

Aids in Zimbabwe: How Sociopolitical Issues Hinder the Fight Against HIV / AIDS

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Case no. 309 in the Tugela Ferry home-care program shivers violently on the wooden planks someone has knocked into a bed, a frayed blanket pulled right up to his nose. He has the flushed skin, overbright eyes and careful breathing of the tubercular.... The 22-year-old we will call Fundisi Khumalo, though he does not know it, has AIDS, and his eyes seem to focus inward on his simple fear. Before he can speak, his throat clutches in gasping spasms. Sharp pains rack his chest; his breath comes in shallow gasps. The vomiting is better today. But constipation has doubled up his knees, and he is too weak to go outside to relieve himself. He can't remember when he last ate. He can't remember how long he's been sick — "a long time, maybe since six months ago." Khumalo knows he has TB, and he believes it is just TB. "I am only thinking of that," he answers when we ask why he is so ill.¹

Fundisi Khumalo is only one example of how AIDS is affecting African nations and the denial and stigmatism associated with the disease.

As of 2003, Zimbabwe represents the third largest HIV/AIDS burden in Sub-Saharan Africa, with an estimated two million people infected with the disease.² Zimbabwean culture and beliefs deter lifestyle changes, while economic instability hinders health policy improvements and funding. The government has not emphasized the importance of fighting HIV/AIDS. There is a direct relationship between the amount of attention focused on an issue and its effect on public acknowledgment. Rather than making HIV/AIDS a primary concern, the government has instead devoted its time and financial support to other issues, resulting in a decrease in international aid and motivation needed to help change cultural perceptions of sex, marriage, and contraception. The combinations of these sociopolitical influences strengthen stigmas associated with HIV/AIDS, making it difficult for the disease to receive proper attention.

HIV/AIDS awareness and prevention in Zimbabwe is necessary for the

1 Johanna McGeary, "Death Stalks a Continent," Time, <http://www.time.com/time/2001/aidsinafrica/cover2.html>, 2.

2 "The HIV/AIDS Epidemic in Zimbabwe," HIV/AIDS Policy Fact Sheet, <http://www.kff.org/hiv/aids/upload/7370.pdf>, October 2005 and UNAIDS, 2004 Report on the Global AIDS Epidemic, July 2004, and UNAIDS Zimbabwe Country Page: www.unaids.org/en/geographical+area/by+country/zimbabwe.asp.

longevity of the country and its people. Zimbabwe, formerly known as Rhodesia, has been fighting for reform since it gained independence from the United Kingdom in 1980.³ In the same year, the first Prime Minister, Robert Mugabe was elected into office along with his party, the Zimbabwe Africa National Union (ZANU). After amending the constitution in 1987 Mugabe assumed the newly created position of president.⁴ Since the arrival of AIDS in Zimbabwe, Mugabe has never made health initiatives a priority, instead focusing on projects that are detrimental to Zimbabwe's economy and progress.

The issue of why AIDS is so alarming in Africa has been widely debated. Some claim that economic decline and lack of resources or government leadership can be to blame. Researchers Alan Whiteside and Alex de Waal both argue that economic decline has produced extreme famine and a change in demographics, resulting in an increase in poverty and AIDS. However, according to Johanna McGeary, Mugabe's faulty leadership is responsible for the conditions that increase HIV transmission. Although these are both important and relevant factors, I feel the amount of inattention and lack of importance Zimbabwe's administration places on HIV/AIDS is directly correlated with an increase in denial and stigmata that work to hinder internal change.

Alan Whiteside and Alex de Waal describe the inability of poor and AIDS infected households to cope with famine, a major stress. The combination of economic instability and changes in land demographics has crippled agriculture and health care. Communities that produce and work farms are now unable to due to starvation, malnutrition, or HIV infection. As a result of the decrease in agriculture, Zimbabweans' incomes decline and resources become limited. Economists argue that if the labor industry and economy improve, the necessary income and resources needed to improve HIV/AIDS and health policy will follow.⁵

Holistically, critics believe Mugabe's leadership is the cause of the increased severity of HIV/AIDS. In *Death Stalks a Continent*, Johanna McGeary explains how Zimbabwe is caught in a bind. McGeary says, "Without treatment, those with HIV will sicken and die; without prevention, the spread of infection cannot be checked. Southern Africa has no other means available to break the vicious cycle, except to change everyone's sexual behavior — and that isn't happening." McGeary believes strong leadership is the only solution in assisting with these changes, and that is not evident in Zimbabwe. It is the government's responsibility to decrease the denial and silence surrounding the disease in order to help open the door for improvements.

