

Report to the

**Law Development Commission of
Zambia**

HIV/AIDS Legislature Project

By

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Introduction

It is with great pleasure that I introduce a new set of imperative documents to the Law Development Commission of Zambia. I, at the Massachusetts Institute of Technology, initiated, administered and reviewed a class on HIV/AIDS and Poverty in Africa, with specific focus on Zambia. The class's discussions, research and energetic brain-storming led to a final project: the constitution of a pseudo issue-paper, to be used by the Law Development Commission of Zambia.

This issue paper addresses, confronts and provides light on issues that revolve around HIV/AIDS in Zambia. Through intensive research, and acquired focus area, each of the students produces a good-quality paper addressing their specific area of research.

The documents submitted by individual students are attached in this packet. I sincerely hope that you find these documents useful and helpful as the Law Development Commission moves ahead in its legislature. The students that were involved in the legislature process are:

Frances Rogoz	Government Intervention
Melissa Latigo	Marriage Laws
Priyanka Desai	Birth and AIDS transmission
Samuel Gikandi	Workplace discrimination
Curtis Vanderpiuje	Workplace discrimination
Stephen Wiener	Privacy Policies
Shima Goswami	Policies in Schools
Ato Ulzen-Appiah	Policies in Institution (Companies, civil, religious and health)
Tufool Al-Nuami	Policies in General Media
Tawanda Sibanda	Discrimination in Schools
Mahreen Khan	Government Intervention – Prevention and Healthcare

The above mentioned students have put in many months of time and effort in order to produce these documents and join me in thanking the Law Development Commission for accepting them.

Sincerely,

Raja Bobbili
Course Instructor
SP.253 – HIV/AIDS and Poverty in Zambia

Frances Rogoz

Government Intervention

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Government Intervention via special programs and mandates can have a great effect on AIDS in Zambia. Two very different types of programs that the government can implement are affirmative action programs in the workplace and public awareness programs.

In order to successfully integrate HIV and AIDS patients back into the mainstream it is imperative that they have jobs in the community. Holding down a job will have a number of positive effects on the HIV/AIDS patient. First and foremost, work will provide these Zambians with a steady source of income, which they can put towards purchasing the necessary drugs to treat their condition. It is also important for HIV and AIDS patients to maintain a high morale. Jobs will be a source of pride for the patients, and will help alleviate the depression common among the

terminally ill. On a more economic level, an increase in workforce in general will aid in the growth of the Zambian economy.

But how will the government be able to guarantee these jobs for HIV/AIDS patients? The answer lies in affirmative action. Affirmative action programs can be implemented in several ways. First, the government could instate a quota of employees that must be HIV positive. Five percent of a company's workforce must be positive for the disease. This percentage is small enough so that, effectively, jobs will not be taken away from healthy Zambians. On the other hand, the percentage is large enough so that there will be plenty of jobs for HIV/AIDS patients that want them.

Another variety of affirmative action that may work even better in promoting work for HIV and AIDS patients would be to offer a tax break for companies that meet a certain quota of HIV/AIDS patients. This would motivate the companies to hire HIV positive employees.

Although making sure HIV/AIDS patients have work is very important, it is equally important to make sure that the public health is preserved. For this reason, the affirmative action program would not be enforced in companies dealing with public health (like hospitals, for example) or food service. In these industries, the possibility of accidental infection is much higher, so it would be safer to not implement the affirmative action program in these cases.

Another form of government intervention that will aid in the prevention of the spread of AIDS as well as the integration of HIV and AIDS patients in the community will be through special public awareness programs.

The government of Zambia will instate a special committee and task force to deal exclusively with educating the general public on how to suppress the spread of AIDS as well as how to properly treat and deal with HIV positive peers. The two-part approach of the Committee is central to its success. Clearly, suppressing the spread of AIDS is of highest priority, but it is also incredibly important to help to remove the stigma from being an HIV positive person in the community.

These public awareness programs will be targeted at adults who did not have the benefit of modern primary school AIDS education. One of the best ways to reach the adult population is through visual media, especially movies and television. The task force will help to create hip television shows and pre-movie clips promoting abstinence and safe sex, or promoting the integration of HIV and AIDS infected persons into the community.

It is very important to get these movies and television shows into all parts of Zambia. In order to reach the very rural areas, "portable movies" will be assembled to be placed on trucks. These movies can then be transported and shown to small villages.

Hopefully, these films will help Zambians to better understand how to prevent the spread of HIV as well as how to better integrate them into their daily lives.

Female and male condom distribution is also critical to the successfulness of this program. Abstinence will be taught at school, so including abstinence education for adults, who are very possibly married, would be fruitless. There must be large amounts of funding dedicated to the purchase and distribution of said condoms. Hopefully, the prevalence of condoms as well as their depiction in aforementioned movies will help people feel more comfortable using them. Ideally, condom usage will become "cool".

Hopefully, the combination of affirmative action programs and the establishment of a special AIDS committee and task force will have a positive effect on the people of Zambia. The instatement of these programs could very well shrink the AIDS population, and also remove the stigma from having the disease.

Melissa Latigo

Marriage Laws

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As Zambia continues to grapple with the fight against AIDS, having one of the highest infection rates in the African continent, it is no secret that extramarital relationships play a large role in HIV transmission cases. Studies have shown that men and women in Zambia are likely to have 2 – 3 partners outside of marriage. A recent study carried out on the prevalence of HIV infection rate in relation to marriage in Kisumu, Kenya and Ndola, Zambia, suggests that in most Sub-Saharan countries, sexual activity is likely to start before marriage. In addition, it is postulated that women are more likely to be HIV positive before entering into a marriage, resulting in female-to-male transmission. Males are thought to pass on the virus to younger females in extramarital relationships.

Though infidelity has meant a high price to pay for the country of Zambia in controlling the spread of HIV, other factors must also be considered. Early marriage is common in Zambia as it is in other African countries. Girls tend to marry at an early age and hence are more likely to engage in frequent sexual intercourse. Married couples often see less need for condom use, which clearly puts partners at risk from contraction of HIV. It has been stated that “husbands of married girls are about three times likely to be HIV positive than boyfriends of single girls.” Lastly, traditional marriage practices also put a strain on hampering the spread of HIV. Sexual cleansing or *kusalazya*, is still practiced among some Zambian tribes and involves widows undergoing sexual intercourse with in-laws in order to be cleansed. “The traditional practice of "dry sex" -- intercourse that involves male penetration of a tight, dry vagina -- causes internal abrasions, thereby facilitating the transmission of HIV.”

