Fighting AIDS in South Africa

Jennifer Hasman

St. John Fisher College

Follow this and additional works at: https://fisherpub.sjfc.edu/intlstudies_masters

How has open access to Fisher Digital Publications benefited you?

Recommended Citation

Please note that the Recommended Citation provides general citation information and may not be appropriate for your discipline. To receive help in creating a citation based on your discipline, please visit http://libguides.sjfc.edu/citations.

This document is posted at https://fisherpub.sjfc.edu/intlstudies_masters/29 and is brought to you for free and open access by Fisher Digital Publications at St. John Fisher College. For more information, please contact fisherpub@sjfc.edu.
Fighting AIDS in South Africa

Abstract
The intention of this paper is to provide an explanation for why South Africa has not been able to effectively fight HIV/AIDS in the country. Cultural issues along with actions taken by the government have prevented the HIV infection rate from declining. As a result, South Africa has more people living with HIV than any other country in the world. However all hope is not lost for South Africa. By looking at the country of Uganda, it will become evident that the spread of HIV/AIDS can be slowed and perhaps reversed.

Document Type
Thesis

Degree Name
M.S. in International Studies

Department
International Studies
St. John Fisher College

Fighting AIDS in South Africa

A Master’s Thesis submitted to

The Faculty of the Master of Science in International Studies Program

In Candidacy for the Degree of

Master of Science in International Studies

By

Jennifer Hasman

Dr. Roche, Advisor

Dr. MacGregor, Second Reader

Dr. Zhiyue Bo, Program Director

Rochester, New York, the United States of America

August 2005
Abstract

The intention of this paper is to provide an explanation for why South Africa has not been able to effectively fight HIV/AIDS in the country. Cultural issues along with actions taken by the government have prevented the HIV infection rate from declining. As a result, South Africa has more people living with HIV than any other country in the world. However all hope is not lost for South Africa. By looking at the country of Uganda, it will become evident that the spread of HIV/AIDS can be slowed and perhaps reversed.
# Table of Contents

1. Introduction ................................................. 4

2. End of Apartheid ........................................... 6
   2.1 Historical Aspect of HIV/AIDS in South Africa .... 6
   2.2 Migrant Workers ....................................... 8
   2.3 Life in Rural Areas .................................... 9

3. Cultural Aspects that have helped to Perpetuate the Disease . 10
   3.1 South African Male Roles ............................. 10
   3.2 South African Female Roles ................................
      a. Violence and Rape ................................ 15
   3.3 South African Children’s Roles ......................... 16

4. The Role of the Government ................................ 17
   4.1 Nelson Mandela ......................................... 18
   4.2 Thabo Mbeki ............................................ 19
   4.3 Life in South Africa .................................... 22

5. Uganda ......................................................... 24
   5.1 President Yoweri Museveni’s Role ....................... 25

6. What can South Africa do to fix their HIV/AIDS Crisis: Follow Uganda’s Lead 29
   6.1 Other Elements to Work on .............................. 31
      a. Education and Campaigns .......................... 
      b. Condom Use ....................................... 
      c. Changing the Culture, Especially for Women .... 
      d. Role of Elders .................................... 
      e. Protecting Youths and Orphans ................. 
      f. South African Legislation ......................... 
      g. Doctors and Traditional Healers ................. 
      h. Thabo Mbeki ........................................

7. Conclusion ................................................ 40

Bibliography .................................................. 44
1. Introduction

Imagine that you are a South African woman and you are dying from the fastest growing epidemic in the world, AIDS. You just recently found out that you were HIV positive, while being tested at the antenatal clinic while you were pregnant.\(^1\) You also found out that you have inadvertently infected your baby with HIV now as well. Your husband is not around that often, since he has other relationships outside of your own marriage with other women. Since you cannot afford the proper life-sustaining medications to try to combat HIV and AIDS, your condition is becoming worse at a more rapid rate. You have the “slim” disease as it is called in this region of the world, due to the visible effects the disease has on your body. You see your figure dwindling away, while all of your bones are becoming more visible. As a victim of HIV, you are living in abject poverty, but trying to sustain your will to live for your family. As the breadwinner of your family, you are now too sick to work. Your children are therefore forced to drop out of school and take care of you. Does this sound like an unfathomable situation to be in? Sadly, this is the grave reality for so many living with HIV/AIDS in South Africa. It has been statistically reported that more people live with HIV in South Africa than in any other country in the world.\(^2\) In fact, “...two-thirds of all those living with HIV and AIDS in the world are in Sub-Saharan Africa; and...90% of them are in the developing world.”\(^3\) At this point, life may seem somewhat hopeless at times for so many South African citizens. It seems as though HIV/AIDS has taken hold of an entire population of people,


\(^2\) Ibid., p. 14. HIV is the Human Immuno-Deficiency Virus. AIDS is the Acquired Immune-Deficiency Syndrome

\(^3\) Ibid., p. 7.
with no immediate end in sight. All hope is not lost however. There have been cases such as in the country of Uganda, as you will see, that have been able to change their crippling HIV/AIDS crisis, and actually have conditions improve for their country. By following a path similar to that of Uganda’s, with a few added elements of course, South Africa may very well have a chance to succeed just like this country has. In order to understand what could be possible for South Africa in the future however, it is important to look at the epidemic in the country so far. It is important to recognize not only the historical aspects of the disease and how it has spread, but also to examine the cultural, gendered traditions, and governmental elements that have also kept the disease alive. The governmental element here is extremely important to note for South Africa. There is a negative perception of the government due to the lack of its attention to the AIDS epidemic within the country. Much of the blatant denial of AIDS at the present time has come from the President Thabo Mbeki himself. It is only after all of these elements are considered that a true prescription can be put in place to move the country toward a positive position. These are the elements that this paper will explore. The first section of the paper will look at life in South Africa from a historical perspective. How this sort of lifestyle has changed overtime and produced certain cultural norms that in time will be revealed in the second section of the paper. From here the roles of South African males, females and children will be discussed. Moving on from there, the paper will look at the role that the government has played in perpetuating the disease, especially that of President Thabo Mbeki. The next section looks at how Uganda has been able to combat the epidemic, concluding with a section on how South Africa can change as well. How they too can
follow Uganda’s lead, as well as considering other elements where there is room for improvement in South Africa.

2. End of Apartheid

The fact “[t]hat South Africa has experienced such a rapid spread of the HIV/AIDS epidemic should not have come as a surprise to anyone familiar with the conditions in the country prior to 1994. Apartheid left the country with all the ingredients to ensure that it would have the most explosive and extensive epidemic in the world.”

Despite the fact that South Africa has had the opportunity to move to democracy in a triumphant manner, along with having some economic prosperity, it seems as though this has only served to foster greater HIV/AIDS infection rates as you will later see.

2.1 Historical Aspect of HIV/AIDS in South Africa

It turns out that the first two cases of aids related illnesses were discovered in South Africa in December of 1982. When AIDS was first discovered at this time, the disease was surrounded and plagued by “moral judgments.” It was originally found to be in the minority groups of intravenous drug users, prostitutes, and gay men. Due to the fact that the epidemic seemed somewhat contained within these minority groups, people

---

7 Liz Walker and Graeme Reid and Morna Cornell, Waiting to Happen: HIV/AIDS in South Africa: The Bigger Picture (Boulder, Colorado: Lynne Rienner Publishers, Inc., 2004), p. 12. Now that it has been reported that most transmissions in South Africa are in fact heterosexual, the true statistics on homosexual rates are no longer that clear. These statistics seem to be under-reported, if not altogether ignored. Ibid., p. 36.
outside of these groupings passed judgments on the victims that due to their own “immoral” actions, they inflicted the disease upon themselves. The moral judgments seemed to carry on due to a certain level of ignorance.\textsuperscript{8} Others naively felt that the disease would never spread to them. This did not turn out to be the case however. These strange thoughts and myths persisted.