I believe it is the combination of economic insufficiency and lack of government leadership that are major causes of the expansion of AIDS. More importantly, it is the attitude of the leader that determines how the country will approach specific issues.

Origin of HIV/AIDS

3 Zimbabwe, <http://en.wikipedia/wiki/Zimbabwe>, 3.

4 Zimbabwe, <http://en.wikipedia/wiki/Zimbabwe>, 3.

5 "HIV/AIDS in Africa," http://en.wikipedia.org/wiki/AIDS_in_Africa#Southern_Africa.

In order to understand the severity of AIDS in Zimbabwe, it is important to understand the history of the disease. There are three theories that point to Africa as the place of origin for HIV. Researchers debate whether HIV is a pre-existing disease, a new disease, or a 'zoonosis', which is a virus transferred to humans from monkeys.⁶ Supporters of the first argue the presence and existence of the disease went undetected due to the lack of technological and medical advancement in Africa that has since matured and multiplied due to interaction with Western civilizations.⁷ The second theory suggests AIDS is a new disease due to the first case traced to a sperm specimen from the Congo in 1959. The theory of 'zoonosis' links HIV with Simian Immunodeficiency Virus (SIV), a virus from West African monkeys. The way the disease transferred between species can be debated between hunting, medical experiments or contaminated needles.⁸ Regardless of which theory may be true regarding the origin of HIV, they all point back to Africa. Ultimately, this should serve as pressure for Africa to take a stronger hold on the issue.

What is AIDS? → HIV

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). This virus can be passed from one person to another when blood, semen, vaginal secretions or breast milk come in contact with broken skin or mucous. Most people who are infected with HIV are not aware because the symptoms are not always visible. HIV, like most viruses, can infect the body and multiply in many cells inside the body without causing any noticeable damage.⁹ In later stages of its natural history, the virus begins to multiply creating disease manifestations. Depending on the progression and stage of the virus, it may develop into AIDS.¹⁰

AIDS

Acquired immunodeficiency syndrome is the last stage of the HIV.¹¹ It has strong effects on the immune system and nervous system, resulting in the deterioration of both.¹² As HIV attacks the immune system, other illnesses begin

6 The origin of HIV & the first case of AIDS, <http://www.avert.org/origins.htm>.

7 Barry Schoub, *AIDS and HIV in Perspective: A guide to Understanding the Virus and its Consequences* (Cambridge: University of Cambridge, 1994), 42.

8 Barry Schoub, *AIDS and HIV in Perspective: A guide to Understanding the Virus and its Consequences* (Cambridge: University of Cambridge, 1994), 42.

9 Barry Schoub, *AIDS and HIV in Perspective: A guide to Understanding the Virus and its Consequences* (Cambridge: University of Cambridge, 1994), 19.

10 "What is HIV?" Department of Health and Human Service: Center for Disease Control and Prevention, <http://www.cdc.gov/hiv/resources/qa/qa1.htm>.

11 Barry Schoub, *AIDS and HIV in Perspective: A guide to Understanding the Virus and its Consequences* (Cambridge: University of Cambridge, 1994), 20.

12 Barry Schoub, *AIDS and HIV in Perspective: A guide to Understanding the Virus and its Consequences*

to develop. AIDS is diagnosed when a person has developed at least one of the several diseases associated with the virus. These diseases range from dementia to sarcoma, a form of skin cancer.¹³ This is the major difference between HIV and AIDS.¹⁴ Often times, a diagnosis is not made until the virus has already progressed to AIDS, due to the absence of physical symptoms with HIV. However, the development and progression of the virus into AIDS increases in third-world countries, such as Zimbabwe. As a result of famine, a change in demographics, health care, and education, the immune system becomes more vulnerable.