These are some of the facts that should be considered when enforcing HIV/AIDS marriage policies. It is now clear that to prevent the country fighting a losing battle against the virus, stringent policies should be put in place that will enable Zambia to mitigate what is already a socioeconomic crisis by developing laws for the different sectors of the society. One of these sectors is marriage.

Marriage laws within the context of HIV normally focus on two popular issues:

1) Pre-nuptial Testing

On a global scale there has been continual debate as to whether countries should establish mandatory testing laws prior to marriage in order to curb the effects of HIV. Mandatory testing would prevent release of a marriage license to a couple in the event that one of the partners is found HIV positive. The advantages to this law may include a reduction in mother-to-child-transmission, as HIV positive women are more likely to avoid pregnancy. Secondly, partner notification (discussed below) prevents transmission to a potential spouse. However, after the state of Illinois launched a relatively unsuccessful pre-testing law, it is evident that such a law may not work at all in Sub-Saharan Africa where resources are scarcer and there is a lack of an established medical record system. Failure of this enactment and possible enactment in a country like Zambia can be attributed to:

- The high cost involved in developing pre-testing programs
- The aggressiveness of mandatory testing. A lot of pressure is placed on couples that may discourage them from actually getting married. This results in a counter productive effect because the number of people being tested prior to marriage falls.
- The difficulty in monitoring sexual habits prior to and during the course of marriage. Pre-testing does not ensure prevention against infidelity. Furthermore, it does not account for those people engaging in sexual activity and who chose not to get married.
- People seeing married couples as high-risk groups and not seeing a need for being tested if they are not get married.

- The difficulty in monitoring traditional marriages in rural areas.
- Lack of 100% accuracy in tests. Tests do not account for the window period in which a person with HIV may not have antibodies against HIV.

2) Partner Notification

Partner notification authorizes health workers to disclose the HIV status of an individual to his/her partner(s) as the partner is at risk from contracting HIV. There has been a lot of debate about partner notification, due to the breach of confidentiality involved. This lack of privacy may also discourage people from getting tested and result in counter-productivity. However, as observed in past cases, it is also necessary to look beyond privacy issues and protect the life of an individual at risk from contracting the virus. There has often been the story of the health worker who does not disclose an individual's positive HIV status to a partner, who later becomes infected with the virus. The question is, to what extent should we allow this "breach of confidentiality" given the alarming statistics in countries like Zambia.

It appears that enforcing mandatory pre-testing laws in Zambia would not be practical for namely difficulty in monitoring sexual habits and cost reasons. In a recent study on HIV in India, there has been some support of mandatory pre-nuptial testing due to the lower status of women. Often women do not have much say and are less likely to encourage their partner to get tested. Similarly in Zambia "bamachimbusas" (traditional sex educators) counsel girls to be subservient to their husbands and 'never say no'." However, once again, pre-nuptial testing would still not control the sexual behavior of the man during marriage. Given these issues, there is a great need to focus on the following areas to make the fight against AIDS within the context of marriage a successful one in Zambia:

- Pre-marital testing should be voluntary. Large campaigns should be carried that encourage individuals to get tested. Since HIV transmission in Zambia is mainly heterosexual, campaigns should largely be targeted to individuals more likely to be involved in sexual activity. Testing should also involve bonuses e.g. free treatment if found HIV positive, a form of economic provision for children of infected parents.
- Large campaigns should be carried out to promote use of condoms among married couples. It must be noted though that this is not always successful. In India for example, where women are encouraged to use condoms with their husbands, there has also been societal pressure to have children. Women are often not respected if they are unable to have children. As condom use prevents pregnancy, women then abstain from condom use, which exposes them to HIV infection.
- Promotion of other forms of sexual cleansing that does not involve sexual intercourse.

- Development of a partner notification program in which only health workers are authorized to reveal the HIV status of an individual to his/her partner. Though this opposes the confidentiality rights of an individual, I still feel that the devastation as result of HIV in Zambia is enough to warrant strict measures to prevent HIV contraction.
- Campaigns promoting monogamy and its benefits should be carried out.
- Laws that enable punishment of HIV positive people from knowingly engaging in high-risk sexual behavior should be enacted.

Of course there are many points to be thought about while developing these different policies with regard to marriage. However, I must stress that it is also necessary to think about the big picture when enforcing these laws. AIDS is a killer disease and people's lives are at risk. If we get caught up in too many small details like privacy issues when the end result of a policy measure would help in reduction of HIV, we are wasting precious time and precious lives. When it comes to battling HIV, the end should justify the means.

Samuel Gikandi and Curtis Vaderpiuje

Workplace Discrimination

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1. Introduction

This paper will act as a guideline for companies on dealing with workers that are living with HIV/AIDS. The goal of the paper is to help formulate legislation that will guard the rights of these people and enhance their experience as they deal with the disease.

The need for a policy on HIV/AIDS at the workplace cannot be over emphasized. Workers living with the disease are continuously disenfranchised and they need legal protection at the workplace to enable them lead normal lives while coping with the

disease. A workplace policy also provides the framework to contain and manage the spread of the disease and its impact in the workplace.

The main goals of the policy will include:

- Making an explicit commitment for corporate action to curb the scourge
- Provide guidance to managers on how to deal with workers that are affected by the disease.
- Help those infected with the disease understand their rights and what support systems are in place to help them live with the disease at their workplace.
- Enable the management of prevention programs that limit the spread of the disease.
- Enhance a consistent and efficient way of managing the disease and its impact.
- Provide incentives for workers to undergo testing and publicly divulge information about their status to others at the workplace, and hence curb the spread of the disease amongst co-workers.

2. Specific Provisions

The main areas covered by the policy can be grouped into three broad categories:

- Protection of the rights of those affected by HIV/AIDS.
- Prevention through information, education and training.
- Care and support of affected workers and their families

2.1 Stigma, discrimination and rights

An individual's HIV status should not affect his/her rights in any way. This is because stigma and discrimination will affect the working environment. The following guidelines should be followed regarding this issue:

2.1.1 Rights of employees who are HIV Positive

The fact that a worker has HIV should not impede on his/her personal rights. This knowledge shall also not be used to single out and discriminate workers.

