HIV/AIDS IN ZAMBIA
A STUDY ON HISTORY, ECONOMY, CULTURE AND EDUCATION

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Introduction

In the beginning of the 1980's, scientists noticed a series of unexplained cancers among people in the US. Upon investigating these cases, the scientist found out that that the diseased people shared a virus which had attacked the immune system. To many people's terror, a new deadly sexually transmitted disease had emerged known as Human immunodeficiency virus (HIV), which leads to Acquired immune deficiency syndrome (AIDS). After that, the number of infections spread quickly all over the world. As the rich countries in the west more or less learned to control the spread, the poor countries in Africa came to become the worst affected ones. It is estimated that 33 million people are currently living with HIV and 16.6 million children have been orphaned around the world because of it. 97% of the infected individuals can be found in
the low- and middle-income countries, primarily sub-Saharan Africa. Fighting the disease has proved to be one of our time's greatest challenges: 1.8 million people died in 2009 due to the disease.

Zambia is located in sub-Saharan Africa and due to the alarming HIV prevalence among the population (15.2%) the subject of this essay is to investigate why Zambia has been so hardly hit by the disease. The HIV/AIDS problem is a complex one and since the 80's, we have learnt that the disease influences all spheres of the society in a hard hit country. Different factors affect how the disease is spread: historical, economical, cultural and educational factors. These four parts will therefore be examined and analyzed in an attempt to be able to answer the question:

"In what ways has the Zambian society affected the domestic spread of HIV/AIDS?"

Our thesis is that the distinctive and unique Zambian society, i.e. its history, economy, culture and educational system, have all contributed to the aggressive spread of HIV in the country. The essay will be structured in the way that these four factors will be dealt with and analyzed separately. Thus will a broad perspective be applied, in order to describe the epidemic in a manner in accordance to its complexity.

Methodology

A number of books specialised in the subject has been used to achieve high reliability. The process of writing the essay has been dominated by research and it has therefore been important to validate sources using printed material. The electronic sources have often originated from established foundations and organizations such as UNESCO and UNAIDS and have been double-checked to the greatest extent possible. The advantage with websites is that new facts and figures can be updated quickly. For the exact same reason it is also important to always be able to back up your data with additional sources, so that the figures not turn out to be false. Being aware of the necessity of backed up data, the four large areas of the Zambian society, mentioned in the intro, have been thoroughly researched to provide a covering picture of the dynamics of HIV.

Definition of HIV and AIDS

Appropriate for an essay dealing with an infectious disease is to explain the details of the virus. What is HIV and what is AIDS? HIV is the virus that is causing the disease AIDS, and will therefore first be accounted for.

Human Immunodeficiency Virus (HIV) is a virus. A virus is a submicroscopic parasite whose survival is based on reproduction by infecting the cells of a host organism. The human body has an immune system whose purpose is to fight viruses and when a virus has been successfully fought, one becomes immune and cannot be infected by the same virus again. However, the HIV
virus is not a regular virus but a retrovirus (more specifically a lentivirus), which is particular because it never is completely eliminated from the body. Lentiviruses like HIV are able to infect CD4 cells. CD4 cells are proteins found on T helper cells, which are important components of the immune system as they have the role of activating and directing other immune cells. This means that the immune system itself is attacked by HIV, and it causes it to break down mainly because of this loss of CD4 cells.²

There are two different types of HIV: HIV-1 and HIV-2. The two types are different by their genetic composition. HIV-1 is more infective and HIV-2 seems to have a more extended latency period, i.e. the period when the infection is unnoticed. HIV-1 is found all over the world while HIV-2 is mainly found in Western Africa. HIV-1 will be referred to as simply HIV in this paper.³

As HIV is a lentivirus (lenti meaning slow), the infection process is lengthy.⁴ Immediately after infection, there are in most cases acute infection syndromes like flu-like illness or swollen glands (reminiscent of mononucleosis symptoms) which the individual not connect with HIV. The symptoms disappear after a few weeks. After this, the virus enters the asymptomatic period. This is the stage when the individual stops displaying symptoms and appears to be completely healthy. The risk of infecting an individual is lower at this stage compared to the initial weeks and the period when AIDS starts developing. However, the virus continues spreading slowly and the blood contains rather low levels of HIV. The body produces antibodies during this stage but those are not enough to prevent the continued spread of the virus.⁵

After some years (around seven to twelve or so), the number of CD4 cells have reduced significantly which means that the immune system is not working properly and is broken down to the state where new virus symptoms appear, which marks the beginning of the end. These symptoms include weight loss, fungal nail infections, oral ulcerations etc. The number of CD4 cells has now gone down to below 499 CD4 cells per mm³ blood. The number for a healthy individual is over 1000 per mm³. This stage is followed by the stage when the CD4 count is below 350/mm³ and more aggressive symptoms appear like diarrhea for longer than one month, severe bacterial infections, Pulmonary Tuberculosis, further weight loss etc. The final stage is when the disease AIDS have developed and this diagnose is established by that the individual has a CD4 cell count below 200/mm³ or he/she is infected by one of the AIDS-defining illnesses.⁶ In other words, AIDS is not the disease killing an individual directly. It is another disease, which otherwise would have been taken care of by the immune system, that becomes what kills the individual.

Transmission

⁵ AIDS: science and society. 84.
HIV can be spread in a number of different ways but there is much ignorance surrounding the different ways of transmission. HIV has a little chance of surviving outside of the body, so it can only be transmitted through body fluids. Ways of being infected is:

- Having sex with an infected person. This includes vaginal, anal and oral sex. The best way to prevent this is by using a condom which has proven to be the most effective contraception. This is the most common way of infection.

- Sharing needles for injection with an infected person.

- Being born by an infected mother. HIV can also spread through the breast milk.

- Blood transfusions (however, this is strictly controlled today).  

**Treatment**

At this point, no cure has been found for HIV or AIDS and it is one of the great challenges of our time to create one. However, treatment exists, and the most common are antiretroviral drugs (ARVs). Their function is to keep the HIV in the blood at low levels and in order for the treatment to be effective, one has to use the medicine every day for the rest of his/her life. ARVs have sometimes side-effects such as higher cholesterol levels, redistribution of fat, diarrhea and nerve damage. ARVs are often used in combination so around three different types are used at the same time to prevent the body from developing resistance. ARV treatment has proved to be very effective in improving life quality and prolonging life among infected individuals. In 1996, when ARVs was introduced in the US, 40 in 100,000 adults between 25 and 44 died of AIDS. In 2000, it had fallen to 10 in 100,000. Because of the vicious nature of the virus where it is unnoticed for many years, it is hard to detect. During the time from infection to full-blown AIDS, a person is able to infect many individuals without even noticing.

