Displaced persons' perceptions of human rights in Southern Sudan

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Background: A human rights framework has become more important in advancing equitable health and development opportunities. However, in post-conflict settings, human rights violations persist. Women and girls are especially vulnerable to discrimination and violence.
Aim: To deepen understanding about the social context that influences human rights experiences and gender relationships in a post conflict setting.
Methods: Focus groups and key informant interviews were conducted in an ethnographic study among displaced persons, government officials and community-based organizations in Southern Sudan.
Findings: Participants defined human rights as the right to good governance, self-determination and participation in society's development, security and equality. Human rights violations included discrimination, insecurity and inadequate health and development opportunities. Education, language and geographic location influenced human rights perspectives. Some social groups were at higher risk for human rights violations.
Conclusions: Community perspectives on human rights indicated complex connections between obligations, claims, conditions and social relationships. Nurses can create conditions that advance people's human rights and improve their health.

Keywords: Displaced Persons, Education, Gender-based Violence, Health, Human Rights, Sudan

In recent years, the conception of human rights has become increasingly important as a framework for advancing more equitable development and improving health outcomes. However, despite more universal acceptance of human rights, multiple violations persist (Donnelly 2007; Uvin 2004), particularly in conflict-affected areas. According to the United Nations High Commissioner for Refugees (UNHCR 2008), conflict, war, persecution and forced displacement have increased since the early 1990s, posing additional concerns for human rights violations. Women and girls are especially affected because of their status in society. Profoundly influencing women's health, gender-based violence such as rape, forced impregnation, trafficking, sexual slavery and the intentional spread of sexually transmitted infections including HIV often accompanies contemporary armed conflict (UNHCR 2008). Even in situations without armed conflict, women and girls suffer discrimination, violence and oppression – all of which violate women's rights to life, health and opportunities (Nussbaum 2005; United Nations 2006).

Since gender-based violence is often linked to social and cultural values, potential success for eliminating such violence depends on understanding local contexts and priorities

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regarding gender relationships, practices and rights. Nurses who work with conflict-affected populations must consider contextual factors such as local human rights perspectives in order to address violence against women. As front line workers, nurses can have a profound impact on the health and well-being of people in vulnerable situations. This article describes an ethnographic research study conducted in Southern Sudan. In collaboration with an international non-governmental organization that has worked with displaced persons in Sudan for 15 years, a nurse and a philosopher studied community perspectives on human rights and justice. The specific aim of the research was to gather local voices and deepen understanding about the social context that influences gender relationships prior to planning community initiatives that address violence against women and advance women's health and well-being.

Background on human rights

First presented in the United Nations (UN) Declaration of Human Rights (UN 1948) and more recently specified in the International Covenant on Civil and Political Rights (UN 1966a), first generation human rights impose certain obligations on governments to refrain themselves and their citizens from activities that violate human dignity and security. Examples include freedom from degrading treatment and arbitrary detention as well as freedom of speech and religion. Enumerated in the International Covenant on Economic, Social and Cultural Rights (UN 1966b), second generation human rights aim to achieve certain social outcomes and obligate governments to provide citizens with access to education, adequate living standard and health care. The African Charter on Human and People's Rights (Organization of African Unity 1981), the European Convention on the Protection of Human Rights and Fundamental Freedoms (Council of Europe 2003) and the Inter-American Convention on Human Rights (Organization of American States 1969) explicitly endorse similar first and second generation rights.

In the philosophical and legal literature, human rights are often characterized as moral, legal and political norms pertaining primarily to governmental and institutional treatment of people and management of certain behaviours such as discrimination (Nickel 2007). Further expanding the concept, Sen (2006) suggested that human rights include commitments in 'social ethics and public reasoning' (p. 3) and, through social and political advocacy, lead to social change. For example, analysing the manner in which human rights guided health reform in India and South Africa, Singh et al. (2007) concluded that human rights not only provided legal impetus but also influenced social acceptance of health reform. Demonstrating that a human rights framework guided advocacy for individuals living with HIV/AIDS, Gruskin et al. (2007) emphasized the strong link between health and human rights.

