

Towards More Informed Responses to Gender Violence and HIV/AIDS in Post-Conflict West African Settings

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The evidence is incontrovertible that Liberia (with its two civil wars, 1989-97 and 2000-03) and Sierra Leone (with its 1991-2001 war) have emerged from two of the most inhuman, ferocious and cruel conflicts in the post-Cold war era. The scale of destruction, rape, mayhem, arson and torture perpetrated during these wars was among the greatest in Africa's postcolonial history. Women, especially adolescents and young adults, were exposed to extreme sexual brutality at a time when a growing heterosexually-driven HIV pandemic was occurring in the West African sub-region. Both countries also experienced an economic and social collapse that resulted in human development indicators on employment, income, health, education, women's status and child well-being that are among the lowest in the world.

Protracted armed conflicts, as witnessed in Liberia and Sierra Leone and beyond, expose women and girls to unprecedented levels and forms of sexual violence. Moreover, the expectation that the transition from war to peace will lead to significantly reduced sexual violence against women (SVAW) is often disappointed. Instead, post-conflict transitions tend to produce a change in the predominant forms of sexual violence and the profile of its perpetrators.

The extended and interlinked conflicts in these neighbouring countries relate at a fundamental level to the persistent denial of citizenship rights to particular population

sub-groups over several decades. Within such landscapes of severe social, economic and political marginalization and deprivation, women and girls were bound to suffer more than men and boys during and after the wars as a result of long-established and deeply entrenched patriarchal structures and ideologies in both countries. The persistence of SVAW during post-conflict transitions tends to increase the risk of HIV infection among younger women relative to the phase of armed conflict. A key causal factor is men's highly exploitative, transactional and cross-generational multiple sexual activities. Thus far, the dominant responses to this complex of issues in post-conflict West Africa have lacked a nuanced understanding of the underlying drivers of sexual violence and its intersections with women's higher risk of HIV infection.

The policy responses to the challenges of post-conflict reconstruction and peace-building in West Africa have generally focused more on traditional security, physical infrastructure rebuilding and economic revitalization issues than on such highly gendered human security concerns as sexual violence and violations of reproductive rights. Left unaddressed, these persisting or worsening human security challenges, affecting at least half their populations, make sustainable peace and development in post-conflict Liberia and Sierra Leone nearly impossible.

CONTINUITY AND CHANGE IN WOMEN'S SEXUAL VIOLENCE AND HIV RISKS

Post-conflict transitions are very complex and context-determined. However, they can be usefully broken down into three broad, sometimes overlapping, phases: emergency and stabilization (0-11 months post-armed conflict), transition and recovery (12-47 months after the cessation of war), and peace and development (4-10 years post-armed conflict). Each phase is often characterized by counteracting processes and tendencies that operate to fuel or reduce SVAW and the transmission of HIV. It is therefore critical to draw attention to the high probability that post-conflict transitions in West Africa may be conducive to the mutually reinforcing but complex interactions between SVAW and HIV transmission at the individual level.

Gender analysis demands that within each broad phase, the five strategic components of post-conflict transition (security, governance, socioeconomic development, justice and reconciliation, and coordination and resource mobilization) be examined according to the extent to which they affect and are affected by the differences between men and women in specific socio-historical contexts. The differentiations requiring close attention are the division of labour in private and public spheres, living conditions and needs, and access to and control over basic and strategic resources such as income, education, information, wealth and decision-making. The analysis also demands attention to gender-class, gender-age and gender-rural/urban residence inter-linkages and differentials.

This analytical approach reveals that during the wars, girls' and women's human rights and security were seriously affected, generally much more so than those of men and boys. Women and girls were the almost exclusive targets of sexual assaults in both countries and those joining the fighting forces were as likely to have been abducted as to have been volunteers, especially in Sierra Leone.