Preventative Measures- medicine and treatment

Currently, there is no cure for HIV / AIDS, only preventative measures and medicines that help strengthen the immune system and decrease visible infection. The lack of availability and expensiveness of such measures have been the main problems for most African countries. There are three main elements in therapy of AIDS: treatment of the indirect effects of HIV, reconstruction of the immune system, and direct antiviral treatment of HIV. It is very difficult to treat the indirect effects of HIV due to weakening of the immune system and immense resistance to antimicrobial agents that could combat the diseased cells. Reconstruction of the immune system has been equally as difficult without over stimulating or aggravating AIDS and increasing infection.

Development of Anti AIDS drugs and AZT

Although there are negative side effects, anti-HIV / AIDS drugs can assist with the direct effects of the disease, strengthening the immune system. The most popular drug used to fight HIV and AIDS is AZT. The drug assists in reducing the severity of the disease and improving the quality of life. However, due to the drug's powerful side effects, most patients require blood transfusions because of the suppression of bone marrow along with a deterioration of heart muscle. African nations are working on making this treatment more affordable and accessible for infected communities.¹⁵

AIDS in Zimbabwe

The first case of AIDS was reported in Zimbabwe in 1985. The effects and power of the disease became apparent by the end of the 1980's, at which point

(Cambridge: University of Cambridge, 1994), 25

13 "What Is Aids?" BBC News, July 2, 1999,
http://news.bbc.co.uk/1/hi/health/background_briefings/aids/342330.stm.

14 Barry Schoub, AIDS and HIV in Perspective: A guide to Understanding the Virus and its Consequences (Cambridge: University of Cambridge, 1994), 19-20.

15 Barry Schoub, AIDS and HIV in Perspective: A guide to Understanding the Virus and its Consequences (Cambridge: University of Cambridge, 1994), 172-75 and "What Is Aids?" BBC News, July 2, 1999,
http://news.bbc.co.uk/1/hi/health/background_briefings/aids/342330.stm.

over 10% of Zimbabwe's population had been infected.¹⁶ By the 1990's the disease rate tripled to more than 30%. Since its conception in Zimbabwe, the rate has decreased to roughly 20%; however, this is still too high.¹⁷ In 2003, almost 2 million Zimbabweans were infected.¹⁸ Currently someone becomes infected every three minutes, creating immense effects on life expectancy and morality rate.

Effect of AIDS on Life expectancy and Morality Rate

The presence of HIV/AIDS in Zimbabwe is creating an inverse relationship between life expectancy and morality rates. The current life expectancy (est. 2006) in Zimbabwe is 39.29 years, as a result of the increasing presence of the disease.¹⁹ As reported in 2003, nearly 170,000 people died due to HIV/AIDS.²⁰ Zimbabweans are having sex at an earlier age with multiple partners, increasing the chance of infection. As a result, infection begins at an earlier age, ultimately lowering the life expectancy while increasing the morality rate.²¹ The graph below is an estimate of the future effects of HIV/AIDS in Zimbabwe.

16 Graham Pembrey, HIV and AIDS in Zimbabwe, <http://www.avert.org/aids-zimbabwe.htm>

17 "Zimbabwe," CIA-The World Fact book, <http://www.opci.gov/cia/publications/factbook/geos/zi.html>, 4. From 2001, the exact rate was 24.6%.

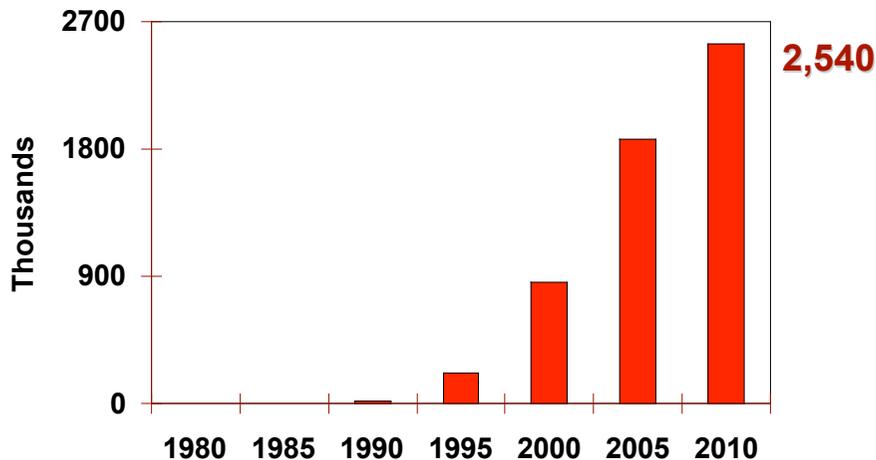
18 "The HIV/AIDS Epidemic in Zimbabwe," HIV/AIDS Policy Fact Sheet, <http://www.kff.org/hiv/aids/upload/7370.pdf>, October 2005

