Advances in Nursing Science
Vol. 32, No. 2, pp. 144–157

Pathway to Social Justice

Research on Human Rights and Gender-Based Violence in a Rwandan Refugee Camp

Carol Pavlish, PhD; Anita Ho, PhD

Gender-based violence persists in postconflict settings. Implementing an ethnographic study with Congolese refugees in Rwanda, we investigated community perspectives on justice and human rights. As core concepts, participants described the right to equal value as human beings and the corresponding responsibility to respect human rights as the basis for justice. Three factors that impede human rights include cultural ideology, social distance, and lack of a rights-enabling environment. Men described gender similarities while women emphasized gender differences in human rights. Ecological perspectives and rights-based approaches to achieving social justice seem warranted. **Key words:** *gender-based violence*, *human rights*, *refugees*, *Rwanda*, *social justice*

IN RECENT YEARS, political and philosophical attention to harmful behaviors against women, particularly in certain impoverished and postconflict regions, has increased. Alarmed by the various obstacles that violence poses to the achievement of equality, health, and safety for women around the world, the United Nations (UN) proclaimed the "Declaration on the Elimination of Violence Against Women."[1] In that document, violence against women "means any act of gender-based violence that results or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life."[1(Article1)] While both men and women suffer from gender-based violence, women and adolescent girls are most often the targeted groups due to their subordinate status in almost all cultures and societies.[2,3] Subsequently, the "UN Fourth World Conference on Women" emphasizing the important need to eliminate systemic rape, sexual slavery, and forced pregnancy noted the particular vulnerabilities of women belonging to displaced, indigenous, refugee, and migrant communities and women living in impoverished rural or remote areas.[4] In addition, the UN Security Council adopted resolution 1325 that pledged to cease violence against women during armed conflict.[2]

Western debates on political structures, cultural norms, gender practices, and healthcare access have hinged on the way in which rights and justice are conceptualized and prioritized. However, given the history of colonialism and Western domination in world affairs and global trade, worries that imposition

---

Author Affiliations: *School of Nursing, University of California, Los Angeles, California; College of St Catherine, St Paul, Minnesota; and W Maurice Young Centre for Applied Ethics, University of British Columbia, Vancouver, Canada.*

This study was funded by UCLA School of Nursing Intramural Grant. The authors thank local staff members of the American Refugee Committee in Rwanda and our interpreter for their warm welcome and cross-cultural guidance in the conduct of this research. We further thank research participants' courage and concern in opening their lives so that we may learn more about health, human rights, and social justice.

Corresponding Author: *Carol Pavlish, PhD, 4-238 Factor Building, UCLA School of Nursing, 700 Tiverton Ave, Box 956918, Los Angeles, CA 90095 (cpavlish@sonnet.ucla.edu).*

of western conceptions of justice and rights may reinforce such hierarchy and show disrespect arise.[5,6] With this problem in mind, the guiding hypothesis for our research project was that many East African communities are reluctant to accept Western-based human rights concepts or to trust various international efforts to eliminate gender-based violence partly because some of the efforts may have been predetermined by those who have not engaged in appropriate context consideration or public discourse.[7] Gender-based violence is an experience deeply embedded in social and cultural values and mores, and potential success in eliminating violence against women depends on local priorities regarding gender relationships, practices, rights, and justice.[8,9] Therefore, exploring sociocultural perspectives on human rights and justice seems vital to women's health and well-being.

Various perspectives on social justice are offered in the literature. For example, social justice has been described as equitable distribution of benefits and burdens;[10] just distribution of rights, opportunities, and resources;[11] interacting combinations of recognition, redistribution, and parity of participation;[12] and equitable social and institutional relationships.[13] All of these perspectives emphasize the institutional and/or structural nature of justice matters.

Our study aimed at developing deeper understandings about gender-based violence and community perspectives on human rights and justice. We believe that listening to refugee voices and learning from refugee experiences offer valuable perspectives on social and structural arrangements that influence gender-based violence. In this article, we describe a research project on which we collaborated with an international nongovernmental organization (NGO) in Rwanda. We first explain our human rights research methods and findings and then apply the research results to expand our understanding of the meaning of human rights and social justice as well as the relationships between them.

BACKGROUND

Recently, the UN issued a study on violence against women and acknowledged significant progress toward international agreements and state obligations that address gender-based violence.[2] However, as noted in the report, much work remains. For example, in a review of more than 50 population-based studies in 35 countries, researchers found that between 10% and 52% of women from around the world reported being physically abused by an intimate partner with 10% to 30% of these respondents also reporting sexual violence in their relationship.[14] In a World Health Organization 15-site study, the data were even more alarming with 6 sites reporting between 50% and 75% of women having experienced physical violence, sexual violence, or both.[15] In particular, 70.9% of women respondents in rural Ethiopia reported being physically or sexually abused in their lifetime, and almost 90% of ever-partnered women in Tanzania reported one or more controlling behaviors by their intimate partners.