Furthermore, when declaring that health is the 'state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity' (p. 1), the World Health Organization (WHO 2006) acknowledged that living situations guaranteed by the Universal Declaration of Human Rights (UN 1948) influence people's health status. Specifically linking health and human rights, WHO asserted that the 'highest attainable standard of health is one of the fundamental rights of every human being' (p. 1). The realization of this right to health not only requires improved access to health care but also action on various social determinants of health (Marmot 2007; WHO 2008). Because specific human rights directly influence many social determinants of health, improving human rights advances people's health. For example, the right to favourable work conditions influences people's abilities to improve their family's economic situations in healthy environments, which in turn, impacts family health. However, nurses often lack education on human rights (Yamin 2005), and therefore, miss valuable opportunities to address contextual factors that influence people's health.

In the 1990s, the UN Program for Reform mainstreamed human rights into all UN agencies and programmes (Hansen & Sano 2006). The resulting shift heightened interest in a rights-based approach to development, which was defined by the UN Office of the High Commissioner for Human Rights (UNHCHR 1996) as a conceptual framework that integrates international human rights standards into development practices. Important aspects of a rights-based approach to health and development include: accountability, empowerment, participation, non-discrimination and attention to vulnerable populations. Shifting the focus from charitably offering commodities to dutifully fulfilling human rights claims, the rights-based approach differs extensively from a needs-based approach. In addition to respecting persons as rights-bearers, rights-based organizations challenge social structures and bureaucratic processes that produce unequal distribution. Every aspect of an organization's work – from mission statements to field operations – must be transformed (Uvin 2004).

However, context matters. As noted by Yamin (2005), 'It is context that draws us closer to the truth – or the thick tangle of truths – of the daily experience of health and [human] rights' (p. 18). Therefore, seeking to address gender-based violence, this research study explored local perspectives on human rights. Incorporating community perspectives into programme planning, nurses can help develop respectful, ethical and responsive practices and programmes to improve women's health.

Background on research setting

Located at the crossroads of Africa and the Middle East and comprised of numerous ethnic groups with distinctive cultures and faiths, Sudan is Africa's largest country. Since gaining independence from Britain in 1956, Sudan has experienced the most enduring civil conflict in world history (Abusharaf 2006). Vast ethnic and religious diversity, widespread competition over scarce resources and systematic political and economic marginalization have sustained these internal conflicts. While Darfur in western Sudan represents the most recent conflict, the primary conflicts have occurred between Arab-dominated northern Sudan and black African-populated Southern Sudan. Both the first civil war (1956–1972) and the second civil war (1983–2005) resulted in numerous human rights violations and substantial population displacements (Jok 2006).

Since the signing of the 2005 Comprehensive Peace Accord between the Government of Sudan in Khartoum and the Sudan People's Liberation Movement in Southern Sudan, displaced Sudanese are gradually returning to their Southern Sudan communities and participating in social and economic reconstruction. Resettlement has further blended many ethnic groups and provided a significant opportunity to explore community perspectives on human as well as gender-specific rights. Previous work in the area evidenced lack of respect for women's rights (Ronald 2007), and therefore, this research study aimed to understand local perspectives on human rights.

Method

Focused ethnography engages communities in considering specific questions regarding local beliefs, decisions and life ways that pertain to specific topics (Roper & Shapira 2000). Ethnographers gain deeper understandings about the meanings that people attach to everyday actions and events within a specific social context (Gubrium & Holstein 1997). In this study, a local community health worker recruited potential focus group participants by inviting community members to attend a focused discussion on human rights. Two North American institutional review boards and the Southern Sudan country director for the non-governmental organization approved this study. Prior to each discussion session, an interpreter who signed a confidentiality agreement explained the research purpose and procedures. Participants were asked to avoid personal information and only share general community perspectives. In focus group sessions, confidentiality was strongly encouraged yet could not be assured because of the nature of focus groups. Participation risks and participants' rights were carefully reviewed before all sessions and interviews. Emphasizing that participation was entirely voluntary, researchers informed participants that they could stop participating at any time without negative consequences.

Systematically applying a semi-structured interview template through a language interpreter, researchers asked questions about participants' meanings of human rights, beliefs about the factors that support or diminish human rights and ideas for integrating human rights into community experiences. Five focus group sessions with 35 women and 20 men were conducted in town and surrounding villages. Three sessions were single-gender and two were mixed-gender. During each session, extensive notes were taken and immediately transcribed into written research text. Two sessions were audio-recorded and transcribed into written research text.

