The embodiment of inequity: The impact of social suffering on the sexual health of marginalized youth - vulnerability, resiliency and healing strategies of youth-headed households in Rwanda.

Introduction. Sixteen years after the devastating genocide in Rwanda, a new generation faces social marginalization and exploitation. In the past decade, a wave of deaths caused by the HIV epidemic has swept through the country, further desolating communities and weakening familial care structures. Against this backdrop, over 100,000 children and youth have been left to care for their households alone (MINALOC 2006), struggling not only to survive, but to navigate through the complex dynamics of a nation ravaged by violence and disease.

Young people (aged 15-24 years) in Sub-Saharan Africa have been identified as particularly vulnerable to HIV and other sexually transmitted infections (STI's), representing half of new infections in the region (Bankole et al. 2004, Khan & Mishra 2008). In Rwanda, AIDS is not only claiming the lives of caregivers, but poses a direct threat to youth, especially young women, who are three times more likely to be infected by HIV than young men (NACC 2010). Youth-headed households (YHH), in particular, confront conditions that subject them to sexual vulnerability and therefore the risk of early pregnancy and HIV infection (McLellan 2005, Roalvam 2005). Facing social isolation, lack of protection, and economic deprivation, they suffer physical and sexual abuse and are rejected and exploited by neighbors and relatives (ACORD 2001, HRW 2003, Rose 2005, Thurman et al. 2006). With little adult support, few youth have a source for learning cultural knowledge, such as sexuality issues or local healing strategies (Ward 2006). And yet, the very situation of YHH has shaped their resiliency and for some, the ability not only to cope, but to actively seek solutions to their problems (Ward & Eyber 2009). YHH have been recognized for their resourcefulness and responsibility, showing care and sacrifice for siblings (Donald & Clacherty 2005).

Analysis of the complex dynamics that give rise to the sexual vulnerability of YHH in Rwanda requires consideration of the interrelated nature of social and health problems. Kleinman (2010) presents social suffering as a framework for global health that collapses the social - health dichotomy. Social suffering, which has been defined as set of consequences embodied by humans from causes such as war, oppression and disease, is often expressed in the form of disease (Kleinman et al 1997). Farmer provides an example of this, explaining that HIV and other infections are outcomes of structural violence and systemic inequalities, “disparities, which are biological in their expression but are largely socially determined” (Farmer 1999:5). Kleinman (2010) concedes that analyses of such global health problems must consider social institutions, which though designed to lessen suffering may do the opposite. An analysis of social networks is also vital, as impacts of suffering are not limited to the individual. Therefore, in Rwanda, where the impacts of genocide and HIV pervade, marginalized YHH experience intense social suffering. Taking into account their susceptibility to STI's, disease may be a likely form of their suffering.

The proposed study will build on my MSc study (awarded with distinction in 2006, Edinburgh) on child-headed households in Rwanda (Ward 2006, Ward & Eyber 2009). My previous research showed that young people heading households are remarkably resilient, and yet their situation lends them to extreme sexual vulnerability. I will now extend this line of research to facilitate a deeper analysis of youth sexual health. Using a social suffering framework that considers the wider social context, I will focus on the sexual health of YHH in Rwanda, examining their vulnerability, resiliency and healing strategies.

Research Questions. The following questions will be asked of youth-headed households in Rwanda: How do youth navigate the challenges of everyday life in the face of social trauma and extreme sexual vulnerability? What social, cultural and structural factors influence youth’s ability to exhibit resiliency in situations that affect sexual health? How do health and social services (healthcare bureaucracies, social programs) create space for youth to improve their health and prevent the infection of HIV and other STI’s? Are local healing approaches available and accessible to youth?

Methods. The methodology will be ethnographic, an in depth observation of cultural patterns and perspectives that will generate a deeper understanding of the situation of youth (Bernard 2006). It will be
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guided by a participatory community-based approach, research which has been shown to be a powerful tool to address disparities and to foster social transformation (Hickey & Mohan 2004) that engages communities in all stages of research (CIHR 2010). Participatory research methodologies that emphasize youth empowerment and capacity building have potential to reduce sexual health and social inequities, and yet they have rarely been used for this purpose (Balmer et al. 2003, Gordon & Cornwall 2004).

I plan to spend 8 months in Rwanda, carrying out research in two locations Kicukiro, Kigali City (urban) and Rukira, Eastern Province (rural). I will work with a purposive sample of 35 youth heads of household aged 15-24 in each area, who will be recruited through youth groups. Both young men and women will be included in order to facilitate exploration of gender relations as well as a comparison of experiences (Sommers 2006). Four main methods will be used, the first being participant observation of youth’s everyday life and their communities. Secondly, participatory methods, including social mapping and drama workshops (Boal 1993), with groups of 10-12 youth will be used to explore factors that impact sexual vulnerability and resiliency. Third, a sub-sample of 10 male and 10 female youth will be selected from the initial sample, representing various education levels and backgrounds and in-depth life story interviews will be conducted in order to understand their social trauma, their resiliency and their hopes for the future (Langevvang 2008). Lastly, focus group discussions will be carried out with two groups made up of members of the youth’s wider social context: key informants on health and social services (healthcare providers, social workers, community leaders); and, groups of elderly members of the community. The latter will concern local healing approaches and their accessibility to youth. All sessions will be co-facilitated and translated by a local research assistant (into English or French), and with consent, will be voice-recorded.

Throughout the data collection process, the gender-disaggregated data will be transcribed and analyzed using a grounded theory approach, designed to yield rich descriptive results (Bernard 2006). Focused coding (Charmaz 2006) will be applied to synthesize the data into emerging themes. Developing ideas will be checked with specific observations from new data. Atlas TI will be used to manage the data. Preliminary findings will be shared in feedback sessions with participants, and responses will be recorded and used in an iterative process to guide further data collection. My entry to the communities will be facilitated by strong existing community connections I have to the proposed study settings. I have worked with young people in Rwanda for the past five years and am cognizant of the sensitivities involved. I speak English, French and Swahili and have expertise in the use of participatory approaches, having used and trained others in these methods during research in Rwanda, Kenya, Angola, Tanzania, India and Bolivia.

Program of Work. I am completing the 2nd year of the Ph.D. in Interdisciplinary Studies Program at the University of British Columbia (UBC). I am co-supervised by UBC Professors, Prof. Erin Baines (Liu Institute for Global Issues: expertise in African Studies, gender and conflict) and Prof. Pilar Riaño-Alcalá (School of Social Work and Liu Institute: expertise in youth, conflict, community-based research). Prof. Jean Shoveller (UBC School of Population & Public Health) serves as a committee member, providing input on youth sexual health inequities and Prof. Joseph Ntaganira (Rwanda School of Public Health: expertise in HIV/AIDS, youth) will provide support during my fieldwork in Rwanda. In Spring 2011, I will complete my comprehensive examinations and the defense of my dissertation proposal. I plan to carry out data collection in 2011-2012, with an anticipated program completion date of 2013.

Contribution and Significance. The data generated from this study will not only provide a critical contribution concerning youth sexual health in population, public health and medical anthropology literature, but will inform decision making on programs designed to lower HIV infection rates and improve the health of youth in Rwanda. Throughout my studies, I plan to communicate about my emergent findings on this critical issue with health and social policy-makers such as the Rwanda Ministry of Youth and Rwanda’s National AIDS Control Commission. The proposed research will also generate new knowledge and innovative approaches to work with young people to develop better links between health and social policy as means to alleviate both individual and societal suffering and to reduce resultant sexual health inequities experienced by marginalized youth.
References / Citations


Bibliography


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