The prevalence of intimate partner violence is correlated with strong ideologies of male dominance that influence political and judicial systems that establish and enforce laws/policies regarding violence against women.[2,16] Such violence is exacerbated in war-torn areas, where sexual violence is often utilized as a weapon of war.[2,17–20] Local and refugee women are sometimes required to become wives or unmarried partners of combatants in warring groups,[21,22] forced to barter sex for their family's food,[23] or raped by soldiers, border guards, police, and others in authority.[20] For example, surveys in Liberia, Rwanda, Sudan, Uganda, the Democratic Republic of Congo (DRC), and East Timor all reported high incidence of rape and other physical/sexual abuse during armed conflicts (25%–54%) with women and girls at particularly high risks.[24–27]

Effects of gender-based violence are numerous.[2,28,29] Besides the common physical effects, gender-based violence may result in serious consequences such as posttraumatic stress disorder, depression, anxiety, low self-esteem, sexual dysfunction, self-inflicted harm, and suicide.[30,31] Violence against women also has a profound impact on community development and perpetuates poverty by reducing women's capacity to work outside their homes, their mobility and access to information, and children's school attendance.[28] Intimate partner violence also negatively influences children's health outcomes and potentially promotes violent and delinquent behaviors, thus increasing healthcare costs for entire families.[32] Researchers have increasingly found that gender-based violence, especially in the form of sexual violence and gender inequality, are essential determinants of women's HIV risk in sub-Saharan Africa.[17,33–35] In Kigali, Rwanda, researchers reported a 25.4% HIV seropositive rate in pregnant women shortly after the genocide.[36] In addition, in 2 previous studies that were conducted in Rwandan refugee camps, female participants revealed that gender roles and relationships profoundly influenced their health and cited numerous incidents of gender-based violence.[37,38]

RESEARCH DESCRIPTION

Historical context

As the most densely populated country in Africa, Rwanda emerged from Belgian rule in 1961 with limited land and many disputes over land rights,[39] both of which encouraged the 1994 Rwandan genocide. After the genocide, Rwandan rebel forces fled north into the DRC and displaced many Congolese citizens who then fled into Rwanda and settled into border refugee camps.

Located on the northern border of Rwanda and operated by the United Nations High Commissioner on Refugees (UNHCR) and the American Refugee Committee, one of these refugee camps provided the setting for this ethnographic study. Approximately 18 000 DRC citizens currently reside in the camp. Refugee camp residents receive assistance from UNHCR and 2 NGOs; Jesuit Relief Services offers free elementary education, and American Refugee Committee provides shelter, water, sanitation, healthcare, and income generation activities. Political violence along the Rwandan and DRC border continues to erupt periodically and, therefore, new refugees flow into Rwanda and existing refugees resist repatriation.

Research design

As a form of naturalistic, lifeworld research, focused ethnography engages communities in considering specific questions regarding local beliefs and practices that pertain to specific topics. Aspiring to make explicit what is implicit within a culture, ethnography applies data collection methods aimed at understanding people through the relationships they share with one another and the meaning they derive from their experiences.[40] In this study, refugee community health workers invited members of the refugee community to participate in 1 of 6 focus groups. Four focus discussion sessions were gender-specific (2 female-only and 2 male-only groups); 2 sessions were mixed-gender. Two institutional review boards and the National Council of Refugees with the Ministry of Local Government, Good Governance, and Community Development and Social Affairs Director in Rwanda approved this study.

Data collection and analysis

Systematically applying a semi-structured interview template through a Rwandan professional interpreter, we queried participants' meanings of human rights, beliefs about the social structures that support or diminish human rights, and ideas for integrating their human rights perspectives into community experiences. Five sessions were audio recorded; participants in 1 female-only focus group refused recording. Careful written notes were taken during all sessions.

In addition, 20 key informants were selected for their specialized knowledge and experiences. Providing important community-based information, key informants included representatives from healthcare services, education, government, law enforcement, and local NGOs. Also included as key informants were specific camp residents such as clan leaders, traditional birth attendants, and camp political representatives. Systematically applying a semi-structured interview template, we pursued questions regarding human rights and relationships, factors that support or diminish human rights experiences, and ideas that contextualize human rights dialogue in the community. All except 3 key informants agreed to be audiotaped; careful and extensive notes were recorded at each session.

During early phases of data analysis, we worked separately to inductively code research text. Utilizing constant comparison to discover data confirmations and contrasts, we allowed our early codes to suggest a coding schema. Some codes were labeled categories such as "human rights definitions;" other codes were named cluster concepts such as "discrimination;" most codes became detail codes such as "beatings." In an attempt to remain as descriptive as possible, we often used participants' translated words as detail codes; 152 detail codes resulted. With the assistance of a software expert, coded text was imported into Atlas.ti qualitative software, which facilitated data management, reduction, and sorting. After repeatedly reading and re-sorting research text and comparing and revising code levels within each focus group and interview session, researchers resorted data across data collection sessions according to 5 categories: human rights and justice definitions, violations, social structures, impediments, and facilitators. After studying the resorted data, we analyzed data within each category and discovered prevalent themes. Finally, to compare women's and men's human rights perspectives and experiences, we also sorted data according to gender.

FINDINGS

Even though participants did not use the words "social justice" in their descriptions, the findings relate to social justice concepts described in the literature. After describing study findings on human rights and justice definitions, social structures, and impediments, we provide a theoretical perspective on a social justice pathway.

