

# THE IMPACT OF MIGRANT POPULATIONS ON THE SPREAD OF HIV/AIDS IN UGANDA

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## INTRODUCTION

The phrase "migrant population" brings to mind images of large numbers of people undulating beneath baggage, with half-naked children clinging to mothers' sides looking hungry, and tired, but with expressionless faces. In most cases, these images are exactly what migrant populations are. Often they have left behind them, wars, smoking huts and upturned lives.

However, this description leaves out the inconspicuous trickle of youth fleeing rural poverty, nor does it include professionals such as long distance truck drivers, business people and armies. This last category, rarely hungry, mostly travelling alone and often maintaining secure lives, are more mobile compared to refugees. It is only that their more affluent bearing makes them less dramatic than refugees.

If this is so, it is as well: of the migrant persons, refugees are the most susceptible to any kind of suffering. For them, there has always been hunger, statelessness, loss of rights and property, and discrimination. Now with the spread of HIV/AIDS, refugees too are the most susceptible to catching the deadly disease.

"When you are concentrated and living in one place, you are idle, you are not active, you don't move anywhere to anything," says director of Uganda's Aids Control Program (ACP),

Dr. Elizabeth Madra. "Indeed, the only thing which will come to your mind much more is drinking, smoking and sex... so there you can pick up infections in between."

The history of refugees stretches decades into Uganda's past. For years, the country has had a permanent presence of stateless and mobile people: it begun in 1955 when Sudan, then under the domination of Anglo-Egyptian rule, yielded the first ever reported wave of refugees into the country. Four years later, ethnic strife in Rwanda to the south of Uganda, brought in another batch of refugees. This was in 1959. When the 1960s came, Sudan once more produced refugees. This time, it was tension between the Arab-Muslim North and the Christian, Animist black South.

As yet, Uganda had not produced any mass displacement. This changed in 1970 when Iddi Amin came to power. The political and economic atmosphere quickly degenerated and soon got worse, enough for the country to keep generating refugees for the next three decades. There was the mass fleeing of Ugandans, especially the Northern Langi and Acholi tribes who had been the supporters of deposed President Apollo Milton Obote.

The next and perhaps the most significant – and certainly the most publicized-refugees out of the country were the Ugandan-Asians. In 1972, President Amin proclaimed an economic reform, a spurious policy that consisted of expelling Asian professionals and business men.

Their departure left a tragic economic gap of 50,000 entrepreneurs.

When Amin was overthrown in 1979, it was the turn of his own ethnic group to suffer political persecution. This third wave of Ugandans were from the North-west part of the country known as the West Nile. Their fault was that they were the tribe from which Amin came. They fled into Sudan and the former Zaire. From 1988, Sudan began to produce a steady flow of refugees as a result of the increased warfare between the Sudanese Peoples' Liberation Army (SPLA) and the Khartoum government.

In 1990, something else happened which, by the reverberation of its consequences, was the most important movement in Uganda. A section of the Ugandan army, composed of Rwandese Tutsis, broke off and fought its way into Rwanda where their parents had fled over three decades ago in 1959. It took four years of guerrilla warfare for the Rwandese Peoples' Forces (RPF) to evict the Hutu-led government. However, not before elements of Hutu extremists *Interhamwe* attacked Tutsis and moderate Hutus to produce the worst massacre in Africa's history and subsequently one of its worst mass movements. The resultant irony was that the Hutus who in 1959 threw out the Tutsis, now ran into Tanzania, ex-Zaire and Uganda.

So far, this history is that of externally displaced people. By their magnitude and drama, nature of the movement and alienation they traverse, coupled with the intense gaze of international media, this category fits well into the noun "refugee".

By July 1997, Uganda had a total of 207,287 foreign refugees living within her borders. Of these, Sudanese compose 179,750 or 85.9%. The rest were distributed between people from the Democratic Republic of Congo, Rwanda, Somalia, Ethiopia and Kenya.

However, there is another category of displaced people who are rarely thought of as refugees. These are the internally displaced persons. Because they have only moved to

neighboring villages or districts, they do not fit the stereotype of refugees. Yet in Uganda, they number 233,000.

Uganda's political atmosphere for the last decade has been producing them at an ever increasing rate. The worst hit part of the country is the Northern region which, for the 14 years that Museveni has spent in power, has been under civil strife. The rebel group, Lords Resistance Army (LRA), assisted by Sudan, has abducted, maimed and killed thousands of people.

As a result, the Northern districts of Gulu, Arua and Kitgum, have between them, contributed 193,000 (79.7%) of the 233,000. The other 40,000 (20.3%) come from the Western districts of Bundibugyo, Kasese and Kabarole. These last three districts began experiencing wars only in the last few years during which a rebel army, called the Allied Democratic Forces (ADF), have taken on the national army and terrorized the local population.

In a country of 20 million people, the external refugees form a ratio of one to 90 people while the internal ones are one in 78 Ugandans.

But what does all this history and numbers mean? The legacy of refugees that began in 1955 still continues to plague the country and often spreads into the Great Lakes region. For the numbers of refugees, whether they come from across the boarder or from other districts, bring enormous problems both for themselves and for their hosts: close to half a million helpless people lean heavily on food supplies, on living space and stretch out health services.