2.1.2 Employment opportunities and termination of employment

A company shall not hire employees differently based on their HIV status. The company shall also not terminate the employment of a specific worker based on the worker's HIV status.

2.1.3 Testing

The company shall not require HIV status testing for any of its opportunities. Nonetheless, workers will be continuously encouraged to use HIV testing facilities and encourages confidential HIV status testing and counseling for its employees.

2.1.4 Confidentiality

The company should recognize and respect every employee's right to his/her confidentiality regarding their HIV status. If the management learns of an employee's HIV status, such information should be treated discreetly by the management. However,

the company will encourage employees who are willing to do so to voluntarily make public their HIV status.

3. Awareness Raising and education

Education is among the most effective approaches that should be used in the fight against HIV/AIDS. Despite the efforts of education outside the workplace, it is imperative that the workplace bolsters the campaign against HIV through various programs at the workplace.

The education programs should be conducted to not only teach the employees about HIV/AIDS, but should fully encompass responsible behavioral patterns, the attitudes expected of the employees not just at the workplace but outside the workplace. The programs should treat the HIV/AIDS pandemic from a top-down approach as a problem affecting the entire society and not simply the workplace. This should lead to very responsible behavior and changes in attitudes for the good of all.

An effective approach to take in creating awareness and educating employees is to include the employees in the HIV/AIDS education programs. By include, this refers to seeking the involvement of the employees in the creation, evaluation and running of the programs. This should lead to a comprehensive program that is very well suited for the company as the employees will include their personal experiences and views based on the existing dynamics at the company. For instance, employees can be peer evaluators, presenters or teachers and incorporate personal anecdotes from their communities. This should tailor the program effectively for the company as the employees can identify with the teaching methods.

The training programs at the workplace can be made optional to employees. It should be encouraged rather than forced and shown as the responsible thing to do. Incentives such as time off, paid vacations or even free lunches can be used as perks to encourage the employees to attend. Also by involving the staff at the workplace in the training programs, they can encourage each other to attend the sessions and make it semi-formal, fun and a relaxing break from the usual activities of work. If this form of training is too informal, special sessions can be held for higher management or even low level staff. Everyone at the workplace under a company's payroll should be encouraged to participate in the HIV/AIDS awareness programs.

In addition to the educational programs, the company should facilitate access to resources that prevent or help treat employees with HIV/AIDS. The company should certainly distribute both male and female condoms freely to employees. These should be made available regularly and easily accessible to the employees. The company should also provide some funding for testing and treatment of STIs and HIV/AIDS depending on the resources at its disposal. These changes should improve the behavioral patterns among the employees.

4. Care and Support for workers and their families

The company should institute measures to ensure that workers afflicted with the disease remain productive for as long as possible. The company should put in place measures to support those affected by its employees HIV status information, such as the immediate family. Some of the areas that legislation can cover include:

4.1 The promotion of an employee's well being

The company should provide a conducive environment for employees that are affected by the disease, including appropriate support services and programs that are aimed at helping individuals cope with the disease. This should include measures such as counseling, time off and sick leaves.

4.2 Work performance and reasonable accommodation

The company should not use HIV positive status as an excuse for dismissing the worker as incompetent in their work, unless the status is likely to endanger the clients such as in a hospital. The company should make reasonable accommodations for diseased workers and assess their performance as they would that of other employees. Dismissals should only be used where the workers state of health has deteriorated to the condition where the worker can no longer discharge his/her duties effectively, a point that should be independent of the worker's HIV status.

4.3 Benefits

The HIV status of an employee should not be used to deny him/her benefits that are normally available to other employees.

4.4 Healthcare

The company should make the best effort to avail the most comprehensive medical coverage for employees living with HIV/AIDS, including access to ARV's, testing facilities and counseling facilities. The company should also aim at making these facilities available to the dependents of those living with the disease.

5. Implementation and monitoring

Companies should create a committee (or a position for a smaller company) to take charge of the HIV/AIDS awareness campaign at the workplace. This committee should be taken very seriously and should meet regularly with higher management to report progress or shortcomings of the program. The committee should include employees from all levels of hierarchy within the company from upper management to low level personnel so as to effectively deal with all issues for the entire demography of the company.

The HIV/AIDS awareness program should be continually evaluated. Surveys should be given out to employees on a regular basis that should be set by the committee. These surveys can include behavioral questions, attitudes about HIV/AIDS, knowledge about HIV/AIDS and others that are relevant to the company. The employees taking the survey should be assured of strict confidentiality to ensure that they provide accurate and truthful information. It can even be made anonymous and given after training programs. The results of these surveys would enable the training team to better focus the

seminars/lectures and the entire program as a whole to cater for the needs of the employees at the company. Also these would ensure that the committee presents accurate information to higher management about the awareness program to ensure that requisite adjustments to the program are made in a timely fashion.

This policy on HIV/AIDS should be revised yearly. This should be done collaboratively with employees, the committee and higher management. The changes should reflect the changes in the community and the immediate and extended environment outside the company. The changes should also reflect the changes in the country and the world as a whole. Most importantly, the changes should incorporate the feedback received from the employees about the program in order to improve the training program for the following year.

6. Budgets and Finance

Companies should incorporate the HIV/AIDS awareness campaign in their budgets. Most of the training programs can use resources that the companies have already acquired. Additional resources usually cost only minimal amounts. However, for programs that give medical support to employees for testing or treatment, companies can consult the government or many NGOs including the Global Fund to fight AIDS, UN Theme Group on HIV/AIDS or UNAIDS. These resources usually go beyond financial support and include technical support as well. Most large companies can usually be self sufficient but for the smaller companies, an effective approach for using the resources mentioned could be through the establishment of associations. This way, several small companies can collaboratively work to utilize the numerous resources available for the fight of this deadly pandemic.

7. Conclusion

The main focus of the policies outlined above is to ensure that a worker's HIV status does not impede his/her treatment at the workplace. This is a different approach as opposed to making provisions that treat HIV/AIDS afflicted workers as special cases, and it helps eliminate the stigma that such an approach might foster.