19 Zimbabwe," CIA-The World Fact book, <http://www.opci.gov/cia/publications/factbook/geos/zi.html>, 4.

20 Zimbabwe," CIA-The World Fact book, <http://www.opci.gov/cia/publications/factbook/geos/zi.html>, 4 and "Zimbabwe," <http://www.worldpress.org/profiles/Zimbabwe.cfm?startat2=25>.

21 "Zimbabwe," CIA-The World Fact book, <http://www.opci.gov/cia/publications/factbook/geos/zi.html>, 3.

Zimbabwe: Cumulative AIDS Deaths 1980 - 2010



* Source: Ministry of Health

According to the projections, over the ensuing ten years, 2000-2010, almost 1.7 million additional persons would perish from the disease as Zimbabwe increasingly feels the impact of the epidemic.²²

These predictions add to the urgency and necessity for Africans, especially in Zimbabwe, to take control of the disease and begin to change their lifestyles.

Importance and Power of Traditions

In Zimbabwean culture, the community is the priority. In order to maintain a sense of community, old traditions are followed. The issue of sex, marriage, polygamy and the importance of fertility all dictate gender roles and expectations. These same issues need to be re-examined and modified in order for improvement to occur regarding AIDS and other sexual transmitted diseases. Once sexual expectations and perceptions change, the rate of infection will begin to decrease as social pressures weaken.

Perception of Sex

In Zimbabwe, sex is described as both a recreational activity and a

²² Ministry of Health/Central Board of Health, HIV/AIDS in Zambia: Background, Projections, Impacts, Interventions. Lusaka: Ministry of Health/Central Board of Health, 1999.

necessity. Youths are encouraged to have sex and marry while still young. The pressure of sex connects with the importance of creating a family and community. As a result of such pressure, more youths have begun having sex at earlier ages with multiple partners. Currently, roughly half of the people living with HIV in Zimbabwe became infected as youths.²³ This is alarming considering at least 20% of children are married before the age of eighteen.²⁴ Not only does this affect life expectancy and morality rates, but it creates the image that sexual interactions are justifiable at any age. To help assist with this, most schools are required to educate students on HIV and AIDS. There is also the possibility of a required exam on the subject. This awareness process is helping; however, there is still a gap between knowledge and action. It is evident that students are learning about the disease, but not applying their knowledge in practice.

Marriage

Even though men and women have the same legal rights in Zimbabwe, women have no authority to investigate their partners due to a re-establishment of traditional roles.²⁵ In addition to the lack of control, the legality of marriages and the cultural acceptance of polygamy places pressure on women, making it difficult for women to demand safe sex. There are two main types of marriage in Zimbabwe: civil and customary unions. Civil marriages are legal and often monogamous, while customary unions are mostly polygamous and regarded as valid for the purpose of African law and custom.²⁶ The legal status of a marriage determines the rights and resources of the wife after divorce or death. Due to the combination of high HIV/AIDS rates and the acceptance of polygamy most male deaths are HIV-related.²⁷ When the husband dies, only the first wife has any rights to receive support or access to family assets. In order for situations like this to improve, the tradition of polygamy needs to change.