When the disease began in the early 1980s, many were simply unaware of the truth about the disease. Many black individuals believed that whites had spread the disease on purpose in order to plague the black community. Some other blacks also believed that the advocacy of condom use was to reduce the size of the black community.\textsuperscript{9} In respect to these thoughts and notions fear against Western thought also popped up. AIDS was often referred to at this time as the “American Invention to Destroy Sex.”\textsuperscript{10} Unfortunately, the discriminatory views went both ways at this time. Many whites believed that HIV/AIDS was primarily a black disease, which further fueled the racist tendencies in the country. However, by the late 1980s these stereotypes of the disease being contained to only the minority groups were no longer prevalent.\textsuperscript{11} At this point in the country’s history, many migrant workers were found to be HIV positive. In 1989 it was known to be more of a heterosexual disease in the country.\textsuperscript{12} It is in this era of the migrant workers that the disease truly began to spread throughout the country to epidemic proportions.

\textsuperscript{8} Ibid., p. 13.
\textsuperscript{9} Ibid., p. 13.
\textsuperscript{10} Ibid., p. 13.
\textsuperscript{11} Kyle Dean Kauffman and David L. Lindauer and Desmond Tutu, eds. AIDS and South Africa: The Social Expression of a Pandemic (New York, N.Y.: Palgrave Macmillan, 2004), p. 49. The first black African case was not found in South Africa until 1987. The gay community was able to decrease the HIV infection rates in their segment of the society with the help of the education that they provided to each other.
2.2 Migrant Workers

South Africa has always been a country that has been blessed with many natural resources, gold and diamonds in particular.\(^{13}\) However, the mining of these resources created a situation for the country where HIV and AIDS would be able to spread and flourish. Many migrant workers were needed in order to excavate these materials from the earth. With the need for more labor, migrant workers were pulled from all over South Africa to work in the mines. “At the peak of [the migrant labour system] in 1985, 1,833,636 South Africans were classed as migrants...that is, they were not regarded as resident in the areas where they worked.”\(^{14}\) Many of the migrant men have had to leave their wives and children, unsure of when they would return, in order to work underground in the dangerous mines.\(^{15}\)

Life working in the mines was very isolating, due to the fact that these individuals were away from their families for extended periods of time.\(^{16}\) Due to the isolation these men would oftentimes turn to others around them for companionship, and did so by having sexual relations. Initially most men within certain mining communities did not turn to the women in nearby urban towns or prostitutes for this companionship, as many would suspect. Within these communities, men were told to stay away from the urban women due to their perception that these women might be infected with higher rates of

\(^{13}\) Ibid., p. 64.
\(^{14}\) Ibid., p. 69.
\(^{15}\) Ibid., p. 63. Men were also pulled from other countries to work in South Africa as well.
\(^{16}\) When the migrant systems were originally set up, the families would always stay behind. This was one of the reasons these types of workers were so enticing to their employers. They did not bring the “baggage” of their families to work with them.
sexually transmitted infections (STIs). In instances where these men did not turn to women, sometimes they would turn to each other for interactions. Homosexual relationships would occur among these mining workers, and thus the transfer of STIs and HIV/AIDS spread in that manner as well. It is important to note, that these men did not see themselves as being “gay” when interacting in these relationships. Many of these men engaged in these relationships thought that they were simply acting out in a masculine way, feeding their sexual needs as men. They felt that they could not turn to the women nearby, so they were making more of a rational decision. Of course these are just generalities, and are certainly not the case for all men that worked as migrant workers. However, the rate of this occurring was so high that it did encourage the more rapid spread of AIDS.

2.3 Life in Rural Areas

Life in the rural areas of the country changed drastically after so many migrants left for work as well. Women were left alone to fend for families on their own. Sometimes their migrant-working husbands would start off by sending the money they earned back home. Eventually though, as the men spent more and more time away from home, the remittances cease to continue in many cases. Due to these circumstances, some of these women found new men to have relationships with. Some of these new men actually turned out to be returning migrant workers themselves. These relationships

[17] Ibid., p. 17. In reality, these STIs are truly bad because they help to facilitate the disease even more. “It is now well known that the presence of [tuberculosis] TB and STIs is associated with the rapid spread of HIV/AIDS because these diseases compromise immunity. Open genital ulcers from STIs also provide fertile ground for the transmission of the virus.” STIs are also referred to as sexually transmitted diseases (STDs).
[18] Ibid., p. 37. These relationships between men are also highly prevalent in the crowded prisons that further added to the spread of HIV/AIDS. Ibid., p. 28.
[19] Ibid., p. 37.
would also turn out to be sexual in nature, as these new men expected this type of interaction in all of their relationships. In return, women would receive economic benefits from these men and their relationship in order to stay alive. Within the dynamics of these new affairs, the spread of HIV/AIDS could be seen once more. These men that were returning from the mines brought back with them the HIV/AIDS disease that began to spread to the rural women through these types of relations. Oftentimes when husbands would return to their wives from their mining jobs, they too would infect their wives with the STIs or HIV/AIDS as well.

As time went by, women began to move to urban areas as well. This added to what was known as the urbanization process that further changed the cultural landscape of the country. When these women moved into town, the attitudes that were formerly held toward the urban women by the migrant men began to shift in favor of them. The migrant men no longer viewed urban women as being totally infected with STIs and HIV/AIDS. On the contrary, they actually began to have intimate relationships with these women. Once again it was clear to see from these circumstances, with large portions of citizens moving about the country engaging in sexual relations, how the HIV/AIDS epidemic has been able to spread.

3. Cultural Aspects that have helped to Perpetuate the Disease

3.1 South African Male Roles

---

20 Ibid., p. 67. This happened in the 1930s and 1940s.
21 Ibid., p. 29. Today, truck drivers that move across the country also spread STIs and HIV/AIDS. HIV/AIDS is spreading so much throughout this profession that 3 truck drivers die everyday in South Africa from AIDS-related illnesses. In order to try to curb the further spread of this disease, AIDS activists called “Trucking against AIDS” actually go the truck rest stops in order to educate truckers and prostitutes on this epidemic.
The spread of HIV historically has been fueled by South Africa’s traditional culture of gender inequalities and the relationship between men and women. Both men and women seem somewhat set in their ways in this country. Traditionally men have been in the superior role in South Africa. Men have taken on and displayed certain behaviors that make them feel more powerful. Men often have “...multiple sexual partners, exercising control over women, coercive sex, violence between men, and the use of alcohol and drugs.”\textsuperscript{22} Men believe that they have the right to use coercion, violence, or even resort to rape to get what they want from women, which usually means wanting sexual intercourse. They believe overall that they must satisfy their sexual needs, and that this is what it is to be masculine. They are taught and socialized to be this way from very early on in life. Since AIDS is primarily transferred in South Africa through heterosexual intercourse today, beliefs held by males in this society are critical to understanding AIDS in the context of the country.\textsuperscript{23}

3.1 South African Female Roles

All of these traditional beliefs place women in an extremely dangerous position. Indeed, more women in the country are plagued with HIV/AIDS than their male counterparts.\textsuperscript{24} This is partially due to biological reasons. Due to a woman’s make up, she is more susceptible to contracting the disease. Statistically speaking “…a man with HIV probably has a one-in-500 chance of passing the virus to his partner in a single act of