Making the recommended provisions at the workplace would also encourage workers to be more proactive in seeking information about their HIV status, as they would be attracted by the benefits in place at the company that support those with the disease and the existence of an environment that encourages their treatment as normal employees. We believe that this in particular will be crucial in managing the spread of the disease at the workplace, and encourage those carrying the disease to be more responsible.

Reference

1. ILOAIDS, a workplace policy on HIV/AIDS: what it should cover, www.ilo.org/aids

Stephen Weiner

Privacy Policy

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The issue of setting the appropriate level of privacy concerning AIDS in Africa is a controversial subject because the level of privacy most respecting people's rights may not be the most beneficial for the AIDS problem. Determining a compromise between these two sides; complete public and governmental disclosure of every person with AIDS or no personal disclosure forced or otherwise required, is difficult because there are many things such as discrimination from employers and community that must be considered.

The American solution to the problem of AIDS discrimination has been to lump AIDS in with the list of disabilities protected under the Disabilities Act. Employers,

schools, and communities have no right to know that a person has AIDS or is HIV positive. They can not base their decisions of employment or acceptance on whether or not a person is infected. The situation in America is very different from the one in Africa, particularly Zambia, though. Americans have access to many successful forms of treatment of AIDS, essentially being able to keep their T-Cell count high enough to function normally for as long as they can afford to continue the cocktail of drugs that must be taken daily. Americans with AIDS are able to enjoy the same freedoms that non-infected people are. In Zambia, most do not have access to intensive anti-retroviral treatment and they are much more likely to become seriously ill through AIDS. General nutrition is much worse and there is little health care infrastructure. In this setting, is disclosure of one's AIDS status something that should be known? In America, the law has prevented serious discrimination by disallowing disclosure. Currently in Zambia, there is no law forcing testing or protecting people's information about their condition. The situation is laissez-faire, but would forced testing and disclosure of information benefit the fight against AIDS? This paper explores some of the issues associated with this question.

Would an employer discriminate against a job applicant if he knew that that person had AIDS? The easy answer is that without any sort of incentive, he or she would discriminate. Choosing between two equally skilled applicants, one with AIDS and one without, it is easy for an employer to think that a person with AIDS would not be able to do his or her job as well as one without AIDS. This is not the case, as evidenced in the U.S. With the appropriate treatment, one can be a successful worker without incidence. Without hiring these workers, those with AIDS may not be able to purchase the expensive treatments, allowing them to be healthy enough to work. Clearly this is a circular process, get a job to stay healthy and keep a job. The employers must be blind when hiring so they allow those with AIDS to enter this cycle. There will be some cases where an employer hires a person with AIDS and that person in turn becomes sick and must leave his job. This is inevitable and will probably cause a marginal increase in overall cost for an employer who has to rehire and retrain an employee. In the long run though, blind hiring will be better for the Zambian economy because as people stay healthy and retain their productivity they will be adding to the GDP and economic assets that Zambia offers as a country. Zambia needs to learn to be productive while still shackled by AIDS, because this will in turn, help remove AIDS from Zambia. It can start on this path by making sure that those with AIDS have a place in the Zambian economy. A system of quotas will not be necessary to ensure a spot, if hiring is blind. Further, quotas will only increase discrimination towards those with AIDS, and prevent the ingraining of positive attitudes towards AIDS.

If employers do not get to know, then who does? We believe that no one should have to reveal whether or not they have AIDS. This includes the government, employers, schools, and communities. Risk of a transfer of AIDS from person to person, without sexual contact, is amazingly low. The virus is not airborne and as long as minimal safety procedures are followed, a person with AIDS should not be prohibited from doing anything. This includes contact sports and other activities often deemed risky, which in reality present little risk. School and schoolmates should not know that a student has

AIDS unless there is a potentially dangerous situation such as a blood drive, in which students might have to be tested or refrain from donating blood.

The situation with school acceptances is not that different from the situation concerning jobs above. There should be no discrimination concerning admittance or acceptance to a particular school or classroom because there is miniscule potential for spread of the virus. The student with AIDS should decide whether or not they want to subject themselves to the rigors of schooling.

Finally, should marriage partners be forced to share their HIV status with each other? Again, the proper course of action should be to educate each other to make sure that government intervention is not necessary here. People need to realize through education that if both partners do not have AIDS then perhaps the two should reevaluate their union. This information, and all of AIDS information, should be passed down from mother to daughter and father to son. Families should make AIDS education part of their family discussions. Marriage is certainly a family affair so it makes sense for families to talk about AIDS awareness as well.

Finally, not being forced to share information would avoid issues where revealing HIV status could be emotionally painful such as in the case of a rape. A rape could be a traumatic event for a person and information one might not want to share. In the same way that one might discriminate against an HIV positive person, one might discriminate against a rape victim. For these reasons, as well as the ones stated above, there should be no disclosure.

Overall, this committee determined that government enforcement of testing and sharing of test information should not be required. Knowing whether or not someone has AIDS will only achieve limited gains in the fight against AIDS. More effort needs to be placed on the prevention of the spread, rather than the identification of those already infected. Not only will the gains from identification be marginal but they will also be unethical. A person should not have to reveal a disability such as AIDS if they feel it will disadvantage them in certain settings, such as job employment. Clearly some areas of society should require information about someone's HIV status but this sharing of information should always be voluntary and not used as a means for discrimination. Further, this information should not be shared with other government or public agencies.

Shima Goswami

Policies for Schools

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Since the HIV/AIDS epidemic struck Zambia, the projected life expectancy has dropped from 60 years to a tragic 37 years¹. Now with more than half of the 10.3 million persons population under the age of 201, it is absolutely crucial to make every effort to end this horrible epidemic. Working with such a young population makes it absolutely mandatory to focus on the issue of education. It will be the simplest and most effective means of teaching a nation how to help itself.

¹ UNAIDS. *Zambia*. 3 May 2005 <<http://www.unaids.org/en/default.asp>>

Below are some general guidelines on how to approach revamping the educational system such that HIV/AIDS is a critical aspect. Generally speaking, the major issues that need to be addressed can be summarized as including awareness, prevention, testing, and social treatment of those afflicted.

It is easiest to split the system into three levels: primary school, secondary school, and university. Each of these groups should have a formal system to counteract the problem of HIV/AIDS, but require different approaches because of the students' age, comprehension, knowledge, experience, and activities outside of the institution.

