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Northern Uganda and paradigms of HIV prevention: The need for social analysis

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Abstract
In settings of armed conflict, traditional HIV prevention programmes that promote risk avoidance via abstinence and fidelity and risk reduction via condom use and needle exchange are not viable. In such contexts, HIV risk depends less on personal choice than on exposure to physical, emotional and structural violence. War in northern Uganda has created three realities (internally displaced people's camps, night commuters and child abductions) which increase vulnerability to HIV transmission. Based upon this analysis of northern Uganda, we offer a conceptual framework for HIV transmission in conflict settings that recognizes the importance of local and global context in creating vulnerability to HIV infection. This framework is then used to delineate strategies for HIV prevention in northern Uganda, namely the provision of a safe physical environment and access to education, medical and psychological support, and the promotion of conflict resolution strategies and human rights law.

Keywords: *HIV/AIDS, conflict, Africa, HIV prevention, socio-economics*

Introduction: Inadequate paradigms of HIV prevention

More than 20 years into the HIV/AIDS epidemic, efforts to prevent the transmission of HIV typically focus on risk avoidance and harm reduction strategies. Risk avoidance models stress the value of abstinence and fidelity while harm reduction models promote condom use, needle exchange and partner reduction. Despite a recent call for a consensus that is inclusive of both types of HIV prevention, the absolute and comparative efficacy of these

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Figure 1. Children living in an internally displaced peoples camp in northern Uganda.

strategies continues to be disputed, often along ideological lines (Halperin et al. 2004).

While risk avoidance and harm reduction are often contrasted, these paradigms of HIV prevention share an often-overlooked commonality: both are solely dependent on individual behaviour change. Neither of these strategies acknowledges the social determinants of HIV risk, such as poverty, political instability, war and gender inequality, which correlate more closely with the global epidemiology of HIV than do individual behaviours (Bassett and Mhloyi 1991, Smallman-Raynor and Cliff 1991, Tarantola and Mann 1995, Farmer et al. 1996). Without prevention strategies that target the social determinants of HIV transmission, HIV/AIDS will continue spreading along societal fault lines.

Northern Uganda, the region of Uganda with the highest HIV prevalence, presents a setting where conflict severely curtails personal choice and agency. A social analysis of northern Uganda urges the reformulation of concepts of HIV risk and vulnerability, with particular applicability to war settings. Based on observations and fieldwork on HIV and conflict resolution in northern Uganda, this paper reveals the indispensability of social analysis in efforts to design and implement HIV prevention policy and programmes. It also offers a number of concrete recommendations for minimizing HIV risk for the Acholi people of northern Uganda.

War and HIV transmission in Acholiland

For the past 20 years, a rebel group called the Lord's Resistance Army (LRA) has been fighting the Ugandan army in Acholiland, a region of northern Uganda

Figure 2. Internally displaced peoples camp in northern Uganda.

(Médecins Sans Frontières 2004). The war has been characterized by child abductions, frequent rapes, attacks on civilian camps, physical disfigurement and ruthless killings. These consequences of war have had particularly onerous implications on health, specifically with regards to HIV/AIDS. Antenatal surveillance in 2002 revealed an HIV prevalence of 11.9% for Gulu, one of the three rural districts comprising Acholiland, far higher than the national median HIV prevalence for rural areas of 4.7% (Uganda Ministry of Health 2003). Illustrating the alarming magnitude of this health crisis, a recent World Health Organization (WHO) study found an excess mortality of 1,000 people/week in Acholiland due to war-related disease and violence. In that study, AIDS was found to be the second highest cause of mortality, accounting for 13.5% of all deaths (World Health Organization 2005).

The realities of war in northern Uganda place the most vulnerable at risk of HIV infection and demonstrate the salience of a broader approach to HIV prevention. Specifically, there are at least three entangled realities that render traditional HIV prevention programmes naïve. First, the mass abduction of children by the LRA promotes HIV transmission. Up to 66,000 children have been forcibly conscripted to fight as child soldiers against the Ugandan army and their home communities (Survey of War Affected Youth 2006). Young boys are coerced through physical violence and death threats to not only kill, but also to use rape as a weapon of war. Abducted girls are forced into sexual slavery as 'wives' assigned to LRA commanders. They suffer serial rape that results in not only deep physical and psychological scars but also frequent pregnancy, creating situations with an elevated risk of HIV infection for both the mothers and newborns. Following escape or release from the LRA, children face numerous challenges upon returning to the community

because of what they have 'done' or, more appropriately, what has been done to them (World Vision 2004).