\textsuperscript{22} Ibid., p. 26. All of these attributes contribute to HIV/AIDS.
\textsuperscript{23} Ibid., p. 13. Many also do not believe in using condoms, especially within the younger age group bracket of society. They feel that it is just not natural to do so. The youths in South Africa really feel that this is a time in their lives to act recklessly, because they that they are not at risk for contracting the disease. Ibid., p. 57.
\textsuperscript{24} Ibid., p. 22. “In sub-Saharan Africa, 55% of HIV-positive adults are women. In South Africa twice as many women between the ages of 15 and 24 are HIV positive than men in the same age group. And in South Africa as a whole twelve to thirteen women are currently infected for every ten men.”
unprotected vaginal intercourse. The odds of woman-to-man transmission in the same circumstances are about one in 1000."\textsuperscript{25} Women seem to be stuck in this particularly tough position, due to the social structure that exists in South Africa’s society. By being economically inferior to men, women are placed in a situation where they are dependent upon men for almost everything. Due to the fact that they usually have less of an education, and earn less than their male counterparts, many women engage in transactional sexual relationships in order to get what they want in life.\textsuperscript{26} Some women cannot afford necessities or the luxuries that they desire. Therefore many women use sex and boyfriends as a way to better their economic situation. In this manner, they choose boyfriends according to what they need or want.\textsuperscript{27} They can receive anything, from money and food, to clothing and cell phones. Transactional sex is different than prostitution (which many other women do engage in) however. The women in these transactional relationships generally consider these men to be boyfriends and do not see what they are doing as selling their bodies. It is just how life functions in this part of the world. Oftentimes, women will have more than one of these transactional boyfriends at the same time, in order to acquire different and more material goods that they want. These types of casual sexual situations make it easier to see how AIDS has been able to spread. Not only does having multiple partners increase one’s chances for contracting AIDS, but these gendered inequalities also fuel that fire.

Women seem pretty helpless for the most part in trying to protect themselves sexually. For example, it generally falls on the shoulders of women to protect themselves

\textsuperscript{25} Ibid., p. 40.
\textsuperscript{26} Ibid., p. 23. "...[F]or example, in 1995, 23% of African women aged 25 or more had no formal education, compared to 16% of African men... Women earn less than their male counterparts (on average they earn between 72% and 85% of what men with similar education earn.)" Ibid., p. 39.
\textsuperscript{27} Ibid., p. 42.
from pregnancy, STIs and HIV/AIDS, or violence. Due to the cultural norms however, this task is usually unrealistic. Culturally, women in South Africa are viewed in a better light in some communities if they are in fact fertile. In order to show that they are in fact fertile, some women have actually had to become pregnant in order to get married. In order not to become pregnant, many women only use oral or injectable forms of contraception. These forms of birth control make it easy to see how STIs and HIV/AIDS spread, since they do not provide any protection against these diseases. Condoms cannot always be used by women either. If a women forces the issue of the use of condoms, oftentimes this is when the men will resort to coercion, violence or rape since most men do not believe in condom use. The woman may at the same time, risk losing her transactional relationship if she insists on the use of condoms. Men feel that once they have a girlfriend, that they own the women in a sense. They are the ones that choose whether or not they will wear a condom.

People in this part of the world usually only seek medical attention when it is absolutely necessary that they do so. Oftentimes women will only learn that they have HIV when they are having their children. This is due to the fact that usually HIV testing happens at antenatal clinics during their pregnancy. Statistically speaking, HIV positive women usually pass on their positive status to 30% of their babies. There is some hope in reducing these alarming rates however. Nevirapine is a drug that if only administered once, could reduce the risk of passing the HIV status from mother to child to 15%. Only recently has the government changed its policy to accommodate mothers that are less fortunate and are not able to afford the dose of this drug on their own. Before this time, countless babies have been infected through this scenario, due to an irresponsible

\(^{28}\) Ibid., p. 47.
government, as will be shown later on in this paper. Sometimes even when the disease is not passed onto the child through its birth, it would be passed onto them when the mother was breast-feeding her child. Sometimes women have no choice but to breast feed. They are just too impoverished to feed their babies anything else but breast milk.\textsuperscript{29}

"Women bear the brunt of the HIV/AIDS epidemic in South Africa...they also carry the burden of care for their families."\textsuperscript{30} It is usually the women who must take care of their ailing family members who are AIDS victims in the home. It is just part of what is culturally perceived as part of a woman's role at home. What becomes particularly difficult for these women is when they themselves fall victim to AIDS. Even when they are ill, they must still take care of their ill family members as best as they possibly can. It has been reported that men usually will not step up and take on these home health care roles under any circumstances. The men find these actions to be part of a traditional role of women and thus they have no interest in helping out.\textsuperscript{31} Given how many men feel the way they do towards women, one would wonder why a woman would even want to be married in the first place.

Given the circumstances present in this society, women still have the desire to be married because many see this union as a "safe haven," even though this may not be the case in reality. This is especially evident when it comes to the issue of HIV/AIDS. Even when marriages do occur, there are still no guarantees that these married individuals will not contract the AIDS disease. A double standard exists. Keep in mind that, due to the societal norms, it is perceived as being acceptable for men to have multiple partners, even when they are married. Women are the ones in the society who are expected to be faithful.

\textsuperscript{29} Ibid., p. 50.
\textsuperscript{30} Ibid., p. 50.
\textsuperscript{31} Ibid., p. 50.
and monogamous, even though the men are not. In South Africa trust is an important element to relationships. Along with this trust comes unsafe sex. "...[T]he status of the relationship is measured by the willingness of partners to take risks and practice unsafe sex. Unprotected intercourse is equated with love." Sexuality norms and expectations are just inherent factors in South African culture. Power over women, which usually results in violence toward women, is also part of the culture.

a. Violence and Rape

Unfortunately violence and rape are a seemingly typical aspect of South African society. Particularly if you are a woman, you will probably experience these devastating actions first hand. A woman is likely to face violence and/or rape in or out of their own homes. Since rape does run so rampant, and appears to be an everyday occurrence in society, it is clear that many of the victims are not coming forward. In this regard, rape is probably much higher in the country than has been reported. There is a disturbing myth that has been perpetuated throughout the region that has increased the threat of rape occurring. The myth contends that if an individual is HIV positive and they have sex with a virgin, then their HIV/AIDS status will be cured. Sadly, this myth has caused a further spread of the disease, with many HIV positive men preying on the female youth in the country. In a setting where rape and violence already thrives, rape of these virgin women has been on the rise due to this myth. This is not the only problem that many South

---

32 Ibid., p. 41. Many young women in particular go along with these beliefs. They figure that their own grandfathers were not monogamous, so they cannot realistically expect their boyfriend to be faithful. It has been a cultural norm for males in South Africa to practice polygamy over the years.

33 Ibid., p. 41.

34 Ibid., p. 39.

African women face though. It was true that back in the 1980s, as is the case now, many women have turned to a life of prostitution due to a need for survival, and their decision to work in this manner is mostly an economic one. The exact number of sex workers in the country cannot be calculated due to the vast numbers of them. This work increases sexual interactions, thus increasing HIV/AIDS rates.

3.2 South African Children’s Roles

As a result of HIV and AIDS, the cultural landscape of South Africa has been changed forever. The family structures in South Africa are taking a big blow due to this disease. Many of the breadwinners in the family are falling sick, and yet worse dying. This is leaving the grandparents and children to step up and take care of their families. Orphaned children are popping up at alarming rates. The children are therefore becoming the “burden” of their grandparents, and the government. AIDS has changed the face of childhood by stripping it away. With so many parents dying, there are increasing numbers of child-headed households. “Children as young as five collect water and firewood, harvest crops and prepare food. They leave school early to support siblings, dying parents and grandparents. They care for sick and dying relations with little or no support, and do not qualify for child-support grants because they are children

37 Ibid., p. 45.
38 Ibid., p. 57. “Two-thirds of the 16.3 million children in South Africa live below the poverty line. A fifth of children in South Africa do not live with their mothers. It is estimated that by 2015 almost 12% of South African children will be orphans as a result of HIV/AIDS.”
39 Ibid., p. 21.
40 Ibid., p. 53.
themselves.\textsuperscript{41} It is imperative that the government of South Africa takes care of this crisis as soon as possible.