At the levels of primary and secondary school, the basic concept of education should come in the form of seminars that will be given regularly throughout every year of schooling to attack the general themes stated above. The curriculum for students between first and sixth grades should include teaching children a general awareness that HIV/AIDS exists all around them and is a problem. They should also be taught how to interact with those people who are afflicted or are associated with someone who is afflicted. A general courtesy should be developed so as to foster acceptance instead of perpetuating the stigmatization that currently pervades the atmosphere.

As the children get older, it is important that they get more information. By sixth grade, right before they begin secondary school, they are becoming mature enough to learn how the disease is contracted. At this point they should be learning about AIDS in greater detail and means of contraction. Since they are technically old enough to start having sex but probably still a little too young and immature to handle it, this is a good time to preach abstinence. That way, when they begin attending secondary school they are not so sheltered as to not understand what it is that the older children are doing, but they are aware of their surroundings and have solid reasons why they should choose abstinence until they are ready.

Upon reaching secondary school, the seminars should add on to what the children were taught in primary school. The curricula should teach students what AIDS is, how it is contracted, how one can prevent spreading of the disease, where one can get tested, what testing entails, what one should do if he/she finds out that he/she is HIV positive, and how one should treat a person who is afflicted. More or less, the answers to these questions should both provide knowledge about the disease, how to prevent it, and how to cope with it (either having it or dealing with those who have it), as well as alleviate any fears associated with getting tested

At the end of secondary school, each school should administer a test about the virus, contraction, prevention, and testing. Passing this exam should be made a mandatory requirement for graduation. This plan should add pressure to each school to teach its students about the disease and emphasize the value of learning about AIDS to the students. At the very least this measure will ensure awareness among all students and faculty, which is at least a step in the right direction.

Along the way, the curriculum should include some or all of the following methods for informing students about HIV/AIDS. The school can show documentaries that describe AIDS so that it provides both information as well as a sense of reality that is intended to induce some fear as a means of preventing unprotected sex.

The school should also encourage speakers of various sorts to come to the school to discuss various aspects on AIDS. A variety of different speakers, including but not limited to young people who are already afflicted, health professionals, entertainment celebrities, and politicians, is essential to try to target the entire audience.

Bringing in young speakers who carry the virus is crucial because peers have the most direct influence on each other and it will be more relevant and have a greater impact than if someone older came in to speak. A feeling of this could happen to me is one of the strongest weapons of prevention and is most easily conveyed when the speaker has things in common with his listener, in this case age.

Health professionals (i.e. nurses, doctors, people who administer HIV tests, etc) can shed a slightly more scientific/medical perspective that should explain the disease in a different light and have better statistical information for students. It will also make approaching health professionals and getting tested more familiar, comfortable, and less frightening.

An important resource to tap for influential power/role models is entertainment celebrities. This approach will try to excite the students to attend these speeches, reach as many students as possible, as well as expand the freedom to openly discuss topics about AIDS.

Finally, the concept of bringing in politicians has multiple aims. There is the general idea of bringing in different types of speakers, the more speakers the better and politicians are also seen as influential people. However, there is another reason for having politicians talk to older students in secondary school. One could believe that if students start learning about the possibilities of governmental influence on issues such as HIV/AIDS that affect them in an interactive way, it will more likely lead to greater voting participation among a younger age group. This would be advantageous for the students trying to voice their opinions as well as the politicians and the government.

Besides speakers, schools could also implement extracurricular activities (i.e. AIDS clubs) that invite students to try to take a more active role in the fight against AIDS by discussing it more freely in open spaces, advertising events, and educating others.

Other activities would include organizing events/performances (i.e. plays) that advocate safe and courteous practices that are related to AIDS. There should also be a great importance placed on the focus of advocating testing among students. Schools should encourage students to get tested by providing free testing that can be subsidized by the government/school system. Another method of encouragement is to offer students a symbol of pride (i.e. red bracelets) for getting tested.

These material symbols would be a one-day-wear much like wearing a pin the day one donates blood. Such an action would make it more widely accepted, regarded as a positive thing for those who do get tested, not frowned down upon for those who do not get tested. It should also encourage fellow peers that the process of getting tested is not frightening. It is also possible to require students to get tested either periodically or at least once right before they complete their schooling in order to get their diploma. This last point is merely one suggestion that would force the issue upon students, but we feel is rather invasive and touches on several issues of privacy and individuality.

At the university level, many of the same plans of action would be suggested, but with the idea of actually targeting the age group the institution is working with. In this respect, there would not be an emphasis on preaching abstinence but on prevention, getting tested, and being open to discussing it in public forums and with one's sexual partners. As with secondary schools, speakers, event/performances, and seminars are encouraged. However these should all be made voluntary and perhaps have more casual get-togethers / meetings that open up discussion by treating these students as mature young adults. Testing should again be highly promoted and made free for all students. One additional step that should be implemented is the free distribution of condoms, placing them in public places throughout campus so that students are knowledgeable about where they are and how they can get them whenever they may need one.

Ato Ulzen-Appiah

Policies for Institutions

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Zambians die earlier than people anywhere else in the world. ² Hence, caring for the young professionals in the country is crucial to its development and economy. Unemployment is at 50% and many of the employed are in civil institutions. In order to fight the HIV-AIDS epidemic which will eventually kill half of the population³, companies and civil institutions have to focus more attention and resources on halting and controlling the spread and effect of the disease.

This can be done through getting various companies and civil institutions to educate workers, sponsor healthcare and provide support for its employees. Below are some guidelines as to how these goals can be met and the procedures carried out. HIV-

AIDS education should be added to the training program for new hires and employees. This should detail what HIV-AIDS is, dispel myths and superstitions about it, explain how it is contracted and how it can be prevented, describe what testing entails and what to do when one contracts the virus as well as the availability of testing. The education segment should also stress ethics and how to treat other employees who may have contracted AIDS in the workplace

On the financial side, the institutions should sponsor free testing for workers. Otherwise, it should subsidize it. Above all, it should encourage its employees to get tested. It should also provide condoms for free or at subsidized prices. They should also sponsor HIV-AIDS and marriage counseling at the workplace. The companies and civil institutions should also provide access to anti-retroviral drugs (ARVs) that attack the virus and can dramatically reduce AIDS deaths.

