

**ANALYSIS OF THE IMPACT OF HIV/AIDS ON CIVIL SOCIETY  
AND A GROWING ECONOMY IN MOZAMBIQUE: “ASSESSING  
*ASPECTS OF DEMOCRATIC CONSOLIDATION*”**

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By

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## LIST OF ABBREVIATIONS AND ACRONYMS

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ABC	Abstain, Be Faithful and Use Condoms
AIDS	Acquired Immune Deficiency Syndrome
BC	Before Christ
ICRISAT	International Crops Research Institute for the Semi-Arid Tropics
EISA	Electoral Institute of Southern Africa
FAO	Food and Agriculture Organization of the United Nations
FRELIMO	Mozambican Liberation Front
GDP	Gross Domestic Product
GPA	General Peace Agreement
GRIDS	Gay Related Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
KDHS	Kenyan Demographic and Health Survey
MANU	Mozambican Makonde Union
MND	Ministry of Defense
MOH	Ministry of Health
NAC	National AIDS Council
NACP	National AIDS Control Programme
NGO	Non Governmental Organization
NIZA	Netherlands Instituted for Southern Africa
NPO	Non Profit Organizations
ONUMOZ	United Nations Operation in Mozambique
PEPFAR	Presidency's Emergency Plan for AIDS Relief
PARPA	Plan of Action for the Reduction of Absolute Poverty
PSI	Population Service International
PMTCT	Prevention of Mother to Child Transmission
RENAM	Mozambican National Resistance
SETSAN	Secretariado Técnico de Segurança Alimentar e Nutricional
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TAC	Treatment Action Campaign

UDENAMO	Democratic National Union of Mozambique
UK	United Kingdom
USA	United States of America
USAID	United States Agency for International Development
UN	United Nations
UNAIDS	The Joint United Nations Programme of HIV/AIDS
UNICEF	United Nations Children's Fund
UNAMI	African Union of Independent Mozambique
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
ZANU-PF	Zimbabwe African National Union- Patriotic Front

## ABSTRACT

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Liberal democracy, a political system marked not only by free and fair elections, but also by the rule of law, a separation of powers and the protection of basic liberties of speech, religion, assembly, and property (Zakaria 1997: 22), has for a long time formed part of theoretical debates in political science, and recently it has been hailed as the preferred political system. According to Mattes (2003) it is the only system in the world designed to maximize human dignity, freedom as well as distribute sovereignty amongst its people. However, there has been wide acknowledgement of a possible new threat to liberal democracy and democratic consolidation: HIV/AIDS. Indeed, the HIV/AIDS pandemic is being depicted as one of the biggest threats to the democratic system in Africa today.

Mozambique is not immune to the above crisis. The first case of HIV/AIDS was diagnosed in 1986. This was followed by a steady increase in the prevalence rate to an estimated 16.2% among the population aged 15 to 49 years in 2004. In July 2004, the government declared HIV/AIDS a national emergency (UNICEF 2005).

This study assesses the possible impacts that the pandemic might have in Mozambique and on efforts of consolidating democracy by looking at two indicators of democratic consolidation, namely, civil society and economic growth.

The study concludes that notwithstanding efforts at halting and minimising the spread of HIV/AIDS by government, civil society and international organizations prevalence rates in Mozambique continue to rise. Prevalence rates rose from a low average of 11 percent in 2000 to 12.7 percent in 2001, 13.6 percent in 2002, and 16.2 percent in 2004 and 2006 (allAfrica.com 2007). The study concludes that the rise in prevalence rates affects Mozambique's civil society and the economy, mainly the agricultural sector and household economy. The impact that the pandemic has on these sectors of society may in turn have an impact on the quality of democracy and the prospects for democratic consolidation in Mozambique.

## CHAPTER ONE: INTRODUCTION

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### 1.1 General Comment

According to Linz and Stepan (1997), there are important crafting conditions<sup>1</sup> for achieving a consolidated democracy, as well as certain obstacles that a country may encounter in trying to achieve them. The authors make mention of five crafting conditions, namely political society, political institutions, democratic culture, civil society, and economic growth. However, for the purpose of assessing the possible impact of HIV/AIDS on democratic consolidation in Mozambique, only two conditions will be analyzed, - civil society and economic growth.

More recently, various obstacles to democratic consolidation have arisen. According to Mattes (2003) one such obstacle is the invasive presence of HIV/AIDS in most societies.

This chapter will introduce the study and explain the various sections that will be discussed. The research theme, research problem, and the aim and objectives of the study will be covered. An overview of the underlying methodology will also be covered. Some key concepts, relating to the research, such as civil society, democracy, and democratic consolidation, will be identified and discussed. A literature review that will provide a background to the study will also be included.

### 1.2 Research Theme

Liberal democracy, a political system marked not only by free and fair elections, but also by the rule of law, a separation of powers and the protection of basic liberties of speech, religion, assembly, and property (Zakaria 1997: 22), has for a long time formed part of theoretical debates in political science, and recently it has been hailed as the preferred political system. According to Mattes (2003) it is the only system in the world designed to maximize human dignity, freedom as well as distribute sovereignty amongst its people. Indeed when the “Third Wave”—a group of transitions from non-democratic to democratic regimes—of democratization was set

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<sup>1</sup> Minimal conditions that need to be achieved before a democracy can be consolidated.

in motion in Africa from 1974 with multiparty systems emerging in Namibia, Zambia, Malawi, South Africa, and Mozambique, among many others, it was hailed as a model for all peace efforts in the continent. This was soon to be tainted with seemingly insurmountable problems: economic marginalisation from the global market, a major health crisis stemming from the destructive effects of malaria, poor governance as well as chronic instability caused by devastating civil wars. Thus the challenge for Africa is the consolidation of its democracies. Democratic consolidation means a political system in which democracy as a complex system of institutions, rules, and patterned incentives and disincentives has become “the only game in town” (Linz and Stepan 1996: 59). More recently there has been recognition of a new threat to the consolidation of democracy on the continent: HIV/AIDS.

The HIV/AIDS pandemic is being depicted as one of the biggest threats to the democratic system in Africa today. According to Manning (2002) the persistence of democracy, as imperfect as it may be, cannot be taken for granted. Statistics show that the HIV/AIDS pandemic kills people, damages households, and strains national economies. There is reason to believe it may also threaten the existence of the democratic system. It is the unique characteristics of the disease and the unique characteristics of democracy that make HIV/AIDS a threat to democracy. According to Mattes (2003), democracy is not just any system; it is known to be unique in recognizing the moral agency and dignity of human beings, and thus their right to determine their individual and collective fates. In this respect, Beetham (1994: 14) further asserts that a political system is democratic to the extent that, and only to the extent that, it involves the realization of responsive rule. Yet, according to Mattes (2003) it is precisely this moral agency, human dignity, and the ability to have responsive rule that may be severely challenged by HIV/AIDS.

However, the above should not be seen as the only problem affecting African democracies. Between 1990 and 1996, the world saw an increase in the number of electoral democracies from 76 to 118. Yet, according to Diamond (1997: 11), on closer examination the scope of democratic progress in the world is partly illusory, for regular, free, and fair elections do not ensure the presence of other dimensions of democracy. In Africa, the fragility of democracies are characterized by elected executives who infringe the constitution, violate the rights of individuals and

minorities, impinge upon the legitimate functions of the legislatures, and thus fail to rule within the bounds of the state of law, examples of such behaviour can be found in Sudan, Zimbabwe, and Somalia (Linz & Stepan 1997: 25). According to Mattes (2003) even without the presence of HIV/AIDS, the future of democracy in the region is far from certain, especially when considering that of the 71 democracies that were established by or after 1950, 33 had broken down by 1990, lasting an average of just 5.1 years. It therefore is the consolidation of democracy on the African continent that is at stake.

Mozambique is not immune to the above crisis. The first case of HIV/AIDS was diagnosed in 1986. This was followed by a steady increase in the prevalence rate to an estimated 16.2% among the population aged 15 to 49 years in 2004. In July 2004, the government declared HIV/AIDS a national emergency (UNICEF 2005). This picture is made especially precarious if one considers the following factors that may hamper the consolidation of democracy. Despite progress made, Mozambique is one of the poorest countries in the world, with a gross national income of US\$250 per capita, and the country still relies heavily on foreign assistance. For example, foreign aid represents 15 percent of the Gross Domestic Product, compared to 6-8 percent for the rest of sub-Saharan Africa - and about half the annual State Budget (UNICEF 2005).

Using Mozambique as a case study, this dissertation will explore the impact that HIV/AIDS will have on what Diamond (1997:12) rightly calls, “the greatest challenge that still lies ahead: to consolidate and make permanent the extraordinary democratic gains of the past two decades”.

### **1.3 Identification and Demarcation of the Research Problem**

A central tenet of HIV/AIDS studies is the assumption that the pandemic will have an impact on the process of democratic consolidation, specifically because it seems to have a great impact on the suggested “pillars” of democratic consolidation. The pillars are civil society, economic growth, political society, political institutions, and democratic culture. Thus in Setsan’s (2002) assessments, HIV/AIDS poses not only a developmental problem, but also a political one, requiring political commitment to mitigate its effects.

Using Mozambique as a case study, the research objective of this dissertation is to find answers to the following research questions: Does the HIV/AIDS pandemic act as an impediment to democratic consolidation in Mozambique? This broad question is sub-divided into two sub-objectives: How does the pandemic impact on the pillars of democratic consolidation, specifically the need for a strong economy and democratic institutions, and, in particular, on civil society? What variables and conditions exist that make the impact of HIV/AIDS on the consolidation of democracy more intrusive, for example, the reliance on external support? It is important, however, at this point to emphasize that the pillars being used here should not be taken as “sufficient” measures of democratic consolidation, but as the two chosen for the purposes of this dissertation.

The explanatory hypothesis is that the negative impacts of HIV/AIDS—slower economic growth, greater socio-economic inequality, and increasing dependence on external donors—indicates that gains, however minimal, toward democratic consolidation, might be reversed as the economic base tends to shrink, and that foreign aid has actually wielded a demobilizing effect on civil society, whose number and effectiveness seems to be weakening due to the pandemic.

#### **1.4 Theoretical framework**

Linz & Stepan’s (1997) work on the consolidation of democracies provides the primary framework for this analysis of consolidating democracy at a time of HIV/AIDS. The authors appropriately recognize the importance and crafting conditions for achieving a consolidated democracy, as well as obstacles that a country may perhaps encounter. But most important to the dissertation is the manner in which the authors use liberal democracy as the mainstay for consolidating democracy. They mention “in talking about the consolidation of democracy, they are not dealing with liberalized non-democratic regimes, or with pseudo democracies, or with hybrid democracies where some democratic institutions coexist with non-democratic institutions outside the control of the democratic state” (Linz & Stepan 1997: 15). Indicators for consolidating democracies vary from author to author, however Linz and Stepan (1997) recognize civil society, political society, and rule of law, state

bureaucracy, and an economic society as crafting conditions. For the purpose of this dissertation, the indicators for democratic consolidation will be limited to: a growing economy and the democratic character of democratic political institutions, in particular civil society. Yet this in no way suggests that the two pillars are by themselves “sufficient” for an audit on democratic consolidation.

### **1.4.1 Conceptual Demarcation**

#### **1.4.1.1 Democracy**

A starting point to defining democracy is to mention that, as a contested term, democracy means different things to different people. For instance, Bratton *et al.* (2003: 69) regard democracy in procedural as well as substantive terms. In their words, a procedural view of democracy refers to the political system for arriving at decisions, whereas substantive interpretations refer to concrete outcomes, for example houses, jobs. On the other hand, Merkel (2004: 33) states that the minimal definition of democracy suggests that such a system has, at least, the following: universal adult suffrage; recurring, free, competitive, and fair elections, more than one political party; and more than one source of information.

For the purposes of this dissertation, a democracy is defined as a political system that presents a stable institutional structure that realizes the liberty and equality of citizens through the legitimate and correct functioning of its institutions and mechanisms (Morlino 2004: 12).

#### **1.4.1.2 Democratic Consolidation**

A useful interpretation for democratic consolidation is provided by Linz and Stepan (1996: 5-9) who state that a “consolidated democracy is a political system in which democracy as a complex system of institutions, rules, and patterned incentives and disincentives has become in a phrase, “the only game in town.” **Behaviourally**, it becomes the only game in town when no significant political group attempts to overthrow the democratic system, or to promote domestic or international violence, in order to secede from the state. **Attitudinally**, democracy becomes the only game in town when, even in the face of severe political and economic crisis, the majority of the people believe that any further political change must emerge from within the

parameters of democratic procedures. Constitutionally, democracy becomes the only game in town when all of the actors in the polity become habituated with the fact that political conflict within the state will be resolved according to established norms. The indicators for consolidating democracies vary from author to author but amongst the most common are: Mattes (2003) strong economy, democratic political institutions and democratic political culture as well as Linz & Stepan's (1996: 14) civil society, political society, rule of law, state apparatus, and economic society. Thomson (2004: 237-247), in a similar manner mentions as indicators for consolidating democracy, the need for a credible opposition, the need for a strong civil society, the need to separate the state and ruling party, prevention of the unleashing of ethnic mobilization, limiting the threat of the military, a democratic political culture as well as the need for regime change. But for the purposes of this dissertation, the indicators of democratic consolidation will be limited to a growing economy and an autonomous civil society.

## **1. 5 Literature review**

There is growing research on the impact of HIV/AIDS on democracy in sub-Saharan Africa and its possible consequences to various aspects of social and political life are recognized. However, there seems to be a lack of literature dealing with how the pandemic will impact on the consolidation of democracy in Mozambique in particular.

### **a) Theoretical Research**

As a point of departure, it is important to mention that there is little consensus on the necessary indicators that enable democratic consolidation. Thus each author chooses a set that fits his/her particular study. An interpretation, which is useful for this dissertation, is provided by Linz & Lipset (1996: 6) who state that essentially a consolidated democracy is a political situation in which democracy has become the "only game in town". In a similar vein, Mattes (2003) describes democratic consolidation as "meaning little or no probability that a country will abandon regular, free, and fair multi-party elections as a way of selecting its rulers."

Bratton & de Walle (1997: 239-240) mention that the African economic crisis will continue to undermine the legitimacy of any political regime, when incumbent

governments receive blame for prevailing economic conditions. Thus overcoming the economic crisis, while simultaneously achieving democratization, is a distinctive challenge facing African states. For the most part, all authors argue that economic growth is essential for democratic consolidation. Diamond (1999: 78) states that it is by now a truism that the better the performance of a democratic regime in producing and broadly distributing improvements in living standards, the more likely it is to endure. This will therefore be the first indicator of democratic consolidation that will be used.

Authors, researchers, and academics largely acknowledge the role of civil society in consolidating democracy. Gyimah-Boadi (1997: 278-281) states that with the first phase of democratization nearing completion, attention is shifting to the problem of consolidation. Expectations regarding civil society's contributions are running high. Yet in his own words "unfortunately civil society as a pillar of consolidation remains too weak to be democracy's mainstay". William (2002) also mentions the weakness of civil society, and posits that it can be further weakened because the type of people who form the backbone of most civil society organizations may be especially susceptible to HIV infections. Nelufe (2004), on the other hand, argues that in an environment where state incapacity and indifference has created a void of service provision and meaningful societal engagement, the central place of non-governmental organizations within the response to HIV/AIDS in sub-Saharan Africa is not in dispute. In a similar vein, Pharaoh (2003) has noted that inasmuch as HIV/AIDS is expected to impact on the processes of democracy and governance, at the same time, the quality of governance and the adequacy of government responses to the epidemic are expected to exert a major influence on the spread of the virus.

There are certain intervening variables that need to be considered. These include, but are not limited to, how foreign aid might have a demobilizing effect on the civil society response to HIV/AIDS in the respective country. Fewer studies on the issue of HIV/AIDS explore or even acknowledge that the use of external donors/NGOs may weaken the mechanism of democratic accountability within, for example, Mozambique's HIV/AIDS national response policy. These are some of the gaps that this dissertation aims to fill.

## b) Case study

Despite more than a decade of peace, an expanding economy, and the reputation as a model of war-to-peace transition, Mozambique's democracy remains fragile (USAID 2004), and like most of its neighbouring countries, Mozambique is devastated by the HIV/AIDS pandemic. According to *News from Africa* (2004), Mozambique is one of the countries in Southern Africa that has a high prevalence of HIV/AIDS. Media reports indicate that, as of 2004, HIV prevalence within the productive age group of 15-49 is 16.2 percent, while the total number of people living with the deadly virus in the same year was pegged at 1, 546, 000 (Economic Commission for Africa 2005). The pandemic is speculated to have an impact on the country's rising economy. In this respect, USAID (2005) mentions that Mozambique's economic growth record since the end of the civil war is outstanding, with gross domestic product growth of 8% per year over the last year, yet the pandemic seems to paint a bleak picture to its economic prospects and continued growth. Especially when one considers that over 60% of the population remains without access to healthcare, with 650 doctors serving a population of 18 million, and the projected HIV prevalence rate for 2004 being was 14.9%.

The HIV/AIDS pandemic is also speculated to have an impact on civil society. According to Collins (2006), by 2002 AIDS was the leading cause of death among Mozambican teachers at all levels of education, and, by 2012, as many as 17 percent of Mozambique's teachers will likely have died of AIDS, which in turn might have an impact on the level of participation in civil society activities. Collins (2006) acknowledges additional hurdles, reporting that civil society and government's participation in democratic life is hampered by international NGO's. According to Collins (2006), the government launched a national HIV/AIDS programme as early as 1988, following the first AIDS case diagnosis in 1986. But donors' financial and policy clout has tended to somehow marginalize the Mozambican government, local NGOs as well as some civil society association's participation in making decisions on how to best counter the HIV/AIDS pandemic.

## 1. 6. Methodology

Given the nature of the topic at hand, *HIV/AIDS and democracy*, this study is descriptive and analytical, having used quantitative research methods such as statistics, as well as qualitative using studies of primary and secondary resources. As part of the primary resources interviews were conducted in Mozambique. It should also be highlighted that though this dissertation makes mention of sub-Saharan Africa at times, the level of analysis is at state level, as it is focused on Mozambique.

A range of sources are used in this study:

-Theoretical sources and critical literature dealing with democracy, democratic consolidation, and other related theories.

-Primary sources: official documents on HIV/AIDS and HIV/AIDS prevalence in Mozambique will be consulted. Where necessary, field research and documents available in Portuguese only will be included as additional material in the study. At this point, it is important to mention the fact that the research has been given an added advantage due to the fact that the researcher is Mozambican and hence fluent in the Portuguese language. Interviews have also been conducted.

-Secondary sources dealing with related issues have also been used in this study. Including other related studies, documents by other researchers, and international organizations documenting their findings on the correlation between HIV/AIDS and democracy, and so forth.

## 1.7 Structure of the Research

The study comprises six chapters, structured as follows:

### **Chapter 2: Theoretical framework**

Key concepts will be defined and a framework (theoretical) for analysis will be presented. A detailed definition of concepts such as democracy, democratic consolidation, and the two focus-indicators of democratic consolidation will be expanded upon. The two indicators, civil society and strengthening economy, as understood by various authors and researchers, will also be discussed in this chapter. This chapter will also critically examine the application of the concept of democratic consolidation, in order to understand its applicability to the impact of HIV/AIDS.

### **Chapter 3: Historical Background**

This section provides a description of a) Mozambique's historical background, b) the transition to democracy in Mozambique, and finally c) The nature, scope, and impact of the HIV/AIDS pandemic in Mozambique.

### **Chapter 4: HIV/AIDS, Civil society, and democratic consolidation in Mozambique**

This chapter will offer a brief overview of the role that civil society played during the transition to democracy in Mozambique and its weakening character in the 21<sup>st</sup> century. It will also analyse the relationship between civil society and HIV/AIDS with a view to identifying the impact of HIV/AIDS on civil society, and, in turn, the impact that this will have on democratic consolidation in Mozambique.

### **Chapter 5: HIV/AIDS, Economic growth, and democratic consolidation in Mozambique**

Democracy can survive even in the poorest nations if they manage to generate development and if they reduce inequality, but it is a prerequisite that a strong economy be present in order for democracy to be consolidated. Consequently, bearing in mind that HIV/AIDS poses a threat to economic gains made in the past, this chapter seeks to analyse the impact that HIV/AIDS will have on some sectors of the Mozambican economy and the impact that it will have on the country's effort to consolidate democracy.

### **Chapter 6: Evaluation and recommendations**

In conclusion, a synthesis of the findings will be provided in an attempt to determine the extent to which HIV/AIDS impacts on democratic consolidation in Mozambique. Based on the findings of the previous chapters, this section will attempt to make some recommendations for Southern Africa.

Following this introductory chapter, the next chapter discusses the basic ideas which form part of the democratic theory. Pillars of democratic consolidation, particularly civil society and a growing economy, will be discussed with the aim of providing a theoretical basis for the subsequent chapters.

## CHAPTER TWO: THEORETICAL FOUNDATIONS

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### 2. Introduction

Theories of democracy and democratic consolidation provide useful tools for assessing the way governments and countries lead their nations. In addition, democratic consolidation as a theory, is appropriate for the analysis of the impact of HIV/AIDS on civil society and a growing economy as indicators of democratic consolidation in Mozambique. That said, the basic ideas which form part of democratic theory and its origins are going to be discussed. Accordingly, the pillars of democratic consolidation, respectively, civil society and a growing economy, will be discussed with a view to providing a theoretical basis for the subsequent chapters. This discussion indicates the appropriateness of democratic theory for this study, and also provides the background needed for the critical assessment of the impact of HIV/AIDS on civil society and a growing economy in Mozambique.

#### 2.1 An overview of democratic theory

Hardly any other subject in the last quarter of the twentieth century has influenced the research agenda of political science more than the transformation of authoritarian and ‘totalitarian’ political regimes into pluralist democracies (Croissant & Merkel 2004: 9). Africa is no stranger to such debates. Yet there is still no consensus on how to appropriately measure democracy. Definitions of democracy are contested, and there is an ongoing lively debate on the subject.

Democratic theory can provide useful tools for understanding and examining the state of democracy in Africa, at a time when many African countries are attempting to secure their democracies and achieve democratic consolidation. Hence, the basic ideas that form part of democratic theory, democratic consolidation, and related debates, such as civil society, economic growth and HIV/AIDS, will be discussed below. This discussion indicates the appropriateness of democratic theory to this study.

##### 2.1.1 The origins of democracy theory

The history of democracy traces back its origins to the ancient world, followed by its re-emergence in the 17<sup>th</sup> century when economic growth and the resultant distribution

of wealth in England in the 16<sup>th</sup> and 17<sup>th</sup> centuries stimulated the rise of economic growth and with it democratic feelings. Redistribution of wealth meant a massive shift of wealth away from the very rich to the very poor and towards the upper middle and middle class Hague and Harrop (2004: 30). Hence this section of society brought forces of changes and fought against the conservative hierarchical order of society.

According to Wichert (2007), one of the earliest instances of civilizations with democracy was found in republics in ancient India, which were established sometime before the 6<sup>th</sup> century BC. But its birthplace is widely recognised to be in ancient Athens. Indeed, between 461 and 322 BC, Athens was the leading *polis* (city community, often translated into city-state) in ancient Greece. Still on this note, it is widely recognized that the democratic idea of a government responsible to the governed, of trial by jury and of civil liberties of thought have been stimulated by Greek history. The concept of democracy is said to have originated from ancient Greece. In this manner, democracy, literally “rule by the people” or “self-rule” originated from the Greek *demokratia*, meaning, rule (*kratos*) by the people (*demos*) (Hague & Harrop 2004: 36). Indeed, it has been acknowledged by many authors, such as Finer, quoted in Hague and Harrop (2004: 37), and others, that the Athenians contributed to western politics by introducing the ideas of democracy, and of *citizens* as opposed to *subjects*. Athenian democracy was established as a result of continuous reorganizations. As previously mentioned, the name *demos* was used by early Greek writers to refer to “the many”, usually the disadvantaged and homeless masses (Heywood 2002: 69). However, unlike today, democracy in ancient Greece, rather than “pure” political equality, was biased against the poor. Nonetheless, Athenian democracy remains a unique and intriguing experiment in direct democracy where the people did not elect representatives to vote on their behalf, but voted on legislation and executive bills in their own right.

New waves of democracy<sup>2</sup> swept across Europe in the 1970s and late 1980s, when representative governments were instituted in the nations of Southern, Central and

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<sup>2</sup> A group of transitions from non-democratic to democratic regimes that occur within a specified period of time and that significantly outnumber transitions in the opposite direction during that period. Three waves of democratization have occurred in the modern world.

Eastern Europe respectively. Huntington, quoted in Hague and Harrop (2004: 40), recognizes three such transitions. The first modern democracies emerged in the ‘first long wave of democratization’ between 1828 and 1926, during this *first wave* nearly 30 countries established at least minimally democratic national institutions. Huntington’s *second wave* of democratization began in the Second World War and continued until the late 1960’s. Lastly, the *third wave* of democratization finally began in 1974 and continued until 1991. Its main and highly diverse elements were, first, the end of right-wing dictatorship in Southern Europe in the 1970s, second, the retreat of the generals in much of Latin America in the 1980s, and lastly the collapse of communism in the Soviet Union and Eastern Europe at the end of the 1980, and emerging democracy in Africa (Hague and Harrop 2004: 42).

A process of decolonization, beginning in the 1960s, created much political upheaval in Africa, with some countries experiencing often rapid changes to and from democratic and other forms of government. During the 1990s, the third wave of global democratization finally reached the African continent. Between 1990 and 1995, roughly twelve African countries initiated multiparty, constitutional regimes. It is thought that the global advance of democracy in the 1980s and early 1990s was assisted by the demise of historic ideological rivals, such as Marxism-Leninism, Fascism, and other quasi-socialist movements (Diamond, Linz & Lipset 1995: 2-3). Indeed, it seemed that democracy became the only viable model of government in the world with any broad ideological legitimacy and appeal. The third wave transformed the global political landscape. Furthermore, the large number of democratic forms of government in today’s world itself places added pressure on those non-democratic regimes that survive, and for democratic governments themselves to consolidate (Hague and Harrop 2004: 42-45).

The African wave was widely dubbed “the second liberation” (underscoring the betrayed hopes surrounding the liberation from colonial rule in the 1960s), but as Diamond (1999: 10) says, it was actually the third wave that had a thorough contribution to efforts geared towards the inauguration of democracy in Africa. The concept of democracy will be discussed below, with a view to highlighting its importance.

### 2.1.2 Defining democracy

Before looking at definitions of democratic consolidation, it is important first and foremost to define democratization as well as the steps taken in the transition to democracy. Democratization according to Heywood (2002) refers to the transition from authoritarianism to liberal democracy. Similarly, Bratton and De Walle (1997: 3), describe regime transition as a shift from one set of political procedures to another, from an old pattern of rule to a new one. This process is made up of three phases. First, the old regime breaks down, usually involving a process of loss of legitimacy which is usually linked to economic failure and the faltering loyalty of the police or the military. Second, democratic transitions are about the construction of new liberal democratic structures and processes. Third, these new structures are embedded in the minds of elites and the masses through the process of democratic consolidation so that their removal becomes unthinkable.