In a poor country like Uganda that itself has little to offer even the employed citizens, the situation is acute. "Mobility is bad if it is in such a way," says Dr. Madra. "People are going to be exposed to a lot of depression. You are so worried, you are pre-occupied with your future, the future of your children, you have lost a lot, you don't have anything on your own, you are totally dependent on relief, your housing may be bad, and your health may be bad."

## HIV/AIDS AND MOBILITY

In Uganda, worry over the connection between HIV/AIDS and mobility has been a major pre-occupation with the authorities. Migrants, whether they move in frightened masses or as businessmen, are associated with the spread of the disease.

"They are highly vulnerable, they are a source of spreading it because they have contacts with other people," says a Church of Uganda Development official, Frank Rwakabwe who is head of programmes division. "One person passes on to another and...so it will just keep multiplying."

The first cases of the virus in Uganda were along the Trans-Africa Highway. The western district of Rakai is the most synonymous with the disease. It is this district through which long distance trucks passed. The 1979 intervention of Tanzania in the overthrow of Amin has sometimes been blamed for the introduction of the disease into the country. This is, however, a doubtful supposition, but it shows the concern with mobility and disease communication.

The movement of labour within the country is also blamed for the initial spread of HIV/AIDS. However, to state that travellers are the vehicle for the virus to spread is trite. In Uganda, as in all African countries with refugee problems, the mass movement of people garners more concern from authorities fighting the disease because displacement renders the displaced, more than any other group, vulnerable to catching the virus.

In Uganda, refugees generated from the North and West of the country, as well as from outside the borders, are found in Mbarara, Gulu, Kitgum, Masindi and Bundibugyo districts. Within Mbarara, a Western district, 20,000 Rwandan refugees occupy Oruchinga Refugees Resettlement camp. Bundibugyo and Gulu, Western and Northern districts respectively, have a new generation of refugee camps called "protected villages", because they are the places into which the nationals fleeing army-rebel crossfire are herded. Among these

are Ntandi, Kayimbi, Butama in Bundibugyo and Acholpii in Kitgum.

In all these camps, the health predisposition is gloomy, the basic cause being congestion. "The camp situation has got its own vices," says World Vision International programme officer, Stuart Katwirikirize. "They have brought many people together – they are just huts; one after another. People who were spread over vast pieces of land have scaled down to just a camp – a whole sub-county brought to 10 acres of land."

Food and water shortages follow. The squalid huts become breeding grounds for diseases. The illness common in all these camps is malaria, acute respiratory infection, diarrheal diseases, helminthiasis, skin disease and more recently, though more worrying, HIV/AIDS. UNAIDS estimates that 930,000 Ugandans are currently infected with the disease. The infection rate is put at 9.5%. An estimated 1.8 million have already died from the disease.

However, Dr. Madra and another Ministry of Health official, Dr. Saul Onyango, caution against making inference between migrants and the AIDS statistics. "We have to be really objective," warns Dr. Onyango, "the chances of somebody who is a migrant getting HIV is the same as for any other person. The fact that you have to take into consideration is the knowledge base of the individual – what are their perceptions and then what precautions are they taking to prevent infection?"

According to the authorities dealing with the disease and refugees, it is knowledge, perception and precautions against infection that displaced people do not have. But it is not all that they lack.

"There is the extra risk as far as migrants are concerned," says Dr. Onyango. "In most cases, you are displaced from your normal situation. That puts you at a bigger risk because the issue of the economy will come in. What is your financial situation?"

That situation is absolute poverty. Most of the people that live in camps are peasants. They are without savings and dependent on the food crops their land yields. The declined produc-

tion of the cash crops (cotton) and in the national economy hit this group hardest. Besides, the economic gains made in the regime of President Museveni has been more pronounced in urban areas than in rural areas. Eighteen percent are petty traders, 15.1% students, 17.1% idlers, while the salaried workers make only 18.3%. With this line up, economic well-being collapses very fast in the face of instability.

According to Dr. Onyango, in the face of such intense deprivation, perception and precaution offer little protection. "One of the issues which really plays a big role in the transmission is poverty. People are willing to compromise their knowledge and attitudes for just getting some little survival."

The poverty created in this forced deprivation disorganizes the lives of the refugees. Besides their health, the realities of the new social situations they find themselves in change their family compositions and their sexual patterns. The lack of awareness about AIDS further compounds their problems. Added to that, they are susceptible to paid sexual advances from their new neighbors. Prostitution is not uncommon. Families break up very fast. In a survey carried in three camps, it was found that 12.8% of the refugees had lost their spouses while another 14.0% had divorced.

"All my relatives and friends were abandoned by their partners," said a 42-year old Rwandan refugee living in Oruchinga camp. This desperation has got a gender bias to it. The women remain with the children and have to look after them.

A 28-year old woman living in Butama protected village, formerly a petty trader in Bundibugyo, has had to share her husband since joining the camp. "My husband has now married three extra wives," she says. "He may not be using condoms."

Mr. Katwirikirize explains: "One of the ways migrants can meet (their) needs is to just fall prey (to) some scavenger men who can take advantage of (them)."