4. The Role of the Government

But many people have wondered if AIDS is such a debilitating force on this country, why has it been able to occur? Why hasn’t a full fledged war been waged on AIDS itself? The answer to this question falls squarely on the shoulders of the government, and the President, Thabo Mbeki, in particular. Much of the research on this topic has found that the government of South Africa has directly contributed to the epidemic proportions of the AIDS crisis in the country. The government has chosen to take an unpopular and rather passive approach in confronting the disease, but it did not initially start out that way under the ANC rule.\textsuperscript{42} The ANC government had planned to open new clinics and provide cheaper generic drugs in the beginning. However, the Department of Public Health wanted AIDS to be known as a “notifiable” disease.\textsuperscript{43} When this came up, the trade union group, Congress of South African Trade (COSATU) defied these advances. The group was afraid that discrimination would occur for the AIDS victims that would be labeled with this disease.\textsuperscript{44} From that point on, it seems as though the government lost direction, and has been full of bickering and disagreements on how to address the HIV/AIDS crisis.\textsuperscript{45}

\textsuperscript{41} Ibid., p. 14.
\textsuperscript{43} Ibid., p. 294, “...[N]otifiable’ disease [requires] that cases be recorded and reported...”
\textsuperscript{44} Ibid., p. 294.
\textsuperscript{45} Ibid., p. 294.
4.1 Nelson Mandela

Looking back at the beginning of democratic rule after the end of apartheid, things initially seemed hopeful in the fight against AIDS in South Africa. With Nelson Mandela at the helm in the presidential position, it seemed as though people were filled with hope that the country would move forward in a positive way, and really begin to fight the AIDS crisis head on. Due to his appealing leadership style, he brought credibility and legitimacy to the government finally.\textsuperscript{46} Mandela was aware of the problem HIV/AIDS posed to his country. That is why in 1997 he addressed the issue in a speech saying, “[w]hen the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance the future of whole nations. Future generations will judge us on the adequacy of our response.”\textsuperscript{47} However the government made a grave blunder that actually began to hurt their cause in trying to remedy the crisis. Their first mistake under this new democratic form of government was to produce the play \textit{Sarafina II} in 1995. The play was supposed to be produced in order to educate people about AIDS. In all actuality however, different results were really produced because its overall message was not understandable. Not only that was a problem, but the cost of producing such an effort was immense, costing R14.2 million.\textsuperscript{48} This cost was beyond comprehension for many individuals against the government and in the fight against AIDS. Many activists felt that the money could have been much more wisely spent in actually helping those that were battling the disease. Mandela did want to see a decrease in AIDS rates for his country, but unfortunately for him he did not

\begin{flushright}
\textsuperscript{46} Kyle Dean Kauffman and David L. Lindauer and Desmond Tutu, eds. \textit{AIDS and South Africa: The Social Expression of a Pandemic} (New York, N.Y.: Palgrave Macmillan, 2004), p. 54.\\
\textsuperscript{47} Ibid., p. 55.\\
\end{flushright}
accomplish the tasks as president that he had hoped when it came to this crisis. Due to his older age, and conservative ways, and the fact that he found the subject uncomfortable to really discuss, no real progress was made. These actions highlight a weak point in Mandela’s leadership as president.\textsuperscript{49} Mandela was too uncomfortable to talk about sex openly. This unfortunately hindered the initial AIDS fight under the new democratic process. Mandela’s successor, Thabo Mbeki, only made the situation worse.

\subsection*{4.2 Thabo Mbeki}

As President, Thabo Mbeki has been in blatant denial that there is an AIDS crisis plaguing his country. It is surprising to many people that Mbeki feels this way.

Mbeki had undergone some mysterious transformation. Several years earlier, as South Africa’s vice president, he had said, ‘For too long we have closed our eyes as a nation, hoping the truth was not so real. For many years we have allowed the HIV virus to spread...and now we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered.’ No one in the government had nailed it any better than that. Yet since he was president, his statements had grown increasingly weird. He had alleged that an ‘omnipotent apparatus’ was using the disease as an instrument of genocide against black Africans. He had said this ‘apparatus’ was promoting conventional views to denigrate black Africans, to profit from their misery, and ultimately to destroy them. Among the instruments of this fiendish ‘apparatus’ he uncovered were pharmaceutical companies, scientists, physicians, medical researchers, and Western governments. He had once even hinted that the CIA was involved, either directly or peripherally, though he admitted he was not certain which.\textsuperscript{50}


Mbeki has claimed that the problem of AIDS cannot be the government’s fault. After his presidency, he chose not to discuss AIDS all that much. However, “[w]hen he finally did address the subject, he immediately ignited a firestorm of controversy. On one occasion he declared publicly that the virus HIV did not cause AIDS. In other remarks he cast doubt on the very existence of the virus. In still another venue, he said that perhaps it did exist but no one was certain, and even if it did, no one was sure it was the cause of AIDS. The real causes, he insisted, were poverty and an unhealthy diet.”\textsuperscript{51} He “…described poverty as the cause of the widespread collapse of human immune system in Africa…Yet [Mbeki has failed to recognize that] poverty is only an aider and an abettor, a facilitator of the virus, not a cause of the disease.”\textsuperscript{52}

Mbeki claimed that the drug AZT was toxic and harmful to those that took the medication. He said, “I think it would be criminal if our government did not deal with the toxicity of these drugs,’ he said. ‘Let’s stop politicizing this question, let’s deal with the science of it.’”\textsuperscript{53} However, AZT is the only medication so far that has helped those who are stricken with the disease. He fabricated a story that international pharmaceutical companies were simply trying to push these toxic drugs on his citizens in order to make more money. Mbeki disagreed once again with the medical scientists and came up with what he believed to be a novel medication for AIDS. He thought that the drug virodene was more suitable for helping those that were ill. Ironically the drug that Mbeki pushed for was more toxic to HIV/AIDS patients than AZT ever could be. Virodene is so dangerous that its testing on human subjects was prohibited by the Medicines Control

\textsuperscript{51} Ibid., p. 182.
\textsuperscript{52} Ibid., p. 189.
Council. The Council found “...that viodene’s active ingredient was a solvent used in freezing animal organs that had no impact on HIV...”

Mbeki did create an AIDS Advisory Panel in 2000, but he included dissenting scientists who agreed with his discredited views. There could be no validity to a panel with such a biased configuration. Mbeki even sent a letter to many of the world leaders including Tony Blair and Bill Clinton in April of 2000, stating that people should consider all of the possible viewpoints on AIDS, including his own. Many believed that the letter must have been a “hoax.” It simply could not be true that Mbeki in fact held these strange views. He claimed that if other countries and individuals did not recognize his viewpoint on this matter, then this would be a similar situation to how things had operated under apartheid rule. Mbeki stated in his letter that he wanted to look at all of the different vantage points, in order to find a remedy to AIDS. The letter read that “Not long ago in our country people were killed, tortured and imprisoned because the authorities believed that their views were dangerous,” Mbeki wrote. “We are now being asked to do the same thing that the racist apartheid tyranny did, because there is a

---

56 Allister Sparks. Beyond the Miracle: Inside the New South Africa (Chicago, Illinois. The University of Chicago Press, 2003), p. 288. It is thought that Mbeki has obtained most of his views on HIV/AIDS off of the internet on these dissident scientist’s websites. You can find out information on these dissident scientists by viewing their websites online. There are at least a dozen of them. Many of these dissidents have very odd views on other issues besides HIV/AIDS as well, which are revealed through their web pages. One even stated that they were on a UFO board and also believed in alien abductions. On the sites you can see the admiration that the dissidents have for Mbeki, since many of them have pictures of him on their websites. “And if [Mbeki] never openly declared himself to be a dissident, he did not deny it either, and the dissidents themselves certainly claimed him as their champions. Their websites carry pictures of him and one runs a petition of support for him.” Ibid., p. 265.
scientific view against which dissident is prohibited.” Mbeki followed up his letter with speeches where he stated similar sentiments on HIV/AIDS. Due to Mbeki’s speeches, it inherently had caused his administration to be “paralyzed” in making decisions when it came to HIV/AIDS. This resulted in the fact “...that in 2000 the Health Department failed to spend 40% of its AIDS budget.” Needless to say due to remarks like these, “Mbeki’s approval ratings have declined steeply since the AIDS saga began. In May 2000, 71% of South Africans thought he was doing a good job, by June that had dropped to 66% and by August it was down to 52%. A poll of urban adults of all races in early 2002 indicated that nearly 60% disagreed with his viewpoint on AIDS, and only one in 10 agreed fully with it.” “At the end of 2000 Mbeki announced he was ‘withdrawing from the debate’ on AIDS, but the issue bubbled on through 2001.” The issue will always remain a topic of conversation as long as the disease continues to plague the country.