A slightly different interview template was systematically applied during nine key informant interviews with representatives from healthcare services, education, law enforcement, legal system, political structure and community-based organizations. Questions pertained to human rights and relationships that exist in the community and social structures that support or diminish human rights experiences. Careful and extensive notes were recorded at each session; three key informants agreed to be audio-taped.

After initial open, inductive coding of transcribed research text, data were separated into five categories: human rights definitions, abuses, structures, facilitators and barriers. Data were then imported into Atlas.ti data management software, sorted according to the categories, and inductively coded within each category to determine appropriate category themes. Remaining as descriptive as possible during data analysis, researchers often used participants' translated words as detail codes. As a result, 112 detail codes were used and collated into themes and sub-themes. This article describes themes in the human rights definitions and violations categories.

Findings

Human rights definition

Right to good governance

Having been forced from their land during the war, many participants described their right to good governance as an essential component of their return from exile (Table 1). One male returnee summarized human rights as 'good staying, enjoying what is there, and not being oppressed' which certainly requires a minimum-governing infrastructure whereby 'good staying' can be achieved. Participants recognized that their government was 'young and not fully developed' and, while patience seemed prevalent among key informants, community members – especially the returnees who lived rurally – expressed urgency.

Table 1 Meaning of good governance and supporting quotes

Meaning of good governance	Sample quotations
Infrastructure for providing essential goods and services	'We dig here, we need agriculture, we need seeds to plant. We are returnees who came from Congo and we dig. We need a supply of seeds and some supplies for digging. That would be good for us and we can harvest enough food for ourselves to survive.' (FG)
	'We thought the government would provide jobs like forestry or agriculture. But people are dying here. There just isn't an organized government to provide services.' (FG)
	'If I get a woman reaching the hospital because she has a ruptured uterus, whom do I blame? Do I blame the woman? Of course she may have played a role, because she doesn't know that she should have delivered in the hospital. But maybe she was far away. How did she get here? Maybe there was no transport. Maybe there was no road. Everybody is involved [in human rights]. Even up to the president himself! ' (KI)
	'There is weakness in the government. Some women are becoming widows. They are getting old, or their children were killed in the war. There is nobody to care for them. The government is supposed to help, but they don't. Sometimes a neighbor might help, but usually there is nobody. So there is no assistance for widows.' (FG)
Rules of law	'Yesterday there was war. We were a war-minded culture. Now we have peace and we are trying to be a government. As judge, I must apply law during peace. If people respect the law, they respect human rights. If someone violates human rights, the court must decide according to the rule of law.' (KI)
	Focus group participants did not refer specifically to rules of law but instead indicated the importance of the government [providing 'social order and peace' to insure security. (FG)
Fair distribution of country's resources	Participants described the importance of equal distribution of materials. The concept of fair distribution was characterized as 'equitable dispersion' between ethnic groups, between city and village citizens, and between returnees and the people who remained in the area during the war. (FG)
Political stability	'The more human rights and political stability [can be established] in the country, the more it will be okay.' (FG)
	FG participants expected government officials to establish stability among different groups and maintain socio-political order.

FG, focus group participant; KI, key informant.

Right to freedom and self-determination
Some participants in male-only focus groups characterized human rights as freedoms, specifically freedom to move about the district, work, make choices and elect public officials 'without someone pressuring you'. A female key informant commented, 'Human rights means enjoying the rights of freedom set out in the constitution, especially access to public education and opportunities for employment.' Freedom was often contrasted with war whereby people were restricted from safe travel and secure living.

Right to participation in society's development
Several focus group participants described the right to work and attend school as important means for contributing to their country's development. Returning to their land and 'electing their own Southern Sudan leader' were also noted. Several key informants noted that women's right to participate in society is often contended – especially regarding land ownership, education and work in the formal sector. As a male key informant stated, 'There is a problem of land grabbing from women. When the husband dies, the wife has no right to own the deceased husband's land. They have no right to ownership.'

Right to peace/security
Many focus group participants alluded to the recent war and acknowledged the importance of peace to the idea of human rights. One male focus group member stated, 'We have the right to have peace with our brothers and sisters. We are not supposed to fight one another. If the government helps with human rights, there will be peace in the country.' Another participant stated that the idea of human rights could only be defined within 'a quiet state'. A different participant asserted, 'Unless there is security, human rights are impossible. There are decreased human rights when there is insecurity.' The meaning of human rights was woven within the concepts of peace and security such that these concepts seemed interdependent.

