Victor Agadjanian
Arizona State University

War, Forced Migration, and HIV/AIDS Risks in Angola

(extended abstract)

This paper examines long-term effects of prolonged civil war in Angola on internally displaced persons' (IDPs) HIV/AIDS risks. It is based on a representative survey conducted in June of 2004 in two suburban municipalities of greater Luanda—one where IDPs constitute a large proportion of the population and another where the share of IDPs is relatively small. The survey sample included 1080 persons, both IDPs and non-IDPs, a roughly equal number of men and women. The survey data were complemented by a series of semi-structured interviews with IDPs in both municipalities.

The theoretical model of this study is the following. War causes profound social and psychological scars among IDPs—through deaths of family members, deterioration of health, the destruction of economic livelihood, the disruption of family ties, sexual violence against women, the breakdown of traditional mechanisms of social and psychological support, and the often horrifying experience of the flight itself. Yet, IDPs' troubles seldom end when they reach the safe havens of urban areas. The baggage of disadvantages that IDPs bring with them impedes their full integration—economic, social, cultural, and political—into city life. This mal-integration accentuates and perpetuates IDPs' marginalization and psychological uprootedness, which may be manifested in economic vulnerability, limited access to health care, ineffective mechanisms of social control, negative self-assessments of health and well-being, apathy and fatalism. The social milieu in which IDPs find themselves at points of destination

may further reinforce these negative tendencies. As a result, IDPs' knowledge about HIV/AIDS may be limited, awareness of HIV/AIDS risks may be blunted, and exposure to HIV/AIDS prevention information and ability to apply this information may be reduced. This in turn, may expose them to higher risks of infection. Marginalization and uprootedness may also affect these risks directly—through poor health (especially the presence of STIs) and continuing exposure to sexual violence (for women). These processes and outcomes are highly gendered. Specifically, the literature reviewed earlier leads us to expect female IDPs to have had a particularly traumatic migration experience, to be particularly ill-adapted to urban life, and to have less access to prevention information and lesser ability to translate their knowledge into effective prevention. This theoretical model is tested by a combination of multivariate statistical analyses of the survey data and qualitative analyses of semi-structured interviews.