## **ISSUES IN PERSPECTIVE**

## The Reproductive Health of Refugees

## Why Refugees Need Reproductive Health Services

By Kate Burns, Serge Malé and Daniel Pierotti

t the dawn of the new century, some 50 million people world-wide either are caught up in conflicts or are living in protracted refugee situations. Humanitarian crises have grown more complex during the last decade, and intervention has become more difficult. The number of people who are displaced within their own country has increased, and providing for their care and protection is risky and difficult.

The 1994 International Conference on Population and Development and the 1995 Fourth World Conference on Women offered a more comprehensive vision of reproductive health than that which had existed before. Their consensus documents also called attention to populations whose reproductive health needs had often been neglected if not ignored—refugees, internally displaced persons and migrants.

The articles in this special section of International Family Planning Perspectives review several aspects of the struggle to meet these needs. Since 1995, members of the humanitarian and reproductive health communities have joined together to guide delivery of comprehensive reproductive health services to refugees and the internally displaced. Caring for and protecting refugees in unstable and insecure environments is not easy, nor is meeting their reproductive health needs. Nevertheless, these are tasks that we, and our governmental and nongovernmental partners (including the refugees themselves, of course), are committed to undertake. The history of this international initiative is described in detail in the special report by Laurel Schreck (p. 162).

Refugees' reproductive rights are rooted in international law, although policies affecting refugee reproductive health care may sometimes vary by country and by organization. Françoise Girard and Wilhelmina Waldman (p. 167) examine the



Rwandan refugees at a camp in Kibumba, Zaire, 1994

James Nachtwey

framework for the reproductive rights of refugees and the internally displaced, along with the policies of some agencies and organizations involved in humanitarian assistance

While the reproductive health needs and demands of different populations vary, the question for many is whether and how the reproductive health needs of refugees and the internally displaced differ from those of populations living in nonrefugee situations. Therese McGinn (p. 174) reviews the literature, both published and unpublished, to determine how refugee women's reproductive health status is both similar to and different from that of settled populations.

Knowing these similarities and differences should help guide policymakers and program planners. To gain a sense of what services are currently provided to refugees and the internally displaced, Sandra Krause, Rachel Jones and Susan Purdin (p. 181) describe efforts that have been

made among war-affected populations in key program areas. Finally, Virginia Morrison (p. 188) examines the specific contraceptive needs of Cambodian refugees who lived in a camp in Thailand.

From rural Nepal to urban South Africa, from Kosovo to Colombia, the situations faced by refugees and the internally displaced pose complex challenges. As the number of those who are war-affected grows, so too does our awareness of their reproductive health needs. Nevertheless, several critical issues need to be addressed (continued on page 192)

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The articles in this special supplement were solicited, developed and edited by Laurel Schreck, associate editor, *International Family Planning Perspectives*.

## Why Refugees Need...

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if we are to more effectively listen to the demands of refugees, meet their needs and increase their capacity to make informed decisions:

•Within humanitarian assistance organizations, knowledge about reproductive health and the competence and skills to provide reproductive health services have to be augmented;

- •reproductive health services must be based on the needs and demands of refugees (particularly of women), yet must respect the population's culture and beliefs while meeting international human rights standards;
- the refugee community must be involved in all aspects of program planning and implementation, to ensure that their needs are met and to secure their investment in a program's success; and
- the international refugee reproductive

health community must continue to advocate for more funds and for a greater commitment on the part of policymakers and governments.