Overall, the government truly has been lacking in its efforts. There has been a lack of government funding for health care and education. This has been able to occur because the long gap between the time from infection to death of an individual. As a result people are dying from this disease at catastrophic rates.

4.3 Life in South Africa

59 Ibid., p. 264.
60 Ibid., p. 265.
61 Ibid., p. 267.
62 Ibid., p. 266. Mandela did step forward in 2001 to state that he wanted Nevirapine to be given to mothers in order to protect their babies from contracting HIV.
As a result of the government’s role, those living with HIV and AIDS today in South Africa are leading very depressing lives. People are scared to come forward and get help when it comes to the disease.\textsuperscript{64} Many live in utter denial, oftentimes trying to conceal their illness from others. According to one doctor in South Africa, this “[d]enial is a big issue. Patients often go from hospital to hospital hoping someone will treat them without realizing they are HIV positive. Or they wait until they are severely ill before coming for treatment.”\textsuperscript{65} The stigma that goes along with this disease is often more than people can bear.\textsuperscript{66} There can be devastating consequences for those that allow their HIV positive status to be known in the community. You could be labeled as a social outcast in society, or if your employer finds out about the illness, your job could be lost as well. The losses of jobs are not the only forms of discrimination people face. If other people become aware of one’s status, that individual runs the risk of being blacklisted or ostracized by their community. That individual living with the disease faces a life of solitude and isolation if this occurs. Many South Africans have stated that they had tried to conceal their illness for as long as they possibly could from their closest family members as well. Even when family members found out, they many times would further isolate the AIDS victims within their homes. They would confine the HIV/AIDS victim to a certain area or room of the house, allowing them to only use certain dishes or utensils, and even monitoring the amount of time their own children could be around them due to their illness. Family members are not the only individuals in society that

\textsuperscript{64} Gideon Mendel. \textit{A Broken Landscape: HIV \\& AIDS in Africa} (Barcelona, Spain: Editorial Blume, 2002), Introduction. “AIDS feeds on inequality, ignorance, fear and blame. The stigma and negative attitudes within communities and the workplace experienced by people infected with HIV and AIDS increases discrimination.”

\textsuperscript{65} Ibid., p. 46.

stigmatize the disease. There have even been reported cases where AIDS stricken patients have visited doctors, and the doctors have been the ones who have turned around and “outed” their patient’s disease to that person’s employer, causing the loss of jobs this way.\(^\text{67}\) These are only a few of the countless AIDS related problems that exist in this country.

5. Uganda

South Africa is not the only country that has had to worry about this issue however. The epidemic of the AIDS crisis is escalating throughout the entire continent. A few of the other African countries have actually tried to fight back though. Uganda and Senegal are two countries that have actually had their HIV infection rates decline in Africa. “[Uganda] had once been among the hardest hit by the virus, with more than 10 percent of its adult population infected.”\(^\text{68}\) In 2003 it’s HIV/AIDS prevalence rate had fallen to 4.1%, which is a wonderful improvement.\(^\text{69}\)

In the early 1980s AIDS spread rapidly throughout Uganda, as it did in South Africa as well.\(^\text{70}\) The first cases were seen in Uganda in the southwest area of the country in 1982.\(^\text{71}\) As is the case in South Africa at the present date, it has been found that most of Uganda’s spread of this disease is through heterosexual relationships, as well as the fact that children in Uganda are usually infected from their mothers.\(^\text{72}\) Another comparison that can be drawn between the two countries is that AIDS rates are higher in the urban

\(^{67}\) Jim Wooten. We Are All the Same: A Story of a Boy’s Courage and a Mother’s Love (New York, N.Y.: The Penguin Press, 2004), p. 59.

\(^{68}\) Ibid., p. 172.


\(^{72}\) Ibid., p. 162.
areas of Uganda, than in the rural ones.\textsuperscript{73} While South Africa dealt with its migrant issue, Ugandan citizens were dealing with their own civil war issues. Culturally however, certain gender norms are apparent in Uganda as they are in South Africa as well. Generally speaking, males are seen as being superior to females in Uganda. Due to this inferior status, the females in this country have also engaged in transactional relationships in order to advance. “Male students in Uganda jokingly refer to young women as ‘dentists’, humorously suggesting that young women’s desire for money would drive them to extract the gold out of their sexual partner’s teeth if they could.”\textsuperscript{74} However, advancements are being made in Uganda that are changing these norms in a positive way for all citizens.

5.1 President Yoweri Museveni’s Role

Uganda has been able to enjoy a decrease in its AIDS statistics due to the work of its government in particular. Much of the credit here can be given to the President of Uganda, Yoweri Museveni. First and foremost, it is important to note that the President of Uganda has been forthright in dealing with this disease in his country. One reason that the President has been so candid about the AIDS crisis in his country is because he has had to witness it first hand.\textsuperscript{75} When coming out of the civil rebellions he was involved in, Museveni found that many of his troops in the army were infected.\textsuperscript{76} After noticing these alarming infection rates, he was determined to do something about it.

\textsuperscript{73} Ibid., p. 172.
President Museveni has been very vocal about the situation in his country. He has been quoted as saying,

“First, unlike the other governments, my own government has truly and honestly recognized HIV and AIDS as the most dangerous enemy our people have. Second, we have worked night and day for many months, and we have asked for assistance and brought in knowledgeable people to help us devise both offensive and defensive strategies. Third, we are determined that, regardless of how much damage it has already done to us— I mean regardless of the vast numbers of our citizens it has already killed and the vast numbers who have already been infected and who, we know, will eventually also die—we simply will not— will not, will not— allow this virus to continue eating away at our people. We will not allow it to destroy our future as a country.”

This quote shows that Uganda has made great strides forward in the battle against AIDS, and indicates a few of the steps the government took in getting there. The government made the disease part of all of their official dealings within the functions of the government. The president also said that,

“...AIDS is not only on our national agenda, it is on our minds all the time. In my meetings, when we discuss the economy, imports and exports, anything at all, whatever it is, we do so within the context of AIDS and HIV. When we discuss budgets and taxes, we do so with the understanding that the presence of the virus among us and its threat must be part of our planning. When the subject is the military, we acknowledge that it is a threat to our national security.”

This strategy does appear to be working. By having AIDS encompass all segments of how the government functions the administration has had no choice but to confront the disease head on. There is no way to escape it. The main reason that Uganda has been so

78 Ibid., p. 173.
successful in fighting HIV/AIDS is because the issue has been housed in the office of the president.\textsuperscript{79} Uganda was one of the initial African countries to work with the World Health Organization (WHO) in 1987. In conjunction with the WHO, a National AIDS Control Programme was established. The program was set up to not only monitor how the epidemic progressed, but also how to come up with and initiate prevention programs. Uganda has implemented many successful projects in order to combat AIDS.

