ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

Available online 18 May 2022

In Press, Journal Pre-proof

The consequences of armed conflict on the health of women and newborn and sexual reproductive health – A position statement by the european board and college of obstetrics and gynaecology (EBCOG)

Charles Savona-Ventura [a], Tahir Mahmood [b], Sambit Mukhopadhyay [c, d], Nuno Martins [e, f], Frank Louwen [g], Basil Tarlatzis [h]

Show more

Outline | Share | Cite

https://doi.org/10.1016/j.ejogrb.2022.05.015

Abstract

Armed conflict brings about significant health-related consequences to the non-combatant population especially the elderly, women, and children. The consequences for women extend further than battle-related deaths. One important consequence of conflict is the population displacement resulting from individuals and families seeking safety in non-conflict zones. This forced migration places women at risk of gender-based violence during their journey and for this reason the host countries should ensure that the migrants are given access to reproductive health services, including providing emergency contraception and abortion. In the conflict zone, the collapse of all social support, including healthcare services, contribute towards a marked deterioration in the level of care provided to ensure reproductive health and safe motherhood. In addition, the community living the conflict zone is at an increased risk of community infectious disease and poor management of chronic illness. Women and children are almost always innocent victims of war. The international community must act effectively to primarily avoid conflict by sound diplomatic intervention and, when diplomacy fails, reduce the consequences of conflict.

Keywords

Armed Conflicts; Gender-Based Violence; Reproductive Health; Contraception; Postcoital; Transients and Migrants; Reproductive Health Services; Delivery of Health Care; Social Support; Professional associations; EBCOG

Introduction

The world has been shocked recently with the news that, in the Russia-Ukrainian conflict, the healthcare services including maternity and paediatric services have been accidentally or purposefully targeted and destroyed causing not only the tragic loss of life of mothers, children and healthcare personnel, but also destruction of essential healthcare services. Tragically such incidences have also been reported in other recent armed conflicts in Asia, Middle East, and Africa. As a representative body of Obstetricians and Gynaecologists of 37 member countries within Europe, we wish to express our concerns about the illegality of such crimes against humanity.

Battle-related non-combatant deaths

The 1949 Geneva Convention was augmented in 1977 with an additional protocol relating to the protection of the civilian population from indiscriminate attacks that 'are of a nature to strike military objectives and civilians or civilian objects without distinction' and therefore 'may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated' [1]. Battle-related deaths are an obvious consequence of war. Unfortunately, battle-related deaths often involve not only combatants but also civilians including the women and children, including the pregnant and reproductive female population.

The Uppsala Conflict Data Program (UCDP) has been compiling conflict-related data for events involving at least twenty-five battle-related deaths annually in a specific country. Unfortunately, the UCDP data identifies combatants from non-combatants, but does not separate these by gender or age [2]. In addition, data on violence against non-combatant civilians are likely to be under-reported. It is therefore difficult to obtain reliable statistics of the number of reproductive female non-combatant deaths related to conflict events. The intentional murder of innocent non-combatants, sexual violence against women and young girls perpetuated simply to erode the moral of the defendants is the most heinous of crimes. In September 2021, the European Parliament strongly condemned the use of sexual and gender-based violence as a weapon of war [3]. While appreciating the difficulty of monitoring conflict mortality statistics, international watchdog organizations should closely monitor the reported non-combatant statistics and delve

further into the demographics as this relates to age and gender. Such information is essential evidence to support allegations of war crime claims.

Forced displacement of the non-combatant population

A more significant immediate consequence of conflict is the reproductive population displacement resulting from individuals and families seeking safety in non-conflict zones, generally neighbouring countries but sometimes even further afield. The UN High Commissioner for Refugees (UNHCR) in 2016 reported that 6.9 million people were newly displaced by conflict or persecution within the borders of their own countries while a further 3.4 million sought refuge beyond the borders of their country-of-origin. These new refugees further augmented the worldwide forcibly displaced refugee population to 65.6 million. Based on the available data, 49% of refugees in 2016 were women [4]. Many refugee women and girls are at risk of gender-based violence in their country of origin, during their journey, or upon arrival at their destination. The Council of Europe recommends that due consideration should be given to the gender-responsive needs to prevent and form of discrimination, violence, exploitation, and abuse [5]. EBCOG has previously published a position statement expressing its concern about the provision of healthcare to migrant women and those with irregular status [6]. The European Parliament resolution further call on the host and transit countries to ensure that the migrants including rape survivors are given access to sexual and reproductive health and rights services. This particularly applies to providing emergency contraception, post-exposure prophylaxis and abortion care [3].

Loss of support services in conflict zones

Another direct consequence of conflict is the loss or reduction in reproductive healthcare services provided to civilians because of purpose or accidental destruction of healthcare facilities during the conflict. The reduction of healthcare facilities may be the result of direct establishment destruction, loss of professional healthcare personnel resulting from direct non-combatant deaths, forced migration, or being recruited in the fighting forces to support the combatants; and difficulties in acquiring continuing necessary healthcare supplies. These restrictions contribute towards a marked deterioration in the healthcare service provision especially as this relates to reproductive health and safe motherhood [7].