Right to equality
A few women leaders in community-based organizations and the male education administrator described the need for greater

attention to gender equality. For example, one female informant asserted, 'Women and children should be given their rights. They should be equal, such as to be employed equally with men. At home, men should also be dividing the work.' Acknowledging the lack of employment opportunities for women, a male county education administrator claimed, 'We need to provide free education for both boys and girls for equal [job] opportunity.' Interestingly, female focus group participants never mentioned gender equality. Instead, when queried about human rights, these women focused on their daily responsibilities and struggles and never indicated that they had a right to anything – much less the right to gender equality.

Most male focus group participants described the need for ethnic equalities, and two male legal representatives expressed concern about equality between military personnel and civilians. For example, one legal representative stated, 'When the issue is between an army man and a civilian, handling it will normally take us long, because they [military perpetrators] say, "This is just a mere civilian." ' Military power was also apparent in another key informant statement: 'We are a gun culture-minded place. They [military personnel] come to court and sometimes even threaten the court. If I use the language of the court with the military, it's difficult. It does not work with them.' Equality was a prevalent concept; however, the context around which the concept of equality was discussed varied dramatically.

Human rights violations

Several participants claimed that community members and government representatives considered some social groups (Table 2) less deserving than others. As a result, people who belonged to these groups were marginalized and subjected to unfair treatment and resource distribution. Many of these social categories intersected. In other words, people who experienced multiple vulnerabilities, such as women and girls, were particularly susceptible to human rights abuses such as discrimination and violence.

Table 2 Groups most vulnerable to human rights abuses

Vulnerable groups	Sample quotes and situations
Older women	'Everything becomes difficult for you when you are older.' Elderly women often face special challenges, particularly when their children or husband have died, and when they are disabled. These women 'have no energy and cannot dig and grow their own food,' or 'cannot see properly in order to knit,' leaving them without means of income and thus 'powerless.'
Widows	Since many men have died in the war, some women are widowed. These women are particularly vulnerable and are 'really in a great pain' having 'to struggle in order to bring up the children.'
Pregnant women	Malaria, HIV, wife beating, vaginal fistula, cervical prolapse, and poverty are some struggles facing pregnant women. When teenagers become pregnant, their 'parents would say it's time to get married,' and so they drop out of school. Some may seek abortion (illegally), endure 'emotional pain' or even try to 'commit suicide with medication overdose' when they are denied by their boyfriends after becoming pregnant.
Adolescent girls	'Some groups believe that girls are not meant for school – they are meant for dowry. Parents are thinking of them as getting married.' Other times, girls 'want to dress well . . . [or] look good. Their parents cannot afford, [so] they [girls] are being lured into the sex industry' where, as noted by the nurse midwife, 'girls can get sexually transmitted diseases like HIV, pelvic inflammatory disease, syphilis, or candida [yeast infection].'
Youth and children	Parents who have inadequate health knowledge may not bring their children to the hospital when they are sick. There are no services to advise youths how 'to take care of and control [themselves] and teach [them] how to act and grow.' Since there are no facilities to house children whose parents may have been placed in custody, some children stay in prison.
Orphans	Without guidance and support, some of these orphans 'don't know where to go' or have to live 'in the forest'. Their right to education and other necessities is violated, 'because nobody can send them to school; nobody can buy them clothes or feed them'.
People living with HIV/AIDS	'Most military wives who come in [to the hospital] are HIV+.' Participants noted that HIV/AIDS sufferers have 'no energy' or 'no strength' to continue gainful employment such as brick-laying. Many HIV patients are not receiving medications.
People with mental and physical disabilities	'Those who fought in the war lost their arms or legs', they are 'really oppressed' because 'the government and the community are not helping. Some people are suffering from leprosy. They have no fingers, and cannot work or do many things.' Even for people who are becoming disabled because of aging, there is also no help.

Discrimination

Many participants reported that rights are not equally respected among all people. As one commented, 'Some are given rights by the government, but some don't even have any rights.' For example, army personnel seem to have a disproportionate degree of power. Two legal experts described difficulty in prosecuting soldiers who commit crimes against citizens because of customary military power.