ARV’s were in 2009 distributed to over 229,000 infected individuals in Zambia. However, people living in rural areas still find it difficult to access ARV facilities.

**History**

History of AIDS in Zambia and the World
The first cases of AIDS were discovered in the USA in the beginning of the eighties. At first it was men within the gay community who suffered from rare opportunity infections that were tough to cure. An opportunity infection is an infection that can occur due to a weaker immune defense. One of these infections was Kaposi’s sarcoma or “KS”. It was an uncommon type of cancer that normally only affected elderly. In New York 1981 there were several cases of an aggressive form of KS amidst homosexual males. Other opportunity infections such as “Pneumocystis carinii pneumonia”, which was a rare lung infection, also started to become more frequent. It was soon found that these men were all suffering from the same syndrome, but the word “AIDS” was not yet invented.

Since nobody knew what caused these opportunity infections, lots of different names came up. Some referred to it as the “gay compromise syndrome” or “GRID” (gay-related immune deficiency) due to the fact that the first occurrences were found within that community.

It was in June 1982 that a report for the first time suggested that the disease was caused by an infectious agent transmitted through sex. There was also a case with a boy who died from infections related to AIDS after several blood transfusions. It all emphasized the fact that AIDS was not only spread through sex. The disease had now also been found among heterosexuals and names such as “GRID” soon disappeared. Step by step we could see how more and more people became part of the risk group. In July the same year the name “AIDS” (Acquired Immune Deficiency Syndrome) was coined.12

The unawareness of what caused AIDS created a lot of anxiety among the people. Policemen in the US were for example often afraid that they would bring the virus home from sick people in the streets and infect their families. Even in Sweden there was a lot of commotion on the hospitals. Often mouth guards and gloves were used in belief that it would prevent the infectious spreading.13

In 1983 two separate research groups started unravel the mystery behind how AIDS was spreading. They found that this was a new virus that affected vertebrates. Each group came up with their own name for the virus: LAV & HTLV-III. This was later made into the abbreviation HIV, human immunodeficiency virus.

What about Zambia then?

The first case of HIV in Zambia was in 1984. After this there was a remarkable increase in people living with HIV. One year after this first case, about 17.5% of the patients at hospitals in Lusaka were infected.14

One big problem with the HIV prevalence in Zambia was the fact that the authorities together with the former president Kaunda kept most of the information secret. Neither politicians nor the media talked about the epidemic.

The spread continued and in approximately six years after the first case the number of people infected by HIV had increased to 20% among adults. These horrifying figures led to the establishment of a National AIDS Advisory Council. The council was founded by the World

13 Interview – Angelika Land Fennö. Nurse at St: Eriks hospital 1983
Health Organization. According to the UN the government of Zambia had completely ignored the epidemic during the nineties. Nothing had been done to prevent the spread of HIV, despite the fact that President Kaunda’s own son died from AIDS in 1987.

The big change came in the beginning of the new millennium. The attitude of the authorities towards the epidemic altered drastically. In 2002 the parliament passed a bill that made The National HIV/AIDS/STD/TB Council (NAC) a legally established body. It became an institute that was responsible for actions of the government and the society in the battle against AIDS. President Mwanawasa declared HIV/AIDS a national emergency in 2004. He launched a program where he would provide antiretroviral drugs to at least ten thousand people by the end of 2004. The next goal was to distribute medicine to one hundred thousand people by the end of 2005.

In later years the fight against AIDS in Zambia has been given results. Authorities are now much more open to discuss the epidemic and reports have shown that the percentage of people living with HIV between the ages of 15 – 49 has decreased slightly since the middle of the nineties. Former president Kaunda is now also part of the fight as he is one of the most committed AIDS activists in Zambia.

History of Zambia

The modern history of Zambia is like many other African countries characterized by western influence. The first Briton to explore the area of present-day Zambia in 1851 was David Livingstone who travelled down the Zambezi River. He set out to end the slave trade which had been going on for hundreds of years, primarily by the Portuguese. Livingstone later left the area because his exploration had become too expensive.

Britons did not return until 35 years later with the arrival of Cecil Rhodes, an explorer and merchandiser. As one of the driving forces of the British exploration and exploration at the end of the 19th century, he set out to find valuable resources in present-day Zambia. He set up the South African Company (SAC) in 1889 which was a trading company starting out making deals with tribes around the area. Zambia, then called Northern Rhodesia, was declared a member

16 Ibid. “The History of HIV and AIDS in Zambia”
under the British sphere of influence that same year. The tribes, which ruled over large organized kingdoms, were offered money in exchange for mining rights in the area, areas which soon was taken over by the British. Tribes which refused to cooperate were soon easily conquered by force. A French Catholic missionary declared himself king in 1898 and taxes were introduced: each able bodied man was forced to pay this tax. However, the region was not as wealthy with minerals as Rhodes first had thought even though it to some extent provided copper and zinc.

In 1923, Northern Rhodesia was declared a crown protectorate of the British Kingdom and was granted self-governing rights. However, the black majority of the population was not represented in any political organs; the country was instead under white minority rule. It was during the 20's that the real quantities of the country's natural resources were found. As a part of "the copper belt", Zambia turned out to be one of the world's greatest copper resources. This resulted in a renewed interest in the country and increased the influx of Europeans entering the country to work in the mines: it is estimated that the white population grew from being only 4000 in 1924 to being 40 000 in the early 1950's. The copper market boomed with the beginning of the Second World War and infrastructure was built up during this prosperous time which lasted until the middle of the 1970's. New towns appeared as the mines needed new workers and the Kariba dam was built for hydroelectricity in the 1950's.  