It is important, to point out that there is no consensus on how best to define democracy, since definitions of democracy are contested, and there is an ongoing debate on the subject. According to Bratton and De Walle (1997: 20), authors have given the concept democracy assorted meanings, including, “a distinctive set of political institutions and practices, a particular body of rights, or a unique process of making collective and binding decisions”. What follows is a brief overview of various authors on defining democracy. Abraham Lincoln (quoted in Heywood 2002: 68) refers to the concept as “government of the people, by the people and for the people”, which means that democracy is a form of regime whose legitimacy derives from the principle of popular sovereignty. Diamond *et al.* (1955: 6) define democracy as a system of government that meets three essential conditions, namely: meaningful and extensive competition among individuals and organized groups, a highly inclusive level of political participation in the selection of leaders and policies, and lastly a level of civil and political liberties. Diamond (2000) further recognizes three underpinnings of a liberal democracy: civilian supremacy over the military, an independent judiciary, a free parliament, a constitution that protects liberties, and a vigorous civil society. Although Freedom House<sup>3</sup> acknowledges electoral democracy as a form of democratic government, they agree that democracy is not limited to

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<sup>3</sup> Freedom House is a United States-based international non-governmental organization that conducts research and advocacy on democracy, political freedom and human dignity.

electoral democracy. To that effect, they put forward a definition based on political rights and civil liberties, to which they add that the fundamental features of a democracy include a government based on majority rule and the consent of the governed, the existence of free and fair elections, the protection of minorities, and the respect for basic human rights (Kekic 2007). According to Kekic (2007), democracies defined in a minimalist way share at least one, but an important, common characteristic. That is, positions of political power are filled by regular, free and fair elections between competing parties. Scholars have learned from Schumpeter to define democracy as a method or institutional arrangement for arriving at political decisions, to identify democracy with the rule of the politician rather than mass participation and popular rule (Lukin 2007). In his view, it is not true that voters control parliament, which control its leader; rather the leader manufactures the will of the people and followers accept it. Indeed, according to Schumpeter, quoted in (Mackie 2005), elections are the only practical criteria for democracy, and an advantage of understanding democracy in terms of elections is that it serves as an efficient criterion by which to distinguish democratic government from other forms of government, since electoral competition for political leadership is usually easy to identify (Mackie 2005). While this simplistic definition has been attacked by many authors, in practical politics, however, Schumpeter's definition has prevailed. In the last fifteen years, the number of competitive electoral democracies has risen from 69 to 192 (Benoit 2005). In practical terms, this means that each year on average 3.3 additional states have adopted minimal standards of free and fair elections.

In this manner, Freedom House criteria for an (electoral) democracy include the following: a competitive multiparty political system, universal adult suffrage, regularly contested elections conducted on the basis of secret ballots, reasonable ballot security, and the absence of voter fraud as well as significant public access of major political parties to the electorate through the media and through generally open campaigning (Kekic 2007).

It should be noted, however, that the institutionalization of electoral rules is not the most interesting or important feature of democratic consolidation. Indeed, while some praise elections as a predictor that democracy is consolidated, some criticize this measure of democracy. One such critic is Larry Diamond quoted in Mottiar (2002),

who contends that in many of the world's new democracies, competitive elections have not ensured liberty, responsiveness, and the rule of law. A good example is present Zimbabwe, where it has been possible to have an electoral system that meets certain minimum democratic standards, but where such transfer of power does not necessarily take place for obvious reasons, and if it does, human rights abuses, curtailment of freedom of press amongst many others, form part of such an electoral process. Instead Diamond *et al.* (1995:6) propose that a democracy is a system of government that meets three essential conditions, namely: meaningful and extensive competition among individual and organized groups, a highly inclusive level of political participation in the selection of leaders and policies, and lastly a level of civil and political liberties. According to Zakaria (1997: 24), "of course elections must be open and fair, and this requires some protections for freedom of speech and assembly, but to go beyond this minimalist definition and label a country democratic only if it guarantees a comprehensive catalogue of social, political, and economic rights rather turns democracy into a badge of honour, rather than what is really meant by a liberal democracy". Thus, undeniably, electoral democracy should be used as a predictor for democratic consolidation, but one must be cautious so as not to rely exclusively on this determinant alone.

On the other hand, some put forward more extensive definitions. Lumumba-Kasango (2005: 11), for example, sees a democratic process as the machinery through which a government stays close to the people and the people close to their government. Such machinery will differ according to the history, the demographic distribution, the traditional culture (or cultures), and the prevailing international and economic environment in which it has to operate.

More importantly, liberal democracy is defined as a political system marked not only by free and fair elections, but also by the rule of law, a separation of powers, and the protection of basic liberties of speech, religion, assembly, and property (Zakaria 1997: 22). Indeed, liberal thinkers think of democracy as guaranteeing procedurally civil and political liberties. Nonetheless, there is a spectrum of illiberal democracies, ranging from modest offenders like Argentina to near-tyrannies as in present Zimbabwe and the Democratic Republic of Congo, amongst many others. As already mentioned elsewhere, reality is that elections are rarely as free and fair as one might

hope for, but some of them do offer a reflection of popular participation in politics and support for those elected.

All in all, one can gather that it is not easy to define democracy. Whether democracy works depends on criteria relevant to the specific continent, country as well as history. But for the purposes of this dissertation, democracy can be defined as a system of government with four key elements:

1. A political system for choosing and replacing the government through free and fair elections.
2. The active participation of people, as citizens, in politics and civil life.
3. Protection of the human rights of all citizens.
4. A rule of law in which the laws and procedures apply equally to all citizens (Diamond *et al.* 1987).

While many authors approach democracy from different angles, they are of the same opinion that empirical and statistical evidence strongly shows that more democracy leads to less internal violence and a better standard of living. On the other hand, there are those who say democracy is wrong, and it begins with its definition. They argue that definitions of democracy follow a standard pattern, a sign of stable and established ideology, disregarding case-specific history completely (Haider 2004). This, they argue, is done by assuming that there is continuity between the historical ideal of ancient (Athenian) and modern democracy.

Nonetheless, the most ready way to justify democracy is to start from an assertion that all people are equal, since it follows from this that all people should be treated equally in all political respects.

## **2.2. Democratic consolidation**

### **2.2.1 Defining democratic consolidation**

Like democratic theory, democratic consolidation is not without its ills. According to Orozco (1997:58), democratic consolidation has become a fashionable term, and like so many other fashionable words and phrases it suffers from a disease: it is “abused, distorted and trivialized.” This leaning he says, explains, at least in part, the flood of concepts on the market for political ideas as well as the current chaotic debate in

which everyone uses the concept that he or she most likes or finds most convenient. Consequently, various authors approach this definition in diverse ways. Wichert (1999) for instance, describes consolidation as a process affecting values in the long run. In this manner, a democracy may only be accepted as consolidated if its presence is accepted by the population, and if political actors assume institutions created in the first stage to last indefinitely.

Huntington (quoted in Bratton and De Walle 1997: 8), has adopted a procedural, minimalist definition, defining a democratic regime as having been consolidated after two electoral turnovers. The only advantage of using this approach to define democratic consolidation is its easy operationalization, because as it is mentioned elsewhere, theory does not always follow practice.

Bratton and De Walle (1997) state that in order for a democracy to be considered as having been consolidated, it must include the legitimation and institutionalization of democratic practices over time, buttressed by the widespread adoption of democratic values. They further argue that some scholars acknowledge the emergence of a democratic political culture as an essential component of consolidation.

O'Donnell (1996) in the same manner defines democratic consolidation as a process by which a new democracy matures, in a way that means it is unlikely to revert to authoritarianism without any external shock. Meaning that the following three points would have to occur: First, from a *constitutional point of view*, all political actors within the state's territory are subject to, and habitually subject themselves to the method of conflict resolution specifically set forth in the laws, procedures, and institutions created by the democratic system. Second, in the sphere of *social conduct*, no relevant social actor seeks to achieve this objective by devoting substantial resources to the creation of a non-democratic regime or to violence or to foreign intervention meant to alter the state's limits. Third, from the *perspectives of psychological attitudes*, a strong majority of the public believes that democratic institutions and procedures are the most appropriate way to regulate society, and support for alternative systems is either very weak or isolated from pro-democratic forces (Orozco 1997: 58).

Nonetheless, the notion of democratic consolidation is contested, it is still not clear that there is anything substantive that happens to new democracies which secure their continuation beyond those factors that simply make it “more likely” that they continue as democracies.

Nevertheless, for the purposes of this dissertation, a useful interpretation is provided by Linz and Stepan (1996: 5-9) who state that a “consolidated democracy is a political system in which democracy as a complex systems of institutions, rules, and patterned incentives has become in a phrase “the only game in town.” There are minimum conditions that are needed before a democracy can be thought to be consolidated. These are discussed below.

### **2.2.2 Minimum conditions for democratic consolidation**

According to some authors there are some minimal conditions that need to be achieved before a democracy can be consolidated. According to Orozco (1997: 59), “only democracies can become consolidated” in this manner the first stage which is the transition, aims at the installation of democratic government. Linz and Stepan (1996: 14) in a similar manner stress that there are some minimal conditions that must be obtained before there can be any possibility of speaking of democratic consolidation. First, the existence of a state. In a modern polity, free and authoritative elections cannot be held, winners cannot exercise the monopoly of legitimate force, and citizens cannot effectively have their rights protected by the rule of law, unless a state exists. Second, democracy cannot be thought of as consolidated until a democratic transition has been brought to a completion. A necessary but by no means sufficient condition for the successful transition, therefore, is the holding of *free and contested elections*. Third, democracy requires the presence of democrats, and since the values and attitudes of people are unlikely to change quickly, the implication is that consolidation process is a long-term process, that is likely to take as much as several decades. Time therefore is an essential condition. Fourth, no regime should be called a democracy unless its rulers govern democratically. In addition, arguing from a social values and political perspective, Schmitter (quoted in Mottiar 2002), argues that a democracy is only consolidated when “social relations become social values”,

for example, patterns of interaction can become so regular in their occurrence, so endowed with meaning, so capable of motivating behaviour, that they become autonomous in their internal function and resistant to externally-induced change.

All in all, similar to other authors, Linz and Stepan (1996:15) assert that when talking about the consolidation of democracy, we are not dealing with liberalized non-democratic regimes, or with pseudo-democracies, or with hybrid democracies, where some democratic institutions coexist with non-democratic institutions outside the control of the democratic state. Instead, we are referring to liberal democracies defined earlier as a political system marked not only by free and fair elections, but also by the rule of law, a separation of powers, and the protection of basic liberties of speech, religion, assembly, and property (Zakaria 1997: 22).

### **2.2.3 Pillars of democratic consolidation**

Once the transition to democracy is complete, there are various matters left to attend to, conditions to establish, and attitudes and habits to cultivate, before a democratic political system can be consolidated. Scholars differ on the various pillars/conditions by which a democracy becomes consolidated. Such scholars include Linz and Stepan (1996: 15-19), who suggest that democracy is consolidated by the presence of institutions and supporting elections, several of which will be listed here. Firstly, *civil society*, by which we refer to that arena of polity where self-organizing and relatively autonomous groups, movements, and individuals attempt to articulate values, to create associations and solidarities, and to advance their interests. Civil society activists were instrumental in bringing about the end of many non-democratic regimes in the past; today they are rarely being called upon to exert that same influence and expertise in the pursuit of democratic consolidation in most African countries. Secondly, *political society*, the arenas in which political activists compete for the legitimate right to exercise control over public power and the state apparatus.

Thirdly, Mattes (2003) identifies *political institutions* as pillars for democratic consolidation. In his words, sustainable democracies require a professional civil service and strong viable and autonomous courts, legislatures, executives, and electoral systems at national and local levels. Similarly, Orozco (1997: 60), points out

that, in order for the internalization of democratic institutions to be successful, the following three conditions relating to the institutional infrastructure have to be present: the existence of a government of laws, the maintenance of a state bureaucracy that serves democratic authorities and that makes citizen rights and grievances effective, and the existence of an institutionalized economy.

Fourth, consolidation occurs when participants in a system follow (have informally institutionalized) the formal rules of the *democratic culture*. Political culture may be defined as “a people’s predominant beliefs, attitudes, values, ideals, sentiments, and evaluations about the political system of its country, and the role of the self in that system” (Diamond 1994: 45). To put it simply, it is a state of affairs in which none of the major political action groups, parties, or organized interests, forces, or institution considers that there is any alternative to the democratic process to gain power, and no political institution or group has a claim to veto the action of democratically elected decision makers. Similarly, Almond and Verba, as quoted in O’Donnell (1996), are the originators of a theory that locates the consolidation of democracy with the values and attitudes that emerge with, and work to sustain, participatory democratic institutions. This relates to the manner in which people within a polity view their relationships with others. This, they argue, is civic culture. Still on this line of thought, Mattes (2003) emphasizes the attitudes of rulers and citizens (political culture). Put simply, he stresses that democracies require democrats, which means it needs to be seen as legitimate by the overwhelming majority of the citizens.

A fifth pillar of democratic consolidation is *economic growth*. While Mattes (2003) stresses that economic growth is not the single most important pillar of democratic consolidation, and not a guarantee of consolidation, he is aware that wealthier countries are far more likely to maintain democratic rule. Diamond (1999:78) reinforces this view by stating that the better the performance of a democratic regime in producing and broadly distributing improvements in living standards, the more likely it is to endure. In most developing countries, and in democracies alike, the population tend to vote and rate whether democracy is a better alternative or not by how a government distributes basic public services. For instance, if inequalities in a country are reduced, the better the chance of a government’s survival in power. Redistribution of any kind, not to mention enormous investments that may be needed

to close the inequality gap amongst the population, simply cannot be politically viable in a democracy without an expanding economy creating new resources and jobs (Diamond 1994: 53).

It nevertheless is important to note that, in spite of the above discussion of necessary prerequisites or pillars for democratic consolidation to be achieved, this process may be held back or made difficult by a few obstacles, some of which are discussed below. The importance of the following section for this paper is that it highlights the major obstacles that Mozambique may face in its efforts to achieve democratic consolidation.

#### **2.2.4 Obstacles to democratic consolidation**

There are many challenges faced by countries in the midst of a transition to liberal democratic governments. In this section, a few of these obstacles will be discussed. For Linz and Stepan (1996:23-25), dangers posed by ethnic conflict, by multinational states, and by disappointed popular hopes for economic improvement in states undergoing simultaneous political and economic reform, are the most important obstacles for democratic consolidation. The hypothesis for the ethnic obstacle to democratic consolidation is as follows: The greater the percentage of people in a given state who either were born there or arrived without perceiving themselves as foreign citizens, and who are subsequently denied citizenship in the state (when their life chances would be hurt by such denial), the more unlikely it is that this state will consolidate democracy.

Economically, poverty, lack of access to land and resources, and tremendous income disparities remain fundamental problems that are yet to be addressed adequately in most parts of Africa, if democracy is to be consolidated (Bulletin 1999). It is widely acknowledged that regimes that lack legitimacy, such as is the case in most developing countries, depend more on current performance and therefore are more vulnerable to collapse in periods of economic and social distress. Given the extremely high levels of poverty and economic inequality that are rampant in most developing countries, regimes that begin with low legitimacy also find it difficult to perform

effectively, and regimes that lack effectiveness, especially in the area of economic growth find it difficult to build legitimacy (Diamond *et al.* 1994: 10).

In many other African countries as well, the inability of political parties to transcend adversarial politics and to accept the verdict of elections remains another obstacle to be surpassed. This takes place side by side with the persistence of dominant party states. Defined as a party which, by reason of its popular support and/or its control of state machinery, is able to reproduce itself in power by virtue of its winning successive elections (Southall 2003: 36). Some examples of dominant party states in Africa are Zimbabwe, Namibia, and South Africa. Indeed, according to Heath (2003), one of the universal laws of political life seems to be that, “the more successful the leader, the less capable he is of knowing when it’s time to quit”.

Fair and consistent application of the rule of law is vital for democracy. Essential to the rule of law is the idea of horizontal accountability, or the concept that the powers and branches within a democracy are kept in check by their counterparts (Adcock 2005). In Africa by contrast, military regimes, oppressive regimes, and semi-democratic countries have historically exercised authority that other branches of government have been unable to, or are unwilling to keep in check, severely compromising the government’s ability to remain legitimately accountable to the citizens.

Another factor that has resurfaced among African countries is corruption. This aspect is yet another vulnerability faced by democracies, this is especially so because the effect of corruption is particularly more corrosive on the legitimacy of democratic regimes, than on authoritarian regimes (Heath 2003: 96). The widespread corruption in these countries can also impede efforts of economic development.

Finally, there has been widespread speculation from various sectors that democracy and related factors—governance, social cohesion, and a strong civil society, as well as absence of violence, conflict, and political stability—are adversely affected by the spread of HIV/AIDS in most of sub-Sahara Africa (Manning 2002). According to Niza (2005), most countries in the Southern African region are relatively young democracies. A great deal of work is still being done to construct government

organizations, inform the electorate, and consolidate procedures. HIV/AIDS is a threat to all this.

Although many see the benefits of democratic consolidation, there are those that do not. In some ways, this may prove an obstacle to the process. Below is a discussion of some critics on democratic consolidation.

### **2.2.5 Critics of democratic consolidation**

In the 1960s and 1980s, far reaching political changes took place in Africa, beginning with the end of colonialism and culminating in democratic governments. This was seen as a time for change and was branded by Thabo Mbeki as the “African Renaissance Era”. Yet many young democracies are still facing a huge number of problems, social inequality, HIV/AIDS, coups, internal instability, disregard for human rights, and increasing poverty (Wichert 1999). These problems not only hamper consolidation, but also endanger the existence of democratic regimes. To many, these problems and lack of institutionalization is what characterizes an “unconsolidated” democracy. Following from this, critics such as Gunther and Puhle quoted in Orozco (1997: 59), openly say that, amidst these circumstances, democratic consolidation cannot be reached in the real world. Therefore, the label “*completely consolidated*” should not be used when referring to democratic consolidation in Africa. According to the authors, the label “*sufficiently consolidated*” should be used instead.

To date, the major critic of the institutionalist vision of democratic consolidation and of democratic consolidation as a whole has been Guillermo O’Donnell (1996), who thinks it necessary to reconsider the theoretical utility and practical reach of this conception. He argues about the difficulty of instituting a democratic culture when most African countries are known for rampant clientelist mode of governance. Clientelism refers to a form of social organization that is common in many developing regions. It is characterized by “patron-client” relationships. In such cases, relatively powerful and rich “patrons” promise to provide relatively powerless and poor “clients” with jobs, protections and other benefits in exchange for votes and other forms of loyalty including votes (Kermath 2005).

What follows below is a discussion of the two chosen indicators for the purposes of this dissertation, namely civil society and economic growth.

### **2.3. Indicators of democratic consolidation**

Various pillars/indicators of democratic consolidation were identified in previous sections of the dissertation. What follows below is a thorough discussion of the chosen indicators, civil society and economic growth. Both concepts will be defined and analyzed in order to determine whether any relationship exists between these concepts and democracy and democratic consolidation. Lastly, HIV/AIDS will also be discussed with a view to establishing a relationship between itself and civil society, as well as economic growth.

#### **2.3.1 The concept of “Civil Society”**

The concept “civil society” first appeared in Aristotle’s *Politics* under the heading of *politike koimonia* (Zuern 2000:100). The concept is rather ambiguous, and means different things to different people. According to Bunbongkarn (2004), the denotations of civil society have undergone significant changes over time and in different national contexts. Consequently, the meaning of the concept in contemporary discourse is fraught with considerable ambiguity. Below are different views and definitions of civil society.

The concept of civil society is generally accepted in modern political science as an intermediary between the private sector and the state (Bunbongkarn 2004). In his opinion, civil society is distinguished from the state and economic society, which include profit-making enterprises, but he still acknowledges that civil society may sometimes find itself absorbed by the state. Atkinson, quoted in Liebenberg (1997: 5), asserts four different ways of defining civil society, firstly, civil society includes economic institutions, secondly, the economy is part, but not all of civil society, thirdly civil society is separate from state and economy, a voluntary non-profit sector, and lastly that it is focused on the difference between civil society, economy (institutions of economy), and the state.

Rich (2006) defines civil society as the arena of uncoerced collective action around shared interests, purposes and values, in theory its institutional forms are distinct from

those of the state, family and markets, though in practice, the boundaries between state, civil society, family, and market are often complex, blurred, and negotiated. Some examples of civil society institutions include: non-governmental organizations (NGOs), non-profit organizations (NPOs), community-based organizations, civic groups, the media, businesses, and academia, amongst many others.

Similarly, Diamond (1994: 55), refers to civil society as the realm of organized social life that is voluntary, self-generating, (largely) self-supporting, and autonomous from the state. He further states that civil society implies notions of partiality, pluralism, and competition. Still on the same note, Camerer quoted in Liebenberg (1997: 3), defines civil society as an inherently pluralistic realm, distinct from, yet interacting with the state and processes of production, consisting of numerous associations, and organized around specific interests with the following characteristics in common: communally organized, independent, voluntary, autonomous, able to form links with other interest groups, and do not in any way seek to set themselves up as an alternative authority to the state

For the purposes of this dissertation, the following definition of civil society will be used, civil society refers to that arena of the polity where self-organizing and relatively autonomous groups, movements, and individuals attempt to articulate values, to create associations and solidarities, and to advance their interests. To them, civil society can include manifold social engagements, including women's groups, neighbourhood associations, religious groupings, and intellectual organizations, as well as associations from all social strata (such as trade unions, entrepreneurial groups, and professional associations) (Linz & Stepan 1996: 17).

There is an enormity of behaviour that political scientists and philosophers alike have labelled "civil society". This has led some to ask the question: "how much of society should be included in the notion 'civil society'"? Civil society is defined as that space of uncoerced human associations and also the set of relational networks formed for sake of family, faith, interest, and ideology. The advantage of defining it as such, according to Walzer, quoted in Kasfir (1998: 4-5), is that it includes *ad hoc* or unplanned civil activity that can affect state action. Yet one disadvantage is that it fails to recognize informal influence, such as ethnically organized public action.

Still on this line of thought, there are those who argue that it is debatable whether all “known” civil society institutions are by definition part of civil society. Chandhoke, (2002), reinforces the earlier argument by stating that only institutions that are critical to the state are the real thing. The key in her words is that not every institution is a “countervailing power” to the state.

According to Diamond (1994: 55), all that does not involve citizens acting collectively in a public sphere to express their interests and ideas, achieve mutual goals, make demands on the state, and hold officials accountable, are not part of civil society. Indeed those organizations that seek to monopolize a sphere of collective life (in the sense of denying the legitimacy of collective groups) or to envelop totally the lives of their members are not part of civil society. Most importantly, civil society relates to the state in some way, but does not seek to win formal control over or position within the state.

Nonetheless, they all agree on the main points of what constitutes civil society and the attributes of organizations that are members. All of them consider civil society as an important, and probably necessary, support for democracy (Kasfir 1998: 5).

### **2.3.2 Civil Society and Democracy**

The literature on the links between civil society and democracy has their roots in early writings like those of De Tocqueville. However, they were developed in significant ways by 20<sup>th</sup> century theorists like Sidney Verba, who identified the role of civil society in a democratic order as vital (2002).

In the democratization of most, if not all, African countries, the role of elites was pre-eminent, but would not have been achieved without the active role of civil society (Bunbongkarn 2004). They had an important role to play in generating political pressure for reform, leading to the liberalization of political systems, and eventually bringing down dictatorial regimes.

Kasfir (1998: 36-37), further states that the political element of many civil society organizations facilitates better awareness and a more informed citizenry, who make better voting choices, participate in politics, and hold government more accountable

as a result. This point is further reinforced by the fact that civil society is currently developing into a major global, social, and economic force, and that its activities cover a very wide field, such as social services, education, health, human rights, communication, and information, all of which are important in trying to achieve a healthy democracy (Inter-Parliamentary Union 2005).

From the viewpoint of the democratic system, an active, well-organized citizenry may help enhance the stability of the system and effectiveness and efficiency of decision-making in many ways (Raik 2006: 1). Civil society has an educational function: it teaches responsible social and political action, and respect for the public interest. In more ways than one, people become better citizens through being active in a civil society group. Second, people are more likely to approve public decisions and comply with common rules and norms if they take part in public life themselves, and if they have a say in the decision making. Third, civil society helps the state to take care of social tasks. Lastly, civil society is a pluralist space where even small groups that cannot easily bring their views to the decision makers through representative channels can make themselves heard.

Nevertheless, the importance often given to civil society organizations and their respective activities is not always collective. In this manner, it is important before defending the role and relationship between civil society and democracy to emphasize that not all observers agree that civil society is important at all. Some African leaders and theorists argue that civil society, and especially a civic culture, tend to frustrate change and progress towards a more just and equitable society (Haus 2003). Others have questioned how “democratic” civil society actually is. Some have noted that civil society activists have now obtained a remarkable amount of political power without anyone directly electing or appointing them. Others still alert us to the existence of mock civil society organizations that serve to gain access to development aid (Rich 2006).

On the other hand, there are some scholars and authors who do not totally disregard the importance of civil society in a democracy. They prefer to put down the importance of civil society in a democracy to two simple functions: firstly, to move

the process forward, and secondly, to prevent it from sliding backwards (Inter-Parliamentary Union 2005).

In spite of discussions both for and against the role of civil society in a democracy, the importance of civil society for democracy and democratization has become widely acknowledged as part of the post-cold war democratic paradigm. Indeed, they play so many different and important roles in a democracy.

These roles that civil society play are extensive, some of which will be discussed below. According to Kasfir (1998: 1), the concept of civil society has been shaped to serve the goal of better governance, particularly democratic reform. Proponents of this view are explicit on this point: “we and others believe that the existence of an active civil society is crucial to the vitality of political democracy, and the nurturing of civil society is widely perceived as the most effective means of controlling repeated abuses of state power and establishing the foundations for durable democratic government.” Adding to this, Diamond, (1994: 59), points out that one of the many reasons why civil society is important to democracy is because it provides “the basis for the limitation of state power, hence for the control of the state by society, and hence for democratic political institutions as the most effective means of exercising that control.” Indeed, building a political culture of tolerance, compromise, and accommodation is one of many ways in which civil society can contribute to the development and consolidation of liberal democracy.

According to Bunbongkarn (2004), civil society organizations can help consolidate democracy in a number of ways. As Diamond, quoted in Bunbongkarn (2004), points out, civil society can play a role in checking, monitoring, and restraining the exercise of power by the state and in holding it accountable. In more ways than one, a rich associational life supplements the role of political parties in stimulating political participation, increasing the political efficacy and skill of democratic citizens, as well as the rights of democratic citizenship.

Lastly, civil society provides an especially strong foundation for democracy when it generates opportunities for participation and policy access at all levels of governance, including local level. It can also enhance the representativeness of democracy by

providing additional channels (beyond political parties) for the expression and pursuit of a wide variety of interests, including those of historically marginalized groups, such as women and minorities (Diamond *et al.* 1994: 28). It is also important to highlight the fact that, through participation and more deliberate efforts at civic education by organizations, a vigorous civil society can learn and practice tolerance, moderation, and accommodation that facilitate the peaceful, democratic regulation of cleavage and conflict within democratic societies.

More recently, civil society was seen as a component of democracy that is commonly believed to help slow the HIV/AIDS epidemic and to mitigate its impact (Manning 2002). From the onset of the HIV/AIDS epidemic, non-governmental organizations and formal and informal community-based organizations have been at the forefront of promoting prevention, care, and treatment. William, quoted in Manning (2002), speculates that by building strong civil societies—that both strengthen democratic governance and are a pre-requisite for it—societies are less likely to experience an HIV epidemic, and are most able to respond to and control the epidemic. This view is further reinforced by Alliance (2004), who state that HIV/AIDS affects people most when they do not have access to information, services, protection for their rights, or when they can not act freely within their environment. Civil society in their words can play a powerful role in fighting against these ills.

## **2.4. Economic growth**

### **2.4.1. Conceptualization of economic growth**

In simple terms, economic growth is the increase in the amount of goods and services by an economy over time (Borrington and Stimpson 1999: 326). More importantly, in economics, economic growth refers to the steady growth in the productive capacity of the economy and with it a growth of national incomes.

Economic society is defined as a set of norms, regulations, policies, and institutions that sustain a mixed economy (Mottiar 2002). Linz and Stepan (1996: 21), define an economic society as a set of socio-politically crafted and accepted norms, institutions, and regulations that mediate between the state and the market.

#### 2.4.2 The relationship between economic growth and democratic consolidation

According to Schollosser and Kersting (2003: 1), the relationship between poverty and democracy has been a subject of controversy for many years. The modernisation theory viewed economic prosperity as a pre-requisite for democracy. Still on the same line of thought, Diamond *et al.* (1987: 5) support this argument by stating that democratic theorists have asserted a positive relationship between the level of socio-economic development and democracy. They go on to state that socio-economic development is seen to change fundamentally the way individuals and groups relate to the political process. A democracy, in order to be sustainable, must produce policies that generate government mandated private goods in the areas of education, health, and transportation. Most of all; it must provide an economic safety net for its citizens and some alleviation of gross economic inequality (Mottiar 2002).

