

Ex-combatants and HIV/AIDS in the context of Central Africa

In Focus No. 4



EX-COMBATANTS AND HIV/AIDS IN THE CONTEXT OF CENTRAL AFRICA

The nature of combatants' lives increases the likelihood of their contracting HIV. Separation from spouse and family, deployment in areas where HIV is widespread, frequent opportunities for unprotected sex, access to resources, a tendency to assume greater risk during conflict – all these factors result in an HIV sero-prevalence among armed forces personnel that is in some cases alarmingly high.

In formal military structures, HIV prevention programs and education programs about

sexually-transmitted infections (STIs) are quite common and soldiers generally have access to reliable information prior to and during conflict. In some armies, the rules and discipline of military life even extend to sexual behaviors, and soldiers are officially restricted to one partner. Some former soldiers interviewed during a series of studies on AIDS and ex-combatants, executed by the Multi-country Demobilization and Reintegration Program (MDRP), confirm that when this rule was in place, it was taken seriously, enforced and followed.

By contrast, in irregular forces, treatment of sexual issues varies considerably, along with force structure, training levels and degrees of access to information. Few members of irregular armed groups benefit from formal programs of any kind. They tend to receive their information about Sexually Transmitted Infections (STIs) and their potential risks, symptoms and prevention from the radio, or, most often, by word-of-mouth – information that is almost always incomplete or inaccurate.

As one ex-combatant in Angola during an MDRP discussion group said, “We had heard of AIDS but we were not clear what it was and we had no information about how to keep from getting it. People from Congo said it came from monkeys. Others said that when you sleep, you get it.”

Another in Rwanda told MDRP interviewers that, “We had heard of AIDS but we could not talk about it. It was a hidden subject. For many, AIDS meant witchcraft.”

HIV risk among ex-combatants

Indeed, for most ex-combatants from irregular forces, demobilization was their first opportunity to hear accurate, in-depth information about the disease.

In Focus

With very few exceptions, it is during the immediate post-demobilization period when ex-combatants first re-enter civilian life that they are most vulnerable to contracting or transmitting the HIV virus. They are ready to celebrate their end of service, they have money in their pockets, and they often end up in situations that facilitate HIV transmission.

MDRP discussion group participants indicated that during this time, sex was frequent, often with multiple partners, many of whom were commercial sex workers, and that condoms were rarely used. Risky behaviors were found to decrease once ex-combatants settled into their communities according to conversations with discussion group participants in Burundi, Republic of Congo and Rwanda. In Angola, however, conversations with ex-combatants suggested that risk levels remain constant or in some cases increase during reintegration.

That said, it is important to acknowledge a wide variety of knowledge and behavior among groups and over time. Potential exposure to HIV/AIDS during conflict varies depending on where combatants serve, situations encountered during conflict and individual and group behavior patterns. The same violence and uncertainty that make some individuals more prone to risk make others avoid it as the priority of surviving predominates. As one ex-soldier who had served on the front-line explained in Burundi, “There was no time for sex; there was only the war.”



A focus group of ex-combatants

Observations from ex-combatants suggest that some risky behaviors are consistent across groups, such as unprotected sex. However, sex with commercial sex workers during conflict varies from absent to very frequent depending on the group in question. Risky behaviors also vary by age, marital status and area of resettlement. For instance, young ex-combatants are reported to engage in higher risk sex than their older counterparts, as are ex-combatants resettling in urban areas as compared to their rural counterparts.

The impact of HIV on the DDR process

Sexual behavior and risk-taking among ex-combatants can have a concrete impact on the success of disarmament, demobilization and reintegration (DDR) programs and thus must be integrated into programming and addressed from the start.

Demobilization involves mass relocation of a mix of sero-positive and sero-negative men, as well as some women and children. Without education and precaution, they may spread the AIDS epidemic as they engage in high-risk behavior during this initial post-conflict “celebratory” phase, bringing the disease to new people and communities, possibly over a wide geographic area along their return route home. Those without the disease may also contract it during this same period, adding to the interaction that spreads the virus. The risk of sero-negative ex-combatants contracting HIV may be further compounded if they move back into an area already experiencing a high rate of disease prevalence.

HIV/AIDS can also disrupt the reintegration process of ex-combatants. At entry into a community of return, these men and women may already be stigmatized as outsiders, associated with conflict and violence, and blamed for bringing unwanted change, trouble and diseases. The common perception that soldiers and armed groups are more affected by AIDS adds to this mistrust and makes it all the more difficult to counter.