However, more anti-colonisation voices were being heard after the Second World War in Europe as well as in Africa. Wages were cut for African workers during the Great Depression and call for parliament representation was heard from the increasing number of educated Africans. Many thousands of Africans had been fighting for the colonial powers in WW2 and hopes were high for independence as a result of the Atlantic Chart which was an agreement between Britain and the United States where the need for colonial independence was mentioned. However, this was not the case and nationalistic feelings increased in the colonial states. Ghana was the first nation to declare its independence whereby a domino effect followed and more nations declared their independence using different means of fighting: some through violence and others by legislative changes.  

The fight for independence in Zambia was relatively peaceful but not free from conflicts. The major conflict was not between the British state and the people of Northern Rhodesia but a conflict between the white settlers and the black population. The African Representative Council (ANC) had been formed in 1946 which led to the acceptance of a few Africans into the legislative council in 1948, but they still had no real power. The 1950's had experienced an African miner strike which led to altering of the existing work rights, i.e. an victory against the European mine owners and this was a proof of that the black population wanted change.  

The British secretary of colonies proposed a constitution for the colony which would grant the Africans control in 1961 but the white settlers refused to accept this. The British government was then pressured by Africans like Kaunda to accept it, threatening to otherwise paralyse the government. Protests as well as some violent incidents were reported and contributed to further  

21 Ibid.  
22 Ibid.
pressuring the British government which eventually gave in. Northern Rhodesia was declared independent and re-named to Zambia in 1964 with Kaunda as president.

Kaunda introduced a policy he called "humanism" which was influenced by socialistic ideas. Many large companies became state-owned and eventually very inefficient. Kaunda saw his support fade away at the end of the 1960's and therefore banned all other parties than his own, the United National Independence Party (UNIP). After this a long period of dictatorship followed where the economy of the country became worse. The national economy more or less depended on copper and when the high price on copper dropped in 1974, the economy experienced a backlash. Furthermore, the independence conflict in neighbouring Zimbabwe cut valuable import and export routes which forced Kaunda to build an expensive oil pipe line and a new railway to be able to ship export material. All this led to that Kaunda borrowed money from the International Monetary Fund (IMF) in the middle of the 1980's. This did not help however, and Kaunda tried to avoid paying for which he received strong criticism. He decided to adjust to the IMF demands for a less state-controlled economy. Inflation increased and food riots sparked and Kaunda eventually lifted his ban on other organized groups and held a new election in 1991 where his opponent in the Movement for Multi Party Democracy (MMD), Frederick Chiluba, won with a vast majority of the votes. More on the economic history of Zambian since independence can be read in the next chapter.23

Chiluba and MMD represented ideas of increased democracy with an increased freedom of speech and liberalization of the economy but the support for the party has declined since the 1990's. Chiluba was in the beginning of the 2000's charged for stealing money from the state budget which indicated the level of corruption that infected the government.

Economic History since Independence

Zambia became independent 1964 and the nationalistic opposition with Kenneth Kaunda as their leader seized the power. Kaunda reformed the economy and imposed a socialist economic model. This meant that the mining industry, which was the major contributor to the country’s export (copper stood for 90% of Zambia's export earnings), became state owned.24 Large conglomerates were also created, owned by the state. “Zambia Consolidated Copper Mines” (ZCCM) was founded as a parastatal (a company wholly or partly owned by the state). With the goal of self sufficiency, a lot of central planning occurred. This involved the setting up of civil services and the diversifying of the economy. The government was now paving way for a state led development. It was able to do so thanks to the Mulungushi Economic Reform in 1968 which meant that the government could purchase 51% of the shares in private companies within areas such as transport, retail and manufacturing. Also The Industrial Development Corporation (INDECO) was created by the government to act as an engine in the industrialisation. In 1969 the Matero Economic Reform was made and resulted in the government buying 51% of the shares in the mining companies called “Anglo-American Corporation” and “Roan Selection

Trust”. This made the mining industry partly nationalised. The government was now in control of 80% of the economy through these parastatals within for example transport, agriculture and mining. The state became the machinery that was making the economy going. The economy was at the time doing well as the mining business was lucrative because of the increasing copper prices. This gave a yearly growth in GDP of 2.3% in the ten years following their independence.

This state of growth did not last unfortunately. Several external factors acted on Zambia’s economy at the same time. The world price on copper suddenly fell at the same time as the copper ore saw a decrease in quality. This revealed Zambia’s adverse dependence on the copper as a resource. At the same time the prices on oil were going up globally and made the Zambian imports more expensive, which showed how Zambia also was dependent on the import of manufactured goods. Zambia failed an attempt to diversifying their economy through import substitution. This is when a country tries to replace agricultural and industrial imports by local productions in order to encourage self sufficiency and to create employment. However, Zambia’s substitution strategy became unsustainable due to high input costs, lack of technology and reliance on government subsidies. Instead they found themselves in a situation where their revenue had declined at the same time as their expenditure had increased. The borrowing of money from overseas became the solution. At the same time Zambia were participating and giving support to the freedom fights in their neighbouring country Zimbabwe that was fighting for their independence. This strained the economy even further while the fights also caused problems with the trading routes. This was especially a problem for Zambia as it does not have any coast lines and is dependent on free trading routes. It acted as a hinder for the further development of the economy. During this period, 1975 – 1990, the GDP declined by approximately 30%.

Kaunda and his government believed that the market for copper would catch up. The International Monetary Fund (IMF) together with the World Bank shared this optimism and granted Zambia loans to cover up for the crisis situation. Therefore Kaunda saw no needs to restructure the economy. The economy did however not catch up. In 1985 donor organisations put pressure on Zambia to introduce a structural adjustment programme in order to get the economy back on its feet. The programme included several cuts, among them cuts on food subsidies. This led to severe food riots as the prices on food went up. Two years later, in 1987, came the abandonment of the adjustment programme.

In 1991 Frederick Chiluba was elected president. He made major reforms to the economy by introducing a more market based system. He adopted a structural adjustment programme (SAP) developed by IMF and the World Bank. This programme included three major goals:

1. **To restore macroeconomic stability**
2. **To facilitate private sector growth through reducing the role of the state from controlling prices, foreign trade restrictions and foreign currency transactions**

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25 Ibid.

3. To privatise and deregulate agricultural and industrial output

This privatising programme was according to the World Bank very successful. They pointed at earlier failing state owned companies that now were prospering as privately owned. However, this was not the only effect the privatisation had. The programme brought with it many problems as well. Many working opportunities were lost as some businesses were not continued within the private sector. One example was welfare programmes that were abandoned since few private companies found interest in them. The privatising was therefore not solely a story of success as it also led to difficulties for people to get employment and resulted in an inadequate supply of services on the market.