Przeworski (1996: 295-297) mentions three important factors that need to be taken into consideration when analyzing the impact of economic growth on democratic consolidation:

1. **Affluence-** Once a country has a democratic regime, its level of economic development has a very strong effect on the probability that democracy will survive. Poor democracies, particularly those with annual per-capita income of less than \$1,000, are extremely fragile, and the probability of survival in a particular year, according to the authors, is 0.12.
2. **Economic Performance-** Economic crisis represents one of the more common threats to democratic stability. Conversely, economic growth is conducive to the survival of democracy. Indeed, the faster the economy grows; the more likely democracy is to survive.
3. **Income inequality-** Income inequality has the potential of generating more social exclusion, and creates a kind of low-intensity citizenry that openly distrusts the government. Therefore, democracy is much more likely to survive in countries where income inequality is declining over time.

In Africa, most countries are poor, with per capita incomes well below the levels commonly posited as the minimum necessary to sustain democratic rule. According to Bratton and De Walle (1997), the African economic crisis will continue to undermine

the legitimacy of any political regime, when incumbent governments receive blame for prevailing economic conditions. Indeed, the African voter still equates votes to their economic wellbeing. For that reason, democratic governments rely less on economic performance for their legitimacy than do their authoritarian counterparts. The problem that is seen by many scholars in terms of democratic consolidation and economic performance is that, in a non-consolidated democracy (such is the case in many African countries); the penalty for poor performance may well be the end of democratic rule itself, and a return to authoritarianism.

Linz and Stepan (1996: 21) also support the above argument and make two claims that they believe to be theoretically and empirically sound: first, there has never been, and there cannot be, a consolidated democracy that has a command economy (except perhaps in wartime) secondly, there has never been, and certainly will never be, a modern consolidated democracy with a purely market economy.

Indeed, ever since the pioneering works of Seymour Martin, social scientists have been aware of the strong correlation between national wealth and democracy (Mattes 2003). According to Mattes, wealthy democracies do not die. But it is important to mention that poor countries can sustain democratic rule, provided their economies grow and income inequalities are reduced (India being the most prominent example).

While per capita national income has been the variable most commonly correlated with democracy, the more important underlying phenomena, according to Diamond *et al.* (1994), appears to be the reduction of poverty and improvement in literacy, life expectancy amongst many others. Of utmost important is to note that it is not just the level of socioeconomic development that is more relevant, but also the manner in which these are distributed amongst the population.

Lastly, it is imperative to have the following in mind: Overcoming the economic crisis while simultaneously achieving democratization is a distinctive challenge facing African states. And to many, this challenge is further compounded by the presence of the HIV/AIDS epidemic.

Nonetheless, it is important to place less emphasis on the usage of economic prosperity as a precondition, but rather to appreciate it as an encouraging factor.

## **2.5 HIV/AIDS**

HIV/AIDS was recognized in the early 1980s. Initially called GRID5, or gay related immune deficiency syndrome, the first cases of what would be identified as HIV and AIDS were identified in homosexual men in the United States in 1980-1981 (Engelbrecht & Williams 2003: 4). In the years since its discovery, HIV and AIDS have aroused more concern, research, and media coverage than any other health condition. Since the virus was discovered, cases have been identified in every country in the world (Engelbrecht & Williams 2003: 2). Worldwide, 40 million people were estimated to be living with HIV/AIDS by the end of 2001. However, 20 years into the epidemic, Africa is the epicentre, with 26 of the 28 worst-affected countries, with about 70% of the world's infected living in sub-Saharan Africa (Whiteside 2002: 315). What follows below is a discussion about the disease and its relationship with democratization.

### **2.5.1. HIV/AIDS in Africa**

HIV/AIDS was discovered in Africa in the 1980s with low levels of infections in most of the regions. Yet recently the trend has changed, with sub-Saharan Africa being more heavily affected by HIV and AIDS than any other region of the world. According to Pembrey (2007), 24.5 million people were living with the virus at the end of 2005 and approximately 2.7 million additional people were infected with HIV during that year. It is nevertheless important to highlight that this is not a uniform pattern. Both HIV prevalence rates and the number of people dying from the disease vary between African countries, with Somalia for example having an HIV prevalence rate of less than 1%, and Botswana having a prevalence rate of about 38%.

Poverty and inequality are often said to be one of the major factors causing the HIV epidemic to spread so quickly in Africa. Scientists have for instance, discovered that severe malnutrition has been very well known to cause immune dysfunction and other serious health effects and should be considered in the differential diagnosis in HIV infected patients (Fauci *et al.* 1998). Still on the same note, it was discovered that in

poor settings, where people are struggling to survive, women and children use sex in order to obtain money, food, shelter, and security (Williams & Engelbrecht 2003: 23).

Lastly, as in other African countries, the most common mode of HIV transmission in Mozambique is through heterosexual relations as well as mother-to-child transmission, which accounts for 25% of all diagnosed cases, apparently, higher than elsewhere in Southern Africa (Beckmann & Rai 2005). In the case of heterosexual transmission, it is relevant to mention that it is difficult to change attitudes of people, and although high illiteracy rates have been used as scapegoats, one needs to acknowledge that, among the infected, we find teachers and sometimes even ministers, consequently, downplaying the heavy burden placed solely on lack of education. Indeed, as highlighted by Peter Piot, quoted in Sternberg (2002: 2), every element of African society, from teachers to soldiers to farmers, is under attack from AIDS. In most African countries, this is resulting in the undermining of fragile economies, poor social services, and debilitation of military forces.

Thus, in the African continent, Aids should be viewed as resulting from a series of factors rather than one single factor. These include: issues of morality, sexuality, poverty, and, in some cases, local beliefs and traditions.

### **2.5.2 Defining HIV/AIDS**

HIV is an acronym which stands for: first, **Human** - infection is limited to humans only, Second, **Immune Deficiency** - infections attack and damage the immune system, gradually reducing the body's ability to fight off the infections encountered in daily life, and last, but not least, **Virus**- a small germ that cannot be seen by the naked eye, which infects humans to cause disease. HIV belongs to an unusual group of viruses called retroviruses with the genetic material in the cells (the building blocks which make up the body). As with other viruses, HIV changes all the time. Put simply: AIDS is a disease and HIV is the virus that causes it.

AIDS is an Acronym that stands for four things:

1. **Acquired**- One gets it from an external source
2. **Immune**- Refers to the immune system that protects us from the infections we encounter in our daily lives.

3. **Deficiency-** The immune system is weakened, depleted or impaired and,
4. **Syndrome-** The illness shows itself as a constellation of symptoms, signs or diseases (Engelbrecht & Williams 2003: 3).

The presence of HIV does not mean that a person has AIDS. There seems to be a universal acceptance among scientists that the HI Virus is a real entity and this is not in dispute, but there are, broadly speaking, three views about its role in AIDS. In the first instance, HIV is seen as always leading to AIDS, sometimes manifesting years after the initial infections. Secondly, HIV is a virus which is ignited when a person's immune system is compromised, for example when a person has suffered years of malnutrition and lack of access to clean water, or when a person has tuberculosis, sleeping sickness, or malaria. In the last instance, the HI virus is seen as a harmless passenger to which we are exposed and this does not cause death. In this view, the critical factors that cause people to contract various serious diseases such as tuberculosis and pneumonia are the co-factors (Fauci *et al.*, 1998). Indeed a person can be infected with HIV, yet can live a healthy life before becoming ill with the disease (AIDS).

Nonetheless, HIV has characteristics that are thought to make it unique as an infectious disease. These are going to be discussed below.

### **2.5.3 Unique characteristic of the disease**

It is important to understand the unique characteristics of the HIV/AIDS pandemic, in order to fully understand how it might affect other areas of one's social and political life. Below are a few points: Firstly, HIV/AIDS is not just any pandemic, its long incubation period, is but one example. Secondly, its primarily sexual mode of transmission allows it to spread quickly and silently through a population. Third, the relatively long time span between HIV infection and death due to AIDS complications imposes a virtual death sentence on significant portions of the population. Lastly, the long incubation period between HIV and death, helps make HIV/AIDS more deadly than other life-threatening diseases such as cholera or Ebola fever (Mattes 2003). In the latter case people fall ill quickly and visibly, putting the general population and public health professionals on their guard. On the other hand, the HI Virus moves

through a population, giving little sign of its presence for a considerable amount of time.

#### **2.5.4. HIV/AIDS and Democracy: what is there to know?**

Most countries in Africa are relatively young democracies. A great deal of work is still being done to construct government organizations, inform the electorate, and consolidate procedures. HIV/AIDS is a threat to all this.

According to Niza (2005), the pandemic is taking away huge numbers of people. More than 25 million people have already died of AIDS since 1981, primarily people who are in the most productive phase of their lives, more than 39.5 million were living with HIV/AIDS by the end of 2006. Young people (under 25 years old) account for half of all new infections worldwide - around 6,000 become infected with HIV every day (UNAIDS/WHO 2006). The epidemic continues to spread. Accordingly, the virus does not discriminate: it infects government ministers, bank officials, police officers, doctors, and miners, and affects the fabric of what is thought to make up a democracy. According to some analysts, this is thought to disrupt the way the electorate functions.

Indeed, William (2000) points out that electoral democracies suffer, in the sense that HIV/AIDS hinders political participation in general, by making it impossible for those who are sick (HIV related illnesses) to make it to the voting polls, frustrates the consolidation of democratic institutions, and in some ways paralyzes the government. Still on the same line of thought, Strand (2006) argues that sometimes parliamentarians cannot attend campaign rallies, because of the large number of funerals they have to attend. Due to high medical costs, HIV/AIDS can even fuel corruption and systems of patronage.

Many analysts have argued that AIDS will—and, in some cases, already does—undermine government capacity and the ability to provide services to the public (Manning 2002). This is explained in the following sentence: HIV/AIDS has a disastrous impact on the capacity of government to deliver basic social services. Human resources are lost, public revenues reduced and budgets diverted towards coping with the impact.

### **2.5.5. The impact of HIV/AIDS on civil society**

As much of the world has now realized, the HIV/AIDS pandemic is ravaging the countries of sub-Saharan Africa. As already discussed, the impact on hard-hit countries will be multi-faceted and potentially severe. No sector of society, including civil society, is immune from these impacts (Manning 2006). Given the important role that civil society organizations play in promoting democracy (transitions to democratic governments, holding public officials accountable, and providing information which is otherwise not readily available to the public) as well as the vital role they play in the development of Africa, one can only imagine the devastating impact HIV/AIDS will have on the process of democratic consolidation and on civil society as a whole.

According to Mattes (2003: 20), “democracies require democrats. They require citizens who believe democracy is preferable to all alternatives, and who give life to the democratic processes by obeying the law, participating in democratic life, refraining from supporting elites who could endanger or end democratic processes, and who are willing to stand up and defend democracy if it is under threat”. Yet all this dynamism is under threat.

First, the devastating impact that HIV/AIDS has on economic growth can in turn impact on efforts of civil society. The hypothesis is as follows: poorer countries display lower levels of civic activity, and weaker social groups tend to be more passive everywhere. Therefore, the slower the economic growth and the continuing in perceived inequalities, the weaker the civil society organizations will be.

Second, at its most extreme, HIV/AIDS may turn citizens into authoritarians because mounting death and sickness drives them, in desperation, to try any set of political entrepreneurs who try to promise a solution, whether they use democratic means or not. This may damage the fabric of civil society in the long run.

Third, mass participation in civil society organizations, voter turnout, may be further weakened because the types of people who form the backbone of most civil society organizations may be especially susceptible to HIV infection, making them less likely to participate in these activities, especially if they do not think that it will in any way

change their status, these are usually the teachers and those educated individuals who are dissatisfied with the government (Mattes 2003). The pandemic may therefore reduce overall levels of public participation by inhibiting the capacity of those civil society organizations to play a part in organizing and channelling political activity.

Lastly, the pandemic may play a part in influencing the youth towards decreasing popular compliance with the law, and increasing violent protest as well as social intolerance and criminal activity (Manning 2002).

#### **2.5.6. The impact of HIV/AIDS on economic growth**

As was mentioned previously, the epidemic comes in successive waves, with the first wave being HIV infection, followed several years later by a wave of opportunistic diseases, and later by a wave of AIDS illnesses and then death. For UNAIDS (2006) the final wave affects societies and economies at various levels from the family to the community to the national and international. Indeed, the key to the economic and social impact of HIV/AIDS is that it is a slow-moving virus: consequently, it can affect three human generations (Casale and Whiteside 2006). This takes us beyond the epidemiological aspects of the disease, and straight to the social and economic dimensions. Approaching the pandemic from these researchers' perspectives helps incorporate economic wellbeing when analyzing the impact that the HIV/AIDS epidemic has in specific countries.

According to Barnett (2002: 220), it is imperative that HIV/AIDS be seen as a developmental crisis, because it affects the three main determinants of economic growth, namely physical, social, and human capital. The four reasons why HIV/AIDS results in such a crisis are discussed below: first, the speed and scale of the epidemic has been much worse than was projected, second, HIV/AIDS can now be seen to reduce the stock of human and physical capital, third, AIDS destroys social capital and has severe adverse effects on institutions, and lastly, feedback effects amplify the impact of HIV/AIDS on economic growth.

UNAIDS (2006), reinforces this view, and states that AIDS affects economic growth by first having an effect on separate sections of a country's economy. The effect of the AIDS epidemic on household levels can be very severe. Many families are losing

their income earners. Adults living with HIV, who would otherwise be generating income, supporting families, and contributing to local and national economies, find themselves losing wages, jobs, savings, and eventually their lives.

Because the disease most frequently strikes adults in the prime of their working years, HIV/AIDS poses a threat to the economic growth and development of millions of people employed in the informal sector. Both the production and consumption levels of companies are affected, and this has implications for foreign investors' willingness to make long-term investments in sub-Saharan Africa (Fourie & Schonteich 2001). Indeed, the extent of the AIDS epidemic is one of the factors that investors take into account when deciding whether or not to invest in a given country, and this works against some of the hardest-hit countries.

For instance, in some hard-hit countries, economic growth is said to have fallen from 5% a year to 1%. This is dragged down by death and worker productivity. As workers die, the tax base decreases, and AIDS soaks up an increasing amount of funds, which also has an impact on the capacity of countries in sustaining their social and public services (USA today 2002).

Agriculture and rural development are some of the areas hardest hit by the HIV/AIDS pandemic. It is by now widely acknowledged that agriculture is essential to most developing countries to feed the majority of their citizens, but also provides much of their export earnings. Yet it is reported that the agricultural workforces in 12 high-prevalence African countries, according to (UNAIDS 2006), were between 3% and 10% smaller than they would have been in the absence of AIDS. It is estimated that by 2020, the loss could be over 20% in Botswana, Mozambique, Namibia and Zimbabwe.

## **2.6. Conclusion**

This chapter first set out to define the concept of democracy. It was noted that the concept of democracy meant different things to different people, for the purpose of this study, it is defined as a political system marked not only by free and fair elections, but also by the rule of law, a separation of powers and the protection of basic liberties of speech, religion, assembly, and property (Diamond *et al.* 1987).

As the transition to democracy was attained in most African countries, there was a need to consolidate its democracies. As discussed in the above chapter, democratic consolidation is not an easy term to define, neither an easy state to achieve; there are countless obstacles to be achieved before one can say that democracy has been consolidated in Africa and elsewhere.

AIDS is one such obstacle, among many others. As discussed earlier, the pandemic is taking away huge numbers of people, primarily people in the most productive phase of their lives (Whiteside 2002: 315). The economic impact of AIDS is noticed in slower economic growth, a distortion in spending, increased inflows of international assistance, and changing demographic structure of the population. Accordingly, the virus does not discriminate: it infects government ministers, bank officials, police officers, doctors and miners, affecting the fabric of what make up democracy (Barnett 2002: 220).

Indeed, AIDS also has a significant impact on civil society organizations. It is believed that the pandemic may turn citizens into authoritarians, because mounting death and sickness may drive them, in desperation, to try any set of political entrepreneurs who try to promise a solution, whether they use democratic means or not. It is also believed that the electoral system may be weakened, because the majority of those infected are either too sick to reach the voting polls or too disillusioned with the system to even try (Manning 2006). Indeed all this is thought to have an effect on the process of democratic consolidation in Africa.

Hence, AIDS is probably the greatest constraint to human and economic development in Africa, a continent that desperately needs to provide its people with the promise of a better life, for example, higher living standards, access to basic services, and greater opportunities to live a self-fulfilling life.

Building upon this introductory chapter, this dissertation will analyze the relationship between democratic consolidation and HIV/AIDS. But before that is done, the next chapter explores the history of political transition in Mozambique as well as the nature, scope and impact of the HIV pandemic in Mozambique.

## CHAPTER THREE: OVERVIEW OF MOZAMBIQUE'S HISTORY AND PANDEMIC

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### 3. Introduction

Mozambique is a country of approximately 19, 4 million inhabitants, spread across approximately 800 000 square kilometres. It is located on the south-east coast of Africa. It has a coastline of over 2,500 kilometres, and is bordered by the Indian Ocean to the east and enclosed inland by Zambia, Malawi, and Zimbabwe, and in the south Swaziland and South Africa (Hall & Young 1997: 1).

Although Mozambique is ranked amongst the least developed countries in the world, its economy has been experiencing an extraordinary growth since the signing of the General Peace Agreement (GPA)<sup>4</sup> and the end of Mozambique's civil war in 1992, with annual growth rates of up to 10% (EISA 2005). This is overshadowed, however, by the unequal distribution of wealth, and, more recently, by the HIV/AIDS epidemic ravaging Mozambique. It is one of the nine African countries hit hardest by the HIV/AIDS epidemic, with an estimated 1,3 million adults living with HIV/AIDS at the end of 2003 (Central Intelligence Agency 2008).

This chapter will discuss Mozambique, and will include a brief discussion of its colonial past, struggle for independence, democratization, and, finally, the country's HIV/AIDS epidemic will be analysed.

### 3.1. Mozambique: Historical background

#### 3.1.1 The Portuguese colonial order

The Portuguese arrived in Mozambique in the 15<sup>th</sup> century establishing a colonial state which lasted until the mid-1970s. Arab trade settlements had existed along the coast and outlying islands for several centuries, and when Vasco da Gama, exploring for Portugal, reached the coast of Mozambique in 1498, political control was in the

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<sup>4</sup> The General Peace Agreement in Mozambique, known also as the Rome Peace Accords, is the peace agreement signed in Rome in 1992 that put an end to the country's 30 years of conflict between RENAMO and FRELIMO. These accords marked a watershed in the history of Mozambique. It laid the foundation for the successful introduction of multi-party democracy and market-led economic growth (Siv 2002).

hands of a string of local sultans (Hoile 1994: 12). Until the late nineteenth century there were still very few Portuguese settlers, but from 1890 a process of Portuguese military occupation began. Mozambique was governed as a province of Portugal. Still, like in most colonized countries in the African continent, when the Portuguese settlers reached northern Mozambique, their aim was not to create a unified state, rather, it was merely to capture the lucrative gold trade from the Swahili-Arab merchants (Waterhouse 1996: 5).

Conniving with local chiefs and Swahili merchants, the Portuguese most likely sold an estimated one million Mozambicans into slavery before the trade finally died out at the turn of the nineteenth century. Additionally, they introduced policies that were designed to benefit white settlers and the Portuguese homeland; this meant that little attention was paid to Mozambique's national integration, its economic infrastructure, or the skills of its population. Education opportunities for black Mozambicans were limited, and 93% of the population was illiterate (Vines 1991: 121). Thus, Mozambique became a crucial market for exports from Portugal, known then as the "poor man of Europe" (Waterhouse 1996: 7). In more ways than one, their one-way process of extracting resources had already laid the foundations for long-term under-development.

While many European nations were granting independence to their colonies at the end of World War II, Portugal's dictator Antonio de Oliveira Salazar would not let go of his colonies, and clung to the concept that Mozambique and other Portuguese possessions were overseas provinces of the mother country. Appalled by this stance, during the period around 1960 three nationalist organizations tried to achieve independence for Mozambique by peaceful means (Abrahamsson & Nilsson 1995: 23). The three organizations, Mozambican Makonde Union (MANU), the African Union of Independent Mozambique (UNAMI) and Democratic National Union of Mozambique (UDENAMO), were made up of mostly migrant workers residing in neighbouring countries (Waterhouse 1996: 8). Mozambican resistance began to surface, as people eventually began concluding that decades of exploitation, oppression and neglect by Portugal's colonial expansion was the cause of their misery (Young 1991). The drive for Mozambican independence developed apace, and in 1962, Mozambican nationalist groups formed the Mozambican Liberation Front

(FRELIMO) which initiated an armed campaign against Portuguese colonial rule in September 1964 (Tollenaere 2006).

FRELIMO launched a war of independence, defined by class and not race, which would last for 10 years. During this time, FRELIMO led the Portuguese out and re-organised African villagers in what it named the “liberalized zones”. This was followed by a re-emergence of schools, literacy classes, shops, and health clinics in the rural areas under its control (Waterhouse 1996: 9).

As was planned by the guerrilla movement, military success began to spread from northern to central Mozambique. But the turning point in the struggle for independence was an army coup in Portugal that ousted Marcelo Caetano, from power and in Mozambique, the military decision to withdraw occurred within the context of armed anti-colonial struggle, initially led by Eduardo Mondlane (EISA 2005). The combination of the two ultimately brought sudden victory for Mozambique’s freedom fighters in 1974.

Mozambique’s independence and the civil war that was to follow will be discussed in the subsequent section.

### **3.1.2 From independence to civil war**

As already mentioned, FRELIMO took control of the capital via a coup in 1974. Within a year, almost all Portuguese colonists and Asian traders had left—some expelled by the new government, some fleeing in fear, Mozambique gained independence on June 25, 1975 (Waterhouse 1996: 10). FRELIMO inherited a fragmented nation, governed by colonial laws and weak administrative machinery. The fleeing Portuguese took with them whatever goods and capital they could, plus all their technical and managerial skills.

FRELIMO, according to Ostheimer (1999: 2), responded to their lack of resources by moving into alignment with the Soviet Union and its allies. In line with its own Marxist-Leninist ideology, the new government offered support and refuge to nationalist movements from other countries from the Southern African region, including then Rhodesia and South Africa (EISA 2005). In turn the Rhodesian

Intelligence Service responded to the support given to Zimbabwe African National Union Patriotic Front (ZANU-PF) by sponsoring the formation and operation of the Resistencia Nacional Moçambicana (RENAMO), made up of defectors from FRELIMO and those discontented with the new government (Waterhouse 1996: 9). RENAMO began by attacking FRELIMO and ZANU-PF bases inside Mozambique. In practice this meant, attacks on transport routes, schools, health clinics, and shops, and setting villages alight with one main aim: destroy or undermine whatever could be perceived as a government effort to provide products and services to the population (Tollenaere 2006). However, there is another side to this grim picture painted of RENAMO, that is, it tried to gain legitimacy by reinstating traditional and religious authorities in the areas under its control, an approach different to that of FRELIMO, which, due to its radical reforms, caused much local resentment.

This conflict essentially fought between the then Marxist-Leninist FRELIMO administration, unashamedly embarking upon transforming Mozambique into a totalitarian society subsequent to Portuguese decolonisation, and the anti-Marxist Resistencia Nacional Moçambicana, otherwise known as RENAMO, had its inception in 1977 (Hoile 1991: 1). The conflict was one of the longest running wars in Africa, which devastated the country both socially and economically. In consequence, for three decades after gaining independence from Portugal in 1975, Mozambique knew no peace (Nasong'o 2005: 177). Civil war reached its height in 1986/7. It became apparent that no military victory was possible in this conflict fought by ill-equipped and often bootless soldiers. In 1990, with apartheid crumbling in South Africa, and support for Renamo dying up in South Africa as well as the United States and Rhodesia, the first direct talks between the Frelimo government and Renamo were held. In 1992, the parties to the civil war signed the General Peace Accords (GPA), to end the civil war and commence the process of instituting democratic multiparty politics in the country (Nasong'o 2005: 159).

### **3.1.3. Impact of the ten year civil war**

There is no denying that the 10 year civil war has had disastrous impacts on the fabric of human and economic life in Mozambique. Indeed, it is fair to say that the economic, social and human costs of war are enormous, and the signing of the peace agreement in 1992 was the first step in restoring quality of life. It is estimated that

close to 1 million civilian lives were lost through war, hunger and disease (New York Times 1990). Nearly 2 million refugees fled to neighbouring countries, and several millions more were internally displaced (Waterhouse 1996: 14). Indeed, the 10 year civil war's destruction of Mozambique's infrastructure was wholesale, especially the transport infrastructure, power supply, facilities for public administration, and public services, such as for education and health. This problem persists until today, where we find children learning under trees, and public hospital beds carrying a maximum of three patients at a time. In addition to the above, the civil war also left behind large portions of arable land infested with landmines. According to Waterhouse (1996: 20) post-war surveys showed that the vast majority of mine accidents occurred off the main roads on bush paths, at water sites, under trees, and in the fields where returnees were trying to plant again.

At the aftermath of the civil war, the government inherited an illiteracy rate of 98% of the population (Waterhouse 1996: 10). Although this was partly a legacy of the Portuguese colonial system, the destruction of schools by RENAMO rebels also played a part in bringing about these high illiteracy numbers (Werner 1996). Although the illiteracy rate is now at a promising 48%, the legacy brought on by the civil war, not enough schools, still persists today.

The above are some of the impacts brought about during and at the end of the 10 year civil war in Mozambique. What follows is a discussion of the efforts taken by the government of Mozambique after the end of the civil war towards a more democratic society.

#### **3.1.4 Transforming peace into democracy**

It is imperative to mention that once peace is achieved, most countries lean towards establishing a democracy, yet this is not an easy process. What follows is a very brief description of the process that Mozambique followed in establishing its democracy in the years after the peace agreement was signed.

Mozambique emerged from civil war proclaiming its will to weave a newly democratic nation from the shreds of its new social fabric. This was a much needed move, given that, when independence was achieved in 1975, the leaders of

FRELIMO's military campaign rapidly established a one-party state and outlawed rival political activity (Bureau of African Affairs 2007). At independence from the country's colonisers, FRELIMO sought after the control of not only political and economic life, but also civil society. According to Waterhouse (1996: 61), FRELIMO banned all opposition groups, and created "organizations of the masses" intended to represent the interests of various social groups.

Three years after the Peace Agreement was signed by the rival parties, a UN Peacekeeping Force (ONUMOZ) oversaw a two-year transition to democracy (Hoile 1994: 1). In 1990, FRELIMO introduced a new liberal constitution, declaring Mozambique to be a democratic state, permitting a market economy, and enshrining the rights to free expression and political choice (Waterhouse 1996: 23). The presence of a new constitution means that it is possible to form political parties in Mozambique, and that these parties may participate in elections (Abrahamson & Nilsson 1995: 167). Consequently, the peace accord led to the disarmament of RENAMO, to the integration of some of its fighters into the Mozambican army, and to its transformation into a regular political party. It is now the main opposition party in Mozambique. That said, Mozambique is currently a multi-party democracy under the 1990 constitution (Bureau of African Affairs 2007).

Accordingly, Mozambique held elections in 1994, which were accepted by most parties as free and fair, even though these statements were contested by nationals and observers alike. Mozambicans participated massively, there were no notable incidents, the process was technically satisfactory, and the losing party, RENAMO, accepted the results (Tolleanare 2006). The parliamentary and presidential elections in October 1994 were the peak and formal end of the peace process in Mozambique, and a further step in the democratic transition of Mozambique (Ostheimer 1999: 5).

Yet, according to many, a crucial test for the prospects for democratization in Mozambique was witnessed in the local elections held in June 1998. A characteristic of these elections, according to Ostheimer (1999: 5), was their organizational chaos. This revealed an alarming weakness in Mozambique's democracy—an almost non-existent competition, an exceedingly low level of participation, and the disillusionment of the population with the existing political system.

More recent developments, such as the HIV/AIDS epidemic that is ravaging the country, need to be analysed to determine their impact on the country's process of democratization. This dissertation will strive to analyse the impact, if any, that the pandemic has on certain aspects of democracy and on democratic consolidation.

