. Such solutions are crucial to increase access to family planning services and mitigate the challenges of safe abortion access.

Women's Reproductive Health Rights and the Duty to Preserve Them

Gender equality is fundamental to the rights and dignity of all people, yet women across the world are subject to multiple forms of discrimination and violence. In 1979, the United Nations adopted the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). As a bill of rights for women, it outlines women's rights including political life, right to nationality, right to equality in marriage, and non-discrimination. It promotes the view of reproductive rights as human rights, with the goal of resolving violence against women.

The 1994 International Conference on Population and Development Programme of Action determined that the reproductive rights of displaced women are equal to those of women everywhere.[9] Yet women who are displaced have a diminished capacity to exercise their rights, including rights to healthcare.[6] They often lack social and physical protection, are separated from family, and may be targets for violence. Although reproductive health is a basic human right, access to contraception, family planning, and peripartum care remains a challenge for displaced populations in low-resource and conflict-affected areas, resulting in unsafe abortion.[5]

Complicating matters further, there has been an increasing trend since 1980 in people fleeing their homes but being unable to cross borders, thus becoming internally displaced.[10] These people are still subject to the laws of the country in which they reside, which may outlaw abortion. There is also a higher prevalence of malnutrition and disease in internally displaced populations compared to residents and refugees, and international aid organizations have more difficulty accessing these populations to provide medical services, including safe and legal abortion.[10]

Given that obstetric care is routinely unavailable to displaced populations both within and outside their countries of origin, the reproductive health rights of displaced women, including the right to safe abortion, have been neglected.[6] Further violations of women's human rights include sexual violence, often resulting in unwanted pregnancies as discussed above. Gender-based violence remains a pervasive problem, violating the ethical principles of personal autonomy and respect for persons. Rape is used as a war tactic to harm, humiliate, and undermine populations in conflict.[11] Along with increased rates of intimate partner violence due to the toxic stress of displacement, this leaves women with persistent physical and psychological injuries.[11]

These breaches of human rights suggest refugee women are one of the most vulnerable populations and are often unable to exercise their rights. They are rarely able to request services despite desperate need.[6] Like all women, they need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care. As displaced women are often unable to exercise their own rights, the duty to preserve these rights falls upon humanitarian organizations that have a mission to protect reproductive rights. Specifically, reproductive health organizations and non-governmental organizations (NGOs) with human rights mission focusing on reproductive rights have a moral duty to advocate for the needs of refugee women. Such organizations should advocate for refugee women's rights by raising awareness, fundraising, and developing reproductive health programs in partnership with private donors and governments.

Barriers to the Fulfillment of Safe Abortion

All women have a right to safe abortion, family planning, antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. During childbirth, a skilled health professional must be present to ensure the mother and child's well-being and address severe bleeding, infections, and other complications of delivery. Similarly, an abortion must also be conducted safely by a skilled health professional to prevent life-threatening hemorrhage, infection, and damage to internal organs.[1,5] There are many barriers to safe abortion, including barriers to healthcare professionals in providing the services and barriers to women accessing the services.

First, access to safe abortion is often not prioritized by humanitarian organizations. It is often not included in the provision of healthcare in refugee settings because many organizations prioritize relief and acute care over long-term reproductive health needs, and because local law and medical practice may create barriers.[5] Also, managing the transition from emergency health responses

to local health systems remains a challenge for women who need obstetric care. For example, sudden departures of foreign medical relief organizations leave patients without adequate follow-up care.[12]

Second, healthcare professionals face many challenges in providing safe abortion. Political pressures, legal restrictions, and the religious affiliation or beliefs of service providers are prominent barriers to abortion services. Both local politics and external pressure from religious organizations may result in restrictions on abortion services for refugees, shifting the focus away from the individual needs and rights of refugee women. Other barriers include lack of knowledge on local laws and medical indications for abortion, as well as lack of practical understanding and knowledge of the local population. Healthcare providers in countries where abortion law is restrictive may not be fully informed of indications for legal abortion, such as rape, incest, or protecting physical and mental health.[6] Providers may be unwilling to provide the service due to religious beliefs or personal indecision regarding the ethics of performing abortion. Finally, regarding post-abortion care, providers may not be aware of the WHO's stipulation that regardless of the legal grounds for abortion, healthcare providers are obligated to provide medical care to any woman who suffers abortion-related complications.[5]

Third, there are numerous barriers preventing displaced women from seeking and receiving safe abortion. These barriers include restrictive local laws, the stigma of abortion, religion, safety, high cost, distance or lack of transportation, inadequacy or poor availability of services, unavailable trained healthcare providers or objection of healthcare providers, limited knowledge or lack of information about reproductive health concerns, cultural practices, attitudes towards gender equality, and being prevented by spouses or family members. When displaced women arrive in a new country, they may not be informed of local laws regarding abortion or the availability of safe, legal abortion care. Displaced women may be pressured to continue their pregnancies and often are unable to exercise their rights.[6] Mobility of this population and statelessness also make access to abortion care challenging.