The programme included the reduction of trade restrictions such as subsidies and tariffs in order to facilitate import. This was a problem for the domestic manufacturing such as the textile industry since imported goods now competed with the goods produced in Zambia. Now the paid employment within sectors such as mining, manufacturing and agriculture fell. During the 1990s there was an overall decrease of 40% in paid employment. This led to a decrease in the government revenue which fell by 30% during the same period since the tax base became weaker and weaker\(^{28}\). Before, tariffs were one of the big sources of income for the Zambian government. After the liberalisation and reduction of tariffs the government had to make heavy cuts. This meant that less money was spent on infrastructure and communications, vital for the future development of the economy.

The liberalisation of the economy also meant that lots of subsidies were removed. According to a World Bank study it led to stagnation and regression rather than helping the agricultural sector. Droughts troubling Zambia in 1992 and 1994 immersed the situation and caused more poverty. United Nations made a “Human Development Report” in 2003 where they stated that Zambia at the time were the fourth worst performing country in Africa. The annual rate of growth per capita was negative 1.7%. At the same time the HIV/AIDS pandemic had huge impacts on Zambia and the life expectancy fell from 54.4 in 1990 to 33.4 in 2001, the lowest life expectancy in the world.\(^{29}\)

The liberation also led to corruption slowing the economy down even more. Great abuse of natural resources, mismanagement of privatisation, electoral fraud and deliberate mishandling of public companies were just some of the acts that were made under the Chiluba government. The conscious mismanage of privatisation of public companies was done so that party members and allies could purchase the companies cheaply. When the Roan Antelope Mining Corporation of Zambia was sold 35 million dollars were not accounted for which shows how opaque the actions of the government were while privatising the mining business\(^{30}\).

During the 00s the Zambian government faced severe budget problems at the same time as the inflation was high. Also a massive drought hit Zambia in 2002. Still, copper prices were going up and the agricultural exports as well as the GDP were increasing. However, the growth has not reached the 5%-7% needed to be able to lower poverty in Zambia. The farmers of Zambia have had major problems due to the market reforms that took away subsidies. At the same time HIV/AIDS has been troubling the country, creating a shortage in the working force on farms.

\(^{27}\) Ibid. “Sustained Economic Reform of the 1990s”
\(^{28}\) Ibid.
\(^{29}\) Ibid.
\(^{30}\) Dr. Bertha Z. Osei-Hwedie, op. cit.
Many families have been forced to sell their land in order to be able to pay for expensive medication. Today about 80% of the country’s population live on less than one dollar per day\textsuperscript{31}.

In 2009 Zambia experienced their eleventh consecutive year of positive economical growth as the GDP increased by 4.3\%\textsuperscript{32}. However, Zambia is still heavily indebted and has an external debt of over 3 billion dollars\textsuperscript{33}. This debt is acting as an economic drain, even though IMF has agreed on some debt reliefs for HIPC (Highly Indebted Poor Countries) in 2005.

The biggest obstacles for the Zambian economy remain to be the burdensome debts, high HIV prevalence and the dependency on copper. The SAP has been unable to improve development and has been a cause of even higher debt since the emphasis of SAP has primarily been on exporting raw materials such as copper. What Zambia need in order to improve their economy is to export finished goods. By manufacturing finished goods, Zambia will be less dependent on foreign countries and can more easily broaden their economy and focus on other fields than just copper mining.

So how does the connection between the economy and the HIV prevalence look? How is the spread of AIDS affected by the weak economy? Several different factors can be pointed at when trying to answer these questions. Several theories concern how the high unemployment rates are creating migration within the country as workers seek new job opportunities in other locations. For example the big drop in copper prices during the 1970’s meant that several people, often men, were seeking workplaces further away from their homes which led to a domestic migration. It is shown that the movement of miners, young men and seasonal workers has spread HIV to new areas.\textsuperscript{34} It becomes a vicious circle as the weak economy with its low productivity is affecting HIV, and HIV is in turn affecting the productivity. Agriculture is suffering as the epidemic mainly hits people of working age. AIDS significantly reduces harvests when just a few workers are lost. If some people get sick, there must also be someone who takes care of them, which hinders even more people to work. This is believed to be the cause of the food shortages in 2002 that were declared a national emergency.\textsuperscript{35}

### Culture

**HIV & Gender**

One dimension of the AIDS epidemic is the division of gender roles, and this also applies to Zambia. The Zambian society has, just like most other societies in the world, gender inequality. This means that men and women are expected to think, act and behave differently. This has led to the notion of masculinity and femininity. The concept of masculinity means that men are supposed to be more aggressive, sexually active, bold and ignorant of health risks, take initiatives and decide in the household. Women on the other hand have a subordinate role to men and are


\textsuperscript{34} Avert.org, op. cit. "The impact of HIV in Zambia"

\textsuperscript{35} Ibid. "The impact on economic productivity"
expected to be passive. These roles are expressed in every aspect of the society: women have less political, social and economical power than men. This leads to numerous problems for women, especially young women where HIV prevalence is four times greater (ages 15-24) than men in the same age range. For example, a woman carrying condoms can be seen as promiscuous while a man carrying a condom is seen as someone acting responsibly during sex.

As people are being submissive to these social foundations, it results in that men and women often are being infected by HIV because of different factors. First of all, women have vastly different expectations when it comes to sexual relations. As men are expected to be more sexually active, it is in many cases considered OK for them to have more sexual partners than one. As there often is a lack of condom usage, diseases are likely to spread from one female sexual partner to the man who in his turn infects another sexual partner. This leads to that the man’s whole sexual network is at risk of being infected if only one person is infected from the beginning. However, polygamy itself is not necessarily a problem or the single cause for the spread of HIV. For example, a study was made between two countries: Rio de Janeiro where men reported having five or more partners per year than men in Lesotho. The infection rate was 0,5% in Rio de Janeiro and 23,2% in Lesotho. This implies that perhaps the knowledge and usage of contraception is a more important factor than the number of partners.