### **3.2. Nature, scope and impact of the HIV/AIDS pandemic in Mozambique**

It is by now largely accepted that most African countries are facing what has been dubbed one of the worst pandemics that the continent has ever witnessed, HIV/AIDS. Sub-Saharan Africa is said to be the worst-affected region. While Mozambique's wartime isolation and paralysis of normal migration may have maintained levels of HIV infections to a minimum, recent statistics say otherwise. According to Amaral (2004), Mozambique is one of nine African countries hit hardest by the HIV/AIDS epidemic, with an estimated 1, 3 million adults and children living with HIV/AIDS. These and other issues relating to HIV/AIDS in Mozambique will be discussed in this section.

#### **3.2.1 Epidemiological Situation**

The first case of HIV/AIDS in Mozambique was diagnosed in 1986. The last epidemical research held in Mozambique in 2004, at 26 checkpoints around the country, showed a seroprevalence<sup>5</sup> rate of 16,2% of HIV infection amongst Mozambicans, of 15-49 years of age, with various regional oscillations (Assembleia da Republica 2005). This has not always been the case. During its long civil war, Mozambique's social and economic isolation protected it, at least to some extent, from the HIV epidemic raging in neighbouring countries, mainly because the war hampered population movement (Keough & Marshall 2006), but at the end of the civil war in 1992, vulnerability to HIV/AIDS increased dramatically, due to the return of refugees from countries with high HIV rates such as Malawi and Zimbabwe. Prevalence reported on previous national surveys show a growing trend from the 11 percent in 2000 to 12.7 percent in 2001, 13.6 percent in 2002, and 16.2 in 2004 (allAfrica.com 2007). If one has to speculate based on this trend, then we can expect prevalence rates as high as 20 per cent in Mozambique in the near future. UNAIDS

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<sup>5</sup> The number of persons in a population who test positive for a specific discourse based on the blood serum.

(2004), accordingly states that 1,3 million adults and children are living with HIV/AIDS in Mozambique. However, there is a great possibility that these numbers will have increased in the past years, thus painting a grim picture to the already chaotic situation.

Some 100, 000 Mozambicans are estimated to have already died of AIDS since its first detection in the country in 1986. Of particular importance is the alarming difference between infection rates of women and men. According to Beckmann & Rai (2005: 3), girls and young women are particularly vulnerable, in the age group of 15-19 years and 20-24 years, their prevalence rate is three times higher than that of boys and young men. In 2004, HIV/AIDS prevalence was 2,6% among 15-19 year old boys and 6,9% among 20-24 year old men compared to 8,1% and 20,9% among girls and women of those age groups.

There are many reasons as to why there is such a huge gap in seroprevalence rates between men and women of the same age groups. Some explanations offered are as follows: 60% of girls are married by the age of 18 (and thus sexually active), often to a much older, sexually experienced man, who may expose them to HIV and other sexually transmitted infections. Due to the imbalance of social, sexual, and physical power, these women often have no chance to insist on safe sex (UNICEF 2004). These early marriages are often due to traditional beliefs as well as to rising poverty. Mozambique is rated among the poorest and most underdeveloped countries of the world, and still a predominantly rural phenomenon (Werner 1996). Despite recent relatively high growth rates over the last few years, the country is often critiqued, because often growth does not benefit all socio-economic groups equally. Consequently these result in early marriages and prostitution in the poorest communities.

It is important to mention that there are also regional variations to the HIV/AIDS pandemic in Mozambique. The majority of the infected are from the central provinces, but new cases are now occurring most rapidly along the major transportation and commercial routes in the southern and central regions (Mozambique 2007). The table shown below shows this variation:

Table 1: HIV/AIDS prevalence rates in 2005.

Province	Prevalence Rate	Region	Prevalence Rate
Maputo City	20.7%	<b>South</b>	18.1%
Maputo Province	20.7%		
Gaza	19.9%		
Inhambane	11.7%		
Sofala	26.5%	<b>Centre</b>	20.4%
Manica	19.7%		
Tete	16.6%		
Zambezia	18.4%		
Niassa	11.1%	<b>North</b>	9.3%
Nampula	9.2%		
Cabo Delgado	8.6%		
National			16.2%

Source: Assembleia da Republica 2005.

It is estimated that about one in four Mozambicans live in the Southern region. According to Collins (2006), rising prevalence levels in the region, situated about 18.1%, in part reflect increased commercial and migrant mineworker travel since the 1992 peace agreement, from neighbouring countries where rates of HIV/AIDS are high, such as Malawi, Zambia and South Africa.

The central region—home to 42% of all Mozambicans, but also home to 52.2% of those living with AIDS—had the highest 2004 regional rates for adults 15-49 years of age, at 20.4%, up from 16.7% in 2002 (Kaunda & Mokumbi 2005: 3-5). It is relatively well known among researchers and scientists alike that infection rates are exceptionally high in towns and junctions along the two corridors and in neighbouring rural areas (Raimundo, quoted in Collins 2006). The high prevalence of HIV/AIDS in the Central region of Mozambique is attributed to a variety of factors, namely, the

return of refugees from neighbouring countries with high HIV prevalence at the end of the civil war, the transport corridor encourages high mobility, which is yet another factor in the spread of the epidemic (Economic Commission for Africa 2005).

Lastly, the pandemic reached the Northern region last, as reflected in the relatively lower and more slowly growing prevalence rates in three Northern provinces. The lowest prevalence of rates in the Northern region is attributed to a variety of factors, namely, reduced accessibility, continued low urbanization, and low interaction with neighbouring countries, in comparison to other regions of the country (Delgado 2004). Accordingly, Niassa, bordering Malawi, which hosted 65% of the refugees who fled Mozambique during the war, had the highest 2004 provincial prevalence rates at 11.1% unchanged from 2002, followed by Nampula at 9.2%, and Cabo Delgado with 8.6%.

These regional differences, more than anything else, serve to draw our attention to factors responsible for these high prevalence rates and factors that might spread the disease even further. These factors, here referred to as *fuelling factors*, will be discussed in the following subsection.

### **3.2.2 The drivers of the epidemic in Mozambique**

As has already been mentioned in the previous section, Mozambique is facing a severe, generalized HIV/AIDS epidemic but the impact is not uniformly distributed. In Mozambique, as in the rest of the continent, the increased HIV infections should therefore be viewed as resulting from a series of factors rather than one single factor. Amongst these are socio-cultural factors as well as issues of morality, sexuality, and poverty.

Research on the connection between socio-cultural factors and HIV/AIDS transmission in Mozambique has revealed that, previously, researchers had undertaken studies and research to try and determine a connection between the question of culture and sexual and reproductive health in the country, and reached a conclusion that the two were somehow interconnected (Graça 2002). Despite this recognition however, no detailed studies were carried out during this period. What

follows is an attempt to fill in the gaps left by some of the authors in terms of this relationship.

Firstly, as in other African countries, the most common mode of HIV transmission in Mozambique is through heterosexual relations, as well as mother-to-child transmission accounting for 25% of all diagnosed cases—apparently, higher than anywhere in Southern Africa (Beckmann & Rai 2005). A number of studies carried out show that multiple sex partner arrangements are common in Mozambique, especially among young women in cities. It goes without saying that multiple sex partners increases the risks of exposure to HIV infections. This is especially dangerous if one considers the fact that the most affected members of the population are within the comprehensive ages of 14 and 49.

In the case of heterosexual transmission, it is relevant to mention that it is difficult to change attitudes of people and although high illiteracy rates have been used as explanations, one needs to acknowledge that amongst the infected, we find teachers and sometimes even ministers. This subsequently downplays the heavy burden placed solely on lack of education (Machel 2001: 82). According to Ministério da Agricultura e Desenvolvimento - Rural Direcção de Recursos Humanos (2005: 20), the component of the population of Mozambique that is well educated are no less susceptible to acquiring HIV/AIDS than the general population, because their social status and economic power allows them to engage in certain risky behaviour such as engaging with prostitutes. However, this does not mean that we can completely discard the possibility that risky sexual behaviour among young women and their partners stems from lack of knowledge about the transmission of HIV, especially when considering that in Mozambique, the literate only make up 48% of the total population (Save the Children 2006).

Secondly, the poorest people in the world are the most likely to contract this life-threatening disease. They are also the least likely to receive treatment for it (Thain 2005). According to Thain (2005), the spread of the disease is linked to the way the capitalist economy operates, to poverty and inequality, and to reactionary attitudes towards women. Although Mozambique is often cited as a development success story, most of its growth is confined to Maputo, the capital city (Epstein 2002: 1). Indeed, in

poor settings where people are struggling to survive, women and children use sex in order to obtain money, food, shelter and security (ILO/AIDS 2004). According to Ya-Qub Sibindi (2006), absolute poverty is to blame for further infection in Mozambique. In his words, anti-retrovirals only work if followed by a good-eating diet, yet a large number of the population does not have a good-eating diet, as they lack the necessary finances. In the last decade, Mozambique has witnessed a notable economic recovery. Per capita GDP in 2006 was estimated at \$320 and its GDP was \$6.4 billion, yet a downfall to these growth rates is the fact that the country remains dependent upon foreign assistance for much of its annual budget and the majority of the population remains below the poverty line (Werner 1996). The majority of Mozambicans do not hold well-paying jobs. Agriculture is the most important sector of the economy, employing approximately 85% of the labour force and mostly supplying cashew nuts (Young 1991). The agricultural sector is also a major contributor to GDP, at 22% (2005), and it continues to improve its performance, due to foreign investments in sugar and tobacco (Day 2007). Consequently, it is fair to presume that the coping strategies employed by the majority of the population to combat poverty may have implications for the continued spread of HIV.

Thirdly, the widespread acceptance of the idea that men are dominant to women is one of the key factors in the spread of HIV/AIDS. In patriarchal societies predominantly in the South and Central regions of Mozambique, ironically the regions with higher incidence of HIV/AIDS prevalence, women and girls are disadvantaged when it comes to rights and freedom of speech over their male counterparts (Save the Children 2007). The power relations that exist between men and women often mean that women are less educated, immobile, and dependent (Rai 2005). More often than not, this means that, due to the imbalance of social, sexual, and physical power, women have no chance to insist on safe sex, and they are dependent on men for survival. Hence, women are most of the times, powerless to ask for safer sex, use of condoms, in most instances.

Fourthly, migration and mobility also play a role in fuelling the epidemic in Mozambique. The movement of people between urban and rural areas and between countries, together with long distance trucking routes, contribute to the spread of the various sexually transmitted infections including HIV. During the past century, the

rural provinces of Mozambique, Botswana, South Africa and Lesotho have sent millions of mine workers to the Witwatersrand. This migrant labour system has been blamed for many of the region's ills, especially HIV/AIDS. The long absence from home, the tedious and dangerous work, the gangs of prostitutes around the mines, are all believed to contribute to miners' high risks of HIV infection (Epstein 2002: 5). Most upsetting is the connection between miners and poverty. It is by now a reality that AIDS is a disease of inequality, and the rural areas see miners migrate to the Witwatersrand due to a lack of local opportunities as well as to help subsidise the meagre income from subsistence farming. These rural areas are highly infected with HIV, not simply because the miners are migrants, but because the miners bring money home with them and often meet the staggering poverty of rural women trying to make ends meet in the "informal" economy (Epstein 2002: 8). This problem is compounded by transport corridors and the truck drivers that often use the services of prostitutes due to the nature of their jobs.

Fifth, is the high case of alcohol abuse in Mozambique, mainly by young adults. Throughout Mozambique, there is a high proliferation of mobile pubs (barracas) in almost every street corner, open until very late. These are usually frequented by the high risk groups, for example, drivers, school-goers (especially the ones that attend at night) and anyone with disposable income. Consequently, the abuse of alcohol, and the fact that they already form part of the high risk group, makes them more prone to contracting the HIV virus (Ministério da Agricultura e Desenvolvimento Rural Direcção de Recursos Humanos 2005: 3).

Lastly, the limited use of condoms by the population, for various reasons, including cultural reasons, religious reasons, and the lack of proper information regarding their use and benefits, allows for further propagation of new HIV infections. Currently estimated at 500 new infections a day (Ministério da Agricultura e Desenvolvimento Rural Departamento de Recursos Humanos 2005: 4).

It is evident, therefore, that governments should firstly aim to improve the social conditions that make people vulnerable to HIV infection, including but not limited to, increased investment in education, poverty alleviation, unemployment creation, and removing unfair discrimination against women.

Lastly, Mozambique's cultural practices should be included in this discussion. The concept refers to the beliefs, customs, and practices adopted by a particular group of people (Williams & Engelbrecht 2003: 24). Authors often agree to disagree on the exact culture that often pose a great risk of HIV infection amongst the population that practice them, below is a discussion of a number of these practices:

**Initiation Rites:** these serve to educate boys and girls on certain behavioural codes necessary for adult life in a particular community. Although traditional teachings encourage girls to have sex only after marriage, boys are encouraged to have sex upon returning to the village in order to practice. The implication of this practice for the transmission of HIV is that it puts the boys at risk, as adult women may be infected by the HI virus and in turn the boys may pass it to their young wives after marriage.

**Polygamous marriage:** many ethnic groups and/or traditional communities practice polygamy in Mozambique. Although no longer practiced in the capital city, there is evidence that the practice of polygamous relationships amongst Mozambique's rural communities coupled with poverty and low education levels of many women (who seek affluent men) encourage multiple sex partners' arrangements, hence having the potential of exposing a large number of people to the HI virus.

**Death Rites:** although not practiced in the urban areas of Mozambique, these practices are still common among a number of traditional communities in Manica and Tete. The most common death rites are those of ritual sex and widow inheritance. *Ritual sex* is a practice whereby a man or a woman upon the death of the spouse has to have sexual intercourse with a member of the family, in order to be cleansed. *Widow inheritance* on the other hand is a practice whereby a widow is inherited, usually by the brother of the deceased husband. The relationship between this practice and the high levels of HIV prevalence is that since the cause of death is often unknown or simply accepted as an act of God, this practice exposes those involved to HIV/AIDS should the deceased have been infected (Epstein 2002: 1-6 & IOL/AIDS 2004).

These are some identified factors that help to fuel the HIV/AIDS pandemic in Mozambique. Despite concerted national action to alleviate the further propagation of the disease, the number of those infected continues to rise. The next section will

briefly look at some initiatives adopted by the government towards combating the pandemic.

### **3.2.3 HIV/AIDS and high illiteracy rates in Mozambique**

As previously mentioned, most African countries are facing what has been dubbed one of the worst pandemics that the continent has ever witnessed, HIV/AIDS. Sub-Saharan Africa is said to be the worst affected region, with HIV infections spreading quickest amongst the youth. According to Viola (2006), it is also this group that should normally receive or have received a primary school education, which provides the protective effects of increased knowledge and life skills-needed in the prevention of new infections. Yet, most countries affected by HIV/AIDS have high illiteracy rates. Mozambique is a case in point. Mozambique has rates higher than the average for the sub-Saharan region. According to Mario & Nandja (2005), the average rate of illiteracy among adults nationwide is about 53.6%; it is higher in rural areas (65.7%) than in urban districts (30.3%), and it is more marked among women (68%) than men (37.7%). Even though the illiteracy rate is now at a promising 48%, it is imperative to acknowledge the possibility that risky sexual behaviour among young women and their partners stems from lack of knowledge/understanding about HIV/AIDS (Save the Children 2006).

As in other severely affected countries, HIV/AIDS in Mozambique presents difficult issues. Amongst them all, the low literacy<sup>6</sup> rate presents a special challenge for designing and implementing effective HIV/AIDS education and behaviour change campaigns. Various researchers approach this relationship between HIV/AIDS and illiteracy from various angles. What follows below is a brief discussion of these relationships as well as advantages and disadvantages of a high illiteracy rate.

Populations with high illiteracy rates, like Mozambique, face various difficulties in terms of digesting most of the HIV/AIDS prevention programs aimed at changing

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<sup>6</sup> Literacy is defined as learning, writing and numeracy in a way that allows these skills to be used effectively in learning to learn and in meeting basic needs. (Mario & Nandja 2005).

behavioural norms. Issues like abstinence, delay of sexual relations, mutual fidelity, and correct and consistent condom use, are not easily understood by the majority of the population, in this case the illiterates (Day 2007). Surveys have shown that fewer girls than boys aged 15-19 have basic knowledge about how to protect themselves from HIV/AIDS, and many misconceptions are common in areas with limited access to information. Misconceptions that are common among the illiterates and some older people in general range from believing that one can get infected by the HIV virus through donating blood, beliefs that condoms come with the HIV virus, believing that like malaria, its easy to detect the symptoms in an HIV infected person ((Ministério da Agricultura e Densvolvimento Rural, Departamento de Recursos Humanos 2005: 24).

Indeed, it is important to highlight the fact that young people are especially at risk, particularly women who in many countries have limited access to information and public health services (United Nations 2004). They are also less likely to be educated than men of the same age, and because of their unequal status, women and girls have unequal access to prevention, treatment and care programs.

Lastly, some authors even go as far as saying that education is the only social vaccine for HIV/AIDS (UN Chronicle 2006: 9). According to Kelly (2000), education has a critical role to play in mitigating the effects of HIV/AIDS, providing “knowledge that will inform self-protection; fostering the development of a personally held constructive value system that might in turn enhance the capacity to help others to protect themselves.” Hence, without education, young people are less likely to understand the information regarding HIV/AIDS, and less confident in accessing services and openly discussing the HIV epidemic. In short, education has varied effects on the capacity to understand information relating to HIV/AIDS, as well as on different types of sexual behaviour. Below are three examples of how education can affect sexual behaviour:

1. **Condom use**- for condom use, the evidence presented is quite conclusive: increasing the educational status of women and men leads to a significant increase in condom use.
2. **Multiple sexual partners**- the evidence of the effects of education on multiple sexual partners is mixed. The 1998 Kenya demographic and health

survey (KDHS) showed that men and women with some primary school education were more likely than those with no formal education to have had more than one sexual partner within the past 12 months.

3. **Age of first sexual experience-** according to Peter Piot, quoted in Viola (2006), in countries where there is a high prevalence of HIV/AIDS, a young person's first sexual experience can be very risky...if you can persuade youngsters to delay their first sexual encounter for a couple of years, you can have a big impact. Hence the importance of education.

These are some known contributions of education to the fight against HIV/AIDS. However, in a country such as Mozambique, where education facilities have been destroyed by the civil war and where there is a scarcity of skilled teachers, and increase in school enrolment, it is important that before proposing educational solutions to the AIDS crisis, there needs to be concerted efforts at correcting the deficiencies affecting teacher recruitment, training, and retention amongst others (UN Chronicle 2006).

### **3.2.4 Responses to the HIV/AIDS Pandemic**

What appears to be uniform in the several countries ravaged by the HIV/AIDS epidemic is the political will that emerges from various sources within these countries. Mozambique is no different. The epidemic, as it is well known, has now advanced considerably in Mozambique, consequently the government has taken a considerable stance, matched by significant international efforts to combat the epidemic. Some of these efforts will briefly be discussed here.

The response to the epidemic has been in accordance with international norms and indeed in many cases has gone beyond them. As early as 1999, through the national programme to combat AIDS set up by the Ministry of Health, the national response to the HIV/AIDS epidemic had its inception. It initially focused on the health-related aspects of the epidemic gradually moving up to other areas. In conjunction with the government response, we also find the work of non-governmental organizations (NGOs), faith-based organizations, and community-based organizations.

One of the many steps that the government of Mozambique has taken was first to identify inequality and poverty as one of the many drivers of the disease. The Government's Plan of Action for the Reduction of Absolute Poverty (PARPA) 2001-2005 therefore is a vehicle for just that. It set a target for the reduction of absolute poverty in Mozambique by 30% within the first decade of the new millennium (Economic Commission for Africa 2004). The initiative also includes a commitment to respond to the epidemic through education and through health-related activities. The government has also endorsed the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session in June 2001 (UNAIDS 2003), and the UN Millennium Development Goal of stopping and reversing the spread of HIV/AIDS by 2015.

Secondly, as part of governmental action, the National Aids Council was created in 2000 by a Ministerial Decree, to coordinate a ministerial approach to preventing and controlling the epidemic, spearheading non-medical government efforts, developing budgets, and monitoring mechanisms (UNAIDS 2004). The NACP promotes the use and provision of condoms, voluntary HIV/AIDS counselling and testing services, as well as treatment for sexually transmitted infections (STIs).

In its efforts towards bringing down the number of new infections, the government has also adopted an approach whereby they identify what they refer to as vulnerable populations, and direct most of their attention to them. These include, but are not limited to, youth in and out of school, long-distance truck drivers, women with low levels of education, migrant workers and their wives, sex workers and their clients, police, military, people with sexually transmitted diseases (STDs), and street children and orphans (Economic Commission for Africa 2005).

In spite of the many praises that Mozambique has received due to its efforts in the fight against AIDS, we need to highlight its many weaknesses and challenges. Firstly, there have been many complaints that the limited time span of the projects for the prevention and mitigation of the impact of HIV/AIDS, coupled with the lack of sustainability and professionalism are the main factors behind the failure of most of the projects to check the spread of the disease in Mozambique (Allafrica 2007).

Secondly, it is reported that the majority of these have not so far incorporated large-scale treatment programmes for people living with HIV/AIDS. This is nonsensical if we consider the number of people waiting to be put under treatment. Lastly, as international funding for Aids increases, the key challenge is to ensure that the money is spent effectively. Indeed one of the many problems between donor countries and recipients is that money allocated for the benefit of AIDS, is spent on other allocations instead of those most vulnerable to HIV and those living with and affected by AIDS (Unaids 2005).

### **3.3. Conclusion**

Given that the dissertation seeks to identify the impact that the HIV/AIDS epidemic may have in Mozambique, and its process of democratic consolidation, this chapter set out to look briefly at the country's historical background as well as its transition to democracy. Like most African countries, Mozambique was initially a colony. Their colonisers, the Portuguese, introduced policies designed to benefit white settlers and the Portuguese homeland; this meant that little attention was paid to Mozambique's national integration, its economic infrastructure, or the skills base of its population. Thus in more ways than one, their one-way process of extracting resources had already laid the foundation for long-term under-development. But then came the struggle for independence through a liberation struggle which began in early 1960s and independence was finally achieved in June 1975. The 10 year long civil war that followed had many disastrous impacts on Mozambique, both economically and socially. Close to 1 million lives were lost through war, hunger and disease. The country's, transport facilities and infrastructure were destroyed, including power supplies and schools and health clinics, some of which have not yet been adequately repaired up to this day. Lastly, , the country has been ranked as being one of the poorest and less developed countries in Africa, a consequence not only of colonial policies, but also of the civil war.

After independence and the end of civil war, Mozambique's main goal was to transform into a democracy. A General Peace Agreement was signed in 1992, and the country introduced a new liberal constitution. In 1994 and 1998 respectively, the country had elections which marked a milestone in their democracy. Yet the 1998

elections proved to be a crucial test for democratization in Mozambique. A characteristic of these elections was their organizational chaos, amongst others.

Mozambique has many obstacles in its struggle for democracy and democratic consolidation. But with more recent developments such as the HIV/AIDS epidemic ravaging the country, this chapter aimed to look at the epidemiological situation of the country, which is at a record high of 16.2%. The ways in which the epidemic is fast spreading were also identified, some are very unique to the country's cultural practices. Some of the ways in which the HI viruses are thought to spread include the following: initiation rites, polygamous marriages and relationships, death rites, and the high migration and unemployment rates in the country.

More recently, numerous researchers have been trying to find a correlation between levels of education and HIV/AIDS. Some of their primary findings include but are not limited to the following factors: without education, young people are less likely to understand the information regarding HIV/AIDS education provided, and are less confident in accessing services and openly discussing the HIV epidemic. In short, education has varied effects on the capacity to understand information relating to HIV/AIDS as well as on different types of sexual behaviour. These are among the many sectors that the government of Mozambique needs to look at when planning new initiatives to halt the spread of HIV.

Nevertheless, there have been a number of initiatives instituted by the government of Mozambique as well as some non-government agencies to try and minimise and stop new infections. Solutions to halting the tide of increasing infections must include improving social conditions that make people vulnerable to HIV infections in the first place must be improved, especially poverty, high unemployment rates, and discrimination against women. The government's Plan of Action for the Reduction of Absolute Poverty 2001-2005 (PARPA), is proving to be a vehicle to do just that.

## CHAPTER FOUR: CIVIL SOCIETY AND DEMOCRATIC CONSOLIDATION IN MOZAMBIQUE

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### 4. Introduction

This chapter must begin with a cautionary note that it does not represent a comprehensive account of all that could have been done on the topic of civil society and democratic consolidation in Mozambique, but rather all that the author was able to find on specific organizations, given limited time, information and cooperation. By cooperation, the author means to say that not all organizations that the author approached were keen to give information. Some resorted to saying that the information was for the company's internal use. Others would provide the author with very little information. This could be for a variety of reasons, such as the fact that the subject at hand, HIV and AIDS, is still a very sensitive topic, because of the myth that those who are HIV infected are promiscuous, and for fear of discrimination.

It is important to re-emphasise that in the democratization of most, if not all, African countries, the role of elites was pre-eminent, but would not have been achieved without the active role of civil society <sup>7</sup>(Bunbongkarn 2004). Civil society had an important role to play in generating political pressure for reform, leading to the liberalization of political systems, and eventually bringing down dictatorial regimes. In the early 1990s, civil society pressured African governments to democratize. An example of such pressures put on illegitimate governments were found in Zambia, whereby in 1992 voters ousted the 30 year regime of former nationalist leader Kenneth Kaunda, and, as early as 1993, countries such as Mozambique, South Africa and Uganda had prospects for a free and fair multiparty elections (Harbeson 1994: 1). In the 21<sup>st</sup> century, HIV/AIDS has come to test the role of civil society in the consolidation of democracy.

Authors like Manning (2002), see civil society as an institution of democracy that is capable of slowing down the epidemic and minimizing its impact. Indeed, during the first decade of the epidemic and in many countries well into the second decade,

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<sup>7</sup> Defined as that arena of the polity where self-organizing and relatively autonomous groups, movements, and individuals attempt to articulate values, to create associations and solidarities, and to advance their interests (Linz & Stepan 1996: 17).

national leadership was voiceless, sometimes dismissive of the importance of HIV/AIDS. The lack of national leadership was in many instances filled by community groups and NGO initiatives within the affected countries.

In Mozambique, like many African countries affected by the HIV/AIDS epidemic, non-governmental organizations, including churches and community-based organizations, have been at the forefront of promoting prevention, care and treatment. Some reports state that civil society contributions far exceed what governments had been providing to the population, and they are a vital part of democracy and a driving force behind development (Rau 2006: 285). Some non-governmental institutions currently working in Mozambique to help fight the impact that HIV and AIDS might have in the country are *Save the Children* and *World Vision*. Both work with children orphaned by HIV/AIDS and other causes; *United Nations Food and Agriculture Organization* (FAO), *Christian AID*, which has developed an internal and external policy against discrimination in the “workplace” in 2002, which has been approved by government; and *Health Alliance*, which works in partnership with the government to help mitigate the spread of the epidemic (ILO/AIDS 2004). Although in the past the majority of these organizations had been focusing their work on the prevention of new infections, more recently, in the past two years, the various NGOs, national and international, have diverted their actions towards assisting the affected and infected families with food and medical subsidies (Ministério da Agricultura e Desenvolvimento Rural Direcção Nacional de Recursos Humanos 2005).

This chapter will discuss and analyse various civil society organizations in Mozambique, the role they play in mitigating the impact of HIV/AIDS in advancing the consolidation of democracy in the country, and the impact of the epidemic on civil society’s ability to fulfil these functions. The chapter is structured in three sections. The first gives a brief summary of the links between civil society and democracy, the second is the case study discussing various civil society groups, and the third is the conclusion, in which the findings of the research will be analysed.

#### **4.1. The links between civil society and democratic consolidation**

As mentioned in the previous chapter, the links between civil society and democracy have their roots in early writings, like those of De Tocqueville. But Verba (2002) gave

it a further impetus by identifying the role of civil society in a democracy as vital. Indeed, civil society is widely believed to have the potential to make a positive contribution to democratization in Africa and other parts of the developing world (Robinson & Friedman 2005). There are a variety of reasons for this belief. First is the hope that African civil society will repeat its achievements of the early 1960's when it contributed towards the processes of Africa's decolonization. Second, African civil society organizations have played a critical role in promoting democracy and popular participation at country level, and have also contributed to the regional consensus that good governance and sound economic management are key to improving Africa's long-term development (Janneh 2007). What follows below is a brief discussion of the links between civil society and democracy<sup>8</sup>.

