

Editorial

Approaches for rape survivors in war-ravaged health systems

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Women in armed conflict areas are highly exposed to violence (1). The war in Tigray erupted in November 2020, resulting in a massive humanitarian crisis. Reports showed that Tigrian women and girls had experienced conflict-related sexual violence that seemed extensive, deliberate and organized, and exposed them to the severe form of violence like raping a woman by gangs and inserting objects into the reproductive organs of women (2) (3) (4) (5). According to the report from the regional health bureau of Tigray, the war has also eroded more than two decades of investments and progress in the health systems of the region, which left those who need health care without any essential health services, as 70% of the institutions have been made non-functional (6). In such cases, approaches such as culturally accepted supportive practices to cleanse the mind of survivors are mandatory (7).

Rape survivors, who require a well-planned and organized response to their unique needs (8), are at high risk of severe and long-lasting health problems like HIV/AIDS and other STIs, committing illegal abortion and infanticide due to unwanted pregnancy or forced girls into motherhood in particular and psychological, mental and other health problems in general (9). Such a situation where survivors are many, and in the absence of or inaccessible health services, they cannot get psychological first-aid and required medical management. A culturally tied solid social network and religious population who considers even adultery/fornication as sin could hinder identifying the victims, discussion on the issues and the management process. So rape survivors could demand contextual approaches and the international community's support.

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