The economical status is also different for women. As more men work than women, the latter are left to take care of the household and have no income of their own. If the husband dies, the woman is only entitled to inheriting 20% of his estate. This sometimes forces the woman, who does not have a job, to turn into prostitution. Prostitution is also very common among street children (whose parents often have died from AIDS) and that makes them very vulnerable of being infected. They have to choose between dying from starvation or earning money by selling their bodies. This puts them in such a desperate situation that a possible wish of their clients to not use a condom sometimes is obeyed. Furthermore, prostitutes are sometimes beyond control of their own bodies in the sense that a procurer (pimp) decides for them whether the client should use a condom or not. Also, working as a prostitute is hazardous and the risk of being raped is considered being high. However, prostitution is not a female-exclusive profession, but also men are put in this situation and experience many of the same risks.

An explicit sign of the unequal terms on which women and men live in Zambia is that marital rape is not recognized as a crime in Zambia. This does not mean that all or a majority of all men in Zambia rape their wives, but it further problematises the situation of the women as they are not under protection of the law if they are raped by their husband. The domestic scene is sadly a place where women are subjected to the exercises of power of their men. A survey from 2005 showed that 15.1% of women in Zambia were forced to have sex. In 67.5% of the cases, they were forced by their husbands or boyfriends. Using a condom is the safest way of having sex, but the use is controlled by the man. A woman requesting her husband to use a condom could be

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37 Whiteside, op cit. p. 46
39 Whiteside, op cit. p. 52
interpreted as implying a lack of trust in him. The husband could reject condom use for this reason or simply because it "feels better". The woman is in many cases forced to oblige.

The impacts of the, in general, weaker economies of women are many. A contraception that would help women protect themselves from HIV is microbicides, a substance in the form of a gel or foam that would be inserted into the vagina before intercourse. Unfortunately, their low economical status leads to that woman in Zambia have low spending power which has resulted in relatively low investments in the development of microbicides, since the target group is these poor women who cannot afford to buy them. Women are also put in vicious cycles caused by poverty and HIV/AIDS: as they are expected to take care of the household, they are often not prioritized to attend school if the family can afford only letting either their son or daughter attend. They are therefore not educated and become less competitive on the working market and are prone to fall into further poverty. They also receive the task of taking care of family members who have fallen ill due to AIDS. If the male is ill, the main source of income is lost in the family and the daughter is to stay home to take care of him together with her mother. This also prevents the daughter from attending school.

Religion

Roughly 85% of the population in Zambia are Catholics and the country was declared Christian in 1996. The beliefs in the country consisted only of native-based religions before the colonialisation, but colonisers such as Livingstone brought Christianity to the country and established the foundation for its growth in the country. The Zambian population experiences a great deal of religious freedom and other religious organizations operate within the country. However, the Catholic Church has proved to have the greatest impact on the Zambian society among the religious institutions.

Being the largest branch of Christianity, the Catholic church and its sub-organizations obtain financial support from all over the world and are in that way able to spend much money on projects fighting HIV/AIDS and its related problems. Many Catholic organizations have implemented anti-AIDS programs in all of Zambia. The common factor for these programs is that they focus on promoting abstinence but not the usage of condoms. Pope Benedict XVI stirred up controversy in 2009 with his remark that condoms did not help fighting HIV - it rather aggravated its spread. The Catholic Church managed to have pro-condom ads withdrawn in 2001 because they were considered to promote promiscuousness.

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40 Whiteside, op cit. p. 36
42 "Pope says condoms are not the solution to Aids - they make it worse -Times Online." The Times | UK News, World News and Opinion. 13 Feb. 2011 <http://www.timesonline.co.uk/tol/comment/faith/article5923927.ece>.
HIV-infected individuals were for a long time considered to be "unclean" and promiscuous among a part of the Zambian clergy, so many HIV-positive people were excluded from their congregations. But the clergy is more open to the HIV question today and priests openly talk about the dangers of HIV.44

**Education**

The HIV/AIDS problem can be approached from many different ways using many different methods because of the way the virus affects all layers of society. Measures are being taken to treat people already infected but perhaps most of the energy is laid where it has the most long-term impact: in educating the public. To prevent the virus from spreading in the future, or to at least suppress the spread, all people have to be involved. Integrating HIV education in schools and having it as a part of the national curriculum is one way of fighting the spread, having large signs along highways explaining simple facts about the virus is another. There are many ways of educating the public, and this chapter will deal with different educational campaigns as well as the school education in Zambia.

Nearly half of the Zambian population are under 15 years old and are to obtain basic school education. Young people are at high risk of contracting HIV and educating them about the dangers and ways of infection is highly valuable. These young people, who are 5-14 years old, are often referred to as "the window of hope", that is, the generation that can be taught at an early age to combat HIV/AIDS, something the previous generations not had the chance to be. However, the Zambian school system has been struggling with many challenges. In the 1990's, the country suffered a loss of teachers mainly due to AIDS which lowered the teacher-pupil ratio from 37:1 in 1996 to 47:1 in 1999. The net enrolment also dropped during the 1990's from 70,4% in 1996 to 65,1% in 2001.45 Zambia is also constantly under the strain of being indebted, with the major lender being the IMF, which has dictated certain budget restraints, which in some cases have led to difficulties in the development of the school system. A governmental wage ceiling had been set at 8% of the GDP. This led to protests in 2004 when 7000 newly graduated teachers were not able to get a job despite the acute need of more teachers. Pressured by organizations, the IMF decided to rise the wage ceiling allowing 5000 of these teachers to be employed, but the ceiling was back at 8% the following year, leading to the same situation.46 However, it is the Zambian government's job to decide how to distribute the wages. A wage cut in another sector, for example the military, would increase the wages in the educational sector. This means that the government in fact could influence this problem by prioritising the schools over other sectors such as the military.