Polygamy

Zimbabwean women comply with polygamy due to compliance with culture and the fear of social discrimination. Polygamous relationships permit men to have multiple wives, increasing the probability of diseases exponentially. Some religious and community groups have called for an end to polygamy. A document drafted by the members of the Union for the Development of Apostolic Churches in Zimbabwe urges Zimbabweans to end polygamy to fight the spread of

23 Graham Pembrey, HIV and AIDS in Zimbabwe, <http://www.avert.org/aids-zimbabwe.htm>- see 16

24 Womankind Worldwide, "Why Zimbabwe," <http://www.womankind.org/uk/why-zimbabwe.htm>.

25 "Destination Zimbabwe," Country Information: Zimbabwe, <http://www.child-hood.com/index.php?id=697>, 2.

26 Simon Coldham, "The government of Zimbabwe's White Paper on Marriage and Inheritance, 1993," *Journal of African Law*, Vol.38, No.1 (1994),

[27 Womankind Worldwide, "Why Zimbabwe," <http://www.womankind.org/uk/why-zimbabwe.htm>.](http://www.jstor.org/view/00218553/ap020090/02a00070/0?citationAction=save&charset=u&frame=noframe&dpi=3&userID=aa8cd3b7@emory.edu/01cce4405f00501b44f3b&config=jstor&citationPath=00218553-ap020090-02a00070&PAGE=0,(accessed December 6, 2006),67-69.</p></div><div data-bbox=)

HIV/AIDS. According to the document, "There is a danger that if the husband cannot satisfy the wives, they will be tempted to look for sex outside of the marriage or one of the partners may be infected and this will increase the risk of contracting and spreading HIV."²⁸ Infidelity has become one of the most important factors in the transmission of HIV/AIDS. The most common reason women support polygamy is fear of social exclusion. Most women prefer polygamy over monogamy because monogamous wives are social excluded from society due to their failure to accept common practice.²⁹

Fertility

Polygamy is also associated with issue of fertility and procreation within African marriages. The current fertility rate is 3.13 children per woman.³⁰ Zimbabwean culture puts pressure on women to be able to bear children, especially males, before and during marriage.³¹ In order to ensure fertility, the husband is permitted to have sexual relations with his prospective wife before being married. If the wife is not fertile, the husband is not obligated to stay with her and can return the female to her family.³² This behavior is acceptable due to society's lenient attitude regarding promiscuous males and the need to maintain male superiority.³³ In order for this perception to change, communities will need to realize the importance of combating HIV/AIDS. The pressure to bear children decreases condom usage, resulting in the possibility of infection. Zimbabweans need to limit their sexual partners, interactions, and desires to have children in order to fight the disease.

How fertility and polygamy connect within relationships/marriages

In Zimbabwe, because "wives gain respect in kinship units and clans based on the number of children they bear," most relationships become strictly sexual for the purpose of procreation.³⁴ This decreases the emotional connection between husband and wife, making it feel easier for men to engage in extramarital affairs. In order to help maintain cultural acceptance and procreation, most women chose unsafe sex rather than suggesting the use of condoms.³⁵ Overall, the immense

28 "Leaders of Zimbabwean religious Sect Call an End to polygamy to Fight AIDS, Issue Policy Document on Epidemic," Medical News Today, September 22, 2005, <http://www.medicalnewstoday.com/medicalnews.php?newsid=30989>.

29 Womankind Worldwide, "Why Zimbabwe," <http://www.womankind.org/uk/why-zimbabwe.htm>.

30 Zimbabwe," CIA-The World Fact book, <http://www.opci.gov/cia/publications/factbook/geos/zi.html>

31 Agnes Runganga, "Culture, identity, and reproductive failure in Zimbabwe," *Sexualities*, Vol.4 (3),332.

32 Oyekan Owomoyeia, *Culture and Customs of Zimbabwe* (Connecticut: Greenwood Press, 2002), 117-118.

33 Graham Pembrey, *HIV and AIDS in Zimbabwe*, <http://www.avert.org/aids-zimbabwe.htm>, 5.

34 Richard M Perloff, *Persuading people to have Safer Sex; Applications of Social Science to the AIDS Crisis*,(New Jersey: Lawrence Erlbaum Associates, 2001), 62.

35Richard M Perloff, *Persuading people to have Safer Sex; Applications of Social Science to the AIDS Crisis*,(New Jersey: Lawrence Erlbaum Associates, 2001), 67.

pressure placed on women to bear children increases limitations and fear in demanding safe sex interactions. Because fertility is such a big issue, it has been hard for Zimbabweans to accept the use of condoms. Men feel condoms disrupt the natural process of development.³⁶ Ironically, condom usage has increased and is making a significant impact on the fight against HIV in communities where contraception is accepted.