More than 80% of Zambia's population consider themselves religious. A lot of Zambians are unemployed or are self-employed so it is very important to reach them outside the workplace. Most of these people commit to their religions and are influenced by their leaders and messages. Religious settings are strategic places to continue the fight against HIV-AIDS. These institutions mostly preach good morality and behavior and sometimes lose sight of the need to fight the AIDS menace in other ways.

In nearby Zimbabwe, former president Kenneth Kaunda, championed condom use in the fight against AIDS and came under harsh criticisms from religious bodies. Kaunda had lost his own son to the AIDS disease. He challenged the religious bodies to join the state in controlling the AIDS disease by saying that he knew of religious leaders who had die to AIDS.

Religious bodies, especially churches advocate for the first letter of the **ABC** campaign (concept) in fighting AIDS: **A**bstinence, **B**e faithful and **C**ondomise. It is critical for them to achieve a healthy balance of using the various methods to fight AIDS.

The following are a few ways religious groups can help fight the AIDS epidemic. They should encourage voluntary testing for HIV-AIDS. They should also discourage stigmatization in religious settings. The church, mosques, etc should ensure that people with HIV-AIDS should not be treated as criminals and treated fairly. They should also sponsor free testing or subsidize it.

Religious bodies should encourage voluntary testing by giving incentives for those who get tested. Badges, free religious material, or acknowledgment could be used as incentives.

Youth groups in religious settings also have major roles to play in helping stem the spread of HIV-AIDS. Using the youth to preach the tenets of AIDS education is important, since many of the youth are affected and they would be able to influence their colleagues. They can organize rallies on HIV-AIDS and health-related issues to enlighten and educate members and other people in the religious group.

Most youth groups do a lot of entertainment related programs in religious settings. They should use their talents to perform theatrical pieces on HIV-AIDS and sing composed songs (through choirs as well) to educate members about the AIDS menace. They should also educate various age groups on sex education (using the ABC concept) to help stem the contraction of the virus.

The religious groups should also organize contests to encourage composing songs and writing letters/essays to help in the fight against HIV-AIDS and honoring excellent contributions. In their education campaign, they can hold seminars and discussions to talk about HIV-AIDS, the condoms debate, stigmatization etc. Pastors and religious leaders should not shy away from talking about HIV-AIDS in their sermons since religious groups are not any significantly less vulnerable to the menace. They should use their influence and power to preach abstinence, faithfulness to partners and advocate condom use for marriage couples. They should encourage and be encouraged to attend inter-faith conferences (with and without chiefs and politicians) to discuss and come to a working consensus about moral issues and legislation.

They should provide access to anti-retroviral drugs (ARVs) that attack the virus and can dramatically reduce AIDS deaths. They should also make condoms available freely to sexually active church members. Clinics, hospitals and healthcare institutions are major proponents in the fight against the HIV-AIDS menace. They should sponsor and provide free testing and free condoms as well as provide access to anti-retroviral drugs (ARVs) that attack the virus and can dramatically reduce AIDS deaths.

Health professionals should provide education and support programs. They should also encourage other institutions like churches, mosques, schools and companies to introduce, continue and maintain their education programs about sex and AIDS. Since they are mostly at the forefront of controlling the disease, they should make sex education and HIV-AIDS compulsory before testing. They should also provide free counseling/support for those who test positive.

For marriage counseling/advice, they should provide advice for women and men caught in marriages with partners who are HIV positive. Partners should be educated about mother-to-child transmission and child-bearing with infected parents. Healthcare institutions should institute women empowerment programs along with pro-woman counseling/campaigns.

Tufool Al-Nuaimi

Policies for the Media

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Popular local media can be used, in various ways discussed below, to increase AIDS awareness in Zambia. Different methods should be used to target different groups including youth, adults, elderly, schoolchildren, workers, chiefs, politicians, celebrities, women and religious and cultural groups.

Within each town, the chief should receive regular updates, through newspapers and should be available for individual meetings with locals in order to discuss AIDS-related issues, like current statistics, recent discrimination against people with AIDS and opinions and recommendations from people on AIDS education within the region. The town chief should then take time, during town meetings, to summarize these issues and be ready to discuss them. These meetings will help increase local awareness of current AIDS issues.

Awareness can be further increased in town meetings and community centers through invitations to qualified personnel, like doctors and nurses, to address the community. These presentations should include regular education on AIDS, the ways it is transmitted, prevention, and how to deal with people with AIDS and help them integrate within the community to decrease discrimination. A Question and Answer session should follow the presentations in order to ensure that questions people are unsure about are clarified.

A survey within these meetings, with questions on what should be different, should be handed out to the public on a regular basis. This will help identify problems with current meetings and would help improve them during future meetings. Television shows, advertisements and an educational television series can be used to increase awareness amongst viewers.

These shows and advertisements should be different for different audiences. On children's television channels, advertisement should be suitable for younger viewers, in a similar fashion to school education, where issues like abstinence should be shown. For older viewers, shows and advertisements should talk about measures of AIDS prevention, and condom use for safer sex. In addition, there should also be advertisements that educate people on how AIDS is transmitted and how deal with people with AIDS. Similar methods to the ones discussed in shows and advertisements should be included in movie and concert previews.

Because of some restrictions within society, some women are unable to refuse sex with their husbands regardless of their knowledge of a husband's multiple partners; a morning talk show should be created for women. These talk shows should help women change their attitudes and behaviors into understanding that they are able to refuse having sex with their husbands if they suspect them of having multiple partners. These talk shows should include a toll-free number, to address concerns during the show. This will help because if women see that there are others in their situation who are willing to change, it will be easier for them to change their attitudes also. Other educational talk shows, on TV and the radio shows, aimed to all groups, should be added to increase awareness amongst viewers and listeners.

Advertisements and talk shows should include celebrities who talk about AIDS, since many people may feel that they can associate to them. Community centers should include various AIDS awareness events. This can include short skits that educate people on AIDS, presentations that talk about AIDS, and concerts where the performer can take a few minutes to address the AIDS situation and maybe even sing a song on AIDS. Competitions can be created within schools, universities and community centers.

These competitions can be in the form of presentation on AIDS or responses to questions asked by a panel of judges. The judges should be people that are qualified and experts on AIDS, such as teachers, doctors and nurses. These competitions should be free, and advertised in newspapers, flyers, TV and billboards so that as many people

possible can view it. At the end of the presentation, the judges will award the winner with a prize. Newspapers should include weekly educational columns, which talk about AIDS.

