

Sexually transmitted infections and HIV/AIDS in refugee settings



“Reproductive health eludes many of the world’s people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives.”

Programme of Action, International Conference on Population and Development, Cairo, September 1994

Sexually transmitted infections (STIs) including HIV/AIDS spread fastest where there is poverty, powerlessness and social instability. These conditions are characteristic of life in refugee settings. As a consequence, there is an increasing incidence of STIs and HIV among displaced populations.

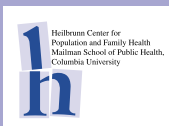
There are a number of other factors associated with a refugee environment that may contribute to this serious health problem:

- at every stage of flight displaced women and girls are vulnerable to rape and sexual abuse
- people be forced to sell sex for money or basic resources as a survival strategy
- the risk of HIV transmissions through contaminated blood may be higher in emergency settings, as more transfusions may be required and the infrastructure for screening may be lacking

- rural dwellers typically have lower rates of STIs/HIV and a lower risk of acquiring infections. Forced migration to areas of high population density increases their exposure to people from different backgrounds and hence an increased risk of infection.

Although much attention has been given to HIV/AIDS, it should be emphasised that STIs are also a serious public health threat. Their presence greatly increases the risk of HIV transmission, which in turn increases the risk of tuberculosis. Women with STIs may suffer chronic pain, infertility, reproductive tract cancer, and complications during pregnancy and childbirth. Their children too may be adversely affected with an increased risk of morbidity and mortality.

The impacts of STIs and HIV/AIDS are more than just physical; they also affect the emotional and economic



well-being of the refugee community. People living with HIV/AIDS and their families may experience social rejection and isolation, increasing the psychological traumas which often accompany refugee life. Families are also left vulnerable to poverty and economic dependence, since young adults in their productive working years are most at risk of infection and are often unable to undertake income-generating activities.

Services related to STI/HIV prevention should not be considered a luxury. It is crucial from both a public health and human rights perspective that activities to promote the prevention, treatment and management of STIs should be incorporated into relief and development work.

Case study

The civil war in Rwanda created a refugee crisis of unprecedented proportions; the Great Lakes region is now home to over one million refugees.

The Reproductive Health Minimum Initial Service Package was the centrepiece of an interagency initiative in the Great Lakes region to ensure reproductive health care - including prevention of STIs - is incorporated as a central component of relief operations. Two key objectives of the package are to:

- guarantee the availability of free condoms, and
- promote universal precautions against HIV/AIDS.



In the Ngora camps, CARE found Rwandan refugees unmotivated to use condoms for STI prevention because of a desire to have more children to replace those lost in the genocide. In response, the staff developed a more effective strategy by highlighting the importance of protecting fertility through STI treatment to reduce the risk of HIV transmission.

Key facts

- at the end of 1999, 34.3 million people were estimated to be living with HIV/AIDS, including 5.4 million new cases of HIV infection during that year¹
- in 1999, 2.8 million people died of AIDS, of these deaths 1.2 million were women²
- there are 16,000 new infections worldwide per day³
- STIs afflict five times more women than men. There are an estimated 333 million new cases every year⁴
- STIs cause the second highest burden of disease for women aged 15-44 in developing countries, after maternal mortality and morbidity.⁵

What can be done?

- information and education campaigns to promote awareness of STIs/HIV
- promotion and distribution of condoms
- implementation of the syndromic approach to STI case management
- enforcement of universal blood precautions including safe procedures for blood transfusion
- increased access to reproductive health services
- promotion of human rights for people living with HIV/AIDS.

References

- ¹ Report on the Global HIV/AIDS Epidemic, UNAIDS, 2000
- ² Ibid
- ³ Facts & Figures, UNICEF, 2000
- ⁴ The State of World Population, UNFPA, 2000
- ⁵ World Population Monitoring, UN, 1996

Note: The term 'refugee' officially describes a person who has crossed an international border, while an 'internally displaced person' (IDP) has had to leave her home but has remained in her own country. For the purposes of this factsheet, 'refugee' is used here to refer to both groups.

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Technical resources

Contraceptive Guidelines for Refugee Settings, John Snow International, 1996

Five Day Training Program for Health Personnel, Reproductive Health Programming in Refugee Settings, CARE on behalf of the RHR Consortium, April 1998

One Day Awareness Building Module Intro to Reproductive Health for Refugee Settings, CARE on behalf of the RHR Consortium, April 1998

Refugee Reproductive Health: Needs Assessment Field Tools, RHR Consortium, 1997

The Reproductive Health Kit for Emergency Situations, UNFPA, 1998

Reproductive Health in Refugee Settings: An Inter-Agency Field Manual, UNHCR/UNFPA, 1999

Setting Priorities in International Reproductive Health Programmes: A Practical Framework, Columbia School of Public Health, 1996

Further reading

Controlling STDs/HIV within dynamic refugee settings, Paula Nersesian, and Bill Brady, Refugee Participation Network, Issue 20, November 1995

Guidelines for HIV Interventions in Emergency Settings, WHO, UNHCR, UNAIDS. Geneva, 4 September 1995