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HIV/AIDS and Democratic Governance in South Africa: Illustrating the Impact on Electoral Processes

By Per Strand, Khabele Matlosa, Ann Strode & Kondwani Chirambo, *Institute for Democracy in South Africa (IDASA)*, Pretoria, South Africa, 2005.
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While there may be little consensus, there is certainly no shortage of debate in South Africa around political responses to HIV/AIDS, and what role governments can and ought to play in prevention, care, treatment and support. In this book, however, Strand, Matlosa, Strode and Chirambo have turned the question on its head, and asked, conversely and importantly, what impact is HIV/AIDS having on democracy and governance in South Africa?

The 204-page book is divided into eleven chapters under three main sections:

- Democratic governance in the context of the HIV/AIDS epidemic
- Exploring the impact of HIV/AIDS on central electoral institutions
- Exploring the impact on voter participation.

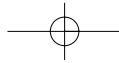
The authors have also included a series of colour maps that make some of their statistical findings come to life in a way that only GIS mapping can. Early in the book, the authors refreshingly stress that they aim to present their work in a way that is accessible to a broader readership that may not have an extensive background in the issues, nor a solid grasp of statistics and numbers. Throughout the book, the authors also provide transparent reflections on their methodologies and the potential fallibilities of the study, including reflections on some of the existing data sets on which they occasionally draw for their own further research or analysis.

In the first part of the book, they draw on United Nations Development Programme (UNDP) concepts and definitions to set their theoretical stage, examining what is meant by 'governance' and 'democratic governance'. They follow this with a scrutiny of the UNDP's ideal 'governance response' to HIV/AIDS. Merging the concepts, the authors ask the next logical question: what, then, must a democratic governance response to HIV/AIDS look like? Expanding on the UNDP's principles for democratic governance, the

authors provide their own suggestions for the content of an effective democratic governance response to HIV/AIDS. Another interesting avenue to explore might also look at how or if international models of democratic governance (especially as prescribed or implied by International Financial Institution and donor conditionalities) have any bearing on the potential development or effective implementation of HIV/AIDS-sensitive principles of democratic governance.

Strand, Matlosa, Strode and Chirambo provide a compelling theoretical argument as to why such a study is necessary, through a brief literature review of some of the ways in which HIV/AIDS can, in theory, constitute a threat to democratic governance in general. In the theoretical literature, for example, HIV/AIDS can affect democracies through loss of skills, experience and political relationships, and through the potential effective disenfranchisement of ill voters or caregivers. Institutional capacity can be eroded, and the accuracy of the voters' roll can be undermined, as voters die faster than the list can be accurately maintained. Issues of voter fatigue can also come into play, due to an increased frequency of by-elections as politicians become ill or die.

In part 2, the authors examine how HIV/AIDS is impacting on the central electoral institutions of southern Africa, highlighting the significance of elections and electoral systems to a working democracy. The advantages and disadvantages of the three main electoral systems used in southern Africa – Proportional Representation (PR), First-Past-the-Post (FPTP) and Mixed Member Proportional Representation (MMP) – are discussed specifically in terms of their respective vulnerabilities to HIV/AIDS. The authors present the findings from their investigations into available data around recent by-election frequency and costs in Zambia, Zimbabwe, Lesotho and South Africa, and suggest that, while their study is not conclusive, the potential correlations between HIV/AIDS and increases in the number of by-elections certainly warrant further research. The authors stress that both the FPTP and the MMP system entail high financial costs for Member of Parliament (MP) replacements, and that these replacements often come at a high political cost as well. The PR system is strongly advocated by the authors as the most HIV/AIDS-resilient electoral system.



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The authors then turn to focus specifically on South Africa's Independent Electoral Commission (IEC), examining internal institutional vulnerabilities to HIV/AIDS as well as external implications of the epidemic. What, for example, does HIV/AIDS mean for South Africa in terms of the voters' role, voter registration, and voter turnout and/or apathy? Important issues of stigma and discrimination of voters living with HIV/AIDS when they physically go to the polls to vote are probed at greater depth through focus groups and a more qualitative approach in the book's final section. The authors point out that while the special vote is available for voters at national elections in South Africa, it is not an option for municipal elections, which can mean *de facto* disenfranchisement for increasing numbers of voters too ill to make it to the polls, or to stand in the queues on election day. The impacts of HIV/AIDS on respective South African political parties and policy proposals is also briefly explored, although this subject could be an entire research project in and of itself.

Part 3 of the book seeks to establish empirical data on the potential impacts of HIV/AIDS on voter participation, registration, and turnout, looking at, for example, whether voters might stay away from the polls due to caregiving duties, being ill themselves, or to avoid stigma and discrimination, or whether potential voters are disillusioned by a real or perceived lack of political response and leadership on HIV/AIDS issues. Chapter 9 is perhaps the most inspired chapter of the book, in which the results of the authors' access to unique IEC data sets around voter mortality, and specific national trends arising out of these data are presented and analysed with a convincing urgency. In particular, the gender dimensions of HIV/AIDS are captured and portrayed through statistics around the differential and devastating impacts of HIV/AIDS on young, black, female voters in South Africa.

This book could have benefitted from a tight proof read, and leaves the reader with a myriad of unanswered questions, but this latter point is, of course, the case with most innovative research. As an exploratory project, this study points out many avenues for further research and investigation, and certainly holds important lessons and implications for democratic governance that stretch far beyond the borders of South Africa.

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The Health of our Educators: Focus on HIV/AIDS in South African Public Schools
 Edited by O Shisana, K Peltzer, N Zungu-Dirwayi & JS Louw. Cape Town: HSRC, 2005

This substantial report is the product of a research consortium comprising the Human Science Research Council (HSRC) and the Medical Research Council (MRC) of South Africa. It was prepared for the Education Labour Relations Council (ELRC) in South Africa to explore the impact of HIV/AIDS on the supply and demand of educators to the education sector. The study had three primary objectives: to determine the prevalence of HIV and tuberculosis (TB), to investigate the determinants of HIV, and to establish the attrition rate among teachers at public (as opposed to private) schools.

This was a study on a massive scale: 1 766 randomly selected schools, incorporating the length and breadth of South Africa, were sampled, through a staggering 24 200 potential respondents. The research team comprised 436 field workers. Despite such large numbers the methodology employed triangulation methods. This included focus groups and key informant interviews that fed into the questionnaire design. The survey combined behavioural risks questionnaire-based survey methods with biological HIV testing (either saliva or blood samples), and with archival research on existing school records. Of those who gave an HIV specimen, 12.7 % were found to be HIV-positive, and this did not differ by gender. The prevalence was highest in the 25 - 34-year age group (21.4%, where women had higher rates than men), with those over 55 years having the lowest prevalence (3.1%). Within the highest prevalence age group, major 'racial' differences were apparent, whereby black Africans were greatly over-represented in comparison to the other three groups. They were also much more likely than the other groups to belong to the lowest socio-economic category, this being attributed to their poorer education under the apartheid systems. HIV prevalence was highest in rural areas, followed by informal settlements and lowest in urban areas. KwaZulu-Natal and Mpumalanga had the highest prevalence (both over 19%).

The report goes on to detail determinants and awareness of HIV/AIDS status, condom use and health status, relevant knowledge, and extent of alcohol use.