Condoms

The effect of condom usage in Zimbabwe is an example of how changing behavior and cultural perceptions of sex can assist in combating not only HIV/AIDS, but all sexually transmitted diseases. According to Dr. Peter Piot, the head of UNAIDS, "The decline in HIV rates have been due to changes in behavior, including increased use of condoms."³⁷ Due to its significance, the number of free condoms distributed in Zimbabwe has also increased since the appearance of HIV.³⁸ To help women protect themselves and help spread universal responsibility, Zimbabwe is the first African country to introduce the female condom. It was approved for use in 1997 with the help of women activists, and has been widely used and marketed since then.³⁹ The female condom is extremely significant because it allows women to protect themselves, without depending on men to use contraception. Even though condom use is making a significant presence in combating the disease, due to the severity of the epidemic it is up to the government to help destroy any stigma and strengthen health initiatives.⁴⁰

Stigmatism- Africa and Zimbabwe

Despite increasing efforts of awareness and contraception usage, HIV and AIDS remain highly stigmatized in Zimbabwe. The longevity of stigmatization prolongs the acceptance, acknowledgment and behavior change that is necessary to help decrease transmission. In African nations, "People living with HIV are often perceived as having done something wrong, and discrimination is frequently directed at them and their families."⁴¹ As a result, most people are afraid to get tested or make their status publicly known for fear of being alienated and having their resources taken away. In some cases, HIV infected individuals can lose their job and healthcare because their status makes them ineligible for support. The attitude associated with the disease affects the attitude communities will have towards changing their lifestyles. It is up to political powers to make AIDS an issue of priority and mandate change. However, this has not been the case for Africa nor Zimbabwe.

36 Agnes Runganga, "Culture, identity, and reproductive failure in Zimbabwe," *Sexualities*, Vol.4 (3), 318.

37 "HIV/AIDS in Zimbabwe," U.S. President's Emergency Plan for AIDS Relief, www.pepfar.gov.

38 Graham Pembrey, HIV and AIDS in Zimbabwe, <http://www.avert.org/aids-zimbabwe.htm>

39 "HIV/AIDS in Zimbabwe: A USAIDS Brief," USAID, www.usaid.gov/pop health/aids/.

40 Richard M Perloff, *Persuading people to have Safer Sex; Applications of Social Science to the AIDS Crisis* (New Jersey: Lawrence Erlbaum Associates, 2001), 122.

41 Graham Pembrey, HIV and AIDS in Zimbabwe, <http://www.avert.org/aids-zimbabwe.htm> 5.

What is happening in Zimbabwe?

According to the BBC news, “Mugabe’s economic policies are widely seen as being geared to short term political expediency and the maintenance of power for himself and his ruling clique, to the detriment of the country’s future.”⁴² Since the appearance of AIDS in Zimbabwe, relief and recognition have been very slow. Mugabe has devoted priority to land, power, and war, which led to the depletion of the economy and available resources. His lack of political strength, economic guidance and disconnect from his people have caused AIDS to receive less attention and funds, hindering the push for cultural and lifestyle changes.

Since 1999, Mugabe has spent his presidency focused on land redistribution in efforts to cease ownership of land by non-indigenous white farmers due to colonialism. Even though his agenda that sought to redistribute land to Zimbabweans while pushing out unwanted whites appeared beneficial, the consequences were not. The campaign disrupted agriculture, decreasing economic support, and also broke networks, and hindered access to education and healthcare. As a result of massive migrations, communities were separated, unemployment increased, and sexual relationships widened. Land reform and minimal health changes have resulted in over 65% of Zimbabwe’s population living in rural areas with little access to healthcare and basic services.⁴³ The increased number of people in poverty stricken communities has decreased accessibility to healthcare and economic stability, increasing probability for infection. Below are observations from Dr. Pedro Porrino (who works at a mission in Zimbabwe), regarding the effects of malnutrition on communities in respect to HIV/AIDS.⁴⁴

