

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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