First, civil society organizations are known to play an important role in making the elites and the mass public more committed to democracy by disseminating democratic principles and ideas that would not have been otherwise made available to the population (Bunbongkarn 2004). Organizations that are specifically involved in the protection of civil rights and freedoms as well as advocacy can be particularly influential in this regard. Kasfir (1998: 36-37), adds to this line of thought by stating that the political element of many civil society organizations facilitates better awareness and a more informed citizenry, who make better voting choices, participate in politics, and hold government more accountable as a result.

Second, civil society organizations also play an important role in training future political leaders. According to Bunbongkarn (2002), those who are involved in the activities of such groups learn how to organise and motivate people, publicise programmes, and reconcile conflicts and building alliances. These people are thought to deal efficiently with political challenges, and can mould competent political leaders.

Third, civil society is a pluralist space, where even small groups that cannot easily bring their views to the decision makers through representative channels can make themselves heard. Hence, it enhances the representativeness of democracy, by

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<sup>8</sup> A more thorough discussion of the links between civil society and democracy has already been discussed in chapter two of the dissertation; this section only serves to highlight the main points.

providing additional channels (beyond political parties) for the expression and pursuit of a wide variety of interests, including those of historically marginalized groups, such as women and minorities (Diamond *et al.* 1994: 28). More recently, this has been the case with HIV/AIDS advocates, and affected and infected people.

Fourth, civil society has an educational function: it teaches responsible social and political action and respect for the public interest. Mozambique has an illiteracy rate of 53.6%; higher in rural areas (65.7%) than in urban districts (30.3%) and more marked among women (68%) than men (37.7%) (Central Intelligence Agency 2008). In a case such as Mozambique, civil society groups have been playing an important role in teaching and making information about HIV/AIDS easily understandable to the illiterate population, a function that has its advantages both to the efforts of minimising the spread of the disease and to democracy. According to Casale and Whiteside (2006: 11), human capital acquired through formal education is an asset that, once obtained, cannot be appropriated.

Lastly, at a time when most African countries, especially in sub-Saharan Africa, are experiencing high levels of HIV/AIDS, it is imperative that civil society adjust and develop into a major global, social, and economic force, and for its activities to cover a very wide field such as social services, education, health, human rights, communication, and information, all of which are important in trying to achieve a healthy democracy. More recently, civil societies have been playing salient roles in the areas of prevention, care, and treatment. The Treatment Action Campaign (TAC)<sup>9</sup> in South Africa is a great example of the significant role that civil society/non-governmental organizations can fulfil in a country. William, quoted in Manning (2002), speculates that by building strong civil societies—which both strengthen democratic governance, and are a pre-requisite for it—countries are less likely to experience an HIV epidemic, and are most able to respond and control the epidemic. In other words, civil society organizations can play a powerful role in the fight against HIV/AIDS by giving them access to information, services, and protection of their rights.

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<sup>9</sup> A South African AIDS activist organization which was founded by the HIV positive activist Zackie Achmat in 1998.

Having noted the importance of civil society to the democratic process, there is a concern that the HIV/AIDS virus can have a negative impact on civil society organizations in Mozambique. Several civil society groups in Mozambique play the roles described in the paragraphs above: providing access to information, educating the masses, advocacy, prevention, care, and treatment. What follows is a case study which tries to bring to light the roles played by selected civil society organizations in Mozambique, and how the AIDS pandemic might impact their roles.

#### **4.2. Case Study: Civil Society in Mozambique**

In Mozambique, and in most African countries ravaged by the HIV/AIDS pandemic, the political will to combat the spread of the virus emerged from various sources, but most notably from civil society groups. As early as the 1980s, there were numerous community groups as well as non-governmental organizations working to combat AIDS in the country. Initially, their area of focus was on the health-related aspects of the epidemic. But as the pandemic expanded and evolved, it became increasingly clear that an unprecedented effort extending beyond the health sector would be required to address the growing HIV/AIDS in Mozambique, which jumped from 13.2% in 2002 to 16.4% in 2006 (UNAIDS 2006).

The experiences of five organizations are outlined below as case studies. What follows is a discussion of firstly; background information on the specific organizations, the impact of HIV/AIDS on these organizations and in turn the impact of their work on these specific societies. Lastly, it is important to highlight that these organizations are not a fully representative sample of Mozambican civil society, and should not be considered as a complete representation of the overall performance of the country's civil society groups in relation to HIV/AIDS. The author chose these specific organizations because their work encompasses a wider range of areas related to HIV/AIDS, from public participation, perception and the fight against discrimination of people who have the disease. This is instrumental in analysing the impact that HIV/AIDS will have on the organization and on the organizations' areas of focus.

## **4.2.1. Population Services International (PSI)/Mozambique**

### **4.2.1.1 Organizational Profile**

PSI/Mozambique is a non-governmental organization working in the field of public health. It was established in 1994 to assist the Ministry of Health (MOH) in scaling up its HIV-prevention activities in four provinces (this expanded to national scale by 1999) (PSI Mozambique 2007). Technical and managerial support to the MOH in voluntary counselling and PSI/Mozambique testing (VCT) began in 2002, and the prevention of mother-to-child transmission (PMTCT) services were added in 2004. PSI/Mozambique has several partners. It works with the National AIDS Council (NAC) in technical groups on communications and condoms, co-implements a workplace HIV programme with the Ministry of National Defense (MND), and has a memorandum of understanding with the Ministry of Interior. The majority of staff members, including volunteers, in PSI are between 18 and 55 years of age.

### **4.2.1.2. Areas of work**

PSI implements a broad range of behaviour-change interventions in support of the Ministry of Health (MOH) strategies to reduce HIV incidence. These are discussed below.

#### **4.2.1.2.1 HIV/AIDS prevention**

Behavioural change is one of the mottos that influence PSI as an NGO working to reduce new HIV infections. In support of the National AIDS Council's plan to reduce the number of HIV infections in Mozambique, PSI promotes healthy behaviour and seeks to discourage harmful cultural norms such as cross-generational sex (PSI Mozambique 2007). Mozambique is a country with a diversity of cultural practices which influence and promote new HIV infections<sup>10</sup>. The NGO makes use of mass media, theatre groups, and 120 community-based communications agents trained to deliver messages targeted at specific groups. According to Nhantumbo<sup>11</sup> from PSI, because of the high illiteracy rate in Mozambique (48%), specific methods are employed for disseminating the information, such as the use of the local language,

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<sup>10</sup> As already discussed in chapter 3 under the heading *Drivers of the Epidemic*, some cultural norms and traditions may fuel the spread of new infections. A good example is when a family goes to a traditional healer and the traditional healer uses the same razor blade to cut the whole family, without knowing the HIV status of either the parents or the children.

<sup>11</sup> Person responsible for the HIV/AIDS programme at PSI.

sign language, and pictures. Additionally, they engage in activities that require participation from the locals, a form of grass roots/decentralisation approach. Theatre and community agents reach roughly 500,000 people per year. These are all activities undertaken in some form or the other by civil society groups or volunteers.

Given the wide variety of groups considered to be “high risk”, PSI employs different strategies in each case. This NGO has also worked with partners to devise a network of several hundred peer educators who implement targeted communications programs with the military, police, and commercial sex workers (PSI Mozambique 2007).

According to a member from PSI/Mozambique, despite all the programmes being run to prevent new cases of HIV/AIDS in Mozambique, it is complex to affirm whether there is actual change in behaviour because of the difficulties in monitoring people on a daily basis. Nevertheless, the source affirms that in 1992, 85% of the population did not know how HIV/AIDS was transmitted and prevented, but this number has decreased considerably in 2007.

#### **4.2.1.2.2 Condom Promotion: Só com jeito/ only with condoms**

PSI implements a broad range of behaviour change intervention in support of the Ministry of Health’s strategy to reduce new HIV infections in the country. Interventions have especially placed an emphasis on condom use. PSI launched its *Jet* condom (meaning style or flair in Portuguese) in April, 1995. The condom social marketing project in Mozambique was implemented by the NGO as a component of the National AIDS Control Program (NACP) (PSI/Mozambique 2005). The price for a 4-pack is 1,000 meticais (about \$0, 02 per condom), which is affordable even in Mozambique, where per capita income ranks among the lowest in the world (PSI/Mozambique 2007).

The importance of the work PSI is doing in terms of condom promotion to this chapter is that it highlights one component of democracy that is commonly believed to help slow the epidemic and mitigate its impact nationwide. However, it is speculated that the epidemic might also impact democracy by killing these very

people (civil society) who mobilise, channel, and structure public participation (Mattes 2003).

Another mode for creating awareness is through performances of “So a Vida Oferece Flores” (Only Life Offers Flowers) by a well-known theatre group, Mutumbela Gogo, (PSI/Mozambique 2007). A network of 80 community agents working in 71 priority districts throughout the country are also important in making *Jet/condoms* affordable and easily available to Mozambicans, and getting the AIDS prevention message out. Mass media has proven to be an extremely efficient vehicle for encouraging behaviour changes and promoting communication among peer groups, and women or men engaging in high risk behaviour.

Main findings of a report on condom use and partner reduction, conducted by PSI/Mozambique (2005: 2-4), are as follows:

- Reported condom use by males at last sex with regular non-marital, non-combating partners increased from 29.8% in 2001 to 62.9 in 2004 and with non-regular partners from 43.3 in 2001 to 67.8 in 2004. The increase is statistically significant for males with regular partners and with non-regular partners. Increased exposure to PSI activities is associated with increased condom use in all of the partner categories.
- The percentage of males reporting at least one non-regular partner decreased significantly from 34.6% in 2001 to 24.5% in 2004.
- The percentage of females reporting at least one non-regular partner showed a statistically significant decrease from 13.2% in 2001 to 6.3 in 2004. Increased exposure to PSI activities is associated with increased condom use in all of the partner categories.

Although the findings above suggest that for the most part, the Mozambican population is beginning to change its behaviour relative to condom use, the national prevalence of HIV/AIDS, which for the most part in the past four years continued to be on the rise, 13, 2% in 2002 to 16.4% in 2006, show otherwise (UNAIDS 2005).

#### **4.2.1.2.3 The Impact of HIV/AIDS on the Organization**

The organization has not yet seen a direct impact of HIV/AIDS on its employees. There are two explanations for this. First, according to Nhantumbo from PSI, the policies of the NGO on employee HIV/AIDS status is that they remain anonymous, so it is difficult to know whether HIV/AIDS has an impact on, for example, worker morale and absenteeism, and on the organization in general. Second, the vast majority of people working for PSI/Mozambique are volunteers who do not necessarily form part of the organizational profile, and who impact directly on the organization. One advantage of the company policy is that it respects employee privacy and rights, and keeps stigma in the organization to a minimum. On the other hand, the disadvantage to the organization is that, because they cannot get the necessary information on employee status, they cannot plan for the near future in terms of staff turnover and training.

The organization is impacted indirectly, however, through employee and volunteer stress levels, by working with communities infected and affected by the HIV virus. One example is in the VCT clinics where there are the added stress levels of daily having to tell people that they are HIV positive. High stress levels and diminished worker morale may have implications for worker participation in other activities related to the company.

The movement of staff members and volunteers in the 71 districts throughout the country may present implications for the organizations and for democratic consolidation in the long run, even if it minimises further propagation of the disease among the population. As discussed in chapter 3, mobility and migration of workers make them more susceptible to HIV infection. Even if they happen to be better educated than the majority of the population, the fact that they are young, and that they spend time away from home, and from their spouses, may mean that they might engage in risky behaviour. Hence, losing a civil society activist to the epidemic may translate into the weakening of the type of people who form the backbone of most civil society organizations (Mattes 2003).

It is also, important to note though, that with the current statistics of HIV/AIDS, 16% nationwide, age is one factor that makes this organization more prone to experience

an impact from the epidemic. According to Lafayette (2002), if 16% of the population is HIV positive, depending on the region in Mozambique, 6% to 20% of the adult population might be infected. Many of the organization's staff members and volunteers are young, - early 20s late 30s - and are located in the regions most that are most affected by the pandemic, making them especially vulnerable to HIV infection, particularly if we consider that the prevalence rates among Mozambicans is highest among people between the ages of 14-49 years of age (Central Intelligence Agency 2008). In more ways than one, this can prove detrimental to democracy, if most of its agents (civil society) are infected or dying of AIDS-related illnesses.

In summary, it is difficult to ascertain at this point how many of the organization's staff and volunteers have contracted or might contract HIV, but from the age group and mobility of the organizations and from the country's prevalence rates, it is most probable that the PSI will lose some of its valuable staff members to the epidemic. Hence, when HIV-positive workers die due to other related illnesses, they take with them valuable skills. This may have a severe impact to the company. A possible consequence for democratic consolidation is that a decrease in the overall number of civil society members may mean a decreased participation in political life.

#### **4.2.2. Visão Mundial (World Vision)**

##### **4.2.2.1. Organizational Profile**

Visão Mundial is an international Christian relief and development organization working to promote the well being of all people-especially children. In 2004, Visão Mundial offered material, emotional, social and spiritual support to 100 million people in 96 countries. Visão Mundial's work in Mozambique began in 1984 through the provision and distribution of food to 100, 000 drought victims (Mozambique 2006). The heart of Visão Mundial's work is in helping communities build stronger and healthier relationships. The main focus of Visão Mundial's work is on children, because they are believed to be the best indicator of a community's social health.

##### **4.2.2.2. Areas of work**

Visão Mundial in Mozambique works in three different areas: relief, development and HIV/AIDS. Some initiatives and work done by this NGO are discussed below.

#### 4.2.2.2.1 Hope Initiative

Launched in 2001, the HIV and AIDS initiative is a Visão Mundial/World Vision commitment to do its part in addressing an unprecedented crisis in Mozambique. Special emphasis is placed upon creating partnerships with governments, faith based communities, local communities, families and children (World Vision International 2005: 1). World Vision’s core HIV/AIDS initiative has two characteristics: 1) it is child-focused and 2) it emphasises partnerships, particularly with churches and other faith communities.

In the same manner as the previous organization, World Vision makes use of members of the community in which it works to help with advocacy and getting the information about HIV/AIDS and related matters to the communities. It is usually members of the community who are chosen to speak out on the matter— religious leaders, community leaders, in some cases women— due to their influential status within the communities in which they live. In Zambezia for instance, World Vision personally trains leaders on how and when to deal with government when it comes to advocating their issues. In the Gaza province it is women who are more proactive. This is because Gaza is a province in which more than half of the male workforce is made up of miners who immigrate to South Africa and return only for a short period of time, so at trainings, meetings with the local people, the majority are women, who are able to get better information on HIV/AIDS without the dominant male figure. According to Vaíla<sup>12</sup>, volunteers in these rural areas are people who have at least matric (grade 12), teachers, traditional leaders, commercial business owners for example, someone the population identifies with and who has a relationship with government, in the hopes of influencing them in the right direction.

Table 2: Visão Mundial/World Vision’s hope initiative’s strategy

	<b>Prevention</b>	<b>Care</b>	<b>Advocacy</b>
<b>Goals</b>	Contribute to the reduction of risk and vulnerability of new HIV	Protect and improve the well-being of children affected by HIV,	Promote policies and practices that reduce stigma and uphold the rights of

<sup>12</sup> HIV/AIDS programme Coordinator at Visão Mundial/World

	infections.	and of their household.	children and adults affected by HIV/AIDS.
<b>Target groups</b>	Girls, boys and youth aged 5-24, their families and communities, and vulnerable population groups in emergencies.	Orphans, children living with HIV, other vulnerable children, and their households.	Policy makers, decision makers, and implementers (local, national, regional, and international).

Source: (Vaila 2008)

Vaila (interviewed on 22 August 2008) by World Vision further affirms that the advocacy work done by these individuals has, to some extent, influenced government to do something. The government has helped the NGO build a crèche for the orphans. In some areas, O Conselho Nacional de Combate ao HIV/SIDA (CNCS) (government initiative to combat HIV/AIDS) has built some houses and works hand in hand with World Vision.

#### **4.2.2.2.2 Orphans and Children: child sponsorship programmes**

In 1999, World Vision Mozambique launched the first child sponsorship programme in Namacurra, Zambezia province. They have now expanded their programme to other provinces such as Gaza, Tete, and Nampula.

The work that Visão Mundial is doing is especially important now, as the number of orphans is on the rise. In recent years the number of children orphaned by HIV/AIDS has increased from 228 000 in 2004 to an estimated 500 000 additional orphans in 2010 (Republic of Mozambique National AIDS Council (2008) and Ministério da Agricultura e Desenvolvimento Rural Direcção de Recursos Humanos 2005: 3).

With the help of Community Care Coalitions (mobilising community-based care for orphans) and church/faith-based organizations (sensitising churches and other faith-based communities to the needs of people affected by HIV/AIDS and mobilising them

to respond in positive and powerful ways), World Vision has managed to achieve the following:

- **Education**-completed and handed over 13 primary schools to the government: one in Nampula, six in Gaza, and six in Zambézia. This is specifically important because, as most of the children are orphaned by one parent or both, usually the breadwinners of the household, they are left with no additional income to send the children to school. Consequently, as the number of drop-outs increases, so does the high levels of illiteracy in the country.
- The undertakings had a positive and immediate impact on the communities and on the children in particular. Some 5,200 children were impacted directly. Walking distances and drop-out rates have reduced significantly, meaning that there might be more educated job entrants in the near future, with possible positive impacts on economic growth in the country, a prerequisite for democratic consolidation.

#### **4.2.2.2.3 The Impact of HIV/AIDS on the organization**

Primarily, the impact of HIV/AIDS on World Vision has to deal with the unique challenges presented by children who are infected and affected by HIV/AIDS. It can be very stressful and strenuous to deal with children who progress from HIV to AIDS in a very short period of time, and die at a very early age. Because the organization does not offer antiretroviral to patients, it is very hard for them to cater for this expensive drug, and sometimes the children do not have the necessary healthy balanced diet, so there is nothing left for them to do besides watching these children die. Hence, staff turnover may directly weaken the capacity of the organization, because even if the worker is replaced by a new equally competent worker, it takes years to acquire experience.

Secondly, although the organization refused to disclose the exact number of people who are HIV positive, they nevertheless confirmed that some of their staff members across the country are HIV positive. They were encouraged to develop an internal policy in which each worker in the organization gives a \$1 of their salary to contribute to a fund which subsidizes the HIV-positive workers in the organization. They have also employed a group of consultants (doctors and psychologists) who work directly

with the infected which results in indirect costs to the organization, as these are costs that are not budgeted for and only came about because of the epidemic.

Thirdly, as mentioned in the previous section, mobility is a factor working against the volunteers in terms of their susceptibility of acquiring the disease. The province of Gaza where the majority of Visão Mundial's staff and volunteers work, currently has one of the highest prevalence rates in the region, namely 27% of the adult population (Republic of Mozambique National AIDS Council (2008) and Ministério da Agricultura e Desenvolvimento Rural Direcção de Recursos Humanos 2005: 46-47).

Lastly, if civil society is indeed weakened by the epidemic, this will in turn influence some of their efforts at mitigating the impact of the epidemic. In the case of Visão Mundial, it's the orphan's education and livelihood that would be worst hit. Consequently, effective governance might be weakened if civil society is no longer able to carry out its roles successfully.

### **4.2.3. Action Aid**

#### **4.2.3.1 Organizational Profile**

Action Aid is an international anti-poverty agency whose aim is to fight poverty worldwide. The organization was formed in 1972, and for over 30 years, it has been growing and expanding, helping 13 million of the world's poorest and most disadvantaged people in 42 countries worldwide (Action Aid International 2006). Action Aid began work in Mozambique in 1988, during the civil war. They were asked by the government of Mozambique to carry out emergency work in Zambezia province because few NGOs were active there. By 1994 the impact of HIV/AIDS had become more noticeable, so Action Aid began to introduce prevention programs in Zambezia (Kaziliman-Pale 2004). In 1997, Action Aid expanded this work to the Manica and Marracuene districts in Maputo province.

#### **4.2.3.2. Areas of work**

As already mentioned, Action Aid began its work in Mozambique as an international anti-poverty agency. In 1997, after realising that little work was being conducted on HIV prevention in the area under their jurisdiction, Action Aid expanded their area of

focus to include HIV prevention. Some of the programmes carried out by the organization are discussed below.

#### **4.2.3.2.3.1. Stepping Stone Program**

The stepping stone methodology to target communities at risk of HIV/AIDS, arose in recognition of the drawbacks of the “ABC” (abstain, be faithful, and use condoms) and “information = behaviour change” approaches that had previously been used (Kaziliman-Pale 2004). Stepping stones is an approach that has been used elsewhere in Africa, but unlike most programmes, it was adapted to make it more appropriate for Mozambique.

The main aim of the project is to teach communities about the risk of HIV infection and in so doing they give the respective communities skills and information so they can respond to their own needs. It is based on the following principles:

- The best solutions are those developed by people themselves.
- Men and women each need private time and space with their peers to explore their own needs and concerns about relationships and sexual health.
- Behaviour change is much more likely to be effective and sustained if the whole community is involved.

The NGO, in other words, is seen to be performing a function of democracy - raising public awareness. Free speech and free press enables the NGO to sensitize the population about the status of the epidemic in the country and which may translate into a stronger demand for government’s response of the epidemic. If the NGO is seriously affected by the epidemic, civil society’s watchdog role can be seriously hampered.

Hence, the overall objective is to create greater citizen empowerment and collective action (Manning 2002), that may help minimise the impacts of the epidemic. Trained facilitators use the stepping stone’s manual as a guide to discuss topics of concern to the community for example, cultural and gender issues, relationships and HIV/AIDS. Action Aid uses drama, songs, dance, and other participatory activities; issues are brought to the attention of the community and can be discussed. The key word here is

“participatory activities”. Action Aid is using a grassroots approach to disseminate information about HIV/AIDS to the population, which in turn helps make them more aware of their rights as democratic citizens. The whole community is asked to participate in the workshops; they are split into groups of four so they can talk freely to one another. Ideally, facilitators come from the same communities as the participants. This helps to create a trusting, safe atmosphere in which to explore sensitive issues.

What the NGO is doing is precisely to use specific factors of democracy and good governance, such as citizen participation and decentralisation, to help slow the epidemic and minimize its impact on the Mozambican population. According to the Action Aid program coordinator, the aim is to empower the citizens and not to think for them. In his words, “we will talk about HIV/AIDS prevention, but we will not tell the community to use condoms. Instead we present and discuss the advantage and disadvantages of condom use and then leave the community to decide what is right for them” (Kaziliman-Pale 2004).

The target groups are as follows: 1) **primary target group** - targets were primarily people of the community who attended the specialized program workshops, about 40 men and 40 women, 2) **secondary target group** - this group includes people in the community who do not participate in the workshop but who hear about these issues from their neighbours and friends who attend the workshop.

According to Action Aid, progress is being made in the prevention area. But a few difficulties remain. One of the programme’s biggest weaknesses is with training. Firstly, few rural people speak Portuguese; secondly rural literacy levels are much lower (65.7%) than in urban districts (30.3%), so it is difficult to use the manuals effectively (Mario and Nandja 2005). Another challenge is to obtain the necessary level of facilitator training in order for the program to be effective. At present, most facilitators are not highly educated; therefore they need training, and training costs money and time.

#### **4.2.3.3.2. Advocacy**

Advocacy is one of the areas that Action Aid engages in. The provincial Ministry of Education and Health are informed of Action Aid's program in the community through discussions and presentations of action plans and proposals. In Zambezia province, the ministry of Health and Education participated in a "training of trainer" workshop. This was done to encourage them to supervise the Stepping Stones facilitators at the community level (Kaziliman-Pale 2004). Engaging with government has given the organization more credibility and helped them to obtain government support and to influence government in areas that will benefit the organization, the communities they work for and the government.

Advocacy is an important component of the organization's program in that it aims for change in the community through discussions. Consequently, the support of the community leaders is seen as crucial, Action Aid discusses the program with them so that they can ensure their support.

#### **4.2.3.3.3 The Impact of HIV/Aids on the organization**

Prevalence rates in the Zambezia and Manica Provinces, where Action Aid and some of its volunteer workers have taken up activities since 1977, are currently at 16 and 19% of the total population, this may mean that some of the organizations staff members are statistically susceptible to acquiring the virus. The frequent travel by volunteers - mostly youth - back and forth for training also makes them vulnerable.

Generally, the loss of any one employee would have a significant impact on the organization. In many instances, staff mortality resulting from AIDS-related illnesses is likely to take the issue beyond worker morale and absenteeism. Staff turnover in most organizations may mean either the replacement of the deceased worker, which is costly to the company in monetary terms, or work with fewer staff, which more often than not overloads the company and may reduce productivity levels.

More importantly, the immediate challenge for the NGO is to remain functional despite the human hours lost due to absenteeism and death (Economic Commission for Africa 2002). For democracy to consolidate, it is important that civil society remain functional. In terms of the epidemic, this means they should continue to

provide the social services to the population and see how HIV/AIDS impacts the population and how this changes their needs, in order to incorporate those changes into the work that they do. That way, it is hoped, the population can continue seeing civil society as a credible and viable component of democracy.

#### **4.2.4. Christian Aid**

##### **4.2.4.1. Organizational Profile**

Christian Aid is a faith-based humanitarian agency located in the United Kingdom (UK), it was established in Mozambique to help other organizations working in the areas of development, humanitarian relief and advocacy. In 2000, Christian Aid began to look at HIV/AIDS in the country as an impediment to government's efforts towards development. To this effect, Christian Aid works towards helping partners in developing countries. So far, partners have provided things that people need, so that HIV does not have to ruin their lives. They pay school fees for orphans, challenge stigma, and provide health care, counselling, and small business grants (Christian Aid Foundation 2006). They are currently working with communities in the province in Zambézia. The majority of Christian Aid/Mozambique's staff is above the age of 40, with only a minority in their early 20s and late 30s.

##### **4.2.4.2. Areas of work**

As previously mentioned, after realising that HIV/AIDS posed a developmental problem in Mozambique, in 2000, Christian Aid began to look at ways in which it could minimise new infections in the country. The organization's areas of focus are: HIV/AIDS in the workplace, doing community work with the most affected, and encouraging infected and affected agricultural workers to work together.

###### **4.2.4.2.1. Partnership with churches/religious leaders**

According to Ripanga (interviewed on 28<sup>th</sup> April 2008)<sup>13</sup>, the main aim in this regard is to educate the pastors and church leaders about the different ways that one can get infected by the HIV virus, and to minimise the myth that people who are infected are promiscuous. The importance of this education to the organization is that church leaders usually have a huge following and the power to influence their congregation,

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<sup>13</sup> HIV/AIDS programme official at Christian Aid interviewed on the 28 April 2008.

because they are seen as, firstly, leaders, and, secondly, the voice of authority within faith-based communities, and, most importantly, they can change people's perceptions about HIV/AIDS.

The organization has seen a positive correspondence, in the sense that people are more willing to talk about the disease, especially those who were once rejected by families and the communities in which they live.

By enabling people to openly talk about the disease and by creating a platform where discussion is encouraged, Christian Aid is able to play a role in minimising further propagation of the disease and its impacts. This is especially important if we consider warning and predictions by some authors that, by taking away huge numbers of people, primarily those in the most productive stages of their lives, the epidemic might bring economic implications for democratic consolidation (Mattes 2003).

#### **4.2.4.2.2. Prevention and Treatment**

Mozambique is a country with a diversity of cultural practices which influence and promote new HIV infections, approaches at prevention and treatment should be case specific, and Christian Aid takes that into consideration. They have a number of volunteers working in the organization who are trained on how best to approach the specific communities. They provide information on the different ways in which one can get infected with the HI virus, in some areas where traditional healers are consulted on a daily basis; people are warned of the dangers of one family using the same razor blade for traditional treatments.

