



Pregnancy in Wartime: An Opportunity for Making Peace through Health

Mohammad Hassan Zahedroozegar¹, Fatemeh Shaygani², *Milad Ahmadi Marzaleh³

1. Health Policy Research Center, Institute of Health, Shiraz University of Medical Sciences, Shiraz, Iran

2. Student Research Committee, Shiraz University of Medical Sciences, Shiraz, Iran

3. Department of Health in Disasters and Emergencies, Health Human Resources Research Center, School of Health Management and Information Sciences, Shiraz University of Medical Sciences, Shiraz, Iran

***Corresponding Author:** Email: miladahmadimarzaleh@yahoo.com

(Received 12 Mar 2023; accepted 25 Mar 2023)

Dear Editor-in-Chief

Since a long time ago, countries located in the Middle East have been involved in a great number of wars (1). Civilians like pregnant women may be caught in crossfire and have to tolerate unsettling threats such as bombing, gunfire, and chemical and biological weapons (2). In addition to immediate dangers to life, lack of food and water following wars, like what occurred in Syria and Yemen, can negatively affect the process of pregnancy through minerals and vitamins deficiencies, which can lead to congenital anomalies and other pregnancy complications (3).

Wars also bring stress in their aftermath, which can seriously affect pregnancy. Moreover, countries involved in wars are more likely to experience economic crises and shortages of healthcare professionals and health facilities, which can make the situation worse for pregnant women (2, 3). Although there is insufficient evidence about this issue as conducting studies in this situation is really difficult and may even be accompanied by bias, few reports have proved that armed conflicts can affect pregnancy negatively and lead to a number of health problems such as low birth weight, stillbirth, and prematurity like what has been witnessed in Syria and Yemen (4, 5). Sur-

prisingly, even harsh situations like what is experienced in wartime cannot stop women from getting pregnant. Some of these women become pregnant after several abortions and want to have a healthy child, but they do not know how to deal with the lack of access to healthcare services, food, and water (6).

Although human right organizations such as the United Nations (UN), the International Red Cross and Red Crescent Movement, and doctors without borders have a lot of branches and thousands of volunteers in many countries across the world and provide a variety of humanitarian aids in many crises, most of them have announced that their aids are not enough to support pregnant women during wartime (4, 7). Thus, an appropriate systematic approach through international collaboration is needed.

In this context, establishing a neutral integrated organization or a joint program of international organizations focusing on supporting pregnant women during wars seems to be highly beneficial, as various budgets can be directly allocated to providing a great number of shelters, safe zones, mobile clinics, and field hospitals along with safe water and sanitation for pregnant women out of



battlefields. This process can be a good reason for a ceasefire, which not only provides relief for pregnant women, but may also be helpful for starting negotiations regarding peace. These ceasefires can also provide opportunities for evacuating other civilians from battlefields. Furthermore, paying international attention to these women may create a chance for holding a number of classes to teach them a number of topics on primary healthcare like infectious diseases such as Sexual Transmitted Diseases (STD) and toxoplasmosis, rubella, cytomegalovirus, and herpes simplex (TORCH) that are highly dangerous for both the mother and her fetus. Moreover, distributing the necessary medications and supplements among these women along with an appropriate training can help prevent congenital anomalies and their consequences and, at the same time, decrease the number of complications during pregnancy.

Additionally, an opportunity will be provided for doing research by scientists and providing documentations by journalists regarding pregnant women's health conditions, which can bring two important benefits. First, they can be utilized for preventing the related diseases and will be helpful for making the aids and budgets focused on other important issues in wartime. Second, they can arouse public emotions at the international level and facilitate the peace processes by pressuring the authorities in involved countries for starting negotiations to end the war.

Acknowledgements

The authors would like to thank Ms. A. Keivanshekouh at the Research Consultation Center (RCC) of Shiraz University of Medical Sciences for her invaluable assistance in editing the manuscript.

Conflict of Interest

The authors have no conflict of interests to declare.

References

1. Mundy J (2019). The Middle East is violence: on the limits of comparative approaches to the study of armed conflict. *Civil Wars*, 21(4):539-68.
2. Akol A, Caluwaerts S, Weeks A (2016). Pregnant women in war zones. *BMJ*, 353:i2037.
3. Keasley J, Blickwedel J, Quenby S (2017). Adverse effects of exposure to armed conflict on pregnancy: a systematic review. *BMJ Glob Health*, 2(4):e000377.
4. Mugahed R(2020). The Impact of the COVID-19 Pandemic on Yemeni Women UNICEF promotes hand-washing in Yemen on April 9, 2020//Photo credit: UNICEF/Gabreez.
5. Frontières MS(2002). Médecins Sans Frontières. AIDS drugs now available for. 2002;36.
6. Al-Aini S, Senan CP, Azzani M (2020). Prevalence and associated factors of anemia among pregnant women in Sana'a, Yemen. *Indian Journal of Medical Sciences*,72(3):185-90.
7. Lisam S (2014). Minimum initial service package (MISP) for sexual and reproductive health in disasters. *J Evid Based Med*,7(4):245-8.