Practical Approaches to Harm Reduction

Sexuality education for both men and women, provision of safe and legal abortion, and prevention of unintended pregnancy through contraception are needed to reduce maternal mortality. There is an unmet need for safe abortion and post-abortion care, and these services must be prioritized to reduce harms to displaced women. In order for humanitarian organizations to create programs for safe abortions, systems are needed to monitor and report gender-based violence, unwanted pregnancies, and rates of unsafe abortion.[6] In countries where the law bans abortion or permits it only to save a woman's life or preserve her physical health, the WHO has found that only 25% of abortions are done safely.[8] In contrast, in countries where abortion is legal, nearby 90% of abortions are done safely.[8] This data suggests that increasing legalization of abortion globally would prevent unsafe abortions and decrease maternal morbidity and mortality.

Organizations advocating for legalization of abortion face important ethical challenges in doing so. These efforts would ultimately help fulfill these organizations' human rights missions and obligations, but they must consider the risk of political repercussions which can impose barriers to providing services or even lead to expulsion from the region. Each humanitarian organization advocating for displaced women's reproductive health rights has a duty to understand the local political climate and customs in order to weigh the risk of retaliation and make an informed decision about whether to engage in advocacy work to legalize abortion.

Another solution to decrease harm to women and maximize utility is to prevent unwanted pregnancies, which reduces the rate of unsafe abortions.[5] This may be achieved by improving access to family planning and contraception, protecting women from gender-based violence, and decreasing the stigma, political, religious, and legal barriers surrounding abortion. It is vital to prevent unwanted pregnancies to prevent maternal deaths.[5] Family planning programs have a positive impact on women's knowledge, attitudes, and intentions surrounding contraception, thus increasing its use.[12] Further, focusing on changing women's and men's knowledge and attitudes about family planning methods has been shown to increase demand for contraception.

When organizations take practical measures to provide contraception and encourage its use among refugee women, they must address the risk of harassment and violence that these women may face while exercising their reproductive rights. Organizations can mitigate this risk by developing a strong understanding of local customs and cultural or religious beliefs surrounding contraception, and by using this knowledge to find effective ways to protect refugee women seeking contraception. Refugees can be trained as health workers to provide basic health services to other women, children, and families.[13,14] In addition to creating a dialogue in the refugee community about contraception, this has broader health benefits by increasing knowledge about diseases and services available and making women more likely to seek treatment, use services, and gain knowledge about reproductive health.[12–14]

As discussed above, two solutions to increase access to safe abortion are to advocate for legalization of abortion in countries where it is illegal, and to increase access to contraception to prevent unwanted pregnancy. A third solution would be to decrease the barriers faced by healthcare workers to providing safe abortion. Aid organizations can provide training for the healthcare workers they employ to improve their understanding of reproductive rights, dispel false beliefs about abortion, provide information about local abortion laws, and increase knowledge of the barriers faced by the local population, including how to best care for women who may face violence for exercising their reproductive rights.[13] The ethical challenges accompanying these measures include addressing the safety of local healthcare workers providing safe abortions. Organizations have a duty to inform the healthcare workers they employ of any known possible risks related to their safety as they provide abortions. In addition, aid organizations must recognize that not all their employees may be willing to provide abortion care. To respect the autonomy of their employees, organizations may elect to develop opt-in training about reproductive rights and abortion law for healthcare workers who are committed to providing abortion care.

Conclusion

As violence and insecurity lead to population displacements and the deterioration of health systems, maternal healthcare and other essential health services disintegrate. Access to obstetric care including abortion and post-abortion care is limited in refugee camps and other low-resource settings due to religious, socio-cultural, financial, political, and legal factors. As evidenced by the high maternal mortality rate in women who are displaced or living in areas affected by conflict, there is an urgent need for adequate obstetric healthcare in these settings, including safe abortion and family planning services. With more than half of preventable maternal deaths occurring in humanitarian crisis zones, the need for family planning must take precedence to prevent unwanted pregnancies and decrease unsafe abortions.[1,5] There is a strong need for advocacy for high-quality family planning services, safe and legal abortions, and post-abortion care.

Armed conflicts and population displacements lead to a long-term need for emergency and health maintenance services, including sustainable reproductive health services for women displaced by conflict and other humanitarian crises. To allow for safe abortion programs to occur, organizations must collect data on the need for safe abortion, prevalence of unsafe abortion, and availability of abortion services. Reproductive health advocacy organizations should specifically promote the needs of refugee women.[6] Where abortion is legal, health systems should train and equip healthcare professionals to provide safe and accessible abortion services.

The WHO estimates that the annual cost of treating major complications from unsafe abortion is $553 million, which further emphasizes the urgency and importance of addressing this issue.[5] Refugee women have a right to safe abortion, but they have a diminished capacity to exercise their rights, leaving NGOs and reproductive health organizations with the duty to advocate for their needs. Eliminating unsafe abortion can be achieved by increasing access to contraception and decreasing the financial, legal, and socio-cultural barriers to providing and accessing these services.

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AUTHOR BIOGRAPHY

Hannah Boutros is a PGY-1 training in pediatric medicine at the University of North Carolina School of Medicine.

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