According to Manning, there is a potential link between government legitimacy and prevention efforts (Manning 2002). However, in this case, it is the legitimate civil society that can prove successful in lowering prevalence rates in the country by being a more credible source of information to the general population. Consequently, the public is more likely to be persuaded to comply with efforts at slowing down the spread of the epidemic. A good example of this is the Ugandan experience in the early 1990s, which suggests that civil society and not the governmental alone, was instrumental in slowing down the epidemic (Manning 2002). It is for this reason

imperative that the impacts of HIV/AIDS on civil society be taken more seriously as indirect impacts such as morale; and absenteeism can have major implications for civil society participation in democratically-related activities.

#### **4.2.4.2.3. Advocacy**

Advocacy work in the past has helped Christian Aid get government funds for their programs. Advocacy is enacted in different ways:

- A grassroots approach is chosen, in which traditional leaders, community leaders, and religious leaders engage with the population and obtain the necessary information that will help them lobby for government support.
- Local people are educated about their local rights.
- Christian Aid also lobbies in favour of the communities in which they work.

#### **4.2.4.3.4. Impact of Aids on the organization**

The organization has no real figures about infected staff members, due to the company policy of “workers having the right to remain anonymous about their HIV status”, but they maintain that some volunteers may be infected. Given the fact that most of Christian Aid’s staff are above the age of 40, it is likely that the organization may experience fewer AIDS-related illnesses among its staff compared to other organizations of similar size but with a relatively younger workforce.

One way, in which the organization feels the impact of HIV is when staff members take time off work to prepare for funerals, look after children left behind by a death in the family, and grief, which temporarily affects their performance at work. During this time, most work undertaken by the respective staff members is put on hold.

Due to the wide incidence of discrimination towards workers infected and affected by HIV/AIDS, Christian Aid has developed an internal and external policy against discrimination in the “workplace” in 2002, which has been approved by government. But according to Ripanga, there is still a lot of work that needs to be done in this respect, because some 60% or more of the population are employed in the informal sector. In other words, discrimination in the workplace does not encompass more than half of the overall working population.

According to an anonymous source, this is still work in progress, whereby both governments and NGOs are working together to broaden the current policy to reach those working in the informal sector.

#### **4.3. Conclusion: Impact of HIV/AIDS on Civil society and democratic consolidation**

The case studies provided the dissertation with a number of lessons, negative and positive, about how HIV/AIDS might impact civil society, and in turn, the important role they play in the fight against the spread of HIV/AIDS and on democratic consolidation as a whole. Primarily, they illustrate the importance of civil society in the fight of a nationwide pandemic that may have an impact on aspects of democratic consolidation in Mozambique. It is important, therefore, to mention the positive contributions that civil society organizations in Mozambique have made in helping to slow the spread of new infections, and in turn, to turn the population into better-informed citizens.

First, data obtained from one of the NGOs in the case studies, Christian Aid, show a minimal decrease in overall prevalence rates, compared to prevalence rates in 2005. Below are two tables: the first one shows prevalence rates in 2005 and the second shows prevalence rates in 2007.

Table 3: Mozambique's national prevalence rates in 2005

<b>Province</b>	<b>Prevalence Rate</b>	<b>Region</b>	<b>Prevalence Rate</b>
MAPUTO CITY	20.7%	<b>SOUTH</b>	18.1%
MAPUTO PROVINCE	20.7%		
GAZA	19.9%		
INHAMBANE	11.7%		
SOFALA	26.5%		
MANICA	19.7%		



TETE	16.a6%	<b>CENTRAL</b>	20.4%
ZAMBEZIA	18.4%		
NIASSA	11.1%	<b>NORTH</b>	9.3%
NAMPULA	9.2%		
CABO DELGADO	8.6%		
NATIONAL			16.2%

Source: Assembleia da República 2005

Table 4: Estimated HIV/AIDS prevalence in 2007

Estimated prevalence of HIV/AIDS in adults (15-49) by province, region and nationally. Mozambique 2007			
	<b>Adjusted prevalence rate</b>	<b>Region</b>	<b>Prevalence rate</b>
Maputo City	23%	South	21%
Maputo province	26%		
Gaza	27%		
Inhambane	12%		
Zambezia	19%	Central	18%
Sofala	23%		
Manica	16%		
Tete	13%		
Niassa	8%	North	9%
Nampula	8%		
Cabo Delgado	10%		
National			16%

Source: Christian Aid

Although the decrease in percentage is a very small one, it serves the importance of assessing the impact that civil society organizations have on country-wide prevalence

rates. HIV/AIDS prevalence in the country in 2007 decreased from 16,2% in 2005 to 16% in 2007. Even if there is no direct link between the decrease in infection rates and the work done by civil society organizations, the author believes that a strong civil society can be more responsive in mitigating the impacts of HIV infections, because of the legitimacy that most of them have in the eyes of the general population. Hence, it might be relatively easier for them to sensitize the population about the dangers of HIV/AIDS and its impacts on livelihoods.

Second, civil society has managed to address the issue of lack of information to the most affected areas in Mozambique, by providing them with necessary information on HIV/AIDS. This has been possible through the use of volunteers for group discussion and information sharing, as well as by the use of local theatre groups that would disseminate the information in a more humorous manner. This in turn has meant a better informed citizenry who have the power to make better choices with regards to their HIV status.

Third, through information and activities provided by the NGOs in the case studies, the author learnt that citizens were empowered. The community leaders and NGO facilitators provided the community with choices, and empowered them to decide which option was best for them.

Fourth, the work done by civil society in Mozambique goes hand-in-hand with their educational function in a democracy. For instance, in the case of Action Aid, the program coordinator made the following statement, “we will talk about HIV/AIDS prevention, but we will not tell the community to use condoms”. What this means is that people are more likely to approve public decisions and comply with common rules and norms if they take part in public life themselves, and if they have a say in decision making.

Fifth, by engaging the community in advocacy work, teaching them how to lobby for government assistance, civil society organizations are acting on behalf of the minority. Despite the increase in HIV/AIDS prevalence rates in the African continent in general, HIV infected and affected persons remain the minority. Civil society acts

as a channel through which the views of the communities are brought to decision makers.

Lastly, the NGOs in the case studies have helped the state in taking care of some social tasks. In recent years the number of children orphaned by HIV/AIDS has increased from 228, 000 in 2004 to an estimated 500, 000 additional orphans in 2010. Visão Mundial has managed to build seven schools, which are thought to help minimise the number of orphans dropping out of school for lack of money to pay school fees.

On the other hand, and important to the dissertation, is the discussion on the analysis of the impact of HIV/AIDS on civil society. What follows below is an analysis on possible impacts that the epidemic may have on civil society, and the implications it may have for democratic consolidation.

First and foremost, although it may be difficult to assess the exact impact of HIV/AIDS on civil society in terms of worker morale, it is fair to say that staff members may feel demoralized by a death of a colleague, a family member, or a member of the community with which they are working, and hence may feel less inclined to work. The specific civil society organizations approached were not forthcoming with information on how many of their workers were infected by the pandemic, but given the national average of about 16%, compared to the ages and mobility of most staff members and volunteers, it is fair to assume that there may be one or more positive workers in the organization. When illness and death of these workers ensue; several impacts can be projected for the organization and for democratic consolidation as a whole. These may include: first, the loss of human capital (increased illness and AIDS deaths may mean less civil society lobbying for better governance and participation in public life). Second, even if HIV/AIDS does not turn citizens into authoritarians as suggested by Mattes (2003), the author believes that, because HIV/AIDS reduces the economic power of most workers and hence their morale, it may have an impact on political leadership (in terms of civil society engagement with the population). The possible loss of long-term staff means that institutional knowledge about procedures, contacts, and training will be lost, leaving

the staff helpless and unable to function normally, until finding a possible replacement.

Another way in which some organizations feel the impact of HIV is through unexpected absenteeism among the workers. In some organizations, workers' illnesses and death become emotionally exhausting, particularly given its small size and cooperative working structure, with implications for productivity. As previously mentioned, when staff members take time off work (absenteeism) to prepare for funerals, look after children left behind by a death in the family, and grief, productivity at work is temporarily affected. Consequently, reduced overall levels of participation in the democratic process may occur, by inhibiting the capacity of civil societies to organise and channel political activity.

Still on this note, it is important to mention that staff members, and for the most part, volunteers, are well educated, and have professional experience in the activities carried out by the organization. Therefore the author predicts that the HIV/AIDS epidemic by affecting disproportionately these members of society, and civil society may affect particular members of the population central to a strong civil<sup>14</sup> society. This is the case particularly because the majority of the infected and affected are between the comprehensive ages of 15-49 years.

It is well known by now that civil society organizations play an important role in training future political leaders (Bunbongkarn 2002). The young volunteers working for these NGOs are involved in community work. They learn how to organise and motivate people, and they play an important role in educating the population. When these very young people are infected/affected by HIV/AIDS. It proves to be a significant loss to civil society organizations, as they rely heavily on skills and experience developed over time.

Although two of the organizations in the case study have developed and implemented an HIV/AIDS policy to minimise the stigma within the organizations, stigma is still a very big problem. To this date, some have not disclosed their HIV status, for fear of

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<sup>14</sup> Definitions of civil society have been discussed in greater detail in chapter 2 of the dissertation.

being victimised. And as per the author's experience while in search of information for this chapter, stigma played a big role in the reluctance of some of these NGOs in providing information about the HIV status of staff members. This is particularly important for the effective consolidation of democracy in Mozambique and in most African countries. NGOs and civil societies for the most part, lobby for great transparency and sharing of information, it is thus ironic when the very ideals that they are lobbying for are not "yet" being practiced by them because of the stigma, taboo and sensitive nature of the subject.

On the other hand, in chapter one of the dissertation, one of the hypotheses was that "foreign aid would actually wield a demobilizing effect on civil society, whose number and effectiveness seems to be weakening due to the pandemic". The author has found no relevant facts to substantiate this argument; rather it was noticeable that the NGOs in the case study were working to the best of their ability to help combat the HIV/AIDS epidemic in Mozambique, despite the donor aid. However, an aspect of donor-civil society relationship that stood out was that, the NGOs working in Mozambique reported directly to the donor country.

Lastly, although no relevant statistics are available to support this argument, it is still important to mention one observation that the author managed to make while in Mozambique. Because of the state of the epidemic in Mozambique, and the national average of 16%, the vast majority of civil society organizations (NGOs) address the issue of HIV/AIDS, prevention, treatment and care, and most international donor aid and government funds, presumably, is directed at these activities. Consequently, there may be less organizations and less funds directed at democratic-related issues and democracy-advocating NGOs, at a time where consolidation of democracy is seen as imperative endeavour.

While in Mozambique, the author found that, for the most part, civil society groups and non-governmental organizations' area of focus is geared towards HIV and AIDS. The author consequently believes that less attention is paid to areas directly related to democracy and democratic consolidation in the country. This is particularly so when considering that civil societies are already less participative because of the HIV/AIDS pandemic. It is well known that most civil society groups lack funding to carry out

their day to day activities. However most aid that has recently been given to Mozambican civil society is geared towards solving issues related to HIV/AIDS. In this context it is important to make the following question: if most aid funding is geared towards HIV and AIDS, where does that leave democratic-related civil societies?

## CHAPTER FIVE: AN EVALUATION OF MOZAMBIQUE'S ECONOMY AND THE IMPACT OF HIV/AIDS

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### 5. Introduction

In Mozambique, an estimated 1 600 000 people are living with HIV/AIDS, and according to recent assessments, 500-700 new infections take place every day (Petty, Selvester, Seaman, & Acidri; 2005: 10). The magnitude and the speed at which new infections are occurring and people dying of HIV/AIDS-related illnesses has forced governments to refrain from looking at the epidemic as purely a health issue.

Indeed, in addition to the numerous lives lost due to the epidemic, the implication of HIV/AIDS to societies is said to reach into the structure of economies, the capacities of institutions, the integrity of communities, the livelihood of families, and in some extreme cases, it is speculated to have an impact on efforts of consolidation of democracy (UNAIDS 2006). While Mozambique cannot be said to constitute one of the extreme cases, there is reason for alarm and immediate concerted action. At 16% of the total population, Mozambique's estimated HIV prevalence rate among prime-aged adults was the ninth highest in the world in 2006 (World Bank 2007).

There presently are a few reasons ascribed to the highly encroaching capacity of the disease. Although the impact of HIV/AIDS is still not fully understood, particularly when the long term is considered, it is important to highlight the fact that, firstly, the speed with which the virus spreads has proved to be quite overwhelming, and secondly, HIV/AIDS is a systematic condition because it impacts most heavily on the most productive sectors of African economies (UNAIDS 2006). This can be for a variety of reasons. The age group that is most affected by the disease is between the comprehensive ages of 15-49 years of age. This is usually the age group that is economically active, and that engages in high-risk behaviour, such as simultaneous sexual relations and practicing unsafe sex (World Bank 2007). Niza (2005) adds to this line of thought that young people less than 25 years of age account for all new infections worldwide. Around 6 000 become infected with HIV/AIDS every day (UNAIDS 2006), and the epidemic continues to spread without discrimination.

As in other countries in the sub-Saharan region, a human-development catastrophe is unfolding in Mozambique. As previously mentioned in chapter three, an estimated 1 600 000 people in Mozambique are living with HIV/AIDS and, according to recent estimates, between 500 and 700 new cases occur every day (Petty, Selvester, Seaman, & Acidri; 2005: 10). Consequently, in Mozambique, as in the rest of sub-Saharan Africa, HIV/AIDS has become a top priority development issue.

The goal of this chapter, therefore, is to try to evaluate Mozambique's economy and to determine what possible implications, if any, the HIV/AIDS pandemic may have on its economic dimension, by looking at two sectors of the economy. The two main sectors that will be analyzed are household economy and the agricultural sector. The author chose these two sectors for very important reasons. First, Mozambique is one of the world's poorest countries, with nearly 70% of the population living under the \$0, 40 day poverty line, if HIV/AIDS has a great impact on the livelihoods of the already impoverished Mozambicans, poverty and inequality will be difficult to eradicate. Second, Mozambique's economy is overwhelmingly agricultural, with an estimated 81% of the labour force currently involved in the agricultural sector, hence a possible impact on the agricultural sector could prove to be a catastrophe to the country's economy and to subsistence farming (Central Intelligence Agency 2008).

This chapter will be broken into three parts. The first gives a brief summary of the links between economic growth and democratic consolidation, as well as a brief overview on literature covering the impact of HIV/AIDS on economic growth. The second part will cover a discussion on the possible impact of HIV/AIDS on household economy and the agricultural sector, and the third part will constitute the conclusion in which the findings of the research will be analysed.

### **5.1. The Impact of HIV/AIDS on the economy, and the relationship between economic growth and democratic consolidation**

Despite a rapid growth in the literature covering the economic impact of HIV/AIDS in Africa, it is still very difficult to fully grasp the actual impact that HIV/AIDS can have on the economy of a country, given its evolving nature. At best, studies are based on informed speculation. What follows below is a discussion of literature review (chapter

two) on the relationship between HIV/AIDS, the economy, and democratic consolidation.

As mentioned in previous chapters<sup>15</sup>, the relationship between economic growth and democracy has been a subject of controversy for many years (Schollosser-Berg & Kersting 2003: 1). Various theorists support the modernisation theory that views economic prosperity as a pre-requisite for democracy. The theory suggests that there is a relationship between socio-economic development and the chances for democratic consolidation (Jawad 2006). According to Jawad (2006), economic and social development correlates positively with the survivability of democracies as well as with the guarantee of political rights and civil liberties. This is for a variety of reasons. Economic growth is known to stimulate social change, increase levels of literacy, and, if well managed, can be equally redistributed amongst the most disadvantaged members of society (Booyesen, Geldenhuys & Marinkov 2003).

Still on this note, Mattes (2003), supports this theory by stating that one<sup>16</sup> of the crucial factors to sustaining and consolidating democratic rule is economic growth. Furthermore, he states that while wealthier countries are no more likely than poorer ones to have transited from authoritarian rule to democratic rule, wealthier ones are far more likely to sustain democratic rule (2003). This is so because once a country's economy strengthens, there is greater possibility of wealth re-distribution amongst the country's citizens. It is important, however, to mention that what matters is not the rate of growth per se, but the manner in which the growth is redistributed. A case in point is South Africa, where there is registered economic growth, yet inequality, and poverty is still extensive (Booyesen *et al.* 2003). Diamond, Lipset and Linz (1987: 5) corroborate this argument by stating that democratic theorists have asserted a positive relationship between the level of socio-economic development and democracy.

Theorists affirm that socio-economic development is seen to fundamentally change the way individuals and groups relate to the political process. This is especially so in the case of the most disadvantaged members of society. Indeed, according to Mottiar

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<sup>15</sup> This discussion is a brief overview of what was discussed in chapter 2 regarding the relationship between economic growth and HIV/AIDS.

<sup>16</sup> In his paper he mentions three key factors for sustaining and consolidating democracies: economic growth, political institutions and attitudes of rulers and citizens.

(2002), in order to be sustainable, a democracy must produce policies that generate government-mandated private goods in the area of education, health, and transportation. In this manner, the citizens, identify and comply more with the incumbent government in that they believe that the government or political party chosen can bring about social change. Consequently, if socio-economic expectations are not met, the behavioural and attitudinal requisites for democratic consolidation rightly mentioned by Linz and Stepan in chapter two of the dissertation could be put at risk.

According to Mattes (2003), “democracies are more sensitive to economic stagnation and crises than authoritarian regimes, and poorer democracies are more sensitive than richer ones”. That said, it is important that economic growth be a constant, and redistribution a top priority, in countries where poverty and inequality remain rampant. Linz and Stepan (1996) have noted that, along with a poor economic record, one of the most obvious obstacles to democratic consolidation is the danger posed by disappointing popular hopes for economic improvement. Hence it is fair to assume that the population of a country will be inclined to support parties and governments that seem likely to provide some sort of economic relief.

In most of sub-Saharan Africa, however, the countries are poor, and according to some analysts, the African economic crisis will continue to undermine the legitimacy of any political regime, when incumbent governments receive blame for prevailing economic conditions (De Walle & Bratton 1997). This is because the African voter/citizen still equates votes to their economic well being. According to Shin, Dalton & Jou (2007), “in country after country throughout the world, a clear majority of the population endorses democracy”, the concern, however, is that public support for democracy in many developing nations lacks substance. According to Shin *et al.* (2007), democracy has become a vague referent with positive connotations. Consequently, support for democracy implicitly means support for the Western income levels and living standards, and not for democracy as a political system.

Accordingly, the challenge that many African countries are facing is overcoming the economic crisis while simultaneously achieving democratization. The problem, however, is the presence of HIV/AIDS.

According to Barnett (2002: 220), it is crucial that HIV/AIDS is seen as a developmental crisis, because it affects the three main determinants of economic growth, namely physical capital, social capital, and human capital. The above are seen as determinants of economic growth, because of the manner in which they operate, which, in turn, can prove detrimental in the presence of HIV/AIDS. First, social capital, defined as anything that facilitates individual or collective action, generated by relationships of reciprocity or trust, can aid in economic growth by their collective action, such as the agricultural subsistence farming groups in rural communities. Second, physical capital, a non-human capital made by humans, assists in economic growth by allowing the tools to be used in production, and hence increasing the levels of productivity. Lastly human capital acts as a determinant of economic growth, because of its main assets, which include skills and knowledge embodied in the ability to perform labour, so as to produce economic value (Becker 2002 and Capegateway 2006). He further states three reasons as to why the pandemic affects these main determinants of economic growth. First, the speed and scale of the epidemic has been much worse than predicted thereby taking away huge numbers of people, primarily people who are in the most productive phase of their lives. Second, HIV/AIDS can now be seen to reduce the stock of human and physical capital. Lastly, Aids destroys social capital (anything that facilitates individual or collective action, generated by relationships of reciprocity or trust, can aid in economic growth by their collective action), and has adverse effects on institutions (Barnett 2002: 220-221).

During the relatively long time span between HIV infection and death due to AIDS-related illnesses, a death sentence is practically ascribed to an economically significant portion of the population (Mattes 2003). Hence, HIV/AIDS poses a threat to the economic growth and development of millions of people employed in both formal and informal sectors of most countries in Africa. According to Fourie & Schonteich (2001), companies, private and public, suffer through a drop in consumption and production levels, and this has implications for foreign investors' willingness to make long-term investments in sub-Saharan Africa, and for the economy of the country as a whole.

Of importance here is the relationship between economic growth and the consolidation of democracy. What follows below is a discussion Mozambique's economy.

## **5.2. A brief overview of Mozambique's economy**

Mozambique's economy has grown significantly since the end of the country's 10 year-old civil war (1977-1992), nonetheless it is still one of the world's poorest, most underdeveloped and most aid-dependent country in the world. GNP per capita in 1997 at US\$90 was the lowest in the world (ISS 2003). Civil war, ineffective socialist economic policies, government mismanagement, and severe droughts are said to be at the bottom of Mozambique's poor economic performance in the 1980s (Mangwiro 2008). Although the government embarked on a series of macroeconomic reforms in 1987, it was not until the first multi-party election in October 1994, that meaningful reconstruction could take place (ISS 2003).

Mozambique's economy was reformed by the elimination of subsidies, quantitative restrictions on imports, simplification of import tariffs, and, lastly, the liberalisation of crop marketing (Mbendi 2006). As a result of all the above transformations, the former Portuguese colony has boosted economic growth, and is now considered one of Africa's success stories (Mangwiro 2008).

Inflation was reduced to single digits during the late 1990s, and while it returned to double digits in 2000-06, inflation had slowed to 8% in 2007, while the GDP real growth rate reached 7% (Central Intelligence Agency 2008). According to estimates from 2007, the Country's GDP by sector is as follows: agriculture-23%, industry-30.1% and services: 46.8% (Central Intelligence Agency 2008). Nonetheless, despite identifiable growth, redistribution has not been equal, as the majority of the Mozambican population, more than 50%, remains below the poverty line. According to Mbendi (2006), Mozambique is amongst the poorest countries in the African continent. In 2005, it ranked 168 out of the 177 countries covered in the UN Human Development Report.

Although all sectors — agriculture, fishing, and forestry, mining, manufacturing, tourism — make an important contribution to the Mozambican economy, the

agricultural sector is still considered to be one of the most significant. Agriculture is the backbone of the economy, providing employment to an estimated 81% of the population and contributing an estimated 23% to GDP in 2007 (Central Intelligence Agency 2008). Nonetheless, at present, the agricultural sector is still dominated by subsistence farming.

It is for the above reasons, that the author has chosen to look at the agricultural sector and household economy as indicators for the evaluation of the impact of HIV/AIDS on the Mozambican economy. What follows is a discussion and evaluation of the agricultural sector, household economy, and HIV/AIDS.

### **5.2.1. The Impact of HIV/AIDS on the Mozambican economy**

For most Mozambicans, life improved dramatically in the decade following the end of the 15 year old civil war and the first free democratic elections of 1994. Public services such as access to hospitals, clean water, and household incomes had gradually ameliorated (The World Bank Group 2008). More recently, however, with the rising levels of HIV infections in the country, estimated to be between 500 and 700 new infections a day, there is reason to believe that the aforementioned, improvements may be at risk (Ministério da Agricultura 2005: 4).

Consequently, Mozambique has made the move from approaching the disease as a purely health issue to a developmental issue that undermines efforts at eradicating poverty and providing basic necessities for all. Whilst the exact economic impact of HIV/AIDS is difficult to assess, the hypothesis is that, in a country with a prevalence rate of 16% affecting people between the age groups of 15 and 49 years of age, the possibility of the disease having an impact on the various sectors of economic life is inevitable (Christian Aid Foundation 2007).

Two economic sectors are going to be analysed, the agricultural sector and household economy as case studies. The importance of the two sectors to the study is that they will highlight how HIV/AIDS might impact the Mozambican economy and how the specific sectors are dealing with the sudden changes.

### 5.2.2. Context

Agriculture dominates the economies of most African countries, providing jobs, income, and exports. The great majority of the population in the countries most affected by HIV/AIDS live in rural areas, and farming is said to provide a livelihood for more than 70% of the population. Mozambique is a case in point. As previously mentioned, the agricultural sector is the largest sector in the economy, accounting for a large portion of production and a majority of employment, presently at 81% of the total population (Central Intelligence Agency 2008). The country's major agricultural products include cotton, cashew nuts, sugar cane, tea, cassava, poultry, and some tropical fruits (SADC Review 2007). Consequently a stronger performing agricultural sector is fundamental for Mozambique's overall economic growth. A constantly growing agricultural sector is also crucial for addressing hunger, poverty, and inequality, set as the main goals in the government's action plan for the reduction of absolute poverty (PARPA) (Republic of Mozambique 2006). However, HIV/AIDS may pose a threat to the country's agricultural sector. Countrywide, trends are alarming, as shown in Table 6 and because HIV prevalence rates are estimated to exceed 10% among the prime-aged (15-49 year old) population in Mozambique and the great majority of the total population is employed by the agricultural sector, as partially shown by the number of formal employees in the ministry of agriculture in table 7, an understanding of the impact of HIV and AIDS on the agricultural sector is crucial (Jayne, Villareal, Pingali & Hemrich 2005: 158).

Table 5: Estimated prevalence rate of HIV/AIDS in Mozambique by province.

Estimated prevalence of HIV/AIDS in adults (15-49) by province, region, and nationally. Mozambique 2007			
	<b>Adjusted prevalence rate</b>	<b>Region</b>	<b>Prevalence rate</b>
Maputo City	23%	South	21%
Maputo province	26%		
Gaza	27%		
Inhambane	12%		
Zambezia	19%	Centre	18%
Sofala	23%		
Manica	16%		

Tete	13%		
Niassa	8%	North	9%
Nampula	8%		
Cabo Delgado	10%		
National			16%

Source: Republic of Mozambique National AIDS Council (2008)

Table 6: Number of workers in the Ministry of Agriculture specified in gender and age groups.

Ministry of Agriculture Province	Men	Women	Total	Age-group of workers in the Ministry of Agriculture				
				20-30	31-40	41-50	51-60	61-65
<b>Gaza</b>	621	120	741	80	290	190	120	55
<b>Maputo</b>	442	80	522	55	135	170	70	45
<b>Inhambane</b>	359	56	415	55	130	90	45	35
<b>Sofala</b>	432	66	498	160	125	110	55	30
<b>Manica</b>	489	73	562	110	175	150	60	30
<b>Zambézia</b>	356	37	393	30	147	115	40	40
<b>Tete</b>	353	35	388	147	110	70	-	40
<b>Nampula</b>	638	50	688	70	255	200	100	20
<b>Niassa</b>	403	30	433	40	110	220	100	10
<b>Cabo Delgado</b>	417	25	442	55	308	20	20	8
<b>Total</b>	4,510	572	5082	802	1,785	1,335	610	313

\*Adapted from the Ministério da Agricultura e Desenvolvimento Rural Direcção de Recursos Humanos 2005.

Given the above statistics, it is to be expected and speculated that the HIV/AIDS epidemic may cause serious damage to the agricultural sector, especially if manpower is heavily relied on, as in the case of subsistence farming in Mozambique.

The next section discusses the possible impact that HIV/AIDS may have on Mozambique's agricultural sector.

### **5.3. Impact of HIV/AIDS on the Agricultural Sector**

It is widely accepted at this point that the agricultural sector is significantly affected by HIV/AIDS, and that it will be so for many years to come. The challenge for most analysts however, is to understand the manner in which the pandemic might impact the sector, and the magnitude of the impact. According to FAO (2004), HIV/AIDS is threatening subsistence agriculture in Mozambique with long-term decline. In addition, the fact that the agricultural sector contributes significantly to the general GDP, and that it employs the majority of the country's population (labour intensive) makes Mozambique very vulnerable to the impact of HIV/AIDS. According to Arrehag, Durevall, Sjoblom, & Vyllder (2006), agricultural labour is specifically vulnerable to the shocks of the epidemic because of a few factors, the degree of specialisation by sex and age, the level of expertise, and the economies of scale in labour. As it is widely known, HIV/AIDS is said to affect mostly the young and females. Currently, 60% of all new reported cases in Mozambique are among women. Hence, if there majority of women and young labourers (between the ages of 15-49) are affected and infected with the virus, expertise and productivity may suffer. This is mostly because most industries rely mainly on manual labour for production. This is true specifically in the agricultural sector.

