Gendered violence and HIV in Burundi

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Pre-existing gender relations changed for the worse during the conflict and interventions to promote disarmament, demobilisation and reintegration (DDR) failed to address the dynamics which shape the spread of HIV.

Conflict has scarred Burundian society since independence in 1962, although in recent years a still fragile peace has emerged from a series of ceasefire agreements signed by armed groups.

A series of interviews with men, women, youth, ex-combatants, IDPs and sex workers highlighted the extent of conflict-related changes in Burundian society and how HIV prevention efforts must take these changes into account. Each interview aimed to elicit a narrative of experiences before, during and after the conflict in order to understand gender relations and perceptions of HIV/AIDS. They explored the traditional role of women as household care-givers and agricultural producers; the gendered hierarchy of decision-making which disempowers women; and legal restrictions on women's ownership of land. These structural gender norms and vulnerabilities, remaining as constraints on women's role in society, have facilitated the spread of HIV/AIDS.

In the literature on HIV/AIDS and conflict, it is often stated that conflict increases the likelihood of spreading HIV. However, the possible links between conflict and HIV/AIDS are complex. The literature largely focuses on the military, often simplistically relying on a single causal link between men and women. 'Military' implies a male gender position while the use of 'general population' suggests a female gender position. This is a limited way of thinking about gender and conflict. Groups in conflict are linked in many other ways and these linkages do not necessarily allow a sharp distinction between protagonists in a protracted conflict as in Burundi.

Rather than attempting to prove or disprove the existence of a clear link between conflict and the spread of HIV/AIDS, it is more productive to think about how both processes create gendered vulnerabilities.

Gender context

The interviews produced evidence to suggest that while it is possible to argue that the conflict intensified and worsened gender disparities by exposing women to more violence, the particular forms of violence and deprivation during the conflict were shaped by pre-existing gender disparities. One of the things that has changed as a result of conflict is people's sexual behaviour; for

example, extra-marital relations were formerly regarded as shameful and an acute embarrassment to the family if publicly known but have now become commonplace.

HIV has further exacerbated the vulnerability of women. Even when women are responsive to HIV/AIDS training and prevention messages, their capacity to deal with them in their everyday lives at present seems to be constrained. Many interviewees stated that men always blame women for their HIV status. Although most women stated that they were sexually active only with their husbands, men generally terminate relationships on learning of their positive status. This leaves women without husbands and unable to access land and other resources.

Gender and conflict

After 1993, conflict occurred between the government and multiple armed groups. As the conflict became prolonged, women became increasingly impoverished and exposed, left to defend themselves and to look after their families. The interviews indicated that when women joined armed groups to increase their chances for survival they were ill-treated. Those who went into IDP camps were also exposed to violence. General militarisation meant that many households lost adult males, while the situation for those women who did not have a formal marriage was particularly precarious. The relationship between wives who had been left behind and their in-laws and male relatives changed as the conflict continued. Often male in-laws sought to get rid of sisters-in-law in order to absorb property back into the family.

As women came to be regarded as dispensable many had no option but to engage in transactional sex. Their vulnerability is very much related to the collapse of well-negotiated family relations and this search for security. Poverty, powerlessness and male expectations of female meekness made it hard for women to resist advances by armed combatants. Traditionally, once women are approached even casually to talk, it becomes difficult for them to refuse the advances of a powerful man. In the case of the conflict this mechanism was much more pronounced as a way of obtaining sexual favours.

Most of the ex-combatant informants reported hearing nothing about HIV/AIDS during the conflict. The fact that a large and powerful group remained unsensitised added to the vulnerability of women over whom they exercised sexual control.

Conflict created an environment within which existing gender vulnerabilities were exacerbated, pathways to transmission were opened and the scope for talking about HIV or mass sensitisation was reduced. Burundi was not able to participate in early regional efforts to contain the epidemic and the increase in risky male sexual behaviour during the conflict has made it additionally harder for Burundi to catch up. Post-conflict interventions have been implemented with limited capacity and insufficient resources. There has been a tension between raising awareness and providing treatment.

DDR insensitive to gender vulnerabilities

Demobilisation camps are integral to DDR, the first point at which ex-combatants have an opportunity to receive information on HIV/AIDS. Informants stated that while sensitisation and testing were important there was insufficient time for many ex-combatants to digest information and reflect on the personal implications for their behaviour as they prepared to return to communities from which many had been absent for many years. HIV programmes did not reach either the few women in demobilisation camps or the greater number of female ex-combatants who reportedly demobilised themselves. During DDR, female combatants were tested, but testing in general took place in environments that did not cater for their particular needs as women and as female combatants. If found to be positive they were generally condemned by men upon their return, and forced to fend for themselves while men were taken care of by families and relatives.

In Burundi, the DDR process was located within traditional gender structures that made women vulnerable during the conflict. Women coming out of the bush, or who were pushed out of their communities, were not integrated in a way that allowed them to become functioning members of society and they remain vulnerable to sexual violence.

Conclusions

In Burundi and elsewhere, the relationship between conflict and HIV/AIDS is complex and mediated by gender norms and values that pre-date the conflict. Prolonged conflict, displacement and restrictions on movement damaged social relations and traditional livelihood options, creating increased vulnerability to HIV. In this prolonged conflict, both within the household and outside, women were the most vulnerable, while pre-conflict gender relations had also created expectations among females from early childhood that they should be voiceless and submissive.

All interventions dealing with the spread HIV/AIDS, before and after conflict, need to take account of the sociological context of a particular conflict as well as structural gender characteristics – and must acknowledge how the various actors are interlinked.

DDR processes should not focus solely on military and armed groups. Given the nature of the conflict and the extent of violence experienced by so many people, DDR initiatives must address the underlying causes of violence, especially gendered violence. If they do not, they can become part of the HIV/AIDS problem, rather than assist the response.

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