President Museveni outlined the various components of the strategy [through] intense and constant public education about the infection’s causes, how it is transmitted, and how it can be prevented; the public distributions of millions of condoms, and a national advertising campaign to encourage their use; a mandatory focus on HIV/AIDS at every level of government, from meetings of his ministers and their departments, to the generals in his army, to every police officer in every precinct, to every doctor and every nurse in every hospital and clinic, even down to the eldest of tribal elders in the smallest rural villages; the enlistment and involvement of all nongovernmental organizations in the country, including the churches, with constant pressure on those groups reluctant to get involved.\textsuperscript{80}

These campaigns set out by the government worked so well in Uganda that in 1998 it was the first Sub-Saharan African country that could rightfully claim that its HIV infection rates had declined.\textsuperscript{81} The culture surrounding traditional African relationships has changed in the country now as well. There are now greater levels of abstinence and greater fidelity in relationships that have caused a decline in the spread of HIV. The country has been able to curb their infection rates especially when it comes to their younger citizens. Many of Uganda’s younger community have been postponing their first

\textsuperscript{79} Kyle Dean Kauffman and David L. Lindauer and Desmond Tutu. \textit{AIDS and South Africa: The Social Expression of a Pandemic} (New York, N.Y.: Palgrave Macmillan, 2004), p. 54. This has not been the case in South Africa where the issue has been housed in the Department of Health.


sexual encounters, which also seems to be helping.\textsuperscript{82} Perhaps the country’s most successful ventures have been at the most basic of levels that have helped the most people. The proper education on the disease, and the fact that condoms are more readily available have truly helped. They have increased the chances and likelihood of having protected sexual relationships.

The initial onset of the AIDS epidemic in Uganda was plagued by many of the same problems as South Africa. Ugandan victims of AIDS were stigmatized in a negative light, as is the case today in South Africa. However, due to Uganda’s fight against the disease, tolerance is much more prevalent at the present date. Not only has the government been honest with itself, but Uganda has also encouraged its citizens to be truthful with themselves and their community. Unlike in South Africa, in Uganda individuals are expected to share their HIV/AIDS status.\textsuperscript{83} Once their positive HIV/AIDS status is out in the open, then the community embraces these individuals and care for those that are ill.\textsuperscript{84} Much of the improvements when it comes to this openness has been attributed to the counseling services and home care services implemented by the government in particular.\textsuperscript{85}

It is clear “[t]hat the use of home care rather than inpatient care in developing countries may, in fact, have benefits for the patients, family, and health services...”.\textsuperscript{86} In Uganda, home health care has been one of the most helpful forms of treatment. This process helps to keep the cost of care down. There would not be enough room in

\textsuperscript{83} Gideon Mendel. \textit{A Broken Landscape: HIV & AIDS in Africa} (Barcelona, Spain: Editorial Blume, 2002), Afterword.
\textsuperscript{84} Ibid., Afterword.
\textsuperscript{86} Ibid., p. 173.
hospitals, or enough doctors, to care for all inpatient care needs. Most poor Ugandan’s only have their extended family to rely on for their care.

Uganda’s government proves that something can be done in the fight against AIDS. It has shown the culture that surrounds relationships that create the norms in African societies can be altered over time. With the proper understanding of the disease, people can and will make life-saving choices in order to do so. Uganda set up its society to try to ensure that its citizens could not fail. They made condoms readily available, and educated their youth.

6. What can South Africa do to fix their HIV/AIDS Crisis: Follow Uganda’s Lead

The question then can be asked, what can South Africa do to improve its current situation surrounding the issue of AIDS? It seems clear that South Africa should look at and heavily consider what Uganda has done and follow a similar path to improvement. This means that if the South African government took a stronger approach, they too might be able to experience the types of improvement that Uganda has experienced. The government needs to step up, and recognize the AIDS crisis for what it is in South Africa. AIDS is a disease that can have a highly debilitating effect on a country. The negative effects have had an impact economically, socially, and politically for South Africa. It seems clear that President Thabo Mbeki could learn many valuable lessons from Yoweri Museveni when it comes to fighting AIDS. Thabo Mbeki needs to listen to the scientists and believe in what they are saying. Then with accurate information he could address the problem publicly, and follow up his ideas with swift actions that would act as remedies.

South Africa needs to establish more community programs, counseling services, and homecare services like Uganda has done.

At an international level, many scholars have felt that it is impractical to provide the proper drugs needed in Africa. They cite that the numbers of people infected are too great, the drugs cost too much, the regimes are too intricate to follow, and that African compliance could not be guaranteed.\(^88\) However, compliance to AIDS treatments by Africans in Uganda and South Africa is high. It is so high that it actually surpasses the compliance of many AIDS patients in countries that are developed.\(^89\) But the problem with supplying the drugs in these countries is straightforward from an economic perspective. “A year’s course of existing life-prolonging therapies for a single person costs 20 times the average per capita income for the [African] region.”\(^90\) Sadly if these drug therapies are not provided however, most people that are infected will face death within ten years.\(^91\) The government needs to recognize that there is this problem of AIDS, bring it to the forefront of its issues, and ask for international cooperation and aid. At the same time South Africa’s own government needs to put more money into fighting AIDS as well. “South Africa would be looking at an increase of roughly 50% in national health care expenditure. In addition to treating those who have AIDS, making such a large investment must improve the capacity of the health-care system as whole. The cost of the drugs is not an insurmountable obstacle. The decision not to provide them is a social, and political one, rather than an economic one.”\(^92\) This is where changes really need to begin.

\(^89\) Ibid. This was true according to surveys posted in 2002 and 2003 in Botswana, Uganda, Senegal, South Africa, and Zambia.
\(^90\) Ibid.
\(^91\) Ibid.
6.1 Other Elements to Work on

a. Education and Campaigns

It seems as though the government and non-governmental organizations have been going about their educational process and campaign strategies in a wrong manner. That is to say, that they have tried to approach the citizens of South Africa in a biomedical, scientific, or Western way. "The emphasis in these programmes (as with most others in Southern Africa) was on protecting the individual, primarily through the use of condoms, as well as promoting abstinence and monogamy. It was assumed that these Western experiences were general enough to be applied to different social situations." They seem to have missed the cultural norms that people abide by and live their lives by every day, and that may be taken advantage of to actually make an immediate difference in the society. Education need to happen in a way in order for citizens to actually be able to understand what is being taught. There is even an idea to have “peer educators” work in the mines. This is a program where certain mine workers would be trained on HIV/AIDS in order to go back to work in the mines and educate their peers. The advantage to this type of education is that it is a departure from the biomedical approach. The peer educators are able to relate to their fellow mine workers, and speak their native languages. However, there is a problem where these educators are not being paid to do this work. If payments were made possible, there is no telling how many lives peer educators could save. "...[M]uch work still needs to be done in developing school contexts that will

93 Ibid., p. 91.
enable young people to exercise real leadership of HIV-prevention programmes, and real ‘ownership’ of the problem of rocketing HIV levels among youth. A constituency that assumes a sense of psychological ownership of a problem is far more likely to feel empowered to take measures to address it.\textsuperscript{95}

b. Condom Use

When it comes to the use of condoms in South Africa, cultural issues come into play once more. Since condoms are used to signify where a relationship stands, men if they use condoms at all, will usually only wear them with their secondary partners.\textsuperscript{96} Other intrinsic problems are also prevalent at the very basic and primary levels of condom use as well. Many people still have not even seen one or ever used one, causing further levels of fear about the whole situation. Even when individuals do know how to use them, and have the desire to do so, sometimes this does not seem possible either, because there is a lack of knowledge of where and how to obtain them. There have been reported cases where individuals have stated that some clinic workers appear to be rude, and do not believe some of the people that truly want them when they come in to get help. This occurs particularly among the younger individuals in society, where the clinic workers just find them to be troublesome and do not believe that they want them at such a young age. In other circumstances some people do not want to openly admit that they are sexually active, so they abstain from gaining access to condoms for this reason as well. This is especially the case for many young girls, who are culturally supposed to abstain