However, while fewer women experience such vicious forms of sexual violence as sexual slavery and gang rape after open warfare has ended, most are still exposed to survival sex, domestic violence and sexual harassment. For instance, a high frequency of sexual harassment of female students by male teachers in Liberian secondary schools was documented in 2006.¹ The latter is a visible expression of the increased militarization of intimate relations and a legacy of the normalization of sexual violence during the long years of war. It is noteworthy that over 60% of rape victims in the first 5-7 years of the two post-conflict transitions are girls under 18-years old. Also, unlike the war situation, when perpetrators of SVAW were mainly members of various fighting forces, the main perpetrators in the post-conflict period are ex-combatants, community or family members, teachers and husbands or other intimate partners.²

With regard to HIV prevalence trends from the prewar years to the later phase of post-conflict transition, one pattern that may be cautiously posited from all the available estimates is that adult HIV prevalence in post-conflict Liberia and Sierra Leone is levelling off after an initial slow but steady increase in the first years of post-conflict transition.³ Moreover, estimates derived from recent national population-based, household surveys indicate that despite over a decade of armed conflict, Liberia (2007) and Sierra Leone (2008) have adult HIV prevalence rates (1.6% and 1.5% respectively) among the lowest in West Africa. These rates are much lower than those for Ghana (2.2% in 2003) and Nigeria (3.6% in 2007),⁴ two countries unaffected by extended armed conflict since the beginning of the AIDS pandemic in the early 1980s.

That neither country has, despite over a decade of war, not had a significant increase in HIV at the population level, going by available cross-sectional and longitudinal data, suggests that the larger social ecology of West Africa

may have been a key moderating influence.⁵ It seems that a biosocial context characterized by relatively low pre-war HIV prevalence (given the pervasiveness of largely HIV risk-reducing male circumcision) and the war-induced isolation of many rural communities may have more than offset the conflict-induced catalysts for HIV transmission. The latter include mass population movements, widespread rape, peacekeepers' and combatants' high-risk sexual behaviours, and lack of HIV prevention and treatment services. This pattern of the HIV-reducing features of conflict outweighing the HIV-transmission features has been observed in several conflict-impacted African countries, including Angola, Rwanda and the Democratic Republic of Congo.

However, this pattern does not imply that women in post-conflict West Africa are not at a higher risk of HIV infection than men. Nor does it mean that intimate partner violence and the tendency for several poor young women to be sexually exploited concurrently by an older and richer man do not contribute to women's higher vulnerability to HIV. The latter correlation conforms to what has been widely documented for many other countries in Africa and the rest of the developing world.⁶

In fact, the observed age-sex differentials in HIV prevalence in present-day Liberia and Sierra Leone point clearly to exploitative cross-generational sex as a factor in young women's higher HIV prevalence relative to young men.⁷ Moreover, if this factor is allowed to gather momentum, it could later generate much higher HIV prevalence, given the long-wave character of the epidemic and the potential HIV-spreading effects of the large-scale development interventions typical of the later stages of post-conflict transitions. This possibility should not be dismissed lightly in view of recent experience in Uganda and Nigeria and among populations of men who have sex with men in the United States, which suggest that declines in HIV prevalence can stall or be reversed if actions against key drivers of transmission are weakened or discontinued.⁸

It is worth repeating that key to the heightened vulnerability of younger women to HIV in post-conflict West Africa is the risky transactional, concurrent sexual relationships older and usually better-resourced men have with several much younger (and usually poorer) women. This

1. Amnesty International (2008), *Liberia: A Flawed Process Discriminates against Women and Girls* (New York: Amnesty International).

2. National Gender-Based Violence Committee (2008), *February 21-22 Retreat Report* (Freetown: N-GBV-C).

3. UNAIDS/WHO (various years), *Liberia Epidemiological Fact Sheet on HIV/AIDS and STIs* (Geneva: UNAIDS and WHO); UNAIDS/WHO (various years), *Sierra Leone Epidemiological Fact Sheet on HIV/AIDS and STIs* (Geneva: UNAIDS and WHO).

4. Statistics Sierra Leone and Macro International Inc (2008), *Sierra Leone Demographic and Health Survey – 2008 Preliminary Report* (Freetown and Calverton, MD: SSL and Macro International); Liberia Institute of Statistics and Geo-Information Services and Macro International Inc (2008), *Liberia Demographic and Health Survey 2007* (Monrovia and Calverton, MD: LISGIS and Macro International); Ghana Statistical Service and ORS Macro Inc. (2004), *Ghana: Demographic and Health Survey, 2003* (Accra: GSS and Calverton, MD: ORC Macro); Federal Ministry of Health, Nigeria (2008), *2007 National HIV/AIDS and Reproductive Health Survey* (Abuja: FMH).

