

**SYMPOSIUM ON PREVENTING AND COPING WITH HIV/AIDS IN
POST CONFLICT SITUATIONS:**

GENDER BASED LESSONS FROM SUB SAHARAN AFRICA

BURUNDI

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INTRODUCTION

Burundi has a surface area of 27,834 square kilometres. It shares borders with Rwanda in the north, the Democratic Republic of Congo in the west, Tanzania in the east. Although it is bordered by Lake Tanganyika in the south and the west, it has no access to the sea. It is one of the 'Great Lakes' countries. 90% of Burundian population are farmers. The population density is 230 inhabitants per square kilometre. The total population amounts to 6,194,220 inhabitants at the end of 1997. The population growth rate is of 1% per year.

Burundi recent history has been characterised by the socio-political events of 1993, which ended by a death toll of thousands people, nearly a million of displaced people inside and outside the country. From there, we started to speak of 'displaced', 'dispersed', 'refugees', 'regrouped', 'repatriated'.

The need for security has forced people to regroup themselves. This precarious new way of life has increased and worsened promiscuity, prostitution, rapes, various epidemics, and has increased poverty and malnutrition. It contributes to spread up the propagation of HIV/AIDS.

Presently, 26% of women aged 15 and above are widows and the number of orphans and unattended children increases considerably. In Burundi as in other African countries, taking 'gender' into account is a rather recent issue. It is recent because the woman is socially considered as inferior to man, as illustrate some of traditional sayings:

"A woman is bedding for overnight lodgers"
"A hen never crows in the presence of a cock"

The Burundi woman has no right to heritage. She has very limited economic power and remains economical dependant on her husband. Girls' illiteracy is also a factor of vulnerability for the woman with regard to HIV/AIDS.

On the contrary, the man has all the powers including mostly the sexual power, which encourages male adultery: "A bull is entitled to any cow". This belief surely favours contamination by HIV/AIDS.

II. EPIDEMIOLOGICAL DATA

During the elaboration of the national strategic plan 1999-2000, high-risk groups have been identified: the prostitutes, the military, youth, truck drivers, seasonal workers.

The main determining factors of HIV/AIDS disease are essentially the following:

- Sexually transmitted diseases
- Promiscuity
- Sexual vagrancy
- Population displacement
- Sexual taboos
- Woman status
- Alcoholism
- Poverty
- War
- Prostitution
- Early sexual intercourses
- Household breaking-up

The first case of AIDS: 1983

EVOLUTION OF SERO-PREVALENCE OF HIV/AIDS WITHIN THE POPULATION

Year	Urban zone	Rural zone
1983	<1%	
1986	6.4%	
1989	15.1%	0.73%
1996	21%	4% to 6%
1997	20%	1.1% to 15%
1998	20%	1.4% to 4.5%
1999	16%	7.5%

- People infected by HIV/AIDS at the end of 1999 are 360.000 (11.3%)
- Accumulated number of AIDS cases is estimated at 220,000
- Accumulated number of deaths due to AIDS is estimated at 200,000

III THE PROJECT PROPER

Our project is in the line of the national strategic plan 1999-2003. It has been motivated by the scale of the HIV/AIDS epidemic because of the socio-political situation characterised by war and poverty that prevails in our country since 1993. War and poverty have as consequence population movements, regroupment in 'camps', which have as corollary promiscuity that favours the infection by HIV/AIDS and its propagation.

Convinced that the military community constitutes an important target-group, we elaborated the project “Fight against HIV/AIDS within the military community”. After its validation by the National Programme to combat HIV/AIDS (PNLS), the project was presented to the thematic UN/AIDS in Burundi, which presented it on its turn to UN/AIDS Geneva.

Presently, the project is financed by UN/AIDS with UNESCO as its executing agency (UN/AIDS partner and the Ministry of National Defence.)

The beneficiaries are the military, their families and the population living around the military barracks. (Adolescents, girls, others.) The project has as main objective, to prevent the transmission of HIV, particularly by sexual transmission.

THE SPECIFIC OBJECTIVES OF THE PROJECT ARE THE FOLLOWING:

- Improve the knowledge by the armed forces on HIV/AIDS and the sexually transmitted diseases.
- Bring the military with risky sexual practice to adopt non-risky sexual practices.

TO ACHIEVE THOSE OBJECTIVES, WE ADOPTED THREE STRATEGIES:

- Sensitise the military community at all levels: the Army High command (to get it involved in this noble task), the health personnel, the military and their families, by educating ‘pair-educators’
- Promote the use of condoms
- Promote early diagnosis and the treatment of sexually transmitted diseases.

Because of the civil war that prevails in Burundi, the military’s wives live in military barracks. During sensitisation sessions, we do not separate husbands and wives. They are taken together. As women always feel inferior to their husbands, we choose among them leaders to continue the sensitisation when we finish our sessions.

Also, when we go to the ‘camps’ to sensitise the military in charge of the camps security, we invite as well women and girls living in the camps to join the sensitisation sessions. We target the ‘camps’ women and young girls as well because due to promiscuity, the military choose among them their sexual partners increasing in so doing the risk of the HIV/AIDS propagation.