For the first time I am seeing people who are literally starving to death....There are people coming to the mission asking to be admitted just so they can eat ... Out in the bush families are living on one meal a day.... Ninety per cent of the people I see are HIV-infected...Most of the time I wouldn't even need to perform the test, I can see as soon as I look at them that they have HIV...With proper nutrition and medical care, HIV sufferers in the West typically take up to 10 years to develop full-blown Aids. For the starving Zimbabweans, their immune systems already weakened by malnutrition, the transition is now a matter of months. The speed of the transition is related to malnutrition. Every day I am seeing the evidence of malnutrition among non-HIV patients so you can imagine what is happening to HIV-infected people.⁴⁵

So, while Mbeki focused his attention on land redistribution, he actually caused more problems than he realized.⁴⁶

42 Rachel Rawlins, “Zimbabwe: Economic melt-down”, BBC News, <http://news.bbc.co.uk/2/hi/africa/978768.stm>, 4.

43 Womankind Worldwide, “Why Zimbabwe,” <http://www.womankind.org/uk/why-zimbabwe.htm>.

44 “Robert Mugabe, Zimbabwe Strongman,” BBC News, February 15, 2000, <http://news.bbc.co.uk/2/hi/africa/643737.stm>.

45 Daniel Howden, “Zimbabwe in Crisis: Zimbabwe’s secret famine,” The Independent, June 27, 2005, http://www.findarticles.com/p/articles/mi_qn4158/is_20050627/ai_n14695275.

46 Graham Pembrey, HIV and AIDS in Zimbabwe, <http://www.avert.org/aids-zimbabwe.htm>. and Kajumulo

Mugabe's urgency to allocate funds to underdeveloped and unnecessary programs has caused Zimbabwe's economy to decline. As a result of the land reform campaign, poor budgeting, and failure to pay loans, Zimbabwe's finances have been depleted and international aid has been suspended.⁴⁷ In 1997, Mugabe paid war veterans a substantial unbudgeted amount in order to avoid conflict or disassemble his power base.⁴⁸ In addition, Zimbabwe's 1998-2002 involvement in the war in the Democratic Republic of Congo (DRC) cost the country at least \$30 million a month. As a consequence of Mugabe's inhumane actions in order to justify land reform and his personal desire to stay involved in the war in DRC, Zimbabwe's international relationships have begun to crumble.

International Aid from the World Bank and the United States has been suspended due to faulty loan management and human rights abuses. In 2003 President Bush commented on his reason for freezing Zimbabwean assets, stating, "Over the past two years the government of Zimbabwe has systematically undermined the nation's democratic institutions, employing violence, intimidation, and repressive means, including legislation to strife opposition to its rule."⁴⁹ Supporting this statement, in 2000, following Zimbabwean parliamentary run-up elections, violence and intimidation disrupted agriculture sectors. The conflict between the mining industry and agriculture caused unemployment and inflation to continuously rise.⁵⁰ It is estimated that inflation rose from 32% in 1998 to 133% by 2004, and 585% at the end of 2005.⁵¹ Industry conflict hinders imports and exports, thus decreasing Zimbabwe's possible income and financial support. Mugabe's failure to set aside his personal drive to maintain control has inhibited Zimbabwe's chance for progress.

Mugabe's Thoughts

Mugabe can be characterized as someone very traditional and stubborn; however, he doesn't seem to practice his views, especially regarding sex and marriage. Unlike, South Africa that has authorized homosexual marriages, Mugabe describes homosexuality as degrading to humanity and unnatural.⁵² His

Tibaijuka A., UN Human Special Envoy on Human Settlement Issues in Zimbabwe (2005), Report of the Fact-finding Mission to Zimbabwe to Assess the Impact of Operation Murambatswina. *The campaign may also have contributed to the spread of infection. Factors such as increased population mobility, the separation of couples and an increased number of women turning to sex in order to survive are likely to have increased the frequency of unsafe sex in many areas. Access to education and information about HIV decreased, and nationwide sales of condoms fell: between May and June 2005; sales of male and female condoms by over 20% and 40% respectively

47 "Zimbabwe," CIA-The World Fact book, <http://www.opci.gov/cia/publications/factbook/geos/zi.html>, 7.