Human rights and justice definitions

Frequently expressing the beliefs that "Every person has value and deserves respect" and "People should be equally valued," participants implied that the definition of human rights includes 2 aspects. Focus group participants asserted that all human beings have a rightful claim to inherent worth and, therefore, rightful access to essential goods such as food, water, shelter, firewood, and clothing and human development opportunities such as education, healthcare, income generation, and security. In addition, focus group participants indicated that all human beings merit equal acknowledgment. For example, several female focus group participants noted that women's voices should have equal consideration in public forums, but in reality, "Women are not allowed to have a word."

Implying a relational aspect to human rights, respondents suggested that human rights require corresponding responsibilities. For example, participants asserted that both individuals and community structures have the responsibility to prevent harm. Some participants defined *harm* as the militia-led violence in their homeland; others described harm as interpersonal violence such as abuse or harmful quarrels over scarce supplies. In addition, many focus group participants asserted the need for protection against harmful discrimination. For example, some women remained silent about rape and violence for fear of being rejected or repudiated. As defined by our participants, the idea of human rights was inseparable from responsibilities.

Justice was defined by participants in examples of human rights abuses and injustices. According to participants, human rights violations occurred when people, agencies, and camp governing structures failed to fulfill their responsibility to respect people's rightful claim to equal value. For example, when describing injustices, we heard many comments such as "Leaders here don't consider each and every refugee as valuable" and "Human rights in the camp are not protected in the same way." Some focus group participants claimed that when complaints such as rape are expressed to camp leaders, "Often no measures are taken." As one focus group member commented, "Leaders [think that they] have the right to do whatever they want to you" and even the police cannot always provide protection.

Through their description of human rights violations and resulting injustices, both focus group participants and key informants indicated that justice is the enactment and enforcement of equal human rights for all persons and groups. For example, incidents of gender-based violence were often cited as human rights violations for women and girls. Many women in focus groups described families who removed their young daughters from school and "compelled [young daughters] to do home chores, which they are not supposed to do at their age." According to focus group participants and key informants, some girls and young women were removed from school and sent by their parents to work in nearby towns as housemaids because of poverty. As a result, some girls were exploited, sometimes sexually, by their employers. In addition, women and girls were expected to perform all family work including providing and preparing food with very scarce resources. Because of poverty and food scarcity, some women exchanged sex for money, so they could "save their children from hunger." These human rights abuses were described by female focus group participants as differential and unfair treatment which, in turn, defined justice as enforcement of equal human rights.

Community structures

Focus group participants and key informants consistently identified 3 structural layers that are responsible for ensuring human rights. First, the traditional family court system composed of clan leaders, elders, and family members heard cases involving rape, domestic violence, early pregnancy, resource disputes, neighborhood quarrels, and inter- and intrafamily disagreements. According to clan leaders, cultural and social norms governed these judicial decisions. Second, camp leaders generally settled issues pertaining to monetary disputes, resource deficits and allocation, neighbor quarrels, and food thefts, which were not satisfactorily settled in the traditional family court. In these situations, each case seemed to be individually considered and, depending on the perceived seriousness of the dispute, various settlement methods to enact justice were followed. Customary rather than specific, written law seemed to prevail. Third, police officers intervened during serious cases that included theft, physical altercations, attempted killings, fights, sometimes rape, repeated offenses, and previously unsettled cases. The police official claimed that his experiences, unbiased perspectives, and collaboration abilities facilitated human rights decision making and justice enactment at this level.

Human rights and social justice barriers

Cultural ideology

Cited as important guides in determining people's human rights, "cultural ideology" sometimes created barriers to human rights and resulted in violations. For example, a focus group participant suggested that her community "doesn't give value to women and girls. Everything they [women and girls] can say, there is no attention to it." Asserting that many community members have received training on how to negotiate conflicts between men and women, one key informant claimed that "Families continue to stick to cultural norms." Describing differential treatment, another female focus group participant noted, "Men think they have more advantages than women. They think they are the lives that women don't have and that is due to cultural attachment." In also recognizing cultural ideology as the primary barrier to women's human rights, yet another woman in a focus group asserted, "The most important task is to help them [community members] understand the words 'human rights and protection.' We need to talk about how we can change their [community members'] perceptions or their ideas about cultural ideology."

Women in focus groups further described cultural ideology that accepts situations where "Husbands beat their wives without reason," and since wives fear being alone "without a [male] voice," the abuse is often not reported to camp authorities. Some focus group participants asserted that change will only occur slowly if "their husbands are not punished" since these men will not "take it [violence] as a serious thing, as a problem." Key informants suggested that physically beating women is prominent because "a man's mother was also beaten," and many men "take it [violence against women] as if it is a normal thing."

Women in focus groups identified cultural ideology as a human rights barrier much more frequently than men indicating that social justice issues affect the two genders disproportionately and that injustice is often inflicted upon people on the basis of their social identity. For example, a male key informant stated that his office holds human rights sensitization sessions with men and women. He explained,

> We emphasize the prevention of beatings, domestic violence, where men beat women. All administration levels of this camp are there with the police. The police mobilize section leaders to go and tell their people about domestic violence, to stop it.

When asked whether men accept these new ideas, he laughed and simply said, "No."

Social distance

Many research participants attributed human rights violations and associated injustices to the disconnection they experienced from camp decision makers. Power, category, and gender differences seemed to characterize the concept of distance. For example, when focus group participants claimed that agency representatives and camp leaders failed to govern responsively, power differences seemed to create a gulf between political structures and community residents. One participant described, "We [community members] should have the right to be listened to by other people anytime a person has a problem or issue." Another respondent claimed, "We [community members] need leaders who listen to our issues. It's our right." Rather than emphasizing the freedom to express themselves, focus group participants stressed the importance of their voices being heard and receiving indications that in fact their voices were heeded by community leaders. Some women in focus groups said that they felt "despised and downgraded" by others in the community when their concerns were not acknowledged by leaders and agency representatives.

Power differences were also illustrated by a male focus group member who suggested, "In our [Congolese] culture, a leader has the last word. Even if he beats you, he knows that it is forbidden, but he takes it as his right." Another focus group member explained, "In our culture, if one person acts badly toward another person, and the perpetrator is rich, the victim cannot receive any response, and the victim's rights are not respected." Differential power was also illustrated by a female focus group participant who stated, "Here in Africa we have rules you must follow. If you follow those rules, it's okay. But most of the time our leaders have the right to do whatever they want to you."

Power differences were further illustrated in distribution decisions. For example, when describing distribution of donated goods, a focus group participant stated, "Favoritism [in distribution of essential goods] by grassroots [section] leaders occurs in this camp. They [leaders] benefit from people who don't know their rights." Another focus group member claimed, "Representatives of the camp [elected leaders] and their relatives get materials [clothes, shoes, shelter repairs], and those who are not known by anyone can't get them." A different respondent stated, "You can get them [resources, shelter repairs] thanks to the acquaintance you have with camp representatives."

Focus group participants also described social categories that exist in the camp and voiced their concern that some social groups were alienated and subjected to unfair treatment and unequal access to resources because of personal characteristics or social identities. In a setting where resources are scarce, differential treatment posed additional burdens for marginalized groups. Women and girls, widows, poorest of the poor, orphans, people with mental and physical disabilities, and those with HIV/AIDS were described as "most vulnerable to abuses." These social groups were often viewed as having less value, not only by their fellow refugees but also by their leaders. Several focus group participants asserted that members of vulnerable groups are "discriminated against by decision makers." One male focus group member stated, "Those who are believed to be weak, like women, might not get shelter repairs." Female focus group members claimed that when widows appeal to camp leaders for necessary resources, "Leaders do not listen and do not care." Women in focus groups also noted that "Those who are helpless, those who seem to be poorest have no word. Even their issues are not understood by camp leaders."

Gender differences created considerable social distance. Both clan and camp governing structures were male dominated. A female focus group participant asserted, "When they [clan and family members] try to solve problems at a family or traditional gathering, women never have a voice. Family members solve them as they want, and that's the end. There is no other support." Commenting on this gender disparity, a male key informant declared, "You find that men are more educated than women so if they [women] go to a meeting, women are dominated. Sometimes they don't know French, so they find their level of education becomes a barrier." Similarly, a female focus group participant lamented, "Women cannot give their opinions. It is linked to our culture thinking that a woman has no place in society except what a man allows her to do."

If persons experienced multiple differences, social distance and vulnerability to human rights violations seemed to increase. For example, widows often commented on their lower social and power status, both of which allegedly increased their own and their children's vulnerabilities. Whether socially, economically, or politically represented, these differences resulted in distance and, therefore, created or reinforced human rights barriers for many camp residents.

Lack of a human rights-enabling environment

Certain conditions seemed to increase the risk for human rights violations and social injustices. For example, participants often noted a lack of awareness about Rwandan law and human rights documents. As a consequence, human rights violations were frequently viewed as "mistakes" and therefore, "understandable." This lack of awareness at the social and community levels influenced not only human rights violators, but also those who endured human rights violations. Perpetrators did not comprehend when they were committing violations, and abuse survivors did not understand their rights and the community mechanisms for protection; therefore, human rights violations usually continue. One key informant stated, "Some people don't react [when their rights are violated] because they know nothing about it [human rights]." This same notion was iterated by several focus group participants. Poignantly attempting to explain why women's human rights abuses are so prevalent, one focus group participant noted, "We [women] are used to being downgraded in our home areas, and now we still live with such effects in our lives, and we don't know we have rights, because there is no value given to us."

The lack of economic resources seemed to exacerbate people's human rights vulnerability. For example, a key informant noted,

> Some rights can be abused because of poverty. Someone can come and say you have to keep quiet. He gives you maybe two thousand [Rwandan francs], it's enough. I know a case of a teacher who impregnated two girls, but the girls refuse to say who impregnated them. Most of the time, he gives them money. So poverty is another barrier to rights.

Young women and girls seemed particularly vulnerable to the effects of family poverty. For instance, many participants described girls being forced into early marriage because of family poverty. One male key informant stated, "Poverty is a barrier because some families marry their young girls to get income to the girls' family from the family she is marrying [dowry]." Asserting that early marriage is often conducted in secret, another key informant claimed, "Girls who are 13, 14 years old are the victims and it is done inside the families. The [girl's] family agrees to receive the dowry, but secretly."

In contrast, according to several participants, jobs, education, and income generation opportunities seemed to protect community members from human rights abuses. As some key informants observed, when women and young girls are offered ways to reduce the risk of being sexually exploited and methods to generate income, these women tended to strengthen their stance against forced early marriage and other forms of sexual exploitation. Some refugee women also claimed that women who were educated about their human rights and the process for reporting abuses expressed more power against their abusers. By providing these resources, outside agencies offer community residents and especially vulnerable persons the opportunities to develop more power and status in their relationships and community, which seemingly prevents human rights abuses. One female focus group participant stated, "Agencies intervene to protect us, to facilitate us to get access to education so we can generate our own income so men and young boys don't attract us with their money." A human rights-enabling environment that empowers people to negotiate power from a stronger stance provides protection from human rights abuses.

Gendered perspectives

Interestingly, men in the male-only focus groups emphasized *gender similarities* and suggested that both genders bear an equal burden of human rights abuses. For example, some men suggested that both genders are "equally hungry." One participant asserted, "Men's and women's human rights here are the same. When they are violated, they are at the same level and when they are protected, they are the same." Men also indicated that both genders "travel with fear" and "risk abuse" without a refugee identity card. Overall, men's responses were brief, and the topic of gender differences did not arise spontaneously in men's groups; instead, we consistently had to solicit their perspectives on gendered human rights experiences.

In striking contrast and indicating a systemic rather than an individual pattern, women in the female-only focus groups consistently claimed that women suffered from human rights abuses much more frequently than men. These abuses were often spontaneously detailed. For example, without being queried, 1 female participant noted, "There are many efforts here to make us [men and women] equal, but the conception is far from the reality." Women reportedly enjoy fewer opportunities for education and jobs, encounter more violence, are more often ignored when speaking, experience sexual exploitation more frequently, are sent outside the camp to work more commonly, and assume many more household responsibilities. When emphasizing *gender differences* in human rights abuses, women spoke freely, candidly, spontaneously, and with passion; they also suggested that we conduct "further investigation" into the culture's influence on gender differences.

When gender relationships were discussed, male focus group participants responded briefly and, once again, noted no problems between genders. For example, 1 male respondent stated, "Relationships are good." Another man stated, "There are no problems." However, a police officer informant admitted that gender disputes occur rather frequently and usually pertain to uneven workload responsibilities in the home or men's excessive use of alcohol. Female participants in the female-only focus groups emphasized that gender relationships suffered primarily because gender roles and expectations differed. For example, 1 participant stated, "There is a need to focus on sensitization between men and women to share household chores because men dodge their responsibilities at home here in the camp." Another woman claimed that because of cultural tradition, little change has resulted from programs that emphasize more equal workload responsibilities.

Women apparently experience considerable pressure from their culturally ascribed household roles and responsibilities. Expanding on tension in gender relationships, 1 female participant described a situation in which a wife reported "a beating injury to the police but the police solved it immediately and the wife came back to live with the husband." When asked why the woman returned to her husband, the respondent claimed, "The police concluded that the wife initiated the dispute, and the husband beat her, and she was injured. The police told them to go back home." Resignation and acceptance were evident in the participant's description of the situation.

Describing social pressure, which sometimes forced wives to remain in abusive situations, a male key informant stated, "Women don't like to talk about the abuses or violence they face because if the police are aware of that [abuse], they [police] will imprison their husbands and they [wives] will remain alone." The marginalized social status of being alone sometimes forces women to endure human rights abuses.

DISCUSSION

Contrary to many Western human rights perspectives, study participants indicated that their human rights experiences were not just separate, individual experiences, but rather social experiences predicated on the existence of multisystemic structures. Specifically, research participants detailed the importance of both individual as well as structural responsibilities in creating a rights-based community environment where all persons feel valued and equally acknowledged. According to participants, equal acknowledgment, responsive governance, and harm prevention are essential responsibilities that can result in an orderly, fair, and safe environment.

Participants' primary concerns about life in the camp focused on unfair social arrangements toward certain groups, and the manner in which unjust treatment, distribution, and access violated their human rights. These social injustices resulted from individual and structural disregard for responsibilities in respecting and protecting human rights. In other words, human rights and social justice seemed bidirectional. When social structures failed to respond appropriately to rights violations against certain groups, social injustices resulted. When social structures were unjust, rights violations were not simply individual offenses but group assaults as well.

Social structures as shared space

Our participants' descriptions of community factors and structures that influence human rights and justice correlate closely with an ecological framework. Containing 4 layers, this framework depicts 1 inner and 3 outer layers: the inner core that is an individual's personal and biological history; the immediate context including family and friends in which personal relationships occur; the institutional and social context such as neighborhoods, workplace, and social networks in which social relationships are embedded; and an outer political, economic, and social context

Table 1. Examples of human rights facilitators and barriers at each ecological level

Ecological level	Facilitators: Sample quotes and behaviors	Barriers: Sample quotes and behaviors
I: Individual	Community members learn about human rights	"Women do not know their human rights"
II: Immediate context	Condifa advocates for women who report human rights violations	Family requires daughter to leave school and find job for income or get married for dowry
III: Institutional and social structures	"GBV program teaches how to report abuses"	Camp leadership discriminates against some social groups
	Agencies and interagency groups collaborate with community members	Leadership and agencies fail to communicate with community
		Perpetrators of human rights violations are not punished
IV: Economic and social environment	Agencies provide education and income opportunities to escape absolute poverty	"Cultural attachment" prescribes gender expectations
		Marginalization and social distance creates differential opportunities

Abbreviation: GBV, gender-based violence.

such as social norms, governing and judicial structures, and financial and political policies that create a climate in which human rights are encouraged or inhibited.[41,42]

In legal terms, the idea of human rights is viewed as freedom from state interference and an individual's claim to inherent entitlements.[43] However, our participants emphasized that contextual factors from all levels influence their actualization of human rights (Table 1). The 3 outer levels in the ecological framework represent shared social space in which participants had to negotiate power in relationships to realize their human rights. Negotiating power depended somewhat on social distance that relates to marginalization theory.[44] When people are distanced from key decisions that influence their health and well-being, vulnerability to adverse health outcomes increases.[44] In addition, research participants identified several vulnerable groups within the camp. Members of these groups tended to experience the greatest degree of social distance, and despite the rhetoric of equal rights and treatment in human rights documents, many participants expressed the belief that they could exert little influence on the social structures that govern their lives.

This social arrangement is consistent with vertical power structures that tend to accentuate differences among group members and establish social norms that assist in distinguishing who is "acceptable" and who is not. Despite any legal documents, these norms are perpetuated through various means such as the creation of stereotypes, myths, and labels to separate people; the use of violence to construct psychological barriers to change; the imposition of costs to prevent marginalized people from accessing resources; and the creation of stigma to still protests.[44,45] Research participants described many of these methods including being required to bribe decision makers and being downgraded because of social stratification. These methods tend to maintain an existing centralized power structure whereby resources and opportunities are distributed according to the degree of power that a person or family could exercise rather than entitlements that all people could enjoy. Therefore, marginalized groups in the camp tended to more often encounter human rights structural barriers, which led to human rights abuses with a potential for negative health outcomes.

According to the World Health Organization, most health and human rights programs aim their strategies to change individual and family-level behaviors.[42] However, not nearly enough programs target the community and societal factors that influence human rights. The results of this research study seem to indicate that to be effective in advancing human rights, programs must intervene at all 4 levels in the ecological framework.

Women's human rights

Targeting not only individual women but also women as a social group, gender-based violence is considered by many experts as the most pervasive and challenging human rights violation in the world.[41,46] Kanyoro,[47] an African feminist, asserted that culture is often utilized to justify oppression, violence, and other injustices against African women. Calling on African people to "question, examine, and scrutinize culture," she proposed using cultural hermeneutics as a framework for creating dialogue within communities to analyze and interpret how culture shapes people's understanding of reality.[47(p55)] Cultural hermeneutics also encourages community members to explore the meaning and impact of cultural traditions. She claimed that changes in oppressive systems in Africa can only occur from within African communities and can only emerge from structures of mutuality and participation.

Similarly, female participants in our study requested action that extends beyond the individual level. Calling for a human rights-enabling environment, they suggested change in the power dynamics at the social structure level. All participants in the women's focus groups sought to work in partnership with agencies to study the impact cultural practices have on women and girls in the camp. However, given some men's apparent reluctance to accept gender equality, further efforts to engage men in the change process would require dialogue with community members of both genders.

Even though the right to be heard by responsive decision makers was a prevalent component of research participants' descriptions of human rights, many participants asserted that a disparity in whose voice is heard prevailed in the camp. Suffering from poverty and gender discrimination, women more than men experienced violations to their right to responsive governance. Two prominent African writers substantiate gender disparity in voice.[47,48] Kanyoro asserted that African women live daily in vulnerable situations that contribute to the difficulty of "breaking long-held silence."[47(p83)] Possessing a voice, but not being heard represents "choked silence"[47(p83)] and advances marginalization, which exponentially contributes to vulnerability.[44] Oduyoye also claimed, "The silence and anonymity of the African woman are her greatest handicaps."[48(p82)] Female participants in this study seemed to echo these writers' reflections.

Petchesky[49] asserted that fragmentation of gender concerns into discrete issues, such as violence, reproductive rights, or girls' education violates the indivisibility principle of the human rights framework. Suggesting that international NGOs apply an integrative approach to human rights work, Petchesky stated,

> [Indivisibility] of human rights has to do with the real-life fact that a woman cannot avail herself of her right to decide freely and responsibly the number, spacing, and timing of her children if she lacks the financial resources to pay for reproductive health services or the transport to reach them; if she cannot read package inserts or clinic wall posters, or if she is harassed by a husband who will scorn or beat her up if she uses birth control.[49(p13)]

The indivisibility approach to human rights work requires comprehensive gender-based violence programs to address multiple gender inequalities simultaneously and create social structures that equalize opportunities for women to emerge from their culturally ascribed positions of lower social status, quieter political voice, fewer economic gains, and less education. Bowman[8] suggested that in contexts where a high tolerance for domestic violence exists and passage of partner-abuse laws is unlikely to result in change, policy should focus on promoting human rights and gender equality rather than reversing domestic violence. Many women in this research project requested a human rights approach that acknowledges the intersecting variables that pose barriers to their human rights and influence their daily lives in the camp. Expanding current development programs to include a multisectoral human rights agenda would be beneficial.