5. Caldwell, J. and P. Caldwell (1993), "The nature and limits of the sub-Saharan Africa AIDS epidemic: Evidence from geographic and other patterns", *Population and Development Review* 19(4):817-48; McInnes, C. (2009), *HIV, AIDS and Conflict in Africa: Why Isn't it (Even) Worse?* Paper presented at the Annual Conference of the International Studies Association, New York, February 2009.

6. Michels, A. (2007), *Intersections of Sexual and Gender Based Violence and HIV/AIDS: Case Studies in the DRC, Liberia, Uganda and Colombia* (Rome: World Food Programme); Sejeebhoy, S. and S. Bold (2003), *Non-consensual Sexual Experiences of Young People: A Review from Developing Countries* (New Delhi: Population Council).

7. Statistics Sierra Leone and Macro International Inc (2008), *Sierra Leone Demographic and Health Survey – 2008 Preliminary Report* (Freetown and Calverton, MD: SSL and Macro International); and Liberia Institute of Statistics and Geo-Information Services and Macro International Inc (2008), *Liberia Demographic and Health Survey 2007* (Monrovia and Calverton, MD: LISGIS and Macro International).

8. Wilson, D. (2006), *HIV Epidemiology: A Review of Recent Trends and Lessons* (Washington, DC: World Bank).

correlation was frequently mentioned by the 10 strategic informants interviewed in Liberia and Sierra Leone during October–November 2008 about the prevailing contexts for SVAW and HIV-prevention in both countries. The sexual violence implied by these relationships is clearly gender-based, being driven by women's and girls' economic and social subordination to men. This pattern of sexual abuse has serious public health and human rights implications, given that evidence from across Africa indicates that women in abusive or fundamentally unequal sexual relationships are at least twice as likely to be HIV-positive.⁹ Moreover, when such women are known to be HIV-positive, they are significantly more likely to experience violence within the family and social isolation.

CONCLUSION

The Case for an Integrated Response

Drawing on insights from Liberia and Sierra Leone,¹⁰ this Policy Note highlights the gaps in the main policy responses and programmatic interventions on the issues outlined above. It makes the case for several integrated policy changes that could ensure better management of the human security aspects of post-conflict transitions through greater attention to the embedded gender issues.

The emergency and stabilization, transition and recovery, the peace and development phases of post-conflict transition may each present context-specific challenges for reducing the risks of sexual violence and HIV/AIDS for different categories of women. Consequently, for post-conflict reconstruction and development efforts to advance the goals of social justice and sustainable peace, they must respond to common factors in conflict-affected settings that often exacerbate the risks of HIV/AIDS and SVAW. Liberia's and Sierra Leone's recent experience suggests that the critical factors are women's low social and economic status, the age-gender nexus and the interaction between HIV and sexual violence at the individual level.

RECOMMENDATIONS

International development assistance agencies should:

- Devote much higher proportions of financial aid and technical assistance to interventions and programmes to reduce gender inequality, given the strong evidence that it is a key driver in both SVAW and HIV transmission in post-conflict West Africa. Such funding shift will help to correct the present undue attention given by major donors to vertical and largely biomedical HIV/AIDS programmes.

9. Fonck, K., L. Els *et al.* (2005), "Increased Risk of HIV in Women Experiencing Physical Partner Violence in Nairobi, Kenya", *AIDS and Behaviour* 9(3):335-9.

10. Johnson, K., J. Asher, S. Rosborough *et al.* (2008), "Association of Combatant Status and Sexual Violence with Mental and Mental Health Outcomes in Post-conflict Liberia", *Journal of the American Medical Association*, 300(6):676-90; Government of Sierra Leone (2006), *Sierra Leone: Combined Initial, Second, Third, Fourth and Fifth Periodic Reports on CEDAW* (Freetown: GoSL); and West African Network for Peace Building (2008), *A Situation Analysis of the Women Survivors of the 1989-2003 Conflict in Liberia* (Accra/Monrovia: WANEP).