48 David Harold-Barry, *Zimbabwe: The Past Is the Future* (Avondale, Harare: Weaver Press, 2004), 266.

49 Andrew Norman, *Robert Mugabe and the Betrayal of Zimbabwe* (London: McFarland and Company, 2004), 174.

50 Rachel Rawlins, "Zimbabwe: Economic melt-down", BBC News, <http://news.bbc.co.uk/2/hi/africa/978768.stm>, 2.

51 "Zimbabwe," CIA-The World Fact book, <http://www.opci.gov/cia/publications/factbook/geos/zi.html>, 7.

52 Jonathan Clayton, "Same-sex marriages given blessing by South Africa," *TimesOnline.co.uk*, December 02, 2005, <http://www.timesonline.co.uk/article/0,,3-1900137,00.html> (accessed December 7, 2006).

strong opposition to homosexual relations ultimately creates more pressure for communities to engage in heterosexual partnership due to fear of being harassed or ostracized. With that said, Mugabe also expresses strong opposition to polygamy, stating that men should only have one wife, despite his personal experiences. He said, "Some men have several children and wives all over the place. If you get married at the magistrate's court it's one man, one wife. If you don't want that then do it the traditional way."⁵³ Mugabe failed to highlight that he currently has two children from his present wife, while still married to his diseased first wife. Mugabe's inability to accept new traditions and reform old ones can be a valid reason for his lack of control on sex, polygamy, and HIV/AIDS.

How politics affected AIDS in other nations?

In order to adequately address the issue and find solutions to help decrease AIDS in Zimbabwe, Mugabe learned from Uganda's disease history as an example of how changes in cultural, lifestyle and policy are necessary and effective. Since the 1990's, Uganda's youths have been delaying sexual activity, using contraception, and are having fewer sex partners with assistance from government launched programs.⁵⁴ Throughout the late 1990's various government sectors began to establish individual programs from international donations to fight HIV/AIDS. The result of such improvements has decreased the HIV rate from 15% in the 1990's to 5% in 2001. Uganda's simple approach, titled the ABC approach, which encourages abstinence, a decrease in partners, and the use of condoms deserves the credit. In addition to Uganda's awareness campaigns, their political administration has been totally open and honest regarding the disease since 1986.⁵⁵ From observing the changes in Uganda, Zimbabwe needs to realize that reforming lifestyle and traditions are necessary in order to save communities.

Conclusion

All of these factors are having drastic effects on AIDS transmission and prevention. It is obvious the result of limited attention on the AIDS crisis has caused long lasting effects that prolong its presence in Africa. The lack of an iron grip on AIDS ultimately devalues the importance of fighting the disease which can increase stigmatism. It is up to the government to take a stand against certain issues in order to convey a sense of urgency for its people and set an example for other nations. Mugabe has failed to do so and until he does, AIDS will remain in the shadows of problems that plague Zimbabwe.

Overall, Mugabe's inability to maintain Zimbabwe's economy provides the catalyst for local and international criticism and the main factor hindering

53 Peta Thornycroft, "No need for witch doctors-I'm staying, says Mugabe," *Telegraph.co.uk*, July 17, 2006, <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2006/07/17/wzim17.xml&sSheet=/news/2006/07/17/ixnews.html> (accessed December 7, 2006).

54 Maureen Farrell, "Uganda's Success with AIDS prevention," <http://www.northwestern.edu/magazine/northwestern/fall2003/studentlife/farrell.htm>.

55 "HIV and AIDS in Uganda," *Avert.org*, October 10, 2006, <http://www.avert.org/aidsuganda.htm>

development and modernization. Zimbabwe needs a renovation in order to start to climb the ladder of change. The country needs a leader that is not devoted to self preservation and control, but to the well being of the nation. As the economy and international relationships improve, so will access to resource. This will help create a better situation to develop better health policies, AIDS prevention methods, and research. However, this will not occur until the government takes action, mandating policy and cultural changes. Therefore, in order for HIV/AIDS to minimize in Zimbabwe, there needs to be both internal behavioral changes and political reform. In order for policies and health initiatives to work properly, society must change their perception of sex, marriage, and contraception.

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