The adverse social conditions in the conflict zone would also increase the risk of community infectious disease and, in the light of potential increased gender-based violence and economic-induced promiscuity, an increase in sexually-transmitted disease [7], [8]. There is often also a reduction in the healthcare service support for managing chronic illness such as diabetes mellitus [9], [10]. The restriction in healthcare services would therefore also contribute to an increase in the morbidity-mortality of the population including the pregnant population, while increasing the long-term consequent risk of sexually transmitted disease. The forced migrant

refugees may also suffer from indirect healthcare service provision in their host country simply because they are not familiar or easily included in the healthcare service system of the host country [11]. This may translate into a higher rate of adverse reproductive outcomes in the refugee migrants compared to the general population. Every host country should develop targeted social and medical support systems to facilitate the access process to healthcare services for these individuals [12].

Long-term consequences of battle conflict

The social upheaval generated by conflict, especially when prolonged, will have significant direct and indirect consequences on the reproductive health of the community that will influence the wellbeing of the community not only during the conflict but also in subsequent years. Immediate consequences arise because of the breakdown of all supply facilities including food resources. The nutritional restriction will in the long term contribute towards malnutrition that may affect overall reproductive function by suppressing ovulatory cycles and copulatory behaviors in adults [13]. This may be further compounded by the stress of living under war conditions. Several studies have suggested that women who were prisoners of war or who were living in areas exposed to bombardment had increased risk of menstrual abnormalities [14]. The chronic stress may also result in adverse obstetric outcomes increasing especially the likelihood of preterm birth and preeclampsia [15]. Long term consequences of the nutritional restriction are the effects on the developing fetus. The effects of intrauterine malnutrition have been repeatedly shown to contribute towards metabolic programming of the developing fetus predisposing the individual to later susceptibility to adult-onset metabolic abnormalities [16]. The overall reduced population fertility rate caused by the metabolic-driven subfertility and compounded by the forced migration of women will also have long term consequences retarding population growth and recovery. This would have effects on the potential for eventual economic recovery of the country [17].

Conclusion

Women and children are almost always innocent victims of war. Conflict places girls and women at increased risk of gender-based violence either in the combat zone or during the process of seeking safe haven. In addition, their reproductive health may be compromised by the social upheaval they are forced to deal with not only resulting in a potentially decreased reproductive function but also, if pregnant, increasing their risks of an adverse obstetric outcome. All these stresses have a cumulative effect on the overall perinatal mental health of women especially postnatal depression. EBCOG has previously advised the healthcare planners to develop focused strategies to meet this unmet need [18]. Conflict related situations as we are witnessing now, calls for an urgent action by the WHO.

The international community cannot and should not stand still and watch for the events to evolve. We all must act effectively to reduce the consequences of conflict. In general, war must be

avoided by effective diplomatic negotiation. Unfortunately, history has shown that serious diplomatic negotiations are only really undertaken after the conflict has started and the circle of suffering has started. The Russian-Ukraine conflict has shown a near unprecedented response in attempts to alleviate the hardship and suffering resulting from the forced migration of innocent victims seeking safe haven. The international community has responded dramatically to provide much needed supplies to the refugees.

The United Nations should consider setting up an emergency reserve fund to which the developed countries are obliged to donate annually a set proportion of their gross domestic product [GDP] to enable quick access to relief funds in times of crisis. Throughout the conflict, independent assessors including forensic professionals should collate the on-the-ground data to effectively be able to charge and prosecute perpetrators for war crime charges involving the murder of innocent victims or the intentional destruction of healthcare service facilities. The United Nations must enforce a global policy for the protection of healthcare facilities, such as hospitals and pharmaceutical manufacturing sites with clearly displayed large signs of Red Cross.

Professional organizations must themselves be on the forefront to condemn the aggressors and promote initiatives whereby members or member institutions are encouraged to proceed to regions in need to provide ancillary medical and social services to support the migrant refugees. EBCOG with its parent organisation UEMS (Union of Medical Specialists) has supported Ukrainian medical colleagues by making a financial contribution. Along with its member countries EBCOG will provide help to rehabilitate medical workforce from the areas of conflict to find temporary employments in the host countries. Rebuilding the health services following cessation of the armed conflict is a mammoth task. EBCOG with its partners notably FIGO and UNFPA should form a strategic alliance to work together to provide support to the ministry of health and the local national medical society in rebuilding the services once the armed conflict is over.