Although some of it may appear repetitive, this is necessary in order to ensure that it better educates increasing amounts of people. The column should also include recent statistics on AIDS, and personal stories that may be published anonymously if the writer desires. Personal stories could be of living with AIDS and also of people discriminated because of this. Including where, why and how they are discriminated should also be included because by making this information available to the public, discrimination would lessen.

Similar stories and AIDS awareness articles could be handed out as fliers outside schools, universities churches, companies, community centers, shopping centers and other organizations.

Billboards and fliers should be used to advertise local AIDS related events. By distributing this widely, we would be able to ensure that more people would attend these events, and more people would be educated on AIDS.

Tawanda Sibanda

Discrimination in Schools

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1. Background

The last decade has witnessed the rapid and merciless spread of HIV/AIDS throughout Southern Africa. Zambia has been directly affected, with over 16.5% of the adult population (15-40 years) currently living with HIV according to UNAIDS/WHO.

Students in secondary and tertiary institutions are between the ages of 12 -30 and hence are at a high risk of contracting or even carrying the virus. In Thika, a district in Kenya, 17% of primary school children, and 22% of secondary school students are HIV positive [1]. These staggering statistics accentuate the severity and immediacy of the HIV/AIDS problem in schools, and debunk the myth that education alone is sufficient to deter the spread of the disease. Our very halls of learning are not immune.

Unfortunately, despite the high prevalence of HIV, suffering students often find themselves victims of discrimination. Due to ignorance of how the disease is spread, and traditional stigma, pupils in all forms of education are frequently isolated and slandered. Even more seriously, there have been cases in South Africa, where students have been expelled from schools or denied admission on the basis of their HIV status. Such acts of discrimination violate the basic tenets of the Universal Declaration of Human Rights: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.”

Currently, more work needs to be done within the Zambian legislative framework to protect HIV sufferers from discrimination. This paper briefly addresses some of the key areas which need to be improved, and offers guidelines for the formation of laws that will provide an umbrella for our large and young sector of HIV positive students. The paper begins by presenting suggestions that apply to all levels of educations. Subsequent sections then analyze primary, secondary and tertiary institutions independently, and offer skeletal instructions, from which a law-making body can later construct legislation.

3. General Instructions

3.1 Testing

Schools should not force students to be tested for HIV. Getting tested for HIV is a personal decision, and cannot be made compulsory. Similarly, being tested for HIV should not be a prerequisite for admission to any school. There will necessarily be a few exceptions to this rule. For examples, schools in which students are exposed to the virus through classroom activities should be permitted to require HIV tests for incoming students. Such schools include nursing and medical schools, where students use syringes, and may come in contact with each other’s blood.

3.2 Privacy

Students have a right to keep their HIV status private. When HIV information is disclosed to a member of staff, that information may only be divulged to others with the explicit consent of the student involved (provided the student is of majority age – usually sixteen). The school shall not publish the names of HIV positive students.

3.3 Anti-discrimination

The school shall not discriminate against HIV positive students. More concretely, a school cannot expel a student on the basis of their HIV status. Furthermore, a school cannot place students with HIV in separate classrooms, or deny them resources, such as books, financial grants and accommodation, on the basis of their status. An HIV positive student should be treated identically to an HIV negative student, except in cases where special care is required to prevent the spread of the virus to peers. Hence, requiring a known HIV positive student to wear gloves during a medical procedure is permissible.

3.4 School Policies

Every school must adopt an anti-discrimination policy that forbids slander, ridicule or physical abuse of HIV positive students. The policy must specify punishment meted out to students violating its code. Although we cannot directly hold the school responsible for the discriminatory actions of its students, schools that do not possess an adequate antidiscrimination policy will be fined. We hope that by encouraging schools to punish prejudiced behavior, we will create atmospheres of tolerance in our institutions of learning.

3.5 School Education

All schools are required to provide education on HIV/AIDS, sexuality and protection against HIV. Information provided will be accurate, and scientific. In addition, all schools will train at least one member of staff to be a peer counselor, capable of discussing sexuality and AIDS with students, and provide some form of counseling for HIV positive students. Having established general laws for all forms of education, we now offer suggestions for specific institutional levels.

4 Primary and Nursery Schools

At this level, the best tool against discrimination is education. Children are very impressionable. Hence, schools should teach students about the basics of HIV/AIDS and assure them that they cannot get the disease by befriending other HIV positive students. Tolerance should be emphasized. Any schools found to be promoting hate or discrimination of HIV students, or propagating inaccurate, unscientific “myths” about AIDS and the spread of the disease shall be fined and/or prosecuted.

5 Secondary Schools

All secondary schools are required to provide free condom dispensaries. Recent studies have shown that contrary to popular belief, providing young adults with condom decreases HIV prevalence. It is time that the nation realizes that its young adults are going to be sexually active, regardless of the intensity and frequency of abstinence messages and posters. Sex, for a young man or woman, is perilously enticing and for many the desire is insurmountable. There is a definite need to make sure that the young establish healthy sexual lifestyles early on. We predict that installing condom dispensaries in schools will be met with opposition from religious and conservative groups. We are not condoning teenage sex. We are admitting the realities of modern Africa, and reacting accordingly. Furthermore, if an HIV student develops full blown AIDS while at school, the institution should allow the student to take time off, and return when his/her symptoms are under control. If the student has fallen behind irrecoverably in class, despite the best efforts of the teaching staff, the student may repeat the entire year, without danger of being excluded from the institution.

6 Tertiary Education

Universities and colleges must provide free condoms and sexual health education. Every student has the right to HIV/AIDS information. If a student discriminates against, slanders or physically abuses an HIV positive student, then the state is allowed to prosecute the aggressor. The school must cooperate with the state, by providing the name

and details of the aggressor. A tertiary institution must employ or train at least one peer counselor to offer support and counsel to HIV positive students.

7 Conclusion

We have very briefly highlighted the main talking points for HIV discrimination in schools. More work is still required to provide sample anti-discrimination policies that schools can employ (section 3.4) and identify institutions exempt from testing rules (section 3.1). Dealing with discrimination in schools is difficult, because we cannot directly hold the school responsible for the actions of its students. Often, the students are too young to be prosecuted. We have circumvented these issues by requiring that schools enforce and promulgate anti-discrimination policies. It is our hope that by holding schools responsible for possessing such policies we will foster HIV tolerance on our various campuses.