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In a 2000 report, the Zambian Ministry of Education admitted that they had been slow in their response to HIV because it first was considered only to be a health problem and also because president Kaunda had renounced the pandemic. But as the infection rates rose rapidly, measures were being taken. In the 2000 report, surveys had showed that 75% of all 19-year olds were sexually active and 71% of the sexually active youth had not used a condom last time they had sex.\(^47\) A UN survey found in 2007 that among men and women ranging 15-24 years of age, only 35% could correctly identify ways of preventing HIV and reject major misconceptions about the virus. It was evident that the sexual education was deficient.\(^48\)

In 1999, a new framework had been developed to tackle the growing problem of the low quality of the schools with the general improvement of the Zambian teaching system called "Basic Education Sub-Sector Investment Programme" (BESSIP). One of the primary goals with the program was to improve the HIV/AIDS education. This would be done by focusing on increasing the general knowledge among teachers about HIV/AIDS as well as how to implement the knowledge into the education. Small HIV/AIDS Action groups would be assembled to help schools with these things: how to organize theme days and effectively mediate information in a manner appealing to the intended target groups (in this case young people). The action groups would also analyze the people in the schools to be able to identify emerging HIV-related issues and how to handle them. Furthermore, non-governmental organizations were better integrated with schools, which will be discussed later.

In 2001, the Zambian Ministry of Education decided to make basic education free up to year seven (Free Primary Education - FPE) and this was done in 2002. This made the access to basic education easier and the enrolment rate rose among boys and girls in that age group from 69% in 1999 to 92% in 2006. However, the actual attendance was on an average 80% from 2003-2008,\(^49\) due to different factors such as sickness and the need to stay home to take care of the family, but these figures still show a positive development in access to schools. Some critics pointed out that FPE was good as education was made free, but the problem was that parents were still to fund the school's infrastructure and maintenance. Further problems included the shortage of basic school literature which still is evident today.\(^50\) But FPE should be considered to be a positive development as it manifests the commitment of the government to help its citizens.

Educational programs

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Here will a number of strategies and educational programs be assessed. Note that all these programs use the ABC approach - Abstinence, Be faithful, wear a Condom - which are the three cornerstones of what is being taught to the public. Some programs choose to focus more on some of the points more than others.\textsuperscript{51}

The Community Health and Nutrition, Gender, Education Support-2 (CHANGES2) Program

The first program to be evaluated is The CHANGES2 Program, a Ministry of Education- and United States Agency of International Development (USAID)-supported program which focuses on the previously mentioned "window of hope", which are youths ranging from 5-14 years of age. The program was implemented in 2005 and lasted until 2009.\textsuperscript{52} This age group is of particular interest for educators because only a low percent have become sexually active, so the HIV percentage is relatively low. In theory, by educating all these children about HIV/AIDS, and if they hold on to the teachings later in life, the coming generation of Zambians would experience a considerable downfall in infections. However, educating these children can prove to be challenging.

CHANGES2 is a program focusing on using the primary school as a tool for mediating HIV/AIDS information. It separates itself from programs such as the Kafue Adolescent Reproductive Health Project (will be discussed later) which focuses on youths ranging from 10-24 in that the information is tailored to a specific age group which shares many similarities. The implementers hope to integrate HIV/AIDS education into all subjects rather than having it as a separate course.\textsuperscript{53} The project leaders write that children often sing songs before and after class about HIV and AIDS being harmful, but point out that such activity not necessarily carries much weight. These children often know about how harmfulness of the virus and therefore is it important to go deeper and take measures to keep the children HIV-negative. This is done by affecting their behavior.

Beginning by observing 100 classrooms, the CHANGES2 researchers developed a framework which was distributed to teachers with guidelines of how to communicate better with the children. These manuals which were handed out to the teachers gave basic information about the virus and provided examples of how HIV/AIDS could be discussed in-class.\textsuperscript{54} Exercises and group assignments were included as the following:

"Have the students write a short story (one page) about a sensitive HIV/AIDS issue. They may choose to write about sexual abuse, gender violence, the pressure on boys and men to have many partners, harmful traditional practices, etc. Have the students divide into pairs, mixing male and female, and share their stories. They should read each other's stories and have an open dialogue about the issues raised."\textsuperscript{55}

This exemplifies how the HIV teachings could be integrated better into other subjects, in this case Literacy and Language Education. Pupils use their imagination as well as their real-life experiences to tell a story. This approach is more creative than a basic lecture on the subject because pupils are allowed to give their own opinions. By discussing the subject openly in the

\textsuperscript{53} Ibid. 11.
\textsuperscript{54} Ibid. 14.
class room, pupils also find themselves more relaxed talking about it, because it can sometimes be an emotional and a taboo subject. Further integration included using HIV statistics in math and role playing about stigma in Social Spiritual and Moral Education just to name a few.  

The CHANGES2 program also focuses on preparing the children for their oncoming puberty, which is when they are becoming more vulnerable to HIV. Videos are handed out for pupils to watch, one being called "Yellow Card", which depicts situations teenagers can come to find themselves in. Situations including sexual encounters and whether one part wants to have sex or not, teenage pregnancies and how to contact an older peer when in need. The pupils then discuss these situations, allowing for more discussion.  

The Kafue Adolescent Reproductive Health Project (KARHP)  

KARHP was initiated in the Kafue district in 1997 using grants from the Swedish aid organization SIDA. Among other collaborators, the Swedish Association for Sexuality Education (RFSU) helped training members of the project and provided information and knowledge. The project functions partially outside of school and use Family Life Education (FLE) Clubs as the tool for spreading knowledge about the virus. These clubs operate inside and outside of school and have weekly meetings to which people can go. In 1996, a needs assessment was made to prepare before the implementation of the program, and it was found that poverty led many girls to prostitution to be able to pay their school fees. Sexually transmitted infections, unwanted pregnancies and early marriages were also found to be major problems. The target group is youths ranging from 10-24 years old and the aim is to promote healthy sexual behavior, abstinence (only encouraged for primary school children), pregnancy and STD transmission prevention and finally general HIV/AIDS prevention and behavior change.  

The program use a method called PPP - Parent, Peer and Provider, focusing on including all members of the community - elders and religious leaders and so on. This was not the initial focus, but the project received protests from these groups in the beginning (many had a problem with the project aims of teaching young people to talk about sex), so the project leaders understood that these groups had to be included in the plan for the aims to be reached. The peers are people who have been trained in tackling HIV/AIDS and are the ones leading the FLE Club meetings. These people can be young and one of their most important tasks are to act as role models for the other youths. People in the target ages are often influenced by people they "look up to" and the project leaders are hoping that youths to try to act like their peers. The peers also function as contact persons for the members of the group. A young person having questions about sex or who is having trouble at home can have a one-on-one conversation with a peer who gives advice.  