We strongly believe that our effort to combat AIDS will remain unfruitful if the women are not adequately involved. It is therefore of a paramount importance that the Burundi woman and girl understand and invest themselves in the prevention of AIDS, of which they should be the torchbearers.

THE EXPECTED RESULTS OF THE PROJECT ARE THE FOLLOWING:

- Acquisition of general knowledge (modes of transmission and prevention) on HIV/AIDS.
- Decrease of the AIDS prevalence in the military community, within their families and the neighbouring population.
- An accrued involvement of the Burundi woman and girl in the project to allow her to play a more important role in the prevention of HIV/AIDS.
- Get the persons living in the 'camps' to supervise with the military in charge of their protection, the sensitisation sessions on AIDS

THE IMPACT OF THE PROJECT WILL BE TWOFOLD.

First, it will be social. It will entail a decrease of the AIDS prevalence and consequently of the number of AIDS deaths and orphans, along with the different charges on families and the community.

Secondly, it will be economic. The families' budget will be used for the household needs instead of the health expenses for AIDS affected patients.

The war that Burundi is undergoing from 1993 is the main hindrance to the project execution. Through its consequences (poverty, promiscuity, population displacement) it contributes to the propagation of HIV/AIDS. Other obstacles do exist. They are among other things, illiteracy, and girls' illiteracy in particular. Girls' economic dependency, their limited negotiating power and their social status render them more vulnerable to AIDS.

Concrete actions can contribute to our project success. Examples of such actions are the following:

- The stop of the war (peace) is a pre-requisite to success because war impinges all the actions that are undertaken.
- The girls' schooling which would ensure their easy access to information.
- The increase of women's economic empowerment could diminish their economic dependency
- The availability of a long- term funding to render perennial the undertaken actions.

The project is mid-course executed. Its evaluation is therefore partially done. Some concrete results can be mentioned. Key recommendations from the sensitisation workshops organised for the High commandment of the Army have been followed up.

- A unit to combat AIDS has been created in the Ministry of National Defence. To get the periphery involved, similar units have been set in every Military Region.
- A mutual aid fund has been set to enable the military to have access to the anti-retroviral treatments whose price is too expensive. This initiative started from the military community and is now taken as a model by other communities. We note also that a bigger number of military are willing to undergo a HIV/AIDS test.

A final evaluation is planned for the end of the project.

There is a link between the health programmes and the efforts to restore peace. All efforts to improve the health of the population will be unfruitful if there is no peace. As a matter of fact, war entails a number of phenomena: the HIV/AIDS spreads at a great speed and malnutrition threatens children and adults alike. In such conditions, diseases multiply because the body is weakened. Also, rape is a weapon in time of war and it contributes to the propagation of HIV/AIDS.

THE MAIN LESSONS FROM THIS PROJECT ARE THE FOLLOWING:

- The importance of the sensitisation of the military community which constitutes a high-risk group and above all the possibility of rendering the action perennial.
- The awareness and involvement of the high military and political authorities.
- The solidarity expressed to the AIDS patients that materialised in a mutual aid fund for an access to the anti-retroviral treatment.
- The appropriation of the project by the military who ask for more information on the AIDS transmission and prevention.

RECOMMENDATIONS ADDRESSED TO THE AFRICAN GOVERNMENTS AND THE INTERNATIONAL COMMUNITY.

TO THE AFRICAN GOVERNMENTS.

- The African governments should take into account the problem posed by AIDS when elaborating their development programmes because there will be no development with this epidemic.
- They must consider the combat against AIDS as a top priority.
- They must make joint efforts in the fight against the HIV/AIDS.
- There is an urgent need to reinforce the social political and economic power of the African woman in order to increase her financial power and diminish her vulnerability to the HIV/AIDS.
- HIV/AIDS infected patients should be associated to the different international forums on the HIV/AIDS.

TO THE INTERNATIONAL COMMUNITY

- Allow the African countries to have access to the anti retroviral at an affordable price, if not allow utilisation of unbranded medicines.
- Fund the national and regional projects to combat AIDS.
- Demonstrate a strong will to assist countries that are affected by the HIV/AIDS.
- Not to condition aid to combat AIDS to the social and political situation of the African countries.

Following the United Nations resolution 1308, adopted by the Security Council on the 17th of July 2000, on the intensification of the fight against AIDS within the military and peace keeping forces, we have elaborated a new project: **”Fight against HIV/AIDS in favour of the Dressed Corps”** (Military, Police, Customs personnel, Air and borders police).

This project is not funded yet.

CONCLUSION

As we can all notice, the fight against AIDS is a noble task we have engaged to undertake. Even if Burundi undergoes a terrible war since 1993, we are determined to continue our combat until we overcome this deadly epidemic. We shall multiply meetings to exchange individual experiences for a mutual enrichment. This will be done in the spirit of our traditions. Our forefathers taught us that “Ubwenge burarahurwa” and “Akanyoni katagurutse ntikamenya iyo bweze”. (“Intelligence is drawn from outside” and “ The bird that does not fly, does never know where corn is ripe”).

Let us hope that this forum will not be simply another meeting but that it will be followed by concrete actions to combat HIV/AIDS in war stricken post conflict societies.

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