#### **5.3.1. Loss of labour and Agricultural Production**

In countries deeply affected by HIV/AIDS, the time required to care for the sick and to seek medical assistance is often said to have an impact on the time allocated for agricultural production. According to Arrehag *et al.* (2006), agricultural production is directly affected by the loss of labour and the resultant loss of knowledge. A Study conducted in Ethiopia showed the reduction in agricultural labour time as a result of HIV/AIDS: the number of hours per week in agriculture fell from 33,6 hours in non-afflicted households to between 11 and 16 hours in afflicted households (UN 2005). In Mozambique, the age group that is most affected by the HIV/AIDS pandemic are between 15-49 years of age, more than 1.3 million people out of a population of 18 million are thought to be living with HIV/AIDS. With these statistics FAO (2004), predicts that by 2020 the country will have lost over 20% of its agricultural labour force to HIV/AIDS.

With an estimated 16% of the total adult population living with HIV/AIDS and 81% of the total labour force in the agricultural sector, AIDS-related illness is expected to have profound consequences in the sector's labour force and productivity. The author therefore predicts that productivity may be initially reduced when the HIV-infected person is ill, by affecting operations directly due to the worker's poor health. This is the case especially in labour-intensive farming systems with low levels of mechanization such as in Mozambique, where work usually is physically demanding. AIDS is also thought to lead to higher absenteeism due to illness and funeral attendance by some workers, especially on commercial farms (Arrahag *et al.* 2006). In Maputo city, however, studies conclude that the majority of the funerals take place from 14h00, this means that a worker has been at work for most of its office hours and is no longer considered as being absent from work. Hence, absenteeism is not a very crucial factor in terms of the impact of HIV/AIDS in production (Ministério da Agricultura e Desenvolvimento Rural Direcção de Recursos Humanos 2005: 21). Nonetheless, in the rural areas where most of the commercial and subsistence farms are located, funerals are thought to result in a day's absence from the farms (FAO 2005). A compounding factor in terms of loss of labour due to the AIDS pandemic is the fact that in rural Mozambique, 60% of women are caregivers and are more likely than men to work on the farms (Setsan 2004). In some parts of Africa, as much as 70 percent of the agricultural labour force and 80 percent of food production is composed of women. This is significant because infection rates are higher among women than men, with over 60% of new cases being among women (Petty *et al.* 2005). Hence, according to the above statistics, the loss of labour on farms may be greater due to the fact that if there are 60% of new cases among women, it means that there will be more women dying of AIDS-related illnesses and other women will devote productive time to caring for their spouses or family members (FAO 1997), with greater consequences for labour availability.

Another example of how human capital is affecting agricultural production is the shortage of agricultural extension officers<sup>17</sup> in the Ministry of Agriculture due to a general lack of skill and in some cases as a result of illness and death caused by

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<sup>17</sup> Agricultural extension officers are the intermediaries between research (or any other source providing new information) and farmers. Their job is to operate as communicators and facilitators to help farmers make the right decision and ensure that the appropriate knowledge is implemented to achieve the best results (Career Descriptions 2007).

HIV/AIDS. The movement of extensionists from the Ministry of Agriculture and other commercial farm workers during the harvest season within the country, without their respective spouses makes these groups of workers more susceptible of acquiring the HIV/AIDS virus (Ministério da Agricultura e Desenvolvimento Rural Direção Nacional de Recursos Humanos 2005: 23-24). In addition, the author believes that the loss of extensionists in the Ministry of Agriculture may result in not only the loss of productivity, but may also mean the reduction of staff required for the provision of services to farming communities or for undertaking data collection.

### **5.3.1.2. Labour intensive to less-labour intensive crops.**

According to previous research in this area, a common method for coping with labour shortage due to HIV/AIDS is to switch from labour intensive to less-intensive crops or simply, but with grave consequences, reduce the area under cultivation (FAO 2004). In Mozambique, according to Dominguez *et al.* the range of crops grown over time has declined and the area under cultivation in some cases has been reduced to up to 60% of the total area, with potential negative consequences for food security. In this regard, FAO (2004) emphasises the importance of traditional crop varieties and their role as insurance policy against hunger. However, with reduced labour, farmers prefer crops which are easy to plant and maintain and require less attention than other crops. Young quoted in Dominguez *et al.* (2004), described how, for instance sorghum and millet were gradually replaced by maize as women tried to compensate for male labour loss in the Chókwé district of Mozambique. The author believes that over time, HIV/AIDS may lead to the impoverishment of rural communities, which in turn may lead to less available assets and less capital to invest on farms.

### **5.3.2. Smallholder Agricultural Production/Subsistence Farming**

Subsistence agriculture is the main source of income for the rural poor. According to Setsan (2004), in rural Mozambique there are more females than males engaged in rural farming and smallholder agriculture is largely based on the production of maize, cassava, sweet potatoes. Cash crops such as cotton and tea are also key crops grown by these smallholders. As smallholder agriculture is also characterized by an already low productivity and by the intensive use of labour, the impact of HIV/AIDS is likely

to be extensive, since the majority of the country's population live in the rural areas and rely heavily on this type of farming for livelihood.

Increased mortality as a result of HIV/AIDS is having a profound impact on livelihood throughout sub-Saharan Africa. According to Dominguez, Jones & Waterhouse (2005), seed intervention, a practice that has been widely used in Southern Mozambique to assist in the process of agricultural rehabilitation following natural disasters, is one of the areas that might be affected by the HIV/AIDS pandemic. The Ministry of Agriculture in Maputo also confirms that some possible consequences of HIV/AIDS may affect subsistence farming in rural Mozambique, and the economy of the country as a whole. Some of the possible impacts are briefly discussed below:

First, **loss of agricultural skills and knowledge**, as explained in the previous section. The impact of HIV/AIDS will only begin to be felt once the workers or labourers fall ill and die. Hence, the widespread loss of active adults in smallholder agricultural production and subsistence farming means that there is a disruption of mechanisms for transferring indigenous farming methods, knowledge, values, and beliefs from one generation to the next (FAO 2004). According to the Ministério da Agricultura e Desenvolvimento Rural, Direcção de Recursos Humanos (2005: 39), most of the farmers use seeds that they produce themselves to grow their own crops, hence, knowledge on how the particular seed is conserved can only be passed on from parent to children, once the parent dies of HIV/AIDS related illnesses, the knowledge, which is not in written format, goes with him. A study carried out by International Crops Research Institute for the Semi-Arid Tropics (ICRISAT) in Chókwè found that gender differences in the tasks and priorities in agricultural labour meant that women were the main retainers and transmitters of knowledge on the seed selection and conservation process (Setsan 2004).

Secondly, **decline in agricultural production**. Although there is no specific figure on exactly how much agricultural production is lost due to HIV/AIDS, a major new study of subsistence agriculture in Mozambique documents the loss of many varieties of grains, tubers, legumes, and vegetables due to HIV/AIDS-related illness, floods and droughts (FAO 2004). Indeed, according to Economic Commission for Africa (2006),

death and illness reduce labour availability, both directly through affecting productive members of the household, and indirectly through diverting labour to caring for the sick. What this means, according to Dominguez *et al.* (2005), is that when the rainy season comes—the period when demand for labour is higher because of land preparation, sowing and weeding—there will not be enough workers to meet the demanded capacity for production. The implication of this to the smallholder agricultural sector is that fields cannot be worked, goods cannot be transported to larger markets, and farmers will not make enough income for their subsistence. In this regard, FAO (2004) predicts that Mozambique’s agricultural labour force will continue to decline, and estimates that by 2020 the country will have lost over 20% of its agricultural labour force to HIV/AIDS. This is particularly alarming for subsistence agriculture and food security in a country that is already prone to natural disasters such as floods and droughts.

Nonetheless, the author found that a decrease in agricultural production was not caused by chronic illness alone. Other factors were also to blame, such as the lack of farm inputs such as fertilizers and equipments/and or the inability (amongst the poorest farmers) to purchase such inputs, as well as the unfavourable weather conditions in Mozambique over the past years.

#### **5.3.4. The Relationship between HIV/AIDS, Economic Growth, and Democratic Consolidation in Mozambique**

First and foremost, despite demographic impact and estimated impact of HIV/AIDS to the population, it has been very difficult to fully capture the magnitude of the pandemic for economic growth and development, and hence, its full impact on democratic consolidation in Mozambique is difficult to assess. For this reason, attempts to assess the impact of HIV/AIDS on the agricultural sector of Mozambique have relied heavily on the logic and assumption, based on data, that the loss of an adult due to AIDS causes severe labour constraints and a decline in productivity. All the same, what follows is a discussion on the relationship between the impact of HIV/AIDS, economic growth, and democratic consolidation in Mozambique, based on data acquired from the Ministry of Agriculture, secondary and primary sources, as

well as on the vast literature covering the impact of HIV/AIDS on democracies in the developing world.

The basis for much speculation around HIV/AIDS and democracy lies in research on the links between poor health and political instability and between good health and democracy (Manning 2002). Still on this note, some authors support this relationship between economic growth and democracy, on the speculation that socio-economic development is seen to fundamentally change the way individuals and groups relate to the political process, this is especially so in the case of the most disadvantaged members of society ( Mattes 2003).

According to Whiteside, (1999), one of the ways in which HIV/AIDS could impact democracy and democratic consolidation is through the illness and deaths of prime-aged adults in their thirties and forties. As was mentioned earlier, farm workers and extensionists throughout Mozambique, are between the comprehensive ages of 31 and 51. According to statistics, these are the age brackets most affected by the disease (Ministério da Agricultura e Desenvolvimento Rural Direcção Nacional de Recursos Humanos 2005: 18-24). Hence FAO (2004) predicts that if the prevalence average for farm workers is compared to the national prevalence average, the country will have lost over 20% of its agricultural labour force to HIV/AIDS by 2020. In economic terms, this means the loss of human capital, or a waste of resources invested in education and training (Manning 2002). For the Mozambican economy, with an agricultural sector that employs close to 81% of the total population and contributes approximately 23% to the country's GDP (Central Intelligence Agency 2008), the consequences may be drastic, both in terms of GDP and of food security. These deaths do not only represent a loss in human capital, productivity, and for the most part economic growth, but in the long run, they might represent a potential long-term threat to stability and development. This is because a death of a prime-aged adult may present constraints that endure for a considerable period of time after the death. Therefore and according to Lafayette (2002), it is important to look at how the disease will impact the whole economy, because depending on the region of Mozambique, 6% to 20% of the adult population is HIV positive.

This is significant in a number of ways. In basic economic terms, the impact of HIV/AIDS in the agricultural sector through the weakening of the size and skills of future workforce may mean a weakening of a country's tax base, and, in turn, a reduction in the country's capability of providing public services for the needy, and more spending on health. According to a World Bank report (2008), it is currently estimated that the HIV/AIDS pandemic may risk lowering economic growth rates in Mozambique by as much as 1% annually. This on its own may weaken efforts at democratic consolidation because with no economic growth, less capital accumulation and low education, incumbent governments receive blame for the worsening of these conditions (De Walle & Bratton 1997).

HIV/AIDS seems to be a threat to the transference of skills and hence economic development and progress. As FAO (2004) rightly puts it, the widespread loss of active adults in smallholder agricultural production and subsistence farming in the country means that there is a disruption of mechanisms for transferring indigenous farming methods, knowledge, values, and beliefs from one generation to the next. One of the most detrimental influences on the Ministry of Agriculture is the highly skilled employees that are lost through AIDS-related illness. Accordingly, it will be increasingly difficult for the ministry to pass on the skills that they do have. Still on this note, FAO (2004) predicts that Mozambique's agricultural labour force will continue to decline, and estimates that by 2020 the country will have lost over 20% of its agricultural labour force to HIV/AIDS.

The Ministry of Agriculture has calculated the amount of \$ 5 428 459 to be the minimum cost related to worker absenteeism due to HIV/AIDS related illness or death in 7 years (Ministério da Agricultura e Desenvolvimento Rural, Direção Nacional de Recursos Humanos 2005: 45). What this means in economic terms is that, as the impact is felt in the economy because labour and skills are lost, capital is diverted to pay for care and funerals of deceased staff members. For democracy, this means that the budget is being overstretched, which can therefore negatively influence the capacity of Mozambique to deal with social injustice, and to respond effectively to the epidemic itself. Overstretching the budget and at times diverting it towards coping with the impact of HIV/AIDS in the country can also be detrimental in terms of autonomy and sovereignty. As it is, Mozambique remains dependent upon foreign

assistance for much of its annual budget, and according to Plank (1993), in the past, the Mozambican leaders have been obliged to cede substantial influence over domestic political arrangements and policy choices to external agencies, in order to maintain the flow of aid, and to deflect economic collapse. The challenge now is how to fight the epidemic and consolidate democracy without losing total control of the state machinery, and hence credibility on the part of the voters.

Currently, the estimations made by a study conducted in Mozambique is that by 2010 Mozambique's economy will be between 16% and 23% smaller than it would be if not affected by AIDS, and the GDP growth will be 0.3% and 1% lower (Lafayette 2002). Factors that may be attributed to these scenario are the following: reduced productivity growth (in the agricultural sector death of a male household head aged 16–59 years is associated with a 68% reduction in the net value of crop production by the household), reduced population growth (an estimated 81,000 people were killed by AIDS-related illnesses during 2007) (Arndt 2006: 482).

Mozambique's prevalence rate at 16% is still low if compared to other countries like Botswana with a prevalence rates exceeding 38% of the total population. This means that the government and respective NGO's still have a window of hope and can do a lot towards slowing down further infections and a decline in economic development (Afro News 2007). Consequently, in the fight against the pandemic, it is important to maintain an open approach to HIV/AIDS in the political arena. Although Mozambique has already declared HIV/AIDS to be a national emergency and the government is working together with local and international NGO's<sup>18</sup> to help stop the spread of the disease, there is still a lot that remains to be done. This is especially so when one considers that the full impact of the epidemic is yet to be felt in the economy as rates are still on the increase (Dominguez *et al.* 2005).

#### **5.4. The Impact of HIV/AIDS on Household Economy**

Although all sectors of society are affected by the HIV/AIDS pandemic, the poor are often the hardest hit by the impact of the virus. For this reason, the author chooses to discuss, in the subsequent section, the possible impact of HIV/AIDS on household

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<sup>18</sup> A thorough discussion of a variety of government responses to HIV/AIDS has already been discussed in chapter three of the dissertation.

economies and livelihoods. According to Arrehag *et al.* (2006), for these units (household), the impact and resulting consequences of HIV/AIDS is particularly strongly felt because they bear the dual burden of emotional suffering and increased economic costs. What follows below is an analysis of HIV/AIDS on household economy, aided by an adapted example from data collected in an organization based in Mozambique called “Save the Children”.

#### **5.4.1. Case Studies**

The two case studies that are described below show how a recent death has, and can, cause a change in the composition of a particular household and their savings/economies. According to Cesale and Whiteside (2006: 3), HIV/AIDS impacts various interconnected levels of the economy, and the greatest impact, in terms of human and social costs, is felt at household level.

##### Amelia

Amelia is a 25 year old widow living in Manica province and has sons aged, 2, 4, and 7 years. Her Husband Constantino was a farmer, and died in 2005. Last year’s production fell and was only 40 kg, before her husband became sick of HIV/AIDS-related illness, they had a field where they farmed, however, this was taken by Amelia’s husband’s family. They had no additional capital after much of it was spent on medical and funeral costs; their main source of income is from petty trade, selling vegetables in street corners (Ministério da Agricultura e Desenvolvimento Rural, Direcção de Recursos Humanos 2005: 39-40).

##### João

João is a 12 year old boy. Both his parents died; his mother in 2000 and his father in 2002. There is reason to believe that they both died of HIV/AIDS-related illnesses due to the long period of sickness before their deaths. João is the only child, consequently he lives on his own. He sleeps in a broken-down hut, with crumbling walls and collapsing roof. He earns 10 000 Mts day (less than a \$1) carrying water for the neighbours, as needed. Before his mother died, they used to cultivate 1ha and also sold firewood. The land has now been taken over by other people. He is in grade 5

and attends school when he can, as he is sometimes busy finding alternative means of income (Save the Children 2007).

What follows below is an analysis based on the case study and research materials that the author managed to acquire while in Mozambique. These are going to be divided into direct and indirect costs of HIV/AIDS.

#### **5.4.1.2. Direct Costs of HIV/AIDS**

The first case study (Amelia) suggests that what is happening in Mozambique in terms of the impact of HIV/AIDS, according to various literature reviews<sup>19</sup>, is the same as in most parts of Africa with a prevalence rate above 10% of the total population.

#### **5.4.1.3. Medical Expenses and Funeral Costs**

The Budget of many households in the poverty stricken rural areas is said to be composed mostly of medical and transport costs (Ministério da Agricultura e Desenvolvimento Rural Direccção Nacional de Recursos Humanos 2005: 45). But in the case of a household affected by HIV/AIDS or who have recently suffered a death, the cost is expected to be substantially higher because of prolonged illness. Additional care-related expenses, the reduced ability of caregivers to work, and increasing medical costs push affected households into deeper poverty, and in other cases, debt (Arrehag *et al.* 2006). Because the author was not able to find information relating to the exact amount rural households spend on healthcare in Mozambique, an example was used from Arrehag *et al.* (2006), that states that, “the mean direct health costs in household experiencing an AIDS death accounted for US\$ 70 dollars”. Despite appearing to be a small amount, in most cases it represents about 24% of the total per capita income.

In Amelia’s case, the associated loss of income forced her and most families in Mozambique to resort to selling vegetables, or force them to sell some assets so as to meet the additional health costs and funeral costs. In addition, it is expected that more and more households and individuals will be forced to seek support from the broader

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<sup>19</sup> The literature review was carried out in chapter 2 and discusses the various ways in which HIV/AIDS impacts the various sections of social and economic life.

community, in order to meet medical expenses, this means increase demand for social welfare (Bonnard 2002).

Funeral costs represent yet another expense that has to be incurred by rural households when a sudden AIDS-related death occurs. According to Arrehag *et al.* (2006), funeral-related costs can be grouped as both direct expenditures (to pay for coffin, funeral ceremony) and indirect costs (such as loss of labour time). According to the Ministério da Agricultura e Desenvolvimento Rural, Direcção de Recursos Humanos (2005: 21), the average costs borne by the Ministry (government spending), when workers die are as follows: a funeral subsidy of 2, 500, 00 meticaís (\$100) is usually given to the family of the deceased, in addition the beneficiary of the deceased worker gets an equivalent of 6 months salary of the deceased. The author used the above statistics to serve as reference of how much can be spent on funeral costs<sup>20</sup> in the absence of hard data on costs borne by households in Mozambique.

#### **5.4.1.4. Household Income**

Research on the impact of HIV/AIDS on household income seems to be heterogeneous across sub-Saharan Africa. Factors such as gender and levels of poverty play a great deal on how the pandemic may affect the different households. A study carried out over three years in rural Mozambique, surveyed over 4000 households, found that a prime-aged male death is more likely to significantly reduce household, compared to a prime-aged female death (World Bank 2007). This is because when a prime-aged male dies in rural Mozambique, there is no new man joining the household as would happen if a prime-aged female died. Consequently, the death of a male can result in a significant loss of 25% of household income. As a result, the author predicts that the household levels of poverty may deteriorate, resulting in dissatisfaction with the current system of government.

Income may also be lost as a result of other household members being held back from work when taking the patient to the doctor or obtaining medicine or other related

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<sup>20</sup> In South Africa, it is estimated that some families are spending three times their monthly household income on funeral costs (Avert 2008).

items for the patient (Arrehag *et al.* 2006). This is true especially for women who are often the sole care-givers.

#### **5.4.2. Indirect Costs of HIV/AIDS**

Indirect costs of HIV/AIDS refer to the spill over effects resulting from a prime-aged male or female death in a rural household. Some of these costs are discussed below.

##### **5.4.2.1. Impact of HIV/AIDS on Labour Supply**

One of the principal consequences of an HIV/AIDS related death is the loss of labour within a household. According to Ministério da Agricultura e Desenvolvimento Rural, Direcção de Recursos Humanos (2005: 43), the loss of labour due to AIDS-related illnesses may lead to testing decision-making within the household, a delay in agricultural operations, or finding alternative means of survival.

Another important impact of HIV/AIDS on families is a decline in agricultural production. This may be for a variety of reasons. In cases where women and children are denied their inheritance rights, there is no capital left, therefore a household may no longer be able to afford to buy seed and fertilizer. According to FAO, (2007), in Mozambique where HIV/AIDS is already well established in the general population, subsistence agriculture is an important source of livelihood for the majority of the population, and hence a threat to food security. Consequently, AIDS is often one more factor that aggravates an already difficult situation. In a community or society in which HIV and AIDS affects a large part of the population at the same time, both formal and informal institutions might be weakened, and desperate households increasingly erode public resources. In this regard, a study carried out by FAO (2004) in Mozambique shows that 45% of respondents from HIV/AIDS-affected households said that they had reduced the area under cultivation and 60% said that they had reduced the number of crops grown.

Nonetheless, the author finds it imperative to highlight the fact that the impact of HIV/AIDS on households may vary from household to household. This is because some rural households in Mozambique are composed of mostly adults (husband, the brother and both their wives), hence making the household coping mechanism in terms of labour supply fare much better than a normal household. In other households,

withholding children from attending school, also serves as a coping mechanism, albeit, with added consequences for their education and for agricultural production

#### **5.4.2.2. Impact of HIV/AIDS on Land Holdings**

According to Arrehag *et al.* (2006), one of the indirect costs of HIV/AIDS is that it has the potential to negatively impact on the ability of the affected family members to retain land and on the quality and the quantity of the land. Although the clause on the “Right to Succession” in Mozambique’s Civil Code states that women and children are the first in line in inheritance along with the surviving parent, there are many cases where they are deprived of their rights (Save the Children 2007).

In Mozambique, women and children suffer, because the death of a husband often leads to the denial of their inheritance. According to Economic Commission for Africa (2006), the HIV/AIDS epidemic increases the vulnerability of women and children to land dispossession by patrilineal kin on the death of the husband. With the desire to further their own economic interests, some family members will seize property and belongings that a widow and her children should inherit. What this means is that the family is left poorer than it was before the death of the husband, and in most cases the children will be taken out of school in order to help with the financial burden by looking for alternative income. This can be through prostitution, petty trade, and so forth. Statistics estimate that nearly 1, 6 million Mozambicans live with HIV and AIDS, 58% are women, and 5% are children below the age of 5 (Central Intelligence Agency 2008). If these inheritance rights are not protected, women and children will remain the most affected.

#### **5.4.2.3. Children Orphaned by HIV/AIDS**

In the second case study, João is one of an estimated 1.6 million orphans in Mozambique, with an estimated 600,000 children having lost one or both parents to AIDS-related illnesses (Save the Children 2007). The children left behind are considered to be some of the most severely impacted by the country’s HIV/AIDS epidemic.

The hypothesis is that, children’s schooling will be disrupted especially among girls. The reasoning behind this hypothesis is that, non-orphans have a better chance of attending school than orphans either by one parent or by both parents such is the case

of João. In poor settings such as in most rural provinces of Mozambique where subsistence farming is the main mode of survival, school enrolment may also decrease as children are forced to dedicate time to labour and caring for the sick. While the amount that school children have to pay in most schools in the rural areas is small, with most orphans being minors, this amount is hard to come by, thus some might be turned away from school and hence, lose their right to an education.

According to Cohen (2004), governments should bear the ultimate responsibility to protect children when their parents no longer can. In Mozambique it is NGOs like *Save the Children* that are providing some of the services that governments cannot, due to an overstretched budget.

While a lot is being done to minimise the impact of the disease on orphans, it is important to mention that, even if prevalence rates are reduced, the number of orphans will continue to increase over the coming decades, as it represents a lagged effect of the epidemic (Casale and Whiteside 2006: 3).

### **5.5.1. The Relationship between HIV/AIDS, Household Economy, and Democratic Consolidation in Mozambique**

It is important to mention the fact that despite increasing evidence of how HIV and AIDS affects the livelihoods of families, the information available does not allow for a complete generalisation on the national level. It however, allows the author to speculate, based on informed data, on the possible consequences that the affected household economy and livelihood might have on the consolidation of democracy in Mozambique.

First and foremost, it is important to highlight the fact that most people still equate democracy to individual well-being, and in most instance individuals will blame incumbent governments for prevailing economic conditions (De Walle & Bratton 1997). In such an instance support for democracy implicitly means support for higher income levels and living standards and not for democracy as a political system

According to a World Bank report of a study done in Mozambique (2007), people's perceptions of what poverty means are based on the distinct realities of different people's lives and experiences of poverty. As per the two case studies, it is evident that people in such a setting remain poorer and inequality is deepening. In such situations, it is fair to say that the socio-economic condition of these individuals might change fundamentally the way they relate to their country's political process. Hence, democratic consolidation may be at risk.

According to the a World Bank report (2007), the vast majority of the Mozambican population perceive and equate poverty to one of the following, first, the lack of income, money, employment or livelihood, second, the lack of productive assets, such as labour, seeds and fertilizer, third, the lack of basic household and personal necessities, including food and shelter and lastly, poor health and low education were also cited. The author included the above aspects that the average Mozambican equated with poverty in order to better support the argument that impoverishment of rural households due to HIV/AIDS may translate into a dislike of democracy and the incumbent government and hence, hurt the chance of democratic consolidation.

All the above reasons given by respondents in the World Bank study as perceptions of poverty, fall well within the impact felt by the population affected by the HIV/AIDS pandemic. Consequently, the author assumes that even if the individuals or population at large might not blame the governments for the worsening of the epidemic, they may invariably blame the government for their aggravating poverty and inequality. Hence, they might blame democracy and democratic government for not improving their standard of living.

As already mentioned, it is expected that the epidemic will kill a large number of teachers as well as school administrators. To this is added the fact that large numbers of children, mostly orphans, are likely to quit school in order to help care for the sick or to find work. This may prove a challenge for the governments' Action Plan for Reducing Poverty (PARPA) by 2009. It is important for Mozambique to reduce its high illiteracy rate if it aims at improving poverty and inequality levels amongst the populations. According to the author, basic literacy is imperative in that it allows the rural population to participate in development and income generating activities that will probably aid in economic growth.

The high numbers of orphans not attending or dropping out of school may have serious implications for the country's economy and may worsen inequality. If the orphans are not given adequate education today, there might be increased inequality among the next generation of adults and the families they form (Economic Commission for Africa 2002). Consequently, government may be called upon to provide social services, but because of the overstretched budget and the diversion of funds for the provision of medicine to HIV/AIDS patients, the government might not cope. Hence, the government may be seen as failing to attend to the welfare of the people.

As mentioned by one of the authors in the literature review<sup>21</sup>, a democracy, in order to be sustainable, must produce policies that generate government-mandated private goods in the area of education, health and transportation, most of all; it must provide an economic safety net for its citizens and some alleviation of gross economic inequality (Mottiar 2002).

It is easy to see how the population in rural areas are affected by the epidemic and hence may disrupt efforts at democratic consolidation in Mozambique by the following facts: First households that are poor are likely to be less resilient to meet the shocks of AIDS mortality. Second, poverty levels are higher in the rural areas and the direct and indirect costs of HIV/AIDS have been, and will continue to be, on the increase in the rural areas, government institutions and democratic government in general will continue to receive blame for these worsening conditions. Hence, if governments have failed the people in most instances, the population is prone to believe that democracy has failed them.

According to Willan, quoted in Manning (2002), government incapacity to provide adequate social welfare to the population may decrease citizen support for democratic government, and hence hamper efforts at democratic consolidation- if you have a fatal disease, or if your life is burdened with caring for such people, why does it matter how you are governed?.

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<sup>21</sup> In chapter two of the dissertation.

## 5.6. Concluding Remarks

The aim of this chapter is not primarily to provide an estimate of HIV/AIDS prevalence in the country, rather it serves to highlight and offer an analysis of the actual impact of the epidemic in Mozambique, and to provide the readers and the government of Mozambique, if you will, with insights into the way HIV and AIDS pandemic has continued and will continue to affect the economy, using the agricultural sector and household economies as case studies.

