



HIV/AIDS, Gender and Conflict Situations

Key Issues

Population Displacement

Today's conflicts have resulted in unprecedented waves of population displacement, both within and across borders. A large proportion of these people are displaced in or to countries with high HIV prevalence. Roughly 75 percent of the more than 35 million people made refugees or displaced by conflict are women and children.

HIV/AIDS spread during conflict

The power imbalances that make girls and women disproportionately vulnerable to HIV/AIDS infection become even more pronounced during conflict and displacement.

Gender-related factors contributing to the spread of HIV in these settings include:

- Breakdown of family and other social and community structures;
- Lack of access to health care, including safe blood supply, and social services;
- Increased sexual and gender-based violence including coerced sex with men infected with HIV;
- Sexual interaction between civilians and combatants (who often have much higher STI and HIV prevalence than civilian populations), and the increased presence of sex workers near military installations.

All of these factors contribute to increased exposure to HIV among women in war zones. They are exacerbated by the already low status of women and girls in most regions of the world that are experiencing conflict. In a number of recent conflict situations – including wars in Rwanda, Sierra Leone, the Democratic Republic of the Congo and the former Republic of Yugoslavia – sexual violence against the female population has been used as a weapon, resulting in the (sometimes deliberate) exposure of large numbers of girls and women to the HIV virus.

Breakdown of Family and Social Structures

The disintegration of communities and family life can lead to the breakup of stable relationships as well as the disruption of social norms governing men's and women's sexual behavior. The economic destitution and psychological trauma of war-affected populations also increase their risk behaviours.

Men who have lost their status in their communities or families may resort to drinking and abuse and engage in unprotected sex with multiple partners – increasing their own risk of HIV infection and that of their wives and other partners.

Women are also made vulnerable by their increased dependence on men for physical or economic security. As many refugees and displaced persons are forced to leave home with little more than the clothes on their backs, women are often forced to trade sex with soldiers, police or even the people who are supposed to be protecting them in exchange for food, water, shelter, protection and other basic commodities for themselves and their children. Such "survival sex" often involves sex with men who are infected with STIs, including HIV. Women also suffer at the hands of boys and young men who become child soldiers, who are forced to become violent and abusive as part of their training.

Lack of Access to Health Care

Childbirth becomes more dangerous during conflict. Women who haemorrhage during delivery are at particular risk in situations where there is no blood banking system to test blood for HIV. The transfusion that saves a woman's life - if available - could simultaneously infect her with HIV.

The damage to health facilities, loss or looting of health supplies, and difficulty of reaching facilities with services also mean that other reproductive health needs are not met, including



treatment of sexually-transmitted infections, care for victims of sexual violence, and continued access to condoms for women who use them as both a method of family planning and protection from HIV. Health services may be more concerned with primary care of war casualties than with routine treating of STIs, which make individuals more susceptible to HIV infection. During times of war, reproductive health care including STI and HIV prevention does not receive the attention needed.

Increased Sexual and Gender-Based Violence

Sexual and gender-based violence are rampant in all stages of conflict, including in refugee settings where women are supposed to be protected. Rates of violence between intimate partners often increase dramatically in countries devastated by war. During the conflict itself, women's bodies often become battlegrounds, as sexual violence is used as a weapon of war. In some conflicts, such as Rwanda, women have even been deliberately infected with HIV through rape, as a tool of ethnic warfare. In cases where women are impregnated by an infected man, both mother and child are at risk of contracting HIV.

Sexual and gender-based violence and exploitation are also common during flight and in refugee settings. Many women are vulnerable because they are alone with their children, and are raped or otherwise coerced to have sex by soldiers or other displaced men. In other cases, women are subjected to rape or violent sex by their own partners as the loss of status and idleness of refugee men, and the increased drinking that often accompany it, sometimes lead to a rise in sexual violence against and abuse of women and girls. Violent sex greatly increases the risk of contracting the HIV virus from an infected partner.