- Fund HIV and SVAW prevention programmes that go beyond individual behaviours by addressing social and economic vulnerabilities, mobilizing communities and new partnerships, and providing additional opportunities, resources and services to address the specific needs of women and girls in post-conflict West Africa. Such efforts must be systematically integrated to be effective and sustainable, given the mutually reinforcing intersections between SVAW and HIV/AIDS at the individual level.
- Partner with the national governments in both countries to mount massive behaviour-change communication campaigns to transform perceptions about traditional gender roles and advance more equitable models of masculinity. International reproductive health and education NGOs and donor agencies should collaborate with national governments to review and expand secondary and tertiary curricula to include age-appropriate sexuality and gender education. This would introduce adolescents and young adults to information and orientations favourable to their adoption of sexually healthy and violence-free gender relations.
- Adopt a longer term approach to the community reintegration and rehabilitation aspects of disarmament, demobilization and reintegration (DDR) programmes. This would include adequate funding of services to address the psychological effects of involvement in combat and the social ostracism often encountered by women ex-combatants, especially those who return with children or physical disabilities. Our analysis of the post-conflict experience of women and girls in Liberia and Sierra Leone suggest that it is critical for DDR programmes to fully account for female ex-combatants and their rehabilitation and social reintegration in order to break the cycle of repeat victimization and oppression.
- Support new research to establish the proportion of women in post-conflict West Africa who are HIV-positive and have suffered continuing sexual violence from the war years to the post-conflict transition period. Such data would be particularly informative in designing HIV- and SVAW-prevention and mitigation programmes targeted at the groups most at risk.

Central and provincial (county or district) governments of Liberia and Sierra Leone should:

- Provide more budgetary and political support for translating national action plans for combating SVAW into programmes and services that reach as many citizens as possible. These should pay particular attention to community mobilization and information campaigns to promote new models of masculinity that engender zero tolerance for sexual violence against women and girls.
- Expand and improve the services delivered by publicly funded legal aid schemes and police sexual-violence investigation units. This is likely to help meet the increasing demand for justice by sexual assault survivors associated with the improving social and policy environments for combating SVAW in Liberia and Sierra Leone.
- Team up with international funding agencies to support the training of the leaders and build the technical capac-

ity of local women's and human rights NGOs, so they can graduate from grassroots community mobilizing to advocacy and service delivery organizations able to serve needy hard-to-reach women-at-risk of sexual violence. Expertise in establishing and managing legal clinics and protection arrangements to support SVAW survivors' defence would be especially valuable, given newly enacted rape laws designed to make the conviction of rapists easier.

- Institute and sustain large-scale professional/lay counselling and trauma management services across Liberia and Sierra Leone as part of existing social rehabilitation and reintegration programmes. Such services are necessary to cope with the impact of post-war trauma, especially among ex-combatants and war-time sexual assault survivors, in engendering further violence against women several years after the conflict has ended. This might require extended external technical assistance, given the desperate lack of human and institutional capacity in both countries. Such focused programming is likely to promote healing and the more successful integration of ex-combatants and refugees, and, potentially, stability and non-violence within intimate relationships.
- Work with local and international women's empowerment organizations, reproductive health advocates, human rights NGOs and international development agencies to develop and promote national guidelines (and associated toolkits) for the development and management of programmes for addressing SVAW and its intersections with HIV/AIDS. These guidelines would seek to advance the recognition and adoption of the minimum public health and human rights protection standards that such programmes are expected to meet. Existing programme guidelines and toolkits developed by international NGOs and multilateral development agencies for developing country settings do not adequately address the complexities of the post-conflict situations in West Africa and are, in any case, focused more on conflict and refugees.

Local civil society organizations should:

- Undertake action research and follow-up advocacy to ensure the strong official rhetoric and robust national policies to combat SVAW and women's vulnerability to HIV/AIDS in Liberia and Sierra Leone are matched by a commensurate level of funding for programmes and services that actually meet the needs of the majority of affected or at-risk women. New research and advocacy

may help to show the extent to which lack of capacity in gender analysis, gender planning and the development of women's empowerment programmes contributes to the perpetuation of existing patterns.

- Actively seek funding and policy support to build overall technical capacity of these organizations and enable them to transcend their present preoccupation with grassroots community mobilizing and become more involved in advocacy and service delivery that responds to the needs of hard-to-reach women-at-risk. Staff development on the establishment and management of legal clinics and protection arrangements to support SVAW survivors' defence would help these organizations to give teeth to newly enacted rape laws.
- Forge and expand collaboration on policy advocacy and scale-up good practices for combating SVAW and HIV among faith-based organizations, public sector agencies, universities and research institutes, the mass media and international NGOs. Such partnerships would enable better capitalization on the new opportunities to expand the response to SVAW and its intersections with HIV/AIDS provided by the more favourable policy environments and legislative frameworks evolving in post-conflict West Africa.

SUGGESTED READING

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