In Focus

And most obviously, having HIV will affect an ex-combatant's social and economic reintegration, hindering their ability to re-establish a livelihood and re-assume their responsibilities within the community

On a broader level, as losses due to AIDS accumulate within a community, opportunities for growth and change for the better diminish and odds for a return to conflict may increase.

Addressing risky sexual behavior within DDR programs

For all these reasons, DDR programs need to address HIV/AIDS urgently, alongside the government and civil society organizations. The programs present an excellent opportunity to reach a large group of people who tend to exhibit high risk sexual behavior and possess limited knowledge of HIV and prevention methods.

Demobilization is the first intervention point and a key time for HIV/AIDS activities targeting ex-combatants. If infected with the virus, it is the point to ensure that he or she has information about his or her status, the services available, and how to protect those around him or her. If not infected, it is the point to ensure that the he or she has information and access to means of protection.

Providing ex-combatants with information about HIV/AIDS during demobilization will also better prepare them for integration, giving them the knowledge and tools to address negative community perceptions about ex-combatants or, if sero-positive, to counter the stigma associated with their condition and work to gain community acceptance.

Experience suggests five fundamental actions to be carried out during the demobilization phase:

1. Ex-combatants should acquire the skills and knowledge they will need to protect themselves and their families from HIV/AIDS.
2. Voluntary counseling and testing (VCT) should be available at the demobilization site.
3. Detection and treatment of sexually transmitted disease should be included in medical screening.
4. Male condoms should be distributed in take-home kits. Information on female condoms should be provided and the condom should be available to all upon request (if the female condom is available in-country).
5. Ex-combatants should leave demobilization centers with precise information on how and where to access condoms, testing and treatment in their area of return.

During reinsertion and reintegration, ex-combatants themselves can also be very important tools in the fight against AIDS. Some of the most effective strategies to combat AIDS have come from within communities; in places as disparate as California, Uganda, and Thailand, success involved simple messages and actions, and relied on interpersonal communication channels and networks—people talking to people they knew.

During MDRP discussion groups, ex-combatants indicated a clear willingness and potential to play a positive role in the fight against AIDS – those programs and agencies that work to fight HIV/AIDS need to take greater advantage of these important potential allies.



A focus group exercise to identify sexual risks during the reintegration period



In Focus

An added benefit is that ex-combatant involvement in the fight against AIDS can facilitate ex-combatant reintegration. As community members and ex-combatants work side by side, negative attitudes may slowly disappear.

The specifics of each intervention within a DDR program must follow the guidelines set forth by pre-existing national HIV/AIDS programs. HIV/AIDS lasts a lifetime; DDR programs only a few years at most. Ideally, then, the focus of DDR initiatives should be to support the insertion of ex-combatants back into the community by making sure that they have the same rights and access to HIV/AIDS services as other citizens, and that they are aware of those rights and services.

In countries where national prevention and treatment programs are up and running nation-wide, it is a simple question of linking ex-combatants to needed information, prevention, testing and treatment. In countries where national AIDS prevention efforts are not yet functioning or scaled up, however, activities to be included in the DDR program are less apparent. What, for example, should a DDR program do with seropositive ex-combatants returning home to an area where testing and treatment is not available?

The right thing to do is even less clear in situations where demobilizing soldiers are already on anti-retroviral treatment as part of military health services and intend to demobilize to areas without treatment services. Interrupting treatment could result in drug resistance.

As issues like these are considered, it is essential that DDR programs work closely from the beginning with national HIV/AIDS leaders and military officials to identify potential challenges and determine the best responses. Balancing both need and resources, national leaders should seek a solution that leaves ex-combatants no better or worse off than the wider community.

DDR programs should share information about demobilization with national HIV/AIDS leaders and discuss the importance of including ex-combatants in HIV/AIDS policies and programs. Governments should be encouraged to consider ex-combatant needs when preparing funding proposals and identifying priority target groups for NGO involvement.

DDR leaders also need to maintain contact with those leading the fight against AIDS in the country in order to stay responsive to the AIDS situation. AIDS epidemics change over time – in a matter of months, the virus can establish itself in an area with low prevalence and begin to spread rapidly. Information gathered from ex-combatants combined with information available through the national AIDS program can provide DDR officials an overall picture of the AIDS situation in relation to ex-combatants, allowing them to prepare for management of HIV/AIDS among ex-combatants, target prevention efforts and assess impact of DDR initiatives in HIV/AIDS.

- Many thanks to Carla Rull Boussen, MDRP consultant, researcher and author of the original piece from which this article is adapted, and to her collaborator, former MDRP staff member Elisabeth Maier, for her contributions.

For more information on MDRP, please visit www.mdrp.org or contact Bruno Donat, Communications Officer, MDRP Secretariat, World Bank at info@mdrp.org.