8 References

[1] *AIDS in Kenya*, Ministry of Health, Sixth Edition 2001

[2] *Stigma, Discrimination and Attitude Towards HIV & AIDS*

<http://www.avert.org/aidsstigma.htm>

Mahreen Khan

Government Intervention

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As a central planning body with access to the national budget and also international sources of finance, the government of Zambia help alleviate the Aids/HIV epidemic by undertaking a number of policies geared at raising awareness to Aids at all levels of the social strata. The government can play a direct role by directing legislation to include HIV/AIDS friendly laws and undertaking policies that help increase social and public awareness of HIV/AIDS. This section will concentrate in the latter initiatives that the government can implement to ensure that the spread of the disease in contained in the future years so it does not permanently debilitate the economy from achieving

economic growth and welfare for future generations. The government should undertake steps that will help reinforce the role of the Zambia National AIDS Council and Secretariat which was formally launched on March 16, 2000. These bodies, which are under the supervision of a Council of Ministers, can take a very active role towards strengthening of the AIDS/HIV support and prevention programs around the country. They have the ability to exploit a number of different types of outlets for information and support generation to the public. The National Council was established with the goal of promoting and implementing effective approaches via different sectors of the economy. Their attention should be directed towards the prevention of HIV Transmission to the non-affected population and also provide care and social support for those already infected for HIV/AIDS by helping mitigate their pains both physical and social. The objectives of the Council are: the promotion of behavior change; prevention of mother-to-child transmission; safe blood transfusion; voluntary counseling and testing; care and support for people living with HIV/AIDS and orphans and vulnerable children; development of an information system database; and, coordination of multi sectoral interventions at district, provincial and national levels.

One of the reasons why there has been such rapid spread of the epidemic is because of the inequality between the genders. In general, women tend to have much less economic and social power in the community because of the way the society is organized. In general, the household are dominated by the decisions of the males in the family. This inequality has evolved because traditionally women have been less educated and less able to support themselves. Hence, they depend on the men for economic and moral support. The fact that women generally have less brute force than men has exacerbated the process. Consequently, women find it difficult to negotiate safe sex with their husbands who general indulge in extra-marital affairs and are hence more susceptible to HIV/AIDS transmission. The men then pass on the HIV to their wives who are unable to make their husbands use condoms during intercourse. Thus, in order to ameliorate the spread of the disease, the country needs to also raise the status of women in society by giving them a larger voice and ensuring that they are able to uphold their rights in the bedroom as well in society. The way that this can be done is by increasing their level of literacy so they are able to find employment and support themselves. Also, the Council can initiate a number of different types of awareness programs which inform women of their rights in the household. Campaigns can be started to encourage women to use the female condom. Health workers need to be employed who will work at the local government level along with the local policy makers in order to help start such awareness programs. The government can seek the aid of the multilateral and bilateral support from donor organizations to help create funding for these projects. In order to make the above programs viable, the government must also include the Local Government and Women's Affairs Ministries with the National Council. Both these ministries can play an important role in implementing the objectives of the National Council. By integrating them into the Council, there is direct involvement of these sectors in the process of helping create awareness

and ways to reduce the onslaught of AIDS/HIV at all tiers of the government and society. By promoting the rights of the women in all levels of the social strata, the Zambian government will be able to progress much further in their battle against AIDS.

One of the other major majors where both the government and other nongovernmental organizations (NGOs) need to focus is the prevention of the mother to Child transmission of AIDS/HIV. This is a very important focus area because by reducing the transmission of the virus from mother to child, they are able to substantially reduce the spread of the disease to future generations of the population who are the ones that are responsible for the future growth of the economy. If the new generation of the population of seriously debilitated by AIDS/HIV, then the future growth prospects of the economy will get seriously jeopardized. A weak dying population cannot work at levels required to compete if a rapidly globalizing environment where international competition is very high. Zambia needs a strong and healthy workforce and in order to ensure that is the case the state along with the help of the local and international NGOs need to massively upscale the project of providing treatment to pregnant mothers with IADS from a very early stage of pregnancy. Anti-Retroviral Treatment (ART) is one of the most effective ways know so far that will help in the process. Zambia's Prevention of Mother To Child Transmission (PMTCT) initiative was launched in 1999 offered anti-retroviral drugs (primarily Nevirapine) to expectant mothers. Such medicine can reduce the chance of an HIV-positive mother infecting her baby by around 50%. Unfortunately, very few pregnant women are even tested for HIV, let alone offered treatment. However, although at this moment the government is providing such treatment at the public health institutions, due to a constraint in resources ART is available in very limited supply. This project needs to be scaled up massively. Not only that, the treatment should prioritize the pregnant mothers because they have the most value-added from this treatment. At present, the Council has initiated programs with UNAIDS and its cosponsors and the bilateral agencies, to help in the prevention of Mother-to-child transmission of HIV (MTCT) at a limited number of sites along with and the Voluntary Counseling and Testing (VCT). Although the latter program has been expanded from a few sites to all districts, the former which is very important has been limited in its availability. This needs to be taken up by the Council in order to ensure that pregnant mother in all the district have access to this kind of free treatment benefits from the state, especially since they would most likely be unable to afford the treatment otherwise.

The government in general should try to increase the general provision of Anti- Retroviral (ARV) support at the public health institutions. One of the major factors that can potentially limit the growth of this program is the lack of trained health workers at the public health institutions. In order to cope with this restraint the government needs to seeks the aid of other donor organizations to help with this process. UNAIDS and WHO can provide support in this process by setting up extensive and intensive training programs for health workers so they can help

in the process of providing Care to the AIDS/HIV affected patients because ARV is known to dramatically improve the quality of lives of AIDS infected patients.

The government has much to do in order to help create awareness of the methods of treatment for AIDS infected patients and the way in getting this treatment. They need to encourage more people to undergo voluntary testing and take the benefit of counseling services. They can create networking institutions for people with AIDS to get moral support and receive counseling and mobilize communities to participate in the program. They can also set up orphanages for children whose parents die of AIDS and homes for single mothers with HIV. They can use the help of the media (radio and television) to spread these messages to the general public.