Some focus group participants claimed that the government encourages only a few ethnic groups to continue their education and pursue employment opportunities. For example, a male focus group participant claimed that '[Certain ethnic groups] are not even finishing school. There are no jobs for them. The jobs are going to [other ethnic group].' Even when 'some places advertise for employment, they only pick their own people. If you don't know them or [have] no friends in the office, you won't be able to get the jobs.' Many participants expressed concern about uneven distribution of scarce resources. For example, some focus group participants claimed that returnees were given more resources than those who did not go on exile during the war. A few participants feared that inequality and favouritism 'may create conflict between groups' or even 'another war'.

Gender discrimination was also cited. Many women in female-only focus groups noted that girls have fewer educational opportunities than boys. A female key informant claimed, 'Women and girls are denied schooling.' Several women linked educational discrimination to subsequent employment discrimination and inadequate income opportunities. Some women claimed that girls who are not in school are 'forced into prostitution or other bad things in the community because of their frustration'. Other women asserted that girls who are not 'pursuing an education often marry young'. Some female participants linked their unequal education access to cultural norms and expectations. For example, some parents believe that 'Girls are not meant for school, they are meant for dowry.' Families who live in poverty often view their daughters as 'assets' and offer their daughters for marriage since 'They [families] simply have no other ways to sustain their livelihoods.' A legal expert noted 'Since the cut-off point for marriage is not well defined, girls are married off very young.'

Legally, women are viewed as having fewer rights. A legal key informant noted 'When a legal issue is between a man and woman, in most cases, we find that the woman will be the loser. There are often strings tied against her so the man will prove to be the rightful person.' Another key informant claimed that women are jailed for adultery, but men are not. Women's political voices also suffered. For example, a male key informant stated, 'The community is a combination of different ethnic groups and different feelings about human rights. [Some] ethnic groups think women have no rights in public issues, domestic or national.'

Women also experienced abandonment more often than men. Women reported that husbands sometimes 'leave to look for some other girls after we [wives] have children'. These husbands sometimes 'just roam around' and 'don't provide for the family'. In some cases, husbands may divorce wives who do not bear children or who bear a child with disabilities. These women must then care for all their children 'without any assistance or school fees' from their husbands.

Insecurity in daily lives

Despite a peace accord, security concerns persist. Some participants noted that people who are 'on their bicycle and [going] on the road for [their] business . . . can be captured on the way by armed soldiers [or] get beaten up'. Others reported 'Armed people from other ethnic groups may just come and take your land.' Even though the civil war has ended 'Tribal clashes over cattle and agriculture and major resources such as water continue.' According to several participants, disarmament has not yet occurred, and 'Weapons which come from the war are easy to get.' A key informant described a situation that involved a soldier who was angry with his wife and threw a grenade that killed one person and injured 11 others.

Physical security is particularly difficult for women. One key informant reported, 'Lots of violence occurs against women and children at the bore hole sites where they compete with others for water.' In addition, not finding water may trigger violence at home. A female focus group participant stated that 'When a woman comes home late from long line-ups at the bore hole, or when she cannot get enough water to make tea or dinner, husbands may get angry – and women get beaten.' Such domestic violence is not uncommon. Women who 'don't want to do [household] work, refuse sex, stray, do not deliver children for their husbands, or for no other reason, can also be battered or beaten'. Some women also report 'marital rape' and other mistreatments. Such practices, according to a male physician, 'have been happening in communities for centuries and make it difficult for people to challenge them'. When women suffer from partner violence and report such incidents, 'They are not always taken seriously and are often treated as a suspect, not a victim.' A female key informant asserted, 'Unfortunately there is no safe house anywhere. No place for battered women or women at risk to go. Police try to provide protection, but sometimes that means putting those women in the [district jail] cell for their own protection.'

Inadequate human development opportunities

When necessary materials were lacking, participants reported that other aspects of their lives were also affected. For example, a focus group participant stated, 'When there's no food at home to eat and no money', couples quarrel. Many returnees reported not having seeds to grow food for themselves. While 'UNHCR promised to give [us] food for three months', some participants reported that the agency had not been 'keeping their promise'. Some also commented that food deliveries 'have been taken to other ethnic groups', leaving many without any help. In general, when necessary materials were lacking, participants reported feelings of animosity towards those who were competing for the same resources. Not having 'bore holes or clean water to take shower', some participants described how 'People go many days without drinking water.' Moreover, when returnees were instructed to boil their water, many lamented, 'We have no utensils for boiling water.'