Rape by an infected man directly exposes women to the virus, and the abrasions or tearing of vaginal tissue may increase the risk of infection dramatically. Some traditional practices, such as female circumcision (more commonly referred to in the literature as female genital mutilation - FGM), also contribute to HIV vulnerability among women, especially when women are subject to violent sex. Therefore in countries experiencing conflict where the incidence of FGM is high, women are more vulnerable to HIV/AIDS as rape is even likelier to damage their genital tissue, increasing their risk of sexually-transmitted infection.

Sexual violence can also have indirect effects on women's vulnerability to HIV infection, as the depression, stigma and discrimination that often follow rape can lead to further cycles of exploitation or to high-risk activities such as drug use or sex work.

Sexual Interactions Between Civilians and Combatants

Sexual interaction between civilians and combatants (either regular military forces or rebel forces) increases the chances of infection. Even in peacetime military personnel tend to have two to five times higher rates of sexually transmitted infections - which can increase the risk of HIV - than the civilian population (UNAIDS 1998). In war, this difference can skyrocket to 50 times higher or more. These high rates of STI prevalence may be due to the fact that military personnel in the context of migration and mobility engage in unprotected sex with multiple partners, including sex-workers. Military camps also tend to attract the sex industry, bringing together two high-risk groups: sex workers and soldiers.



Key Actions Required

- National governments, national and international NGOs and UN agencies should incorporate STI and HIV prevention measures into all humanitarian assistance. Donors should strongly support these interventions.
- Assessments should be carried out, in collaboration between government and agencies, to determine the links between conflict, displacement, HIV/AIDS and gender inequality in each humanitarian situation. Steps should be taken to ensure that all humanitarian programmes are responsive to issues documented in these assessments.
- All HIV/AIDS programmes and funding in conflict situations should address the disproportionate disease burden carried by women. Effective approaches include sensitisation, training and behaviour change communication programmes targeting men and boys as well as women and girls.
- Steps should be taken to ensure the implementation of internationally agreed guidelines for the prevention of HIV transmission during peacekeeping operations. Peacekeepers should receive training on women's rights and gender-based violence as well as HIV prevention. Because peacekeepers have sometimes been implicated in abuses against women and girls, mechanisms of accountability should also be included.
- Programmes should be designed to support the victims of sexual violence through medical care, counselling, support groups and related activities. Health service packages for girls and women who have been raped should include post-exposure HIV prophylaxis.
- Programmes should be undertaken to improve STI/HIV awareness and treatment within the regular military and rebel forces, where these are systematically demobilised. This will have important impacts on sexual health risks to civilians from ex-combatants. Civilians, including sex workers near military installations, should also be included in these awareness raising and treatment programmes.



Resources and References

"The Impact of Armed Conflict on Women and Girls".
www.unfpa.org/rh/armedforces/index.html

"Women, War and Peace: The Independent Experts' Assessment on the Impact of Conflict on Women and Women's Role in Peace-building".
www.womenwarpeace.org

Femmes Africa Solidarite (FAS). "Linking HIV/AIDS to women's peace advocacy".
www.genderandaids.org/modules.php?name=News&new_topic=7

Relief and Rehabilitation Network. "Gender, HIV/AIDS and Emergencies". Newsletter.
www.genderandaids.org/downloads/topics/Gender%20HIV%20emergencies.pdf

"Women, War and HIV/AIDS: West Africa and the Great Lakes".
www.worldbank.org/html/prmge/womensmonth/benjamin.doc

"HIV/AIDS as a human security issue: a gender perspective".
www.un.org/womenwatch/daw/csw/hivaids/kristoffersson.htm

"Gender, HIV/AIDS, and Human Security".
www.un.org/womenwatch/daw/csw/Sy2001.htm

"Enlisting the Armed Forces to Protect Reproductive Health and Rights".
www.unfpa.org/rh/armedforces/index.html

UNAIDS (1998). "AIDS and the Military, UNAIDS Technical Update", Geneva: UNAIDS

Useful Websites

www.unaids.org/en/in+focus/topic+areas/uniformed+services.asp

www.panos.org.uk/files/COMBAT%20AIDS%20PDF.pdf

www.ourplanet.com/unaids/pages/peerabou.htm