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56 Oki & Phiri, "Teaching in the Window of Hope." 25  
57 Ibid, 24  
59 World Bank, Education and HIV/AIDS. 299.  
60 Ibid. 303.
The clubs arrange theme days and activities such as drama plays, sketches, poem writing and role plays. These were often found to be the most beneficial activities. When youths are placed in real-life situations as depicted in sketches and drama plays, perhaps they are more provoked to think and analyze their own situation. Focus also lies on gender inequalities and to strengthen the girls right and especially their own self-esteem. The highway to Zimbabwe and South Africa is running through the Kafue district making it a high-risk area for HIV/AIDS transmission. These girls living in poverty are sometimes found to sell their bodies to be able to survive.  

The Copperbelt Health Education Program (CHEP)  

The CHEP was initiated in 1988 in the Copperbelt province, funded by the Norwegian Agency for Development Cooperation (NORAD). Being started in a relatively early age of the epidemic, the project leaders aimed for having a large-scale impact by focusing on people ranging from 3-35 years old. This meant not only engaging in-school youths but also policemen, health workers, teachers, parents and community leaders. The CHEP staff use in-school programs, anti-AIDS clubs, road signs, television shows and t-shirts to educate the public.  

Peer education is promoted in the in-school programs and anti-AIDS clubs with "Games for Life"-approaches where games like football, badminton and chess are used to educate people (sometimes referred to as edutainment). This allows people to interact with peers. Tournaments are arranged and the prizes are often health education materials or educational t-shirts.  

CHEP founded a sub-program in 2000 targeting girls, called the Sara Communication Initiative (SCI). "Sara" is a fictional character depicted as a role model for young African girls. Because many women and girls had low status in their own families and in the community, pamphlets and brochures were handed out to enlighten these girls of their own rights. They were also informed about sexual harassment, how to protect themselves from sexual abuse and prostitution and the importance of staying in school. Lecturers travelled around in the Copperbelt province holding lectures about the subjects as well as starting new SCI Clubs.  

Nowadays aid workers know how to work to effectively educate about HIV/AIDS using past experiences and having many other projects to learn from. This experience was however not something the CHEP staff could use in 1988, which meant that they had to learn as they moved along, revealing mistakes they made. The kind of one-way communication that a sign or poster meant lead to that the needs and opinions of the target groups were not thorougly researched. The first messages sent out to the public were based on fear, telling the public how dangerous the virus was in an attempt to "scare" people from getting AIDS. This gave a negative effect as it increased the stigma connected to being infected and people did not dare to get tested or dared telling their partner/partners about being infected. These messages were eventually withdrawal  

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61 Ibid. 302.  
62 Ibid. 269.  
63 The World Bank, Education and HIV/AIDS. 275.
and replaced with more positive signs giving people a new approach to the virus: it is preventable, and you can choose to prevent it. 64

Analysis

Why is the HIV/AIDS prevalence greater in Zambia than it is in for example America? The disease appeared for the first time in America, still the US have been able to tackle the spread before it got out of hand. Therefore we can conclude that the differences between for example the American and the Zambian society meant that the fate of HIV also was different between these countries. So what factors within the Zambian society has contributed to the spread and high prevalence of HIV? We can start by looking at the history of the country.

When the disease first appeared in Zambia, the population was as unprepared as the rest of the world. It took a long time before the virus was identified and examined. It meant that the virus could spread before anyone noticed what was going on. The big difference in Zambia was that six years after the first recorded case of HIV, the prevalence had risen to about 20% among adults. How come this was the development in Zambia but not in the US? The authorities under the rule of President Kaunda kept the information about the epidemic secret. So neither politicians nor media mentioned the disease. This of course meant that people did not know how to protect themselves from HIV. Then why would the government keep quiet about the epidemic? Well, Zambia, just as many other African countries have been suffering from poverty and major epidemics before. To tell the world that the country now is suffering from even worse problems than poverty can be hard. When the first cases of HIV came to light, Zambia was already struggling with their economy. About ten years earlier the big recession hit Zambia as a result of the rising oil prices and the falling copper prices. More and more people were already living in deep poverty which meant that it could have been hard to face the truth. It made the authorities turn a blind eye towards the disease and therefore the HIV prevalence was kept in shadows.

Other explanations can be linked to the fact that Zambia had recently become independent. This means that Zambia was a young nation at the time of the outbreak of the epidemic. The shadowing of the virus could have been linked to nationalistic ideas were it was important to put the country in the best light possible. The notion of a deadly virus spreading was of course not part of the picture that Zambia wanted to convey to the rest of the world. Just as any country, Zambia wanted to look good in the eyes of other countries.

The façade Zambia built up was not necessarily only directed towards the world, but also towards its people. In 1984 when the first cases of AIDS were recorded, Zambia was still led by President Kaunda who had banned all other parties than his own. A poorly managed epidemic is sure to lead to dissatisfaction with the government among the general population; therefore it was important to avoid discontent among the already impoverished people. It is possible that President Kaunda and his government made sure media did not report on the virus in order to maintain his power and control over the people. These are all different possible reasons for keeping quiet about the epidemic, causing some 20% of the adult population to get infected before addressing the issue.

64 Ibid. 283.
We can also look at the historical background from the economical perspective. The Zambian society had an economic boom after it got its independence. Copper prices were going up and the living standards improved. This continued until the 1975 where the copper prices fell drastically. Practically all of the economic improvements made since independence were gone. Zambia was caught in a downwards going economic spiral at the same time as it was struck by the epidemic. The country was in other words already facing great challenges. Therefore the AIDS pandemic could have been put to the side in the beginning to focus on other issues. It was hard to know how severe this virus really was and it was not taken care of before the government really understood the true nature of the epidemic. This might very well be some of the reasons for the disease to reach so many people in Zambia.