Inadequate access to affordable services such as health care was also described as a human rights violation. Some participants said that hospitals are 'being run like a business'. Officials 'demand money', and medications are only available for a fee even though most residents 'don't have money to pay fees'. In addition, one key informant who is a healthcare provider commented that lack of family planning information or services violates women's healthcare rights.

Some participants voiced concerns regarding the violation of children's education rights. 'Students are not educated well', since the community is 'lacking schools, qualified teachers, materials, and stationery'. A male key informant noted, 'When facilities are not available, [children] lose interest in school.' While the new peace agreement promises that children can 'go to school [for] free', in reality, expenses such as transportation, supplies, and uniforms are difficult to afford so children, especially those who have lost their parents, do not continue education. Often, when parents cannot choose which of their children to educate, they 'keep them all at home'. Consequently, 'Youth have nothing to do' which was lamented as a loss of talent toward community development and productive livelihoods. Additionally, teachers were reportedly underpaid and sometimes quit their jobs. One key informant suggested, 'The government should help pay the fees and equip the schools.'

Inadequate education also pertained to other development opportunities. Some informants mentioned that the rights to be educated about self-care, health-related issues, human rights and family planning were also violated when information and communication channels were not available. Key informants emphasized the importance of job training for adults whose education was interrupted by the long war.

Key variables in human rights perspectives

Despite commonalities, three variables in human rights perspectives were noted. First, education partially determined human rights descriptions. The long civil war interrupted education for many displaced persons. In contrast to the key informants who had attended school and represented government offices and community organizations, most focus group members had limited formal education. A male key informant commented, 'The Peace Accord talks about human rights. But who would know it? Intellectuals know it very well, but there is a big gap between the leaders and the people.' Education as a variable was also evident in focus group discussions. For example, when asked specific questions about their human rights, female focus group members who had limited education described their numerous tasks and struggles. One participant said, 'A woman is supposed to wake up in the morning, clean the compound, make some tea for the children, then also wash their legs and send them to school.' A young woman described the challenge of 'earning money in order to raise children and send them to school', while her husband attends school. These women did not describe rights as entitlements. In contrast, male focus group participants and all key informants consistently formulated responses that mirrored the Universal Declaration of Human Rights and the African Charter.

Second, language partially determined human rights definitions. One key informant claimed that over 70 tribes with different languages or dialects currently live in Southern Sudan. He stated, 'If they [citizens] settle issues at the local level, my office [advocacy group] cannot work, because they [citizens] decide things [human rights issues] in their own dialect. We can't pick the language.' If human rights language does not translate well into tribal languages, then some people claimed that the concept of human rights was doubted. One key informant noted, 'It [human rights] is against their [tribal citizens'] will and they are not compromising.'

Third, geographic location partially determined human rights perspectives. One key informant asserted,

> There are differences in surrounding communities. We are in town, [but] people in surrounding areas live in rural villages [where] many people do not recognize that there is peace. If we promote education and peace, people will understand more about human rights.

A legal representative noted that legal services based on laws and human rights are available in towns, but local tradition and customary norms govern decisions in rural localities. In particular, one key informant estimated that about half to three-quarters of the district population know about human rights, and only half of those people share a positive view about human rights;

the rest of the citizenry, according to this participant, believe 'Some people are not supposed to have those [human] rights.'

Discussion

In this research, gender, age, marital status, mental and physical characteristics, economic well-being and HIV infection partially determined social position and personal power, which in turn, influenced people's risk for human rights violations. In particular, women's social roles and lower status frequently resulted in human rights violations. This finding correlates with other research in Southern Sudan (Fitzgerald 2002; Itto & Tumushabe 2004; Ronald 2007; Ward 2005). Patriarchal power structures predominated and increased women's risks for violence and discrimination. Patriarchy also reinforced barriers to women's access to essential health services. These findings further correlate with other research studies that link unequal power relationships between men and women to violence against women (Dunkle et al. 2004; García-Moreno et al. 2006; Heise & García-Moreno 2002; Mkandawire-Valhmu & Stevens 2007; UN 2006). Despite evidence of resilient coping, women in this study lamented their vulnerability to violence, abandonment, forced marriage and unequal education and income opportunities. While the Southern Sudan Interim Constitution (Government of Southern Sudan 2007) promises to 'enact laws to combat harmful customs and traditions which undermine the dignity and status of women' (p. 10), government and community infrastructures require further development before women's rights can be fully realized.

