

# DEMOCRACY, HIV / AIDS AND CITIZEN PARTICIPATION

## *Focus on the 2004 South African Election*

By  
*Khabele Matlosa*

Khabele Matlosa is the Director for Research, EISA  
2<sup>nd</sup> Floor, The Atrium, 41 Stanley Avenue, Auckland Park, Johannesburg  
Tel: +27(0)11 482.5495; Fax: +27(0)11 482.6163  
E-mail:khabele@eisa.org.za

### ABSTRACT

*While debate about the impact of HIV/AIDS on socio-economic development has been rife and robust, the political discourse around the pandemic has tended somehow to lag far behind. It is now well established that HIV/AIDS represents not only a health catastrophe but, primarily, a development crisis. Yet only recently have we come to accept that the epidemic is, in fact, a governance crisis too. Much as the epidemic tends to have adverse effects on socio-economic development, it also has deleterious effects on democratic governance. This article thus teases out the possible impact of the HIV/AIDS epidemic on democracy, specifically focusing on citizen participation in South Africa. Within this discourse I deal with the extent to which we can explain voter participation trends between the 1994 and 2004 South African elections as informed, in part, by the debilitating effect of HIV/AIDS on both infected and affected citizens. If this is correct, HIV/AIDS is surely contributing to one of the dangers (or deficits) of modern democracy, namely voter apathy.*

### INTRODUCTION

Democracy has a variety of essential elements and one of these is the extent to which citizens participate actively in the political process both during and between elections. Citizens' participation during elections mainly takes the form of voters' involvement in selecting leaders. Between elections, participation takes the form of people's involvement in policy formulation and implementation. Political participation is therefore critical for both the legitimacy of the political regime and the stability of the governance process. Participation is defined as an 'activity by individuals formally intended to influence either who governs or the decisions taken by government. Both the extent and form of participation vary between types of regimes' (Hague et al 1998, p 80).

Political participation often assumes two forms, namely (a) conventional (including voting) and (b) unconventional (including boycotts and demonstrations).

For purposes of the discussion in this article we focus attention on conventional forms of voter participation during elections and inquire into the possible impact of HIV / AIDS on citizens' involvement in various phases of the electoral process in South Africa.

Undoubtedly, democratic governance systems encourage wider participation of citizens in the political process, while authoritarian governance tends to be less participative. This brings into sharp relief the imperative to interrogate the flipside of participation, namely the notion of political exclusion, which 'refers to those people who through occupying a marginal position in society are effectively excluded from participation in collective decision-making' (Hague, Harrop and Breslin 1998, p 83). Like participation, exclusion can manifest itself both during and between elections. During elections fewer people take part in the selection of national leaders and between elections, especially when the form of government is fairly centralised, fewer people take part in the formulation and implementation of policies. Linking the discussion about participation and exclusion in South Africa's electoral process to the HIV / AIDS epidemic, this paper proceeds from the basis of the following assumptions or hypotheses:

- The HIV / AIDS epidemic increases morbidity and the mortality rate of voting populations and thus leads to reduced levels of voter participation.
- The all-pervasive political apathy (especially among the youth) intersects with the HIV / AIDS incidence in reducing participation rates during elections. Ironically, voters hardly consider HIV / AIDS as one of the key determinants informing their choice during elections.

The paper is organised as follows: the section following these prefatory remarks provides a sketchy overview of the centrality to democratic governance of participation. The third section interrogates citizen participation in South African elections since 1994, with particular focus on the 2004 election. The fourth, the anchor section, investigates the possible impact of HIV / AIDS on voters during the 2004 election. The fifth section surveys public attitudes to and opinions about the HIV / AIDS epidemic and how this intersects with the political process, especially elections. This is done through some sketchy comparative insights drawn from the experiences of the Southern African Development Community (SADC) region. The final section wraps up the discussion and reiterates the main observations.

## PARTICIPATION AND DEMOCRACY: AN OVERVIEW OF THE LITERATURE

One of the key ingredients of democracy is the extent to which the governance process is participative. Thus, surely, citizen participation both during and between elections is a quintessential element of democratic governance? Why and how does the HIV / AIDS epidemic become relevant to issues of democracy and participation?

One answer is provided by Alex De Waal.

Slowly and belatedly, we are awakening to the full implications of the HIV / AIDS pandemic in Africa. This is an epidemic like no other. It is quite simply the most important issue, bar none, in Sub-Saharan Africa for the coming decade. It has already set in motion processes that will transform the governance and economies of the afflicted countries.

De Waal 2003, p 1

De Waal's poignant observation is corroborated by Ryan Manning (2002, p 9), who also argues aptly that 'the basis for much of the thinking around HIV / AIDS and democracy lies in research on the link between poor health and political instability and between good health and democracy'. For instance, Robert Mattes (2003), in a recent analysis of the subject, proposes persuasively that the interface between HIV / AIDS can best be investigated in terms of the epidemic's possible impact on three key features of democratic governance, namely:

- political economy (resource endowment, national wealth, growth, and inequality);
- political institutions (professional civil service, strong courts, vibrant legislatures, effective executive organs, robust parties and rule of law); and
- political culture (legitimation and participation).

Our major interest is the latter point, given that political culture (or political socialisation) shapes and influences electