

Eastern Democratic Republic of Congo: Analyzing the Intergeneration Health Effects of Sexual Violence

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For four months this summer I lived in Eastern Democratic Republic of Congo. My home base was in Goma, a town on the Rwandan border that sits on Lake Kivu. I carried out my research under the auspices of a HEAL Africa hospital/NGO, where I took the first step in preparing for my dissertation research in the region. My dissertation will take a bio-cultural approach at studying the intergenerational effects of sexual violence by tracking intrauterine stress levels and corresponding birth outcomes for children conceived in violence.

I worked in the maternity section of the HEAL Africa hospital, attending the births—as a birthing doula—of survivors of sexual violence, and then following up, as a researcher. Much of my time was spent doing research on the emic meanings and dynamics of war and sexual violence. To that end, I held focus groups and individual interviews with members of the community in order to examine the effect of the use of sexual violence as a strategy of war. Time was spent not just with women survivors, but with women who have not been raped, in order to begin to understand the biological effects of this acute, on-going stressor, how the omnipresent potential that one could be raped affects us biologically, through the production—and maintenance—of stress hormones in the body.

I also worked as the research consultant for HEAL Africa's "Safe Motherhood" program. This program provides micro-grants to vulnerable women to create Solidarity Groups. In their groups, women make soap and mats to sell at the market. Their profits generate a collective Maternal Insurance Fund, which is used when a pregnant member needs to pay for prenatal or postnatal care, sometimes to travel to a health center, or for a C-section or other pregnancy-related interventions.

My research sought to understand and evaluate how the presence of Solidarity Groups in villages



affected by the ongoing war impacted overall health and birth outcomes for vulnerable pregnant women. As a secondary focus, my research evaluated the effect of the program on the husband-wife dyad and on perceptions of women in the villages overall. By working with men, women, traditional birth attendants, hospital/health center staff and regional health supervisors, the research tracked not only perceptions and opinions of the Solidarity Groups over time, but it generated epidemiologic data on numbers of women who utilized the Maternal Insurance Fund, and how this affected biological markers such as gestational age, birth weight and infant mortality.

I might also mention that Secretary of State Hillary Clinton visited HEAL Africa this August while I was there, in her attempt to understand the effects of sexual violence in the region. We toured her, held interviews with survivors, and then she attended a panel discussion that concluded with a press conference.

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