CODESRIA

Contextual and structural factors that contribute to young (refugee and displaced) women's vulnerability and resilience to HIV/AIDS in Uganda

Coordinator: Stella Nyanzi, Law, Gender and Sexuality Research Project, Makerere University, Uganda

Members:

- **Patrick Teko, Makerere University, Uganda**
- **Julius Ntabanganya, Makerere University, Uganda**
- **Joseph Byamugisha Mugyisha, Makerere University, Uganda**
- **Selamawit Michael Gebreyohannes , Makerere University, Uganda**
- **Harriet Nankabirwa Kiwanuka, Makerere University, Uganda**
- **Berhe, Selam Seyoum , Makerere University, Uganda**
- **Richard Apangu, Makerere University, Uganda**
- **Turyamwesiga Janepher , Makerere University, Uganda**

Refugees and other displaced people hold no lesser claim to the fundamental right to health than those living in stable situations (Austin et al. 2008:10). However, studies by academics, relief agencies, and development workers increasingly report that wars, conflicts, insecurities and other social-political disruptions have devastating effects on the general health and specifically sexual and reproductive health and rights (SRHR) of women and girls (Nduna and Goodyear 1997, Palmer and Zwi 1998, Krause et al. 2000, Austin et al. 2008, Al Gassear et al. 2004, Jewkes 2007, IRIN 2007, Wulf 1994, Schreck 2000).

There is ambivalence in the literature about the relationship between HIV infection and the transitory living conditions of refugees and IDPs. While some literature (Fabiani et al. 2007, UNAIDS 1997, Save the Children 2002, Smith 2002, Salama and Dondero 2001, McGinn et al. 2001, Carballo and Solby 2001, Hankins et al. 2002) reports that the multiple forms of deprivation, sexual violence and rape[1] fuelled by conflict encourage the transmission of HIV and AIDS among refugees and IDPs, a recent meta-analysis[2] (Spiegel and Le 2006) found that other studies report the opposite. The assumption that conflict fuels HIV and AIDS and

[1] There is a growing body of literature on rape as a weapon of war in Africa (e.g. Amnesty International 2005, Amowitz et al. 2002, Swiss et al. 1998, Donovan 2002).

[2] This meta-analysis proved equivocal and suggested that the background HIV prevalence of both the home and refuge areas interact with the proximity of the settlements to urban areas and a host of behavioural variables to determine the direction of HIV incidence rates among the displaced.

consequently refugees and IDPs fleeing emergencies have a high prevalence of HIV infection (or even higher than that of the surrounding host population) has been variously questioned[3],[4] (Allen 2006, Spiegel 2004, Mock et al. 2004, Spiegel et al. 2007). On its own, the condition of being a refugee or IDP does not predispose one to greater or less chances of catching HIV. It is dependent on the interaction of several other complex and commonly countervailing social, behavioural, structural, political, epidemiological and economic factors (Spiegel et al. 2007). However, prevention, care and treatment of HIV and AIDS remain a priority issue among the MISP in emergency responses (see also IASC 2003).

This proposed research study will explore and compare factors that contribute to young (refugee and internally displaced) women's vulnerability and resilience to HIV/ AIDS in Uganda. While a lot of previous research has focused on HIV/AIDS without considering its interconnectedness to other sexual and reproductive health and rights (SRHR) issues (Scmidt 2009), this study will situate HIV/AIDS in the broader SRHR framework for young refugee and IDP women. Therefore prevention, care and treatment of HIV and AIDS, will form this study's principle investigation focus out of the broader SRHR of young refugee and IDP women.

[3] The conclusions are critiqued because of methodological flaws caused by lack of rigorous assessment, and assumptions that ignored elements during conflict that might actually reduce transmission (Spiegel et al. 2007:2187).

[4] For example according to Spiegel et al.'s (2007:2190) multi-country study that compared between HIV surveillance data from refugee and IDP populations, and their host populations, in relation to Sudanese refugees in Uganda: 'Sudanese refugees arrived in Uganda between 1995 and 1998. HIV data are available for Kali health center (Palorinya settlement in Moyo district) and Rwenyawava health centre (Kyangwali settlement in Hoima district) for 2004 (UNHCR 2006). In Palorinya, prevalence was lower for refugees than for the immediate surrounding population (MOH 2003, UNHCR 2006). In Kyangwali, the prevalence in refugees was similar to that of the immediate surrounding population, the nearest sentinel site of Hoima has a prevalence on 4.6% in 2002 (MOH 2003, UNHCR 2006).'