Several factors seemed to contribute to women's vulnerability to human rights violations. First, lack of awareness about human rights was prevalent. For example, when asked about their human rights definition, female respondents did not elaborate on entitlements. Instead, women described their daily responsibilities and common struggles. These responses indicated a lack of awareness about human rights and may be related to the education disparities that women and girls encounter (Itto & Tumushabe 2004; United States International Development Agency 2001). Without knowledge of human rights or engagement in political processes, women in this region lacked a framework for self-advocacy, which increased their vulnerability to human rights violations. Second, an evolving legal system hampered women's realization of human rights. While the Constitution guarantees a right to fair trial and litigation, the court system and police are still developing. Ronald (2007) illustrated this factor and noted that the district police force has not yet established violence against women as a priority. Instead police resources were being channelled to investigate and manage crime, traffic and immigration issues. Without a strong legal infrastructure to prosecute perpetrators or a secure location to protect women, violence against women continues and unfortunately, delays community development (Jok 2006). Third, poverty was a significant risk factor for human rights violations. Women respondents described the practice of forced early marriage. Often in this region, families living in poverty offered their young daughters for dowry (Ward 2005; Watchlist on Children and Armed Conflict 2007). Finally, limited social resources and development opportunities to protect and promote girls' and women's rights existed in this setting. For example, lacking a secure location to protect women from violence, police often incarcerate women and their children in the local jail where unclean and unsafe conditions exist.

Describing their right to good governance, participants emphasized orderliness, stability, equity and responsiveness. Similarly, UNHCHR (2007) defined good governance in terms of political and institutional processes that manage public affairs with due regard for the rule of law. Participants in this research suggested a direct correlation between human rights and good governance. Respondents claimed that when governing structures respond to citizens' needs, observe rules of law, distribute resources fairly and stabilize relationships among different segments of the population, then human rights to self-determination, participation, security and equality are realized. Similarly, UNHCHR (2007) asserted that good governance and human rights are mutually reinforcing. By providing a set of values, performance standards and laws, human rights strengthen efforts toward good governance. Conversely, good governance supports and sustains human rights initiatives. Many participants expressed concern about perceived inequalities perpetuating conflict, especially since disarmament has not yet occurred. Discrimination and other human rights violations contribute to conflict and may 'motivate collective violence' (Thoms & Ron 2007, p. 674), which causes injury, promotes sexual violence and disrupts healthcare services. Therefore, good governance and respect for human rights not only reinforce each other but also influence people's health. Nurses are valuable assets in promoting community awareness about intersections between women's health and human rights (Yamin 2005).

Study limitations include the small and non-representative sample as well as the use of an interpreter. Research findings are contextualized to a certain setting, and therefore, cannot be generalized to other settings with different displaced populations. Further research on human rights perspectives will expand nurses' understandings about the relationship between women's health and human rights.

Conclusion

Participants in this research study described human rights as a web of intersecting obligations, claims, relations, positions and

conditions. Rights were larger than expected privileges and expanded beyond perfunctory responsibilities. Rights connoted relationships that created social conditions in which health and human rights could flourish. Respect and equality were the central tenets of these relationships. Pioneering the essential connection between health and human rights, Shue (1996) stated, 'No one can fully . . . enjoy any right that is supposedly protected by society if he or she lacks the essentials for a reasonably healthy and active life' (p. 24). By promoting human rights and healthy living conditions, nurses influence people's physical, mental and social health. The International Council of Nurses (2006) asserted 'Nurses have an obligation to safeguard and actively promote people's health rights at all times and in all places.' With this mandate, nurses must accept responsibility for becoming knowledgeable about human rights. In addition, educating others, creating a culture of equality and respect, and advocating for human rights are important obligations that advance people's health and well-being. Finally, listening to marginalized voices and bringing those messages into powerful political and social structures are important obligations in realizing the International Council of Nurses' vision to lead all members of our societies to better health.

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Author contributions

Both authors were involved in the research conception and design, data collection and analysis, and the manuscript drafts and critical revisions.

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