Further, a desire to replace abducted children has led to a fertility rate of 7.9 births per woman in Acholiland, the second highest in the world (Uganda Bureau of Statistics 2001) (Figure 1). In a setting of high HIV prevalence, and inaccessibility to anti-retroviral therapy (ART), as in northern Uganda, a high fertility rate likely translates into profuse paediatric HIV infections via mother-to-child transmission (MTCT). Undoubtedly, the repercussions of child abduction make children in northern Uganda especially vulnerable to HIV infection.

Second, an estimated 50,000 children traverse northern Uganda each evening to seek safety in hospitals and city shelters because they do not have the means to contend with the nightly insecurity of their communities (Women's Commission for Refugee Women and Children 2004). These night commuters trek up to 10 km with little in the way of food, water or supervision. Commuting and sleeping unsupervised, neither rape nor the exchange of sex for security are uncommon. Even when sexual activity is consensual, it often occurs without the benefit of information about safe sexual practices. These factors associated with night commuting therefore create an environment ripe for HIV transmission.

Finally, over 1.2 million Acholi live in internally displaced people's (IDP) camps, making them vulnerable to HIV infection because of a lack of access to livelihoods and the dearth of HIV/AIDS prevention services within the camps (Civil Society Organisations for Peace in Northern Uganda 2006) (Figure 2). Lacking adequate support from the international community, IDP camp residents are forced to grow crops on the camp's perimeters to meet dietary requirements. Women, attending to their crops and collecting firewood, are frequently attacked and raped by both Ugandan soldiers and members of the LRA (Akumu et al. 2004). Additionally, widows are frequently driven into transactional sex in order to provide for their children. Young people, desiring educational opportunities as a means of escaping the camp situation, also exchange sex for money in order to pay for school fees.

These consequences of camp life are particularly worrisome given the widespread absence of HIV preventative activities in the camps. Security concerns have obstructed the delivery of humanitarian aid and public services, including HIV prevention and care programmes. Out of the 105 IDP camps in Acholiland, 80% cannot be accessed without military escort (Civil Society Organisations for Peace in Northern Uganda 2006). The recent cessation of military escorts across Acholiland risks the further curtailing of health education efforts and limiting information available on safe sex practices.

Conceptualizing HIV transmission and prevention in conflict settings

Epidemiologic and social evidence from northern Uganda supports earlier research illustrating that social and economic factors associated with war have the potential to drive HIV epidemics (Khaw et al. 2000, Hankins et al. 2002). Furthermore, many individuals in northern Uganda continually refer to how the

war, largely through forced displacement into the IDP camps and through the practice of night commuting, has disrupted traditional social structures that would have protected individuals from vulnerability to HIV infection. However, the relationship between HIV transmission and war is not straightforward as war has been shown to both increase and decrease HIV transmission depending on the specific context (Spiegel 2004).

Given that both war and HIV transmission involve complex social and economic processes often hidden from public view, study of the interaction between the two must draw heavily on social analysis, which allows for illumination of the 'shadows of war' (Nordstrom 2004). This social analysis could also contribute to answering some fundamental research questions, such as: how do traditional social structures protect people from HIV transmission? What are HIV infection rates among night commuters and returned child soldiers from the LRA? What factors correlate with those infections?

The situation in northern Uganda teaches that social analysis, examining conflict and HIV transmission, requires a conceptual framework that accounts for the profound influence of vulnerability, or the social, political, economic and historical context, upon individual risk, generally conceived of in behavioural and physiologic terms (UNAIDS 2000). Although spaces for personal agency do exist in conflict settings, individual choice is largely governed by an aggregate of powerful social forces, such as poverty, inequality, militarization, migration and violence. Further, efficacious social analysis rests on a deep appreciation of the interactions between local and global context. Global events and processes, such as arms sales and humanitarian efforts, affect local conflict settings in ways that augment or diminish vulnerability to HIV infection, thereby shifting individual risk in either a positive or negative direction. While a number of models for conceptualizing HIV risk in conflict settings have been offered, none explicitly call for social, historical, political and economic analysis that situates concepts of vulnerability and individual risk amidst a consideration of local and global context (Khaw et al. 2000, Interagency Standing Committee 2004, Mock et al. 2004, Interagency Task Force on HIV/AIDS 2006).