Similarly, Shen[50] suggested moving beyond the reproductive health and reproductive rights frameworks and toward a reproductive justice approach that acknowledges the intersections of multiple oppressive situations for women. By connecting women's reproductive health and rights with the struggle for social and economic justice, the reproductive justice framework expands all initiatives that seek to improve women's human rights and health. When calling for partnerships in studying social traditions and economic stresses that hinder women, the female participants in this research study emphasized the importance of the reproductive justice approach.

CONCLUSION

To maximize human rights protection and social justice, creative, sustainable, and multisectoral health and development opportunities are imperative. Targeting populations who are vulnerable to human rights abuses will equalize development opportunities in the context of scarce resources. In addition, applying an ecological framework and adopting a rights-based approach to health and development offer guidance for healthcare professionals who work in postconflict settings. Opposing the fragmentation that often accompanies health and development programs, a rights-based approach that recognizes all persons as rights bearers and focuses on supporting them as they seek to realize their capabilities and rights could serve as a cogent integrator for transorganizational collaboration and program efficiency. Aiming at all structural levels, an ecological perspective provides a framework for systematic human rights measurement and program implementation and evaluation. Listening to community voices as was accomplished in this context-specific research study yields valuable insights and is a significant step in engaging communities in human rights, health, and social justice work.

REFERENCES

1. United Nations. Declaration on elimination of violence against women. http://www.unhchr.ch/html/menu3/b/21.htm. Published 1993. Accessed October 23, 2006.
2. United Nations. Ending violence against women: From words to action. http://www.un.org/womenwatch/daw/vaw/launch/english/v.a.w-exeE-use.pdf. Published 2006. Accessed February 22, 2008.
3. Ward J, Vann B. Gender-based violence in refugee settings. *Lancet.* 2002;360(suppl 1):13–14.
4. United Nations. Report of the Fourth World Conference on women. http://www.un.org/esa/gopher-data/conf/fwew/off/a-20.en. 1995 Accessed December 2, 2006.
5. Himmelfarb G. The illusions of cosmopolitanism. In: Nussbaum M, with respondents, eds. *For Love of Country.* Boston: Beacon Press; 1996.
6. Ho A. 'It 's so judgmental!' A lesson on subjectivity and relativism. In: Civil G, Hauer D, Heinlen K, Hendricks S, Ho A, Peterson-Anderson N, eds. *The Reflective Woman*. Acton, MA: Copley Publishing; 2002:208–220.
7. Sen A. Human rights and capabilities. *J Hum Dev*. 2005;6:151–166.
8. Bowman C. Domestic violence: does the African context demand a different approach? *Int J Law Psychiatry*. 2003;26:473–491.
9. Fischbach R, Herbert B. Domestic violence and mental health: correlates and conundrums within and across cultures. *Soc Sci Med*. 1997;45:1161–1176.
10. Redman R, Clark L. Service-learning as a model for integrating social justice in the nursing curriculum. *J Nurs Educ.* 2002;41:446–449.