The weak economy of Zambia has of course made it harder for the country to fight the virus. There are many different reasons for why Zambia is in this economic situation. After independence Zambia was, as mentioned, doing well. President Kaunda adapted a socialistic approach and nationalised major business such as the mining industries, where great parastatals were created. This was going well until the great recession in the mid 70’s where the economy saw a big backlash. It was now that Zambia got stuck in the great dept trap that has been haunting their economy for many years. Great loans were granted based on the belief that the economy would catch up. In the absence of economic growth IMF, the World Bank as well as other international organisations started to interfere with the Zambian economy by suggesting major reforms as well as developing adjustment programs. This meant that Zambia went from being a quite state controlled economy to radically liberating the market. Could these quick reforms have had a negative effect on the economy instead? Clearly the World Bank and IMF had a lot to say about how Zambia should run their economy. How come all these instructions and guidance came so late? Zambia had been a protectorate of the United Kingdom for some fifty years and then all of a sudden they were independent. They left Zambia with a people where only few had been given enough education. All of a sudden they had to take care of their own economy after fifty years. If Zambia had been able to create a free market economy immediately they would have had time to widen their economy earlier and perhaps have been less dependent on for example coal and imported goods, which was the major reason for the big recession in the mid 70s. Instead the structural reforms were introduced after pressure from IMF and other organisations first in 1985. If these adjustments had been implemented gradually already from independence, major setbacks could perhaps have been avoided.

That a weak economy has a harder time fighting an epidemic is not hard to understand. To help infected people is of course harder when an economy is weak. But a weak economy does not only affect for example the distributions of ARVs or condoms, it also creates a lot of other issues. As mentioned, a weak economy often means that it is hard to get employment. Therefore more people are moving greater distances in order to get a job. When people are moving, the virus is also spreading. Seasonal workers bring the virus with them either from their home to their working place, or the other way around.

Regarding education, one thing that has been evident in the struggle towards educating the public about the dangers of HIV is that all forms of communication have to be tailored to correlate to the culture in the country. The problems of stigmatization and shame have been obstacles since the beginning, when the HIV virus was singled out as something only contracted by immoral persons. These problems still exist today, but to a lesser extent than 15 years ago. The early anti-AIDS ads were, as mentioned, based on fear which only aggravated the stigma connected to the disease, but campaigners now know that other ways of communicating are far more effective. Campaigns using peers are good examples of successful ones because the target group receives the anti-AIDS messages from people they look up to and trust.
The CHEP program did right by integrating the HIV education into the basic education. Children are then forced to learn, and there is no way to not learn about the virus. However, this does not apply to the 20% of all children who do not attend school, who are the ones in the danger zone. These children are most likely poor and needed at home which diminishes their chances of receiving knowledge and help. This problem goes back to the economic situation in the country: how can more children go to school and learn if their economic situations are the way they are? These children are outside the reach of the in-school programs. But luckily, some of them are able to receive some knowledge from other sources. These include the anti-AIDS clubs which seek out to find people outside of school. One can here establish that there perhaps is no problem with the education itself, it is actually rather wide-spanning in its information and communication. However, the problem is that there is not enough funding to reach out to all children. There is not enough money to build proper roads for people to access ART clinics or for the schools to buy enough books. And the anti-AIDS clubs do not reach out to all children in need.

Another reason why the epidemic has spread in Zambia can be connected to the slow reaction by the government and the Ministry of Education. Uganda was quick to admit the existence of HIV and took measures accordingly with heavy educational campaigns which effectively reduced the spread.65 If it takes a long time for a population to protect itself, more people get infected which leads to an exponential spread which makes it harder to fight the virus for each day passing.

A hindrance for persons propagating for the ABC method, more specifically the usage of condoms, is the Catholic Church. It is hard to measure to which extent the church affects people and stops them from wearing condoms, with the Pope claiming that condoms makes the virus worse. But in a Christian nation, it has to have affected some. It has to be admitted that the church is right in one way: if everyone abstain from having sex or is faithful to one partner, the virus would probably cease to spread within a foreseeable future. However, this is to deny the sexual nature of humans. Some people will always have sex with multiple partners, and the Church has to take this into consideration. The only way to help the ones having sex is to teach them how to use a condom. Many organizations, like the KARHP implementers, have understood that religious institutions must be included in programs because they have an important role in many people's life. The religious organizations preach abstinence while the non-religious parts of the project preach condom usage.

The root of the problem of the women, that they have a greater HIV prevalence, can be traced to their lower status in the male-dominated society. Women are economically, sexually and legally subordinate to men. Measures could be taken to strengthen them legally by imposing laws to make marital rape illegal and by reforming the inheritance laws to let the wife inherit enough money to survive. These reforms would be relatively simple to impose, but the law system is only the shallow manifestation of the patriarchy. The real, and great, challenge is to change the general mindset about gender roles. Women are underemployed because they "should" take care of the family and they are not prioritised above a boy in the family to attend secondary school. This leads to that they will be outrivaled by educated men on the labour market. Gender roles exist in all societies, developing or developed and it is a slow process to change them. The educational projects which were described luckily focus on educating about this in order to learn men to respect a woman's choice to say 'no' to sex, as well as saying 'yes' to for example an education.

Initiatives to strengthen women economically must be taken. The 2006 Nobel Peace prize winner had founded the Grameen Bank which gave micro-loans to fight poverty. Over 95% of the loans went to women who managed to start their own business. Six similar things would help empowering women. If women earn more money, consequences could be that their families do not grow to such large numbers as their children have a larger chance of surviving because means of taking care of the child is afforded.

Conclusion

One can conclude that the four investigated areas of the Zambian society have played their part in the spread of HIV. Under the rule of Kaunda beginning in the mid-60’s, the focus of the Zambian economy became too narrow and focused on copper. This led to a collapse in the mid-70’s which was worsened later on by the loan restrictions made up by the IMF. From this point on, the economy only worsened. Perhaps due to nationalism and from previously have been a colonial state, Kaunda decided to deny the existence of the virus. This combined with the worsening of the economy meant that Zambia became a country where a virus easily could spread due to ignorance amongst the population and insufficient means of combating the epidemic. Furthermore, the gender inequalities existing in the society contribute to spreading the virus amongst the female population. The Church also plays a part with people being directed by the “divine” words of the Pope which are to not use a condom. However, the economy of Zambia is slowly catching up and anti-AIDS activists and aid organizations are learning how to combat the problem on a grass-root level. A conclusion can be drawn that our thesis was correct, the distinctive and unique Zambian society, i.e. its history, economy, culture and educational system, have all contributed in different overlapping ways, to the aggressive spread of HIV in the country.


23
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**Interview**

Angelika Land Fennö. Nurse at St: Eriks hospital 1983