In the first case study, it was noted that the country's agricultural labour force will be severely impacted due to HIV/AIDS-related morbidity. If national HIV/AIDS prevalence rates are at an all-time high of 16% and the agricultural sector employs more than 81% of the country's labour force, then these workers form part of the high-risk groups. In other words, the ministry of agriculture and the agriculture sector which accounts for 32% of GDP and which employs more than 81% of the country's labour force is no less vulnerable to the epidemic. The findings on the impact of HIV/AIDS on the agricultural sector can be summarised as follows: first, morbidity causes interruptions in work and reduces productivity, second, seasonal fluctuations in labour and production are exacerbated, and lastly, mortality may reduce the size of the labour force.

In terms of the impact of HIV and AIDS on the household economy and livelihood, the author found that the two case studies illustrate the different ways in which HIV and AIDS can change individual households. These changes range from, first, culture-specific impact brought on women and children, in Mozambique, with the death of a husband, the denial of their inheritance which can cause economic hardships second, an important impact of HIV/AIDS on families is a decline in agricultural production, for example, by spending the family's savings on medical and funeral-related costs, the family may no longer be able to afford to buy seed and fertilizer. Third, children have less opportunity to gain knowledge from their parents. Fourth, large numbers of children, mostly orphans, are likely to quit school in order to help care for the sick or find work, Fifth, it is estimated that a reduction of 13.3% will take place in primary school enrolment by 2010, but the impact will vary from region to region with the central regions experiencing a total drop of about 18%. In many instances

this might mean that the governments' Action Plan for Reducing Poverty (PARPA) by 2009 and in particular increase education levels, might suffer. And if according to Arndt (2006: 480), there is a direct correlation between the evolution of primary school enrolment and the evolution of unskilled labour, then this has wide implication for unemployment levels and the labour market may be filled with more inexperienced labour force. This invariably has added consequences for productivity levels and hence, for economic growth.

The above discussion may have a number of implications for the achievement of democratic consolidation, especially if the majority of the population affected by HIV and AIDS equate democracy and democratic consolidation with the provision of employment, basic necessities such as water, good sanitation, and education, and provision of welfare to those in need. In many instances, this can result in decreased citizen support for either the government in term or for the democratic process as a whole.

## CHAPTER SIX: SUMMARY AND CONCLUSION

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### 6. Introduction

In order to answer the main theme of this dissertation -An analysis of the Impact of HIV/AIDS on Civil Society and a growing Economy in Mozambique: *Assessing Aspects of Democratic Consolidation*- the author had to first look at the general nature of the HIV/AIDS epidemic and then in Mozambique, in particular. The author then evaluated the possible capacity of the disease to impact democratic consolidation, by analysing its impact on two chosen pillars of democratic consolidation.

Several factors had to be considered in order to arrive at an adequate answer. First, various theories on democracy and democratic consolidation were discussed and analysed; second, Mozambique's historical background and epidemiological situation was considered; and lastly, the two aspects of democratic consolidation chosen by the author, namely civil society and economic growth, were analysed in terms of how they had been affected by HIV/AIDS. In the approximately 25 years since HIV/AIDS emerged as a major health issue, the epidemic has had serious and in some places catastrophic consequences on socio-economic and human development efforts. In particular, authors have speculated on the possible consequences of the HIV/AIDS pandemic on democracy and democratic consolidation in Africa. One such author is Manning (2002), who predicts that AIDS may have a detrimental impact on the capacity of governments to provide services and fulfil its government functions, and in the process, could undermine the government's public support and legitimacy. The other speaks about the capacity of the epidemic to weaken civil society's size, strength, and leadership experience (Willian 2000). According to Niza (2005), the countries in the Southern Africa region are all relatively young democracies. For this reason, a great deal is being done to consolidate government institutions, inform the electorate, and eradicate poverty, HIV/AIDS, poses a threat to all this. It is thought that the long incubation period<sup>22</sup> of the HI virus and the fact that it kills mostly those in the most productive phases of their lives, has helped to make HIV/AIDS more deadly than any other life-threatening disease, with dreadful consequences for democratic consolidation (Mattes 2003).

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<sup>22</sup> The period between infection and death due to AIDS-related illnesses. The HIV curve precedes the AIDS curve by about 5 to 15 years.

The first part of this chapter highlights the main findings of the dissertation per chapter. The subsequent sections deal with the contributions made by this dissertation and highlights future research opportunities in this field of study, and lastly a conclusion.

### **6.1. Theoretical Foundations**

Theoretical foundations were laid that would guide the subsequent chapters of the dissertation. Hence, the author, tried to assess whether theories of democracy and democratic consolidation would provide useful tools for assessing and examining the state of democracy and democratic consolidation in Mozambique. One of the main findings with regards to the concept of democracy was that that there is no consensus on how best to define democracy, since definitions of democracy are contested, and there is an ongoing debate on the subject and various sections of the population understand democracy differently. For example, some authors state that for the average population democracy is mistaken to correlate with Western income levels and living standards and with little understanding of democracy as a political system of rules and systems (Shin, Dalton & Jou 2007). As discussed in chapter five, this has major implications for the rural population of Mozambique whose agricultural activities are adversely impacted by the HIV/AIDS epidemic. The concern here is that, if the majority of the population understand democracy to mean an improvement of income levels, the impacts that the HIV/AIDS may have on the economy and hence on livelihoods may result in decreased support for democracy. Nonetheless, for the purposes of this dissertation, the author chose to define democracy as a system of government with four key elements, a political system, a rule of law, an active citizenry, and lastly protection of human rights of all citizens (Diamond *et al.* 1987).

A discussion of democratic consolidation provided the dissertation with a comprehensive and multidimensional framework that distinguishes and acknowledges the interdependent factors that need to be achieved, and in some cases, HIV/AIDS, successfully reduced, in order to consolidate democracy in a country. The author argued that democratic consolidation cannot be achieved in isolation. Several factors, known as pillars of democracy also need to be taken into consideration. These are:

civil society, political society, political institutions, democratic culture, and economic growth. As with democracy, democratic consolidation is also a contested term, but for the purposes of the dissertation it was agreed that the following definition would prevail: a “consolidated democracy is a political system in which democracy as a complex system of institutions, rules, and patterned incentives has become the only game in town (Linz and Stepan 1996: 5-9)”.

The theory on democratic consolidation, discussed in chapter two, also highlighted how African countries can consolidate their democracies by highlighting different factors that need to be accomplished. For the purposes of this dissertation, the author chose to discuss two of these factors, civil society and a growing economy. In summary, there is a link between democratic consolidation in each one of the pillars that the author discussed in chapter two. Briefly, and in terms of civil society, Kasfir (1998: 36-37), states that the political elements of many civil society organizations facilitate better awareness and a more informed citizenry, who make better voting choices, participate in politics, and consequently hold government more accountable. With regards to economic growth, Diamond *et al.* (1987: 5) states that democratic theorists have asserted a positive relationship between the level of socio-economic development and democracy.

Nonetheless, there are also various obstacles that countries may encounter while trying to achieve democratic consolidation. For Linz and Stepan (1996:23-25), dangers posed by ethnic conflict in multinational states, and by disappointed popular hopes for economic improvement in states undergoing simultaneous political and economic reform, are the most important obstacles for democratic consolidation. More recently, and as discussed in chapters four and five, HIV/AIDS is affecting civil society and economic growth, by killing the most economically active members of society, and hence those who participate in civil society groups. To refer back to the arguments in chapter four, although it may be difficult to assess the exact impact of HIV/AIDS on civil society in terms of worker morale, it is fair to say that staff members may feel demoralized by the death of a colleague, a family member, or a member of the community with which they are working, and hence may feel less

inclined to work. And again, as discussed in chapter five, democratic consolidation will be difficult to achieve if HIV/AIDS continues to undermine economic growth by affecting Mozambique's agricultural sector and household economies of specifically the rural poor.

Lastly, it was apparent in chapter two that as there were supporters of democratic consolidation, there were also critics. While Linz and Stepan (1996: 5-9) state that a consolidated democracy is needed in order to secure democratic rule and peace, O'Donnell (1996) on the other hand thinks that it is necessary to reconsider the theoretical utility and practical reach of democratic consolidation. He argues about the difficulties of instituting a democratic culture when most African countries are known for rampant clientlist mode of governance.

## **6.2. Overview of Mozambique's History and HIV/AIDS Pandemic**

The main purpose of chapter three was to provide a brief overview of the country's historical background - colonialism, civil war, independence- and its HIV/AIDS epidemiological situation since the discovery of the first infection in 1986.

The author discovered that most of Mozambique's ills at independence were as a result of the policies of the previous colonial order, which began in the 15<sup>th</sup> century and lasted until the mid-1970s and civil war. These policies resulted in little attention being paid to Mozambique's national integration, its economic infrastructure, or the skills of its population. Hence, education opportunities for black Mozambicans were limited, and 93% of the population was illiterate at independence (Vines 1991: 121). It is however important to mention that the 10 year old civil war that ensued in the 1960s also had devastating consequences for the country. Destruction caused by the 10 year civil war include the following, wholesale destruction of Mozambique's infrastructure, especially the transport infrastructure, power supply, facilities for public administration, and public services, such as for education and health. As discussed in chapter five of the dissertation, HIV/AIDS is attenuating this legacy by killing men and women responsible for sending children to school, and as it stands, Mozambique has illiteracy rates higher than average for the sub-Saharan region. The average rate of illiteracy among adults nationwide is about 53.6%; it is higher in rural

areas (65.7%) than in urban districts (30.3%) and more marked among women (83%) than men (52%) (Mario & Nandja 2005). This has important consequences for development and for the skills base of the country.

Chapter three also served to highlight future challenges that Mozambique may still face with regards to achieving democratic consolidation amidst national prevalence rates of HIV/AIDS around 16% of the total population (Assembleia da Republica 2005). In brief summary, the first case of HIV/AIDS was diagnosed in 1986. The author found that in the early 1990s prevalence rates were below 5% of the total population ([allAfrica.com](http://allAfrica.com) 2007). Currently, prevalence rates have risen to an all time high of 16% of the total population, affecting the age groups from 15-49 years of age with different regional oscillations. The age groups mostly affected by the virus, are the most economically active. This is especially problematic, as it may have indefinite impacts on the country's economy, and hence on democratic consolidation as discussed in chapter five.

Various factors were also identified by the author in chapter three as being responsible for the high prevalence rates of HIV/AIDS in the country. Amongst the factors given are: heterosexual relations (due to the multiple sex partner arrangements that are common in Mozambique, especially among young women in cities) as well as mother-to-child transmission accounting for 25% of all diagnosed cases, high illiteracy rates (which means that information that is given on HIV/AIDS prevention is usually difficult for these group of people to understand and to adhere to), Poverty and inequality (in poor settings where people are struggling to survive, women and children use sex in order to obtain money, food, shelter and security, hence worsening the cycle of HIV infection) , the widespread acceptance of the idea that men are dominant over women, migration and mobility, the high incidence of alcohol abuse in Mozambique, and the limited use of condoms by the population for various reasons, has also been identified as a major factor in fuelling the epidemic (Machel 2001: 82, Save the Children 2007 & Beckmann & Rai 2005). Lastly, Mozambique's cultural practices<sup>23</sup> are also identified and discussed by the author as possible drivers of the pandemic in Mozambique. Three of the practices are briefly discussed below. First,

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<sup>23</sup> The concept refers to the beliefs, customs and practices that are adopted by a particular group of people (William & Engelbrecht 2003: 24).

initiation rites, in this practice boys are encouraged to have sex upon returning from the village. This has serious implications for the transmission of HIV/AIDS because they engage with older women who may be infected by the HI virus). Second, polygamous marriages, where multiple sex partners arrangements are common, is identified in chapter three as one of the many ways in which the virus is spread, hence polygamous relations has the potential of exposing a large number of people to the virus, and finally, death rites, especially widow inheritance (whereby a widow is inherited, usually by the brother of the deceased husband) and ritual cleansing (a practice whereby a man or a woman upon the death of the spouse has to have sexual intercourse with a member of the family) exposed those involved, should the deceased have been infected.

The chapter also discusses the various responses to the epidemic, both from the government's side, civil society, and the wider international community. Conclusions drawn from chapter three are that governments should firstly aim to improve the social conditions that make people vulnerable to HIV infection, including but not limited to, increased investment in education, poverty alleviation, employment creation, and the removing of unfair discrimination against women before or while taking concerted efforts to minimise the spread of new infections.

### **6.3. Civil Society and Democratic Consolidation in Mozambique**

In chapter four, the author aimed to show how the HIV/AIDS pandemic could impact civil society, and to illustrate the various coping mechanisms employed. As discussed in chapter two, one of the ways in which HIV/AIDS is said to impact civil society in parts of Africa is by taking away large numbers of people. According to UNAIDS/WHO (2006), more than 25 million people have died of AIDS since 1981, primarily people in the most productive phase of their lives. More than 39, 5 million were living with HIV/AIDS by the end of 2006. With this in mind, the author aimed at identifying some civil society/NGO organizations in Mozambique, such as Population Services International (PSI)/Mozambique, Visão Mundial, Action Aid, and Christian Aid, to see in which ways HIV/AIDS impacted their organization and how this may affect efforts of democratic consolidation. The author chose these specific organizations because their work encompasses a wider range of areas related

to HIV/AIDS, from public participation, perception and the fight against discrimination against people with the disease.

As per the nationwide prevalence statistics provided in chapter three of this dissertation, mostly young economically active adults (15-49 years) are affected and dying with HIV/AIDS-related illnesses. The author found the same to be true for the organizations chosen in the case study. For the most part, the organizations' employees were below the ages of 35, were women and work travel formed a very big part of their job description. This has important consequences on how the epidemic may impact the various organizations, and in turn on how this may affect efforts for the consolidation of democracy. For instance, mobility is a factor working against the volunteers in terms of their susceptibility of acquiring the disease. One of the main findings in this respect is that the province of Gaza, where the majority of Visão Mundial's staff and volunteers work, is currently the province with one of the highest prevalence rates in the region, 27% of the adult population (Republic of Mozambique National AIDS Council (2008) and Ministério da Agricultura e Desenvolvimento Rural, Direção de Recursos Humanos 2005: 46-47). This makes these groups of volunteers, civil society groups, part of the high risk groups.

In other organizations, like PSI, HIV/AIDS impacts the employees indirectly through employee and volunteer stress levels, by working with communities infected and affected by the HI virus. In Visão Mundial, primarily, the impact of HIV/AIDS has to do with the unique challenges presented by children who are infected and affected by HIV/AIDS. It can be very stressful and strenuous to deal with children who progress from HIV to AIDS in a very short period of time, and die at a very early age. With Action Aid, regional variations of prevalence rates also affect them differently. Prevalence rates in the Zambezia and Manica Province where Action Aid and some of its volunteer workers have taken up activities since 1977 are currently at 19% and 16% of the total population, this may mean that some of the organization's staff members are – statistically -- susceptible to acquiring the virus. This means that, at some point or the other, employees may be or are already infected with the virus. On the other hand, given the fact that most of Action Aid's staff are above the age of 40, it is likely that the organization may experience few AIDS-related illnesses among its staff

compared to other organizations of similar size but with a relatively younger workforce.

The author comes to the following conclusions. Although HIV/AIDS may not turn citizens into authoritarians because of mounting death and sickness, as suggested by Mattes (2003), it is still expected that participation levels may decrease with grave consequences for the country's efforts at consolidating democracy. Firstly, the loss of human capital may mean less civil society lobbying for better governance and participating in public life. Second, the author believes that, because HIV/AIDS reduces the economic power of most workers, and hence their morale, it may have an impact on political leadership (in terms of civil society engagement with the population). The most important observation made, and also supported the theories discussed in chapter two, is of the important role of civil society in a democracy, hence, the reason why the fight against HIV/AIDS should be more pronounced by political leaders. As discussed in chapter four, civil society in Mozambique fulfils the following roles: It addresses the issue of lack of information to the most affected areas by providing the population with necessary information on HIV/AIDS, empowers citizens, engages the community in advocacy work and lastly, helps alleviate the social welfare responsibilities of the government through civil society groups in Mozambique that take care of the numerous children orphaned by the HIV/AIDS pandemic.

In addition, the theory on civil society and democracy in Africa, especially the section in chapter two where the obstacles to democratic consolidation is discussed, have contributed to a better understanding of challenges faced by African civil society amidst the fight against HIV/AIDS. Civil society, for instance, faces the challenge of remaining active in democratic politics despite the fact that HIV/AIDS is affecting and infecting the majority of its members. The challenge, therefore, is to fulfil its functions with the aim of consolidating democracy, while attempting to minimise the impacts of the HI virus on worker morale, productivity, AIDS-related deaths, and most importantly, on civil society participation.

Lastly, and as mentioned previously, the author discovered that a vast number of civil society groups and NGOs are working in the areas of HIV and AIDS. The question

that arises from this is: if most of the organizations focus on HIV and AIDS, how many focus on democracy-related issues, such as accountability and democratic consolidation? There is reason to believe that less attention is paid to areas directly related to democracy this is particularly so when considering that civil societies are already less participative because of the HIV/AIDS pandemic. What may be the consequences of this to democratic consolidation?

#### **6.4. The impact of HIV/AIDS on Economic Growth**

The implications of HIV/AIDS on Mozambique's economy were analyzed by focusing on two important aspects of economic life, household economy, and the agricultural sector. As discussed in chapter three, colonialism and civil war left Mozambique with the status of the world's poorest, most underdeveloped, and most aid-dependent country in the world. This has important implications for democratic consolidation in the country. According to Mottiar (2002), in order to be sustainable, a democracy must produce policies that generate government mandated private goods in the areas of education, health and transportation. Most of all, it must provide an economic safety net for its citizens and some alleviation of gross economic inequality. But if Mozambique's economy is adversely impacted by the pandemic, it may not be able to provide the above, and hence, democracy may be at risk.

As noted in chapter five, Mozambique's economy is overwhelmingly agricultural, presently 81% of the economic active population is employed in the agricultural sector, and more than half of the population live below the poverty line (Central Intelligence Agency 2008). Consequently, a stronger-performing agricultural sector is fundamental for Mozambique's overall economic growth. With that, it is important to understand how the lives of the people will be affected by HIV/AIDS and how its impact on the agricultural sector will hurt the overall economy.

In this respect, the findings were as follows. Agricultural production is directly affected by the loss of labour and the resultant loss of knowledge. In rural Mozambique, the time required to care for the sick and to seek medical assistance is often said to have an impact on the time allocated for agricultural production. The shortage of labour, according to Dominguez *et al.* (2004) has in some cases resulted in

a decline in the range of crops grown over time, and the area under cultivation in some cases has been reduced to up to 60% of the total area. This has important implications for food and seed security.

In terms of labour shortage, FAO (2004) predicts that by 2020 the country will have lost over 20% of its agricultural labour force to HIV/AIDS. Overall, the loss of agricultural skills and knowledge, decline in agricultural production, switching from labour intensive to less-labour intensive crops<sup>24</sup> such as hay, grain, or vegetable raw crops, may have important implication to the statement made in chapter two “with per capita incomes well below the levels commonly posited as the minimum necessary to sustain democratic rule, the African economic crisis will continue to undermine the legitimacy of any political regime, when incumbent governments receive blame for prevailing economic conditions” (Bratton and De Walle 1997: 35). At the moment, estimations made by a study conducted in Mozambique is that by 2010 Mozambique’s economy will be between 16% and 23% smaller than it would be if not affected by AIDS and the GDP growth will be 0.3% and 1% lower (Lafayette 2002).

Household economy<sup>25</sup> was also discussed in chapter five. The findings, first and foremost, suggested that what is happening in Mozambique in terms of the impacts of HIV/AIDS, according to various literature reviews<sup>26</sup>, is the same as in most countries in Africa with prevalence rates above 15% of the total population. In the first instance, the finding was that the death of a male can result in a significant loss of 25% of household income. With the loss of income are additional burdens of medical expenses and funeral costs that can cost the government up to 2, 500, 00 meticaís (\$100) and an additional family subsidy of up to 6 months of deceased worker’s salary (Ministério da Agricultura e Desenvolvimento Rural, Direção de Recursos Humanos 2005: 21). As a result, the author predicts that the household levels of poverty may deteriorate, resulting in dissatisfaction with the current system of government. Other indirect costs of HIV/AIDS were also discussed. These include the

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<sup>24</sup> Crops that require less labour for an individual growing season.

<sup>25</sup> Household economy describes the collective economic activities of households (Ironmonger 2001).

<sup>26</sup> The literature review was carried out in chapter 2 and discusses the various ways in which HIV/AIDS impacts the various sections of social and economic life.

impact of HIV/AIDS on labour supply, on landholdings, and on inheritance and the right to land.

The second case study shows a different reality. An estimated 1.6 million orphans live in Mozambique, 600 000 of these orphans will have lost one or both parents to AIDS-related illnesses (Save the Children 2007). The possible consequence of this is that children's schooling may be disrupted, especially among girls, because they have to care for the sick or find alternative means of survival. In the case of boys, this may involve helping in construction companies or other odd jobs, and in some cases migrating to urban areas in search of better jobs. Girls, however, may work as domestic workers or will go into prostitution, with further implications. This has important implications for literacy rates and development. IOL/AIDS (2004) estimates that a reduction of 13,3% will take place in primary school enrolment by 2010. If, according to Arndt (2006: 480), the evolution of primary school enrolment and the evolution of unskilled labour force are closely related, then, the poor education of children today may result in a much younger, more inexperienced labour force, with consequences for productivity growth.

While per-capita national income has been the variable most commonly correlated with democracy, the more important underlying phenomena, according to Diamond *et al.* (1994), appears to be the reduction of poverty and improvement in literacy, life expectancy amongst many others. However, according to estimated statistics in terms of reduction in school enrolment, 13.3% by 2010, and worsening inequality, there is still a lot that needs to be done on Mozambique before democratic consolidation takes place.

### **6.5. Contribution of this Study**

Studies on the impact of HIV/AIDS on democratic consolidation in Southern Africa have for the most part focused on South Africa, Namibia, and Zimbabwe. Limited research has been done on Mozambique. While some literature on the impacts of HIV/AIDS on Mozambique may be easily accessible, the vast majority focus on the health side of the pandemic, therefore, not fully addressing the socio-economic or political effects that the epidemic has had in the country. Older (Bollinger and Stover 1999) and more recent studies (Dominguez, Jones and Waterhouse 2005), have

helped shed some light on the possible impacts of HIV/AIDS on the Mozambican economy. There is still limited research on its impact on Mozambique's politics, however.

The first contribution that the author made in this study is linking HIV/AIDS to democratic consolidation in Mozambique. Because no single study has been made on the possible impacts of the pandemic on democracy and democratic consolidation, by highlighting the various roles played by civil societies in Mozambique, and by highlighting the way AIDS is affecting these very actors, the author has managed to show the various ways in which civil society may be weakened, which in turn may hamper efforts at democratic consolidation. The weakening of civil society is very problematic, for a variety of reasons. According to Kasfir (1998: 123), strengthening civil society promotes democracy and the weakening of the same may impede the consolidation of democracy. In terms of the findings in chapter four of the dissertation, civil society is noticeably affected by the pandemic, especially in terms of HIV/AIDS-related illnesses, worker morale, and consequently, their levels of participation is affected too. Hence, the optimism for civil society as a democratic champion, rightly noted in chapter two by authors such as Kasfir (1998: 123), may be adversely affected AIDS.

The second contribution that the author has managed to make is with regards to the economic impact of HIV/AIDS. The author highlighted the various ways in which the Mozambican economy (agricultural sector) is suffering because of the pandemic. The agricultural sector has suffered blows, including labour supply, loss of agricultural know-how, skills shortage, and decrease in the agricultural production and absenteeism. In this regard, FAO (2004) further estimates that by 2010, 20% of Mozambique's agricultural labour force will be lost to HIV/AIDS. This has important implications for the economy in terms of the levels of experience and productivity of new workers. To this is added the estimation that Mozambique's economy will be between 16% and 23% smaller by 2010 than it would have been if not affected by AIDS, and the GDP growth will be 0.3% and 1% lower (Lafayette 2002).

Referring back to chapter two, the most important underlying phenomena in democratic consolidation, according to Diamond *et al.* (1994), appears to be the

reduction of poverty and inequality. The author found, however, that people still equate democracy to individual well-being, and for the most part, people's perceptions of what poverty means are based on the distinct realities of different people's lives and experiences of poverty. This has specific implications for how people will relate to their political process in terms of levels of political participation and dissatisfaction with the government of the day. As discussed in chapter five, the two case studies and discussion on household economy served to highlight the fact that people in rural Mozambique remain poorer, and that inequality is deepening because of HIV/AIDS and other factors. Given the government's programme for reducing poverty in Mozambique (PARPA), the government can look at ways in which the PARPA's programme can be affected by the epidemic, and in turn can design policies that can help limit the overall shock within the programme and governance as a whole.

Third, one aspect of the epidemic that was highlighted in the dissertation is the fact that estimated prevalence rates in Mozambique are on the rise. In 1988 the prevalence rate was less than 1% of the total population, in 2000, 11% of the population was infected, in 2001, 12.7% of the population were infected, in 2002 the number rose to 13.6% of the total population, and in 2008 the estimated prevalence rates are at an all-time high of 16% (UNAIDS 2002 and Republic of Mozambique National AIDS Council 2008). This increase serves to highlight the fact that Mozambique is not immune from the epidemic, and governments must take concerted action to limit the scope and duration of the epidemic. Consequently, an open approach to HIV/AIDS in the political arena is seen as decisive in dealing with the pandemic.

## **6.6. Future Research Opportunities in this field of Study**

In the process of completing this dissertation, a number of topics/themes for future research opportunities were identified. The first one has to do with gender relations, HIV/AIDS, and democratic consolidation in Mozambique. The author found that in Mozambique women are biologically, socially, and economically more susceptible to HIV infection than men. Current statistics estimate that nearly 1,6 million Mozambicans live with HIV and AIDS, and 58% of those numbers are women (Central Intelligence Agency 2008). Accordingly, Beckmann & Rai (2005: 3) state

that girls and young women are particularly vulnerable in the age group of 15-19 years and 20-24 years. Their prevalence rate is three times higher than that of boys and young men in the same age group. In 2004, HIV/AIDS prevalence was 2,6% among 15-19 year old boys and 6,9% among 20-24 year old men, compared to 8,1% and 20,9% among girls and women of the same age groups. That said future research can look at how gender equality efforts in democratic governance can be impacted by HIV/AIDS, and what can be done to lower the impact of the pandemic borne by women in Mozambique. The other research question in this regard can look at how the feminisation of the pandemic can impact on women's active and passive participation in politics.

Secondly, while conducting research in Mozambique, the author made the following observation, the vast majority of civil society organizations (NGO's) address the issue of HIV/AIDS, prevention and care, and for the most part they are funded by international donors such as PEPFAR and other international agencies and countries. The research opportunity here can be put in the following question: Does shared accountability and responsibility and financial power worsen Mozambique's aid dependency? If that is the case, what may the implications be for state democracy and democratic consolidation?

The first research question is important, in that it highlights the fact that despite concerted efforts at equal rights, women still bear the brunt of the HIV/AIDS pandemic in Mozambique. The government of Mozambique should look at ways to make gender equality a true government commitment.

The second research question serves to draw attention to the fact that, despite gains made by democratic governments since independence, Mozambique is still dependent on foreign aid to run government-related projects and to balance its annual budget. Consequently, the ultimate purpose of the question is to get researchers and people in general to think about the possible links between aid, dependency, and democracy, and whether or not the HIV/AIDS epidemic is contributing to that dependency in Mozambique.

## 6.7. Conclusion

Although Mozambique is ranked amongst the least developed countries in the world, its economy has been experiencing an extraordinary growth since the signing of the General Peace Agreement (GPA) and the end of Mozambique's civil war in 1992. Yet unequal distribution of wealth, and HIV/AIDS, now at an all-time high of 16% of the total adult population, overshadows these gains.

HIV/AIDS is already having catastrophic impacts on civil society and the country's economy. Even though only a small number of civil society organizations and the agricultural sector and household economies were used as case studies and cannot be accurately used as a measure for the whole country, the author can positively say that HIV/AIDS is having damaging consequences to the country's civil society, economy, and efforts at reducing poverty levels, particularly among the rural population. Some of the consequences of the pandemic in Mozambique - absenteeism, loss of productivity, decreased citizen participation, employee and volunteer stress levels, the rise in the number of orphans, rise in the number of children/orphans dropping out of school, and children caring for adults - are thought to have dire consequences for democratic consolidation.

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