11. Barry B. *Why Social Justice Matters.* Malden, MA: Polity Press; 2005.
12. Kirkham S, Browne A. Toward a critical theoretical interpretation of social justice discourses in nursing. *ANS Adv Nurs Sci*. 2006;29:324–339.
13. Drevdahl D, Kneipp S, Canales M, Dorcy K. Reinvesting in social justice: a capital idea for public health nursing? *ANS Adv Nurs Sci.* 2001;24(2):19–31.
14. Heise L, Garcia-Moreno C. Violence by intimate partners. In: Krug E, Dahlberg L, Mercy J, Zwi A, eds. *World Report on Violence and Health.* Geneva, Switzerland: World Health Organization; 2002:87–122.
15. García-Moreno C, Jansen H, Ellsberg M, Watts C. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet.* 2006;368:1260–1269.
16. Jewkes R. Intimate partner violence: causes and prevention. *Lancet*. 2002;359:1423–1429.
17. African Rights. Rwanda: broken bodies, torn spirits, living with genocide, rape and HIV/AIDS. http://www.survivors-fund.org.uk/assets/docs/ex_reports/broken-bodies.pdf. Published 2004. Accessed November 29, 2006.
18. Donovan P. Rape and HIV/AIDS in Rwanda. *Lancet*. 2002;360(supp1):17–18.
19. Hargreaves S. Rape as a war crime: putting policy into practice. *Lancet.* 2001;357:737.
20. Hynes M, Cardoza B. Sexual violence against refugee women: observations from the CDC. *J Womens Health*. 2000;9:819–823.
21. Matlou P. Upsetting the cart: forced migration and gender issues: the African experience. In: Indira D, ed. *Engendering Forced Migration: Theory and Practice*. New York: Berghahn; 1999:128–145.
22. Ward J. *If Not Now, When? Addressing Gender-Based Violence in Refugee, Internally Displaced, and Post-conflict Settings.* New York, NY: The Reproductive Health Consortium; 2002.
23. Benjamin JA, Fancy K. *The Gender Dimensions of Internal Displacement.* New York: United Nations Children's Fund; 1998.
24. Ahoua L, Tamrat A, Duroch F, Grais R, Brown V. High mortality in an internally displaced population in Ituri, Democratic Republic of Congo, 2005: results of a rapid assessment under difficult conditions. *Global Public Health.* 2006;1:195–204.
25. Ondeko R, Purdin S. Understanding the causes of gender-based violence. *Forced Migr Rev*. 2004;19:30.
26. Ward J, Brewer J. Gender-based violence in conflict-affected settings: overview of a multi-country research project. *Forced Migr Rev*. 2004;19:26–28.
27. United Nations Development Fund for Women. Facts and figures: violence against women. http://www.unifem.org/campaigns/november25/facts_figures.php. Published 2003. Accessed March 23, 2004.
28. Krantz G. Violence against women: a global public health issue! *J Epidemiol Community Health.* 2002;56:242–243.
29. Nussbaum M. Women's bodies: violence, security, capabilities. *J Hum Dev*. 2005;6:167–183.
30. Okot A, Isabella A, Gerald O. Suffering in silence: a study of sexual and gender based violence (SGBV) in Pabbo Camp, Gulu District, Northern Uganda. http://www.reliefweb.int/library/documents/2005/unicef-uga-15jun.pdf. Published 2005. Accessed December 20, 2006.
31. Stewart D, Ashraf I, Munce S. Women's mental health: a silent cause of mortality and morbidity. *Int J Gynaecol Obstet*. 2006;94:343–349.
32. Morrison A, Orlando M. The costs and impacts of gender-based violence in developing countries: methodological considerations and new evidence. http://siteresources.worldbank.org/INTGENDER/Resources/costsandimpactsofgbv.pdf. Published 2004. Accessed November 1, 2006.
33. Dunkle K, Jewkes R, Brown H, Gray G, McIntryre J, Harlow S. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet*. 2004;363:1415–1421.
34. Jewkes R, Levin J, Penn-Kekana L. Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study. *Soc Sci Med*. 2002;56:125–134.
35. Mehta S. The AIDS pandemic: a catalyst for women's rights. *Int J Gynaecol Obstet*. 2006;94:317–324.
36. Leroy V, Ntawiniga P, Nziyumvira A, Kagubare J, Salamon R. HIV prevalence among pregnant women in Kigali, Rwanda. *Lancet*. 1995;346:1488–1489.
37. Pavlish C. Refugee women's health: collaborative inquiry with refugee women in Rwanda. *Health Care Women Int*. 2005;26:880–896.
38. Pavlish C. Narrative inquiry into life experiences of refugee women and men. *Int Nurs Rev*. 2007;54:28–34.
39. Gourevitch P. *We Wish to Inform You That Tomorrow We Will be Killed With Our Families.* New York: Farrar, Straus & Giroux; 1998.
40. Speziale HJ. Ethnography as method. In: Speziale HJ, Carpenter D, eds. *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. Philadelphia: Lippincott Williams & Wilkins; 2007:195–226.
41. Heise L, Ellsberg M, Gottmoeller M. A global overview of gender-based violence. *Int J Gynaecol Obstet.* 2002;78:5–14.
42. Krug E, Mercy J, Dahlberg L, Zwi A. The world report on violence and health. *Lancet*. 2002;360:1083–1088.
43. Yamin A. Will we take suffering seriously? Reflections on what applying a human rights framework to health means and why we should care. *Health Hum Rights*. 2008;10:1–19.
44. Vasas E. Examining the margins: a concept analysis

of marginalization. *ANS Adv Nurs Sci.* 2005;28:194–202.

45. Young I. *Justice and the Politics of Difference*. Princeton, NJ: Princeton University Press; 1990.
46. Coomaraswamy R. Integration of human rights of women and the gender perspective: violence against women. http://www.unhchr.ch/Huridocda/Huridoca.nsf/0/a9c6321593428acfc1256cef0038513e/$FILE/G0311304.pdf. Published 2002. Accessed January 3, 2007.
47. Kanyoro MR. *Feminist Cultural Hermeneutics: An African Perspective*. Cleveland, OH: Pilgrim Press; 2002.
48. Oduyoye MA. *Daughters of Anowa: African Women and Patriarchy*. Maryknoll, NY: Orbis Books; 2002.
49. Petchesky RP. Human rights, reproductive health and economic justice: why they are indivisible. *Reprod Health Matters*. 2000;8:12–17.
50. Shen E. Reproductive justice. *American Progress*. http://www.americanprogress.org/issues/2006/01/b1363945.html. Accessed December 10, 2007.

Erratum

Concept Analysis of Symptom Disclosure in the Context of Cancer: Erratum

In the article that appeared on page 332 of the October–December 2008 issue, the corresponding author is address was listed incorrectly. It should appear as Yiyuan Sun, DNSc, RN, Assistant Professor, Adelphi University School of Nursing, 1 South Avenue, Garden City, NY 11530-0701. This error has been noted in the online version of the article, which is available at www.advancesinnursingscience.com.

Reference

Sun Y, Knobf MT. Concept analysis of symptom disclosure in the context of cancer. *Adv Nurs Sci.* 2008;31(4):332–341.