Given the enormity and complexity of social factors influencing HIV transmission in a conflict setting, determining a point of entry into social analysis can seem a daunting task. However, social analysis rooted in local context offers a particularly illuminating route for determining the salient social determinants of vulnerability to HIV. Paying attention to local narratives, events and processes in a conflict setting provides a means of then identifying the larger historical, political and economic forces that matter in tracing HIV transmission. This approach allows for a prescient identification of the social determinants that create 'high risk situations' for HIV transmission (Zwi and Cabral 1991, Zwi 1993).

By integrating these concepts of HIV risk and vulnerability into prevention models, efforts to decrease HIV transmission in conflict settings can be significantly strengthened. The example of northern Uganda demonstrates that reducing harm and avoiding risk rest on minimizing socially-conditioned

vulnerability as a means of maximizing individual behaviour choice. In conflict settings, this approach to HIV prevention necessitates the provision of a safe physical environment, access to education, medical and psychological support, and the promotion of conflict resolution strategies and human rights law.

Utilizing social analysis to prevent HIV transmission in northern Uganda

Utilizing the conceptual framework for HIV prevention in conflict settings, outlined above, a number of recommendations can be formulated for addressing HIV transmission in northern Uganda. The conflict in northern Uganda provides a tangible example of the ways in which economic instability, sexual violence and displacement result in severe constraints on individual choice and place individuals at greater risk for HIV transmission.

Programmes to prevent HIV in settings such as northern Uganda must seek not only to influence individual behaviour but also, more importantly, to reduce contextual vulnerability. Efforts to protect, house and supervise vulnerable children; to ensure women's safety during conflict; to provide meaningful legal recourse when rape is committed by government forces; and to assure sufficient food, shelter and educational opportunities to decrease the need for transactional sex, are each important examples of undertakings critical for sound HIV prevention.

The macro-level factors fortifying structural violence must also be recognized and mitigated to reduce the vulnerabilities to HIV infection in this 'high risk situation'. These factors include global production and sale of weaponry for armed conflict, neglect by the international community of regions with no strategic or economic benefit, and exorbitant military spending. Between 1986 and 2006, the war in northern Uganda has cost Uganda an estimated $1.7 billion; this money could have been otherwise allocated to the poorly funded health and education sectors (Civil Society Organisations for Peace in Northern Uganda 2006). However, much of the paltry spending on health and education in Uganda, and other highly indebted countries, is also due to conditions placed on spending imposed by the International Monetary Fund (IMF), requiring caps on public services (with the exception of the military) in the name of market reforms and privatization. Debt cancellation by lending agencies such as the World Bank and the IMF, and increased international aid without such stringent spending restrictions, would significantly help the Ugandan government and others to respond to the HIV prevention needs of their people.

Further, pressure to prioritize human rights to food, shelter, health, education and economic opportunity, must be applied to policymakers and government officials in Uganda and countries with significant influence in East Africa, such as the USA and the UK (Stillwaggon 2006). The UN Security Council must also compel efforts to discern and interrupt LRA support, pressure the Ugandan government to fulfil its obligation to protect civilians and urge both sides, under the aegis of a ceasefire, to pursue peaceful negotiations as a means of ending the war. In settings of conflict such as in northern Uganda, efforts that aim to

eliminate violent warfare are instrumental in mitigating risks associated with HIV transmission. Both local peace-building and international advocacy efforts are crucial to reducing HIV transmission, as only termination of the war will significantly reduce the aforementioned contributors to the creation of a 'high risk situation' for HIV transmission in northern Uganda.

Without understanding local context, HIV prevention efforts risk failure on a grand scale. In such instances, the implementation of generic HIV prevention models serve only to deceive individuals into believing they are helping when in actuality resources are expended on ineffective measures. In northern Uganda, the unique and interconnected realities of child soldiers, night commuters and the IDP camps entangle the population in a dangerous web of physical and structural violence favouring HIV transmission. The sole promotion of traditional forms of HIV prevention will not reduce the prevalence of HIV among the population in northern Uganda. Serious attempts to decrease HIV transmission in northern Uganda will require comprehensive strategies that draw upon innovative engagement with the local context.

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