

Determinants of HIV/AIDS in Armed Conflict Populations



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Introduction

- * More than 40 million people worldwide have been infected with human immunodeficiency virus (HIV) since it was first reported in 1981.
- * With 1.2 million people dying every year, over 25 million have so far lost their lives to the disease (Iqbal, 2010).
- * Two thirds of those infected, with HIV live in Sub-Saharan Africa, where infection rates continue to increase (Betsi *et al.* (2006)).
- * In 2007, 35% of all HIV infections occurred in Africa, which is the home of over 67% of all people living with AIDS worldwide (Iqbal, 2010).
- * AIDS has orphaned over 13 million children with many of them losing one or both parents in Sub-Saharan Africa
- * The disease has had effects on almost every economy in Africa in particular and in many other parts of the world (Pope, 2009)
- * Most of the studies related to HIV/AIDS have been conducted in stable populations across the globe and very few have been devoted to displaced populations, particularly those in areas of conflict.
- * A comprehensive review of published work between 1990 and 2010 on determinants of HIV/AIDS in areas of conflict was conducted
- * Factors influencing HIV/AIDS in conflict areas include forced population displacement, breakdown of traditional sexual norms, lack of health infrastructure, and poverty and powerlessness of women and children.

Purpose

The purpose of this study was to address a number of different social determinants of HIV/AIDS in displaced populations in areas of conflict.

Methodology

- * The review search employed an open search of PUBMED database of articles published in English language between 1990 and 2010.
- * Keywords such as “HIV and war”, “HIV/AIDS and conflict”, AIDS in displaced populations, “AIDS and security were used.
- * Out of the 453 hits recorded in this search, only 12 papers dealt with the subject. A summary of the results of the review is presented in Table 1.

Results

Table 1. Determinants of HIV/AIDS in armed conflict populations – 1990-2010

Author/Year	Methods	Results	Conclusion
1) Iqbal (2010) [1]	Empirical examination of conflict-HIV relationship.	A positive relationship between conflict and high HIV rates exist.	Education and economic development have palliative effects on HIV/AIDS incidences.
2) Hodge et al. (2010) [16]	A study using mixed methods was done on 163 women attending AIDS clinic in Uganda on how they coped with the disease.	Many reported using spirituality and social support to cope with HIV/AIDS.	Indigenous service providers, spirituality and social support are vital in meeting client's needs and such strategies should be incorporated into HIV/AIDS management.
3) Westerhaus et al. (2008) [10]	Social analysis on HIV dynamics in Northern Uganda.	Northern Uganda had 11.9% HIV prevalence as a result of war. The national median was 4.7%.	War places the most vulnerable - women, young girls, and children at risk of HIV infection and a broader approach to HIV prevention is hence required.
4) Aniekwu et al. (2007) [11]	Review of data on sexual violence and HIV/AIDS in Sub-Saharan Africa.	Any form of violence against women and girls tends to increase the risk of HIV infection.	Intimate partner violence must be addressed in order to reduce the vulnerability of women and children to HIV/AIDS. However the causal and temporal links between partner violence and risk of HIV infection needs additional research.
5) Patel et al. (2007) [14]	Behavioral analysis of the link between HIV and peacekeepers.	Peacekeepers who don't fully understand their moral role in peacekeeping do engage in risky sexual relations that may lead to increased HIV infection.	Peacekeepers must be trained to understand their moral role in peacekeeping. This will help reduce the HIV infection rate among their ranks. Those committing acts of sexual violence on the very people they are meant to protect should be prosecuted.
6) Westerhaus et al. (2007) [15]	An examination of the HIV prevention strategies in war ravaged communities in Northern Uganda.	Physical and structural violence increases vulnerability to HIV infection.	In war settings, traditional methods of HIV prevention of avoidance and risk reduction alone cannot reduce HIV transmission rates. A human rights approach is needed.
7) Betsi et al. (2006) [2]	Quantification of the effects of conflict on human resources and health systems in Cote d'Ivoire.	Breakdown of health systems and lack of antiretroviral treatment occur in areas of conflict.	Non-governmental organizations play a big role in HIV/AIDS prevention and care in displaced populations especially in areas of conflict.
8) Gruber et al. (2006) [4]	Review of correlation between conflict, gender inequality and HIV/AIDS.	Women, girls and children are affected disproportionately by HIV/AIDS in areas of conflict.	HIV/AIDS continues to be a problem post conflict. Demobilization and internal migration as well as shattered economies, and infrastructure and destroyed health and education systems can lead to increased HIV infection and prolonged vulnerability.
9) Edwards et al (2006) [19]	Analysis to examine the odds of trading sex for drugs in women who use crack cocaine.	Many of those using crack are homeless, unemployed and easily trade sex for drugs or money.	Underlying factors leading to usage of drugs among women places them at risk of HIV infection must be addressed by public health interventions.
10) Lowick-Zucca et al. (2005) [5]	Case studies on how data is used in reporting HIV-related cases in areas of conflict.	Incorrect reporting by governments, national and international organizations and the media on HIV epidemic, in situations of conflict, can have far reaching consequences on the affected populations.	The media and humanitarian organizations must ensure that the data used for reporting is accurate given the unique characteristics of HIV epidemic in conflict affected populations. Incorrect reporting will only exacerbate the the problem.
11) Sing et al. (2005) [13]	A report on the conflict situation in Nepal and HIV.	Conflict is fuelling HIV infection rates in Nepal. Trafficking of sex workers and the high number of injection drug users has led to an increase in HIV prevalence rates in Nepal.	The war between the Maoist rebels and the government forces has destroyed health systems and other forms of infrastructure. People engage in risky behaviors to cope with various problems leading to increased HIV infection rate.
12) Spiegel (2004) [21]	An exploration and an explanation of HIV/AIDS in conflict situations.	Many factors play a role in HIV infection in conflict affected and displaced populations and each needs to be addressed.	The relationship between HIV and conflict is complex. Collection of data in such harsh situations is difficult but very crucial. This will help develop coordinated integrated strategies in combating the problem.

Discussion

- * Many countries around the world are experiencing active conflicts, which have led to the removal and displacement of large populations who end up as refugees or internally, displaced people.
- * Population displacement comes with challenges among them the spread of HIV/AIDS as many social determinants such as scarcity of food, shelter, health services, insecurity of the displaced and gender power differentials make them destitute therefore resorting to risky survival behaviors.
- * HIV/AIDS is not just a health issue but also a pandemic of global importance, especially since it affects human rights and development along with social and gender relations.
- * It disrupts families when combined with conflict and has left many orphans whose suffering in many cases run across generations.
- * Social determinants of increased HIV/AIDS prevalence in displaced populations are scarcity of food, poverty, insecurity of displaced populations and gender power differentials.
- * HIV/AIDS has become a global security threat that must be confronted by all nations rich and poor alike.
- * In the war against HIV/AIDS, there is no us and them, no developed and developing countries, no rich or poor, only a common enemy that knows no frontiers and threatens all humanity (UNGASS, 2001).

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