\textsuperscript{95} Ibid., p. 145.
from sex until they are married. Still others simply believe that if they in fact use condoms, people will just assume that they are already HIV positive. Since there is such an awful stigma that still surrounds AIDS, individuals do not want to go out and get condoms, or suggest their use in a sexual relationship, for the fear they might tell others they are HIV positive. In dealing with the transactional relationships once more, if a man spends money on his girlfriends, there is also an expectation by the males that they will not have to use protection. In a man's eyes in South Africa generally speaking, sex is seen as a completely natural act, and is part of their culture. So the use of condoms during sex is seen as something that is uncomfortable and "awkward." Some men also feel that they do not have to behave responsibly in the heat of passion either. With all of these issues surrounding the use of condoms, it is no wonder why safe sex acts have not occurred more frequently. The culture of relationships needs to change in order for South Africa to be successful. Like Uganda, South Africa needs to educate people on HIV and AIDS, as well as the importance of condom use. They need to have condoms readily available and easy to obtain. There needs to be more abstinence that occurs, and more fidelity between partners. The first initial sexual encounters need to be pushed back through proper education as well. Uganda is an example of all of these things.

c. Changing the Culture, Especially for Women

For South Africa to be truly successful, old traditional norms are going to have to be challenged. A change in culture will certainly be a hard task to accomplish, but in the end it will be worth the struggle. Gender norms will also have to be changed, and

---

97 Ibid., p. 48. Some communities even conduct "virginity tests" to check the status of young women. There has been a lot of controversy surrounding this issue. The dispute is over traditional customs and beliefs, versus those that believe in the more modern notion of woman's right to privacy.
changed as part of a new South African culture. No one can contest the important role that the women in this country play, not only in their families, but in society in general. At this point in time, they also seem to be "...challenging their circumstances and devising strategies to cope with and overcome adversity." This is precisely the kind of changes that the government especially needs to recognize and embrace. The government should push for and fund programs to help women to become more educated in order to gain access to better paying jobs. They should at the same time try to increase the pay of women, so that they are paid more along the lines with men. If they can continue to enable women to move forward, then men will eventually have to see women as their equal counterparts, and not as inferior individuals. As women move up in the societal ranks, they will be able to take back some of their power. It will be okay for them to state that they would like to engage in protected sexual relationships with condoms because they will not have to be so worried about a man for their economic needs. At this point, women will also be in a position to expect monogamy from their partners, doing away with their economic gains from transactional relationships in the process. They will become independent.

d. Role of Elders

The elders in these countries have, over generations, been able to influence their younger family members. Through their own influential teachings, they have been able to

---

98 Ibid., p. 40.
99 Catherine Campbell. "Letting Them Die": HIV/AIDS Prevention Programmes Fail (Bloomington, Indiana: Indiana University Press, 2003), p. 146. "...[T]here is much scope for working towards increasing young people’s opportunities to become involved in local community organizations, and in community decision-making, given the role played by ‘perceived citizen power’ in increasing the likelihood of health-enhancing behavior change."
decrease HIV transmission.\textsuperscript{100} This serves to show that family ties and traditions can serve as a valuable untapped resource. If proper information regarding HIV/AIDS was made more readily available to the elders in South Africa, then they could pass on what they know to the younger members in their families. There is not just a need for the education of older members of society, but of the youth in the country as well.

e. Protecting Youths and Orphans

South Africa does need to protect their youth. South Africa has a large percentage of its citizens under 20 years old, at roughly 44% of the population.\textsuperscript{101} This is why the advocacy for safer youth actions is so important for the country.\textsuperscript{102} AIDS seems to be taking away the youth of the population today, like the slave trade did years ago.\textsuperscript{103} As Uganda has accomplished, South Africa needs to try to devise a plan where the youth in the country will abstain from having sex altogether or at least wait to have sex until they are older. “Sexual initiation is occurring at a much younger age than in the past and is often coercive. In a study of rural areas in the Eastern Cape, some 22% of younger respondents had had sexual intercourse at or below the age of 11.”\textsuperscript{104}

The young orphan population also needs to be cared for and looked after as well. Orphans need to be able to access their social grants, especially when they are of young

\begin{footnotes}
\footnotetext[102]{Ibid., p. 52.} \\
\end{footnotes}
ages trying to take care of their families. The welfare grant problem also needs to be reexamined. A lot of the problems in obtaining these grants when they are available lies in the problem of individuals having the proper documentation. Many children do not even have birth certificates, making it almost impossible for grandparents to get the help needed for their orphaned grandchildren, when the child’s parent dies from AIDS.

**f. South African Legislation**

While it is true that South Africa does have some legislation in place now that prohibits an employee from being discriminated against due to their positive HIV/AIDS status, this seems to only be true on paper and in theory. In reality, this type of discrimination that leads to the termination of job positions occurs all of the time. More stringent monitoring of these practices, along with an overall change in the manner in which HIV/AIDS is viewed, could help in this process. If you as a sick person feel that you may lose your job as a result of your doctor revealing your medical status, this may cause you not to want to go to the doctor in the first place. Then you may continue to live with AIDS, have unprotected sex, and continue to spread the disease. These are a few reasons that show that there is a need for government intervention here. The government needs to educate people so that it can be known how the disease spreads, and then people could be allowed to continue to work. Employers would not be afraid to have HIV positive individuals working for them. Patient-doctor confidentiality also should be

---

105 Ibid., p. 130.  
106 Ibid., p. 131.  
mandated by the government as well. This would curb those who are too afraid to come forward to ensure that they can keep their employment.

g. Doctors and Traditional Healers

Many South Africans, partially due to the lack of confidentiality, do not trust their doctors. This is only made worse by the misinformation that they are bombarded with, even by the president. Instead of turning to Western medicine for help, or when modern day medicine is too expensive or unobtainable, many turn to traditional healers.\textsuperscript{108} There is a large percentage of the population that truly believes that these conventional forms of medicines do work. “There are an estimated 150,000 to 200,000 traditional healers in South Africa. It is believed that as many as 80% of African people consult traditional healers…”\textsuperscript{109} Oftentimes when an individual goes to see a regular doctor in dealing with AIDS, they will continue to use traditional healers as well. “…[I]ndigenous healers do influence the ways in which health and disease are experienced and understood. For many people, they provide explanations for sickness and offer treatment and moral guidance.”\textsuperscript{110} Others seek traditional healers because there are not enough hospitals and clinics, or they were understaffed.\textsuperscript{111} Overall, there is a “psychological” and spiritual healing that is provided by these healers that is not provided through modern day doctors. This added psychological element provides comfort to the African people, that they cannot get anywhere else. “They provide culturally familiar ways of explaining the cause

\textsuperscript{108} Liz Walker and Graeme Reid and Morna Cornell, \textit{Waiting to Happen: HIV/AIDS in South Africa: The Bigger Picture} (Boulder, Colorado: Lynne Rienner Publishers, Inc., 2004), p. 92. There are two types of healers in South Africa, those being faith healers and traditional healers. Traditional healers were originally encouraged as an answer to the apartheid government’s problems of not having enough medical facilities for all of its citizens.
\textsuperscript{109} Ibid., p. 94.
\textsuperscript{110} Ibid., p. 99.
\textsuperscript{111} Ibid., p. 94.
and timing of ill health and its relationship to the social and supernatural worlds. Healers provide medicine for the ‘affairs of daily life.’ They also provide a conceptual framework that helps many of their patients to understand their illness.” If these resources of the traditional healers were tapped into, there is no question that more people could be helped. Government organizations should recognize this situation for what it is, and try to get these traditional healers educated on the epidemic. Then the traditional healers would be able to properly advise their clients on the right actions to take. Like it or not, these healers do play a crucial role in many people’s lives. They should be allowed to work alongside medical professionals to combat the disease. They should be given the respect that so many South Africans believe that they deserve.