Recommended articles

References

[1] International Committee of the Red Cross (ICRC). Article 51: Protection of the civilian population. Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977. Geneva: ICRC; 1977. Available at https://ihl-databases.icrc.org/ihl/WebART/470-750065 (accessed 3 April 2022).
Google Scholar

[2] T. Pettersson, S. Davies, A. Deniz, G. Engström, N. Hawach, S. Högbladh, *et al.*
Organized violence 1989–2020, with a special emphasis on Syria

Journal of Peace Research, 58 (4) (2021), pp. 809-825
CrossRef View Record in Scopus Google Scholar

[3] European Parliament. European Parliament resolution of 5 May 2022 on the impact of the war against Ukraine on women (2022/2633(RSP)). Brussels: European Parliament, 2022. Available at https://www.ec-ec.org/wp-content/uploads/2022/05/B-9-2022-0219_EN-1.pdf (accessed 9 May 2022).
Google Scholar

[4] United Nations High Commissioner for Refugees (UNHCR). Global trends – Forced displacement in 2016. Geneva: UNHCR; 2017. Available at https://www.unhcr.org/5943e8a34.pdf (accessed 3 April 2022).
Google Scholar

[5] Council of Europe. Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) – Protecting migrant women, refugee women and women asylum seekers from gender-based violence. Strasbourg: Council of Europe; 2019. Available at https://rm.coe.int/migrant-women-and-istanbul-convention/1680925865 (accessed 3 April 2022).
Google Scholar

[6] Smith AC, LeVay M, Mahmood T, Mercer C. Migrant women's health issues: addressing barriers to access to health care for migrant women with irregular status. Entre Nous – European magazine for sexual and reproductive health 2016;85:18-21.
Google Scholar

[7] T. McGinn
Reproductive Health of War-Affected Populations: What Do We Know?
International Family Planning Perspectives, 26 (4) (2000), pp. 174-180
CrossRef View Record in Scopus Google Scholar

[8] I. Isaac, M. Malaeb, A. Bou khalil, U. Musharrafieh, A.R. Bizri
Infectious Diseases in Times of Conflict and War: The Loyal Companions
J Infect Dis Epidemiol, 6 (6) (2020)
Google Scholar

[9] Y. Khan, N. Albache, I. Almasri, R.A. Gabbay
The Management of Diabetes in Conflict Settings: Focus on the Syrian Crisis
Diabetes Spectr, 32 (3) (2019), pp. 264-269
CrossRef View Record in Scopus Google Scholar

[10] A. Debarre Hard to Reach: Providing Healthcare in Armed Conflict
https://reliefweb.int/sites/reliefweb.int/files/resources/1812_Hard-to-Reach.pdf 2018

International Peace Institute New York Available at (accessed 3 April 2022)
Google Scholar

[11] M.C. Balaam, M. Cooper, D. Korfker, C. Savona-Ventura
Asylum seekers and refugees - A cross European perspective
G. Thomson, V. Schmied (Eds.), Psychosocial Resilience and Risk in the Perinatal Period - Implications and guidance for professionals, Routledge, England (2017), pp. 28-43
View Record in Scopus Google Scholar

[12] Council of Europe. The Protection of Migrant Rights in Europe - CommDH(2013)9. Strasbourg: Commissioner of Human Rights - Council of Europe; 2013. Available at https://rm.coe.int/16806da9ce (accessed 3 April 2022).
Google Scholar

[13] G.N. Wade, J.E. Jones
Neuroendocrinology of nutritional infertility
Am J Physiol Regul Integr Comp Physiol, 287 (2004), pp. R1277-R1296, 10.1152/ajpregu.00475.2004
View Record in Scopus Google Scholar

[14] A.A. Abu-Musa, L. Kobeissi, A.B. Hannoun, M.C. Inhorn
Effect of war on fertility: a review of the literature
Reproductive BioMedicine Online, 17 (Suppl 1) (2008), pp. 43-53
Article Download PDF View Record in Scopus Google Scholar

[15] C.S. Traylor, J.D. Johnson, M.C. Kimmel, T.A. Manuck
Effects of psychological stress on adverse pregnancy outcomes and nonpharmacologic approaches for reduction: an expert review
AJOG Maternal Fetal Medicine, 2 (4) (2020), Article 100229, 10.1016/j.ajogmf.2020.100229
Article Download PDF View Record in Scopus Google Scholar

[16] C. Savona-Ventura, S. Savona-Ventura
The inheritance of obesity
Best Practice & Research Clinical Obstetrics & Gynaecology, 29 (3) (2015), pp. 300-308
Article Download PDF View Record in Scopus Google Scholar

[17] Q.H. Ashraf, D.N. Weil, J. Wilde
The Effect of Fertility Reduction on Economic Growth
Popul Dev Rev., 39 (1) (2013), pp. 97-130
CrossRef View Record in Scopus Google Scholar

[18] Mahmood T, Mercer C, Tschudon S, et al. Perinatal mental heath: bridging the gaps in policy and practice. Entre Nous – European magazine for sexual and reproductive health

2016;85:22-23.
Google Scholar

Cited by (0)

View Abstract