The notoriety of the protected villages is that while they put distance between the civil-

ians and rebel bullets, they also take away the cohesive social structures once present in peace time. The national soldiers, if they protect the people, also see their women as pawning ground. Migrants are bitter about the Uganda People's Defense Forces (UPDF). "Most of us, our wives, are here," complains a Local Councilor of Kasitu village in Bundibugyo, "now when they (UPDF) see you poor and useless, they take advantage of your wife. She lands on a soldier who has cash."

One 36-year old widow, whose husband died at Oruchinga camp, is uncertain about her own health. "I suspect my husband might have caught AIDS."

Mrs. V. Kibirige, coordinator of the ACP condom distribution programme, believes the gender aspect of vulnerability is most important. "I would consider mainly the women and the girl child to be more vulnerable because normally, when they move from an area, they need support and they can't get it," she says. "Sometimes they might offer themselves so that they can get the support they need in terms of food and shelter."

Even among the refugees, there is an uneven distribution of fortunes. The external refugees tend to fare better than the internal ones. The reason is that external refugees, because of their longer history, have benefited from political solutions. They are often given land on which to make a living. But then again, it is the internal refugees who have had longer exposure to HIV/AIDS awareness campaigns.

The lack of awareness and the difficulty with which to provide sex education to mobile populations is the point that the ACP has been focusing on. "It is very bad because you are in a situation whereby you are not exposed to any education programme," says Dr. Madra. According to her, the danger comes in because the refugees from neighbouring countries have not got the same exposure to HIV/AIDS awareness education that Ugandans have received.

"We do not know how much AIDS awareness is created in their own countries of origin," she says. "We don't know how much they

have been sensitized but they are entering a country which has a highly sensitized population. Now, they are going to mix with these people."

The movement of soldiers is another route for spreading the disease.

"A soldier, whether white or black, has got to have sex, has got to smoke, has got to drink...also under such a situation of war where they need a lot of surgery, they get blood transfusion, because of bullets, accidents and landmines. In the process, if the blood is not screened, they pick up infections. So that is where mobility becomes a risk factor. When you talk of mobility, you have to include the soldiers."

Realization of the potential of migrant people in spreading the virus has led to a conscious targeting of those with the highest risk potential. These are the long distance truck drivers. The ACP has been educating these drivers.

Dr. Madra said that before they started their programme, the rate of spread of the virus along these routes was enormous. This was compounded by the fact that the drivers did not have one, but many sex partners along these routes, besides the wives who they left behind for as long as a month at times.

According to Dr. Madra, offsetting the tide of HIV spread through migrants is a burden of education. Her recommendation for aiding this is through setting up counseling and testing units among the migrant communities. Introducing the triple strategy of information, education and communication (IEC) strategies is another important weapon. Other recommendations include services for other infections, addressing the social and economic conditions in camps as well as encouraging government to end wars.

The spread of the disease through migrants, when these are refugees is different, because while truck drivers might control their habit, for refugees, the drive is not desire, but desperation.

## CONCLUSION

The fact that the mass media are the single most important way to reach large populations also makes them the single most important weapon in the fight against HIV/AIDS. For any

public information programme to be a success, the target that a communicator aims at comprises the mind, the attitudes, beliefs and lifestyle of the audience. It is these elements that lead to behaviour change: hence, the communicator, most often the journalist, is a crucial ingredient in fighting the disease through the media.

For journalists, the most important elements in public information are gathering information, the information itself, and the way in which it is packaged. In gathering information on public health, the journalist must identify the root causes of HIV/AIDS. These are fairly well known. The journalist must also identify the patterns of the disease; the age group, the area of the country, the social and economic disposition of that section of the population that suffers most.

The next step is to identify which audiences the journalist is speaking to. These are differentiated along age groups, educational levels, social backgrounds and habits. The importance of this is that the ways in which messages are packaged differ with the audiences at which it is aimed. The risk behaviours of each group must be identified; if the youth, is it casual unprotected sex, drug needles, peer pressure, high-risk socialization?

The messages must be crafted to match the age group. To communicate to adults in the same way as teenagers is useless. Teenagers have their own jargon and interests. The message should be attractive enough to catch the imagination of the audience; it must always have a sense of newness and novelty. They must be repeated all the time, but mostly at the hours when people are at greater risk of catching the virus.

The communicator must create a sense of authority; what are the statistics? Who is delivering them? Is the source believable? Is she/he knowledgeable? Are they liked by the audience? The communicator must create a recognizable structure of communication, which identifies the message with the campaign. For instance, in Uganda, government newspaper, *The New Vision* publishes a monthly youth pull-out called *Straight Talk*. It is about AIDS and is targeted at the youth. The communicator must use different types of com-

munication. It should be on television, radio, newspaper and magazines. There must be multimedia. Often, interpersonal and group communication must be created in the communities.

The communicator must create a channel for feedback. If in the newspaper, letters must

be entertained. Telephones must be connected to the radio and TV stations. In this feedback, the communicator must allow a great amount of participation from the audience. Feedback also tells the communicator whether his message has been used the way he intended.