h. Thabo Mbeki

It seems as though for real progress to move forward on a national level, the government needs to make some swift adjustments. This needs to begin with Thabo Mbeki’s action and his views. Mbeki first needs to get a public HIV test taken for himself. This would set and example to the citizens of his country that this is an important action for all people to partake in, and then maybe they would follow behind him.113

The question of why the president feels the way he does has not been able to be definitively answered however. There are many reasons why a country would not want to come forward and publicly announce that they are struggling with an AIDS crisis. The

---

112 Ibid., p. 94.
113 Kyle Dean Kauffman and David L. Lindauer and Desmond Tutu. *AIDS and South Africa: The Social Expression of a Pandemic* (New York, N.Y.: Palgrave Macmillan, 2004), p. 63. In 2001 he states in an interview that “...he would not be prepared to take a public HIV test because it would send a message that he supported a particular scientific view-point. ‘I go and do a test- I am confirming a particular paradigm.’”
economy could suffer with international ties being broken, along with the fact that tourism could dwindle.\textsuperscript{114} As this paper shows however, these issues pale in importance when it comes to the number of lives that HIV and AIDS takes everyday. Due to the President’s discredited views many of the common people in South Africa have found themselves to be more confused than ever, unsure of what to believe.\textsuperscript{115} Partially due to Mbeki’s views and a lack of proper education when it comes to the disease, many in the country are not even sure of how it is transmitted.

If you look at the situation from President Thabo Mbeki’s standpoint, you could almost understand why he would not want to acknowledge his shortcomings, although the manner in which he has gone about it is still baffling. How could Mbeki embrace and promote all of the positive work that his administration has done, while at the same time failing to speak about one of the most devastating epidemics in the world that is taking away his population.\textsuperscript{116} Perhaps he believes that since the democratic form of government is so new altogether, to admit failure would be a devastating blow to the government, its leadership, and above all democracy. On the other hand, maybe the answer lies within Mbeki’s own character. Mbeki had his skills honed in on at a young age in order to become a leader one day, and now he is a President. Given this sort of upbringing, it is no wonder that he is somewhat arrogant, and unwilling to accept any forms of criticism from anyone. Mbeki is surrounded by a staff that constantly reinforces his dubious views. His staff does not want to be seen as betraying their leader, or the ANC party as a whole. It

\textsuperscript{116} Allister Sparks. Beyond the Miracle: Inside the New South Africa (Chicago, Illinois. The University of Chicago Press, 2003), p. 331. Thabo Mbeki’s presidency has brought with it many economic advances for South Africa. The youth of his population is being taken away as the slave trade did years ago.
almost seems as though he fought so hard for the virodene drug in order to prove to the world that he could find the answer to the African problem of AIDS. In the end it all boils down to the point that Mbeki should have left the information about AIDS up to the professionals, and not tried to look for information on his own over the internet. He should have been wise enough to recognize that he only knows so much, and that he himself is not a scientist. There can be hope when you look at Mbeki. "Thabo Mbeki has his faults and has made his stumbles, but he is an intelligent and pragmatic politician with the right ideals [that some] believe will try to defy Mandela’s legacy. It may well be that when he is safely into his second term...his inner insecurities will subside and the great potential that is within him will blossom."  

117 Hopefully this sentiment will come true for South Africa’s future.

7. Conclusion

Above all, every human being deserves the right to live as comfortably and without as much suffering as possible. There is no cure for HIV/AIDS, but with the advances in medicine, the disease no longer has to be synonymous with death. In fact it is treatable due to the life-sustaining anti-retroviral drugs. 118 HIV/AIDS victims are human beings that have the right to live. The world has the resources to make the changes that are necessary. 119 "As Alan Whiteside and Clem Sunter note in their excellent little book, AIDS: The Challenge for South Africa: ‘It is a harsh economic reality that not all lives have equal value. If the majority of those infected are unemployed, subsistence farmers

117 Ibid., 282.
119 Ibid., p. 8.
or unskilled workers, then the impact on the national economy will not be as great as if they are skilled and highly productive members of society."... Nasty but true. It depends on who does the dying." The fact that AIDS has hit the poorer segment of society the most should have no bearing on who the government chooses to help. The government of South Africa needs to recognize its shortcomings and address their problems as well.

AIDS has made life seem somewhat bleak for the citizens of South Africa. As of 2003, there were unsettling statistics to be reported for South Africa. Showing 30 percent of the pregnant women to be infected with the disease, and over 40 percent for prostitutes and migrants. To add to these alarming rates, "[m]ore than a quarter of the adult South African population is probably HIV positive, and more children will be infected with the virus in a few days then in all of the United States in an entire year." According to the World Fact-book, this equals out to be 5.3 million people living with HIV/AIDS in 2003. Sadly things only have continued to get worse. In 2005, the death rate is 21.32 for 1,000 in the population. The life expectancy for men in the same year is 43.47 years, and 43.06 years for females. One major reason for this dismal factor is due to HIV/AIDS. It was found by The World Health Organization (WHO) that had this disease not been present then the life expectancy would be increased by seventeen years. "As leading South African scientist Professor Malegapuru Makgoba has said, 'If we had been

121 The government needs to address the issue of poverty, since HIV/AIDS does hit this segment of society very hard.
123 Ibid., p. 293.
125 Ibid.
126 Ibid. The death rate for the country in 2005 is -0.31%.
involved in a major war, that would be the only other thing that could explain the high numbers of young men and women who are dying in our country.”

AIDS has created a cataclysmic crisis that has sent South Africa on a path to self-destruction.

It is important to remember though that AIDS is a global problem. It is not simply contained within the borders of South Africa. At the present date, there are few diseases that are plaguing the world in a more devastating way than that of HIV and AIDS. AIDS is a universal problem that is wreaking havoc on the global arena. Many countries both developed and developing countries alike are fighting this epidemic. However, few countries have been hit harder by AIDS than South Africa. The country of South Africa continues to face this growing problem on a daily basis. As a result of this disease citizens are dying, the economy is impacted without reaching its real potential growth, and faith in the country’s government is dwindling, if not altogether non existent. AIDS hinders not only individuals, but impairs how communities and families function. Production decreases places the burden on the surviving members in the society. The overall well being of people is also affected. There is a spiritual and emotional degradation that occurs when so many are infected and dying.

So as Uganda exemplifies, something can be done to make vast improvements for the lives of not only South Africans, but for the global community as a whole as well.

Many lives depend on the actions that are taken culturally and politically. “In the period

---

128 Ibid., p. 15.
129 Gideon Mendel. A Broken Landscape: HIV & AIDS in Africa (Barcelona, Spain: Editorial Blume, 2002), Introduction. “AIDS is the most devastating epidemic in history. Since 1982, over 22 million people have lost their lives to AIDS and over 36 million people worldwide are living with HIV and AIDS [with six billion people in the world]. Globally, therefore, approximately one person in every 100 aged between 15-49 is HIV positive. Many breadwinners and parents of young children die before they reach 35. It is estimated that over 90% will die not knowing they have contracted HIV— or whether they have passed the virus on.”
2000 to 2010 between four and seven million South Africans may die of AIDS-related illnesses. The number of AIDS deaths will be much larger than the number of those due to any other single cause. It will be almost double the number of deaths from all other causes combined over that period."131 No one would be able to fault the government if they tried as hard as they could to address and eradicate the problem. No significant effort has even been attempted at this point, which may truly be the biggest misfortune so far. Even if only one life could be saved by any effort, then it would be worth it, even on that basis alone. Every human life saved is a valuable asset. Every citizen deserves a chance to succeed in the world. They deserve every protection and added security that their government can provide from them. The government of South Africa owes it to their citizens to at least try to fight AIDS. As this paper shows, cultural and governmental changes are necessary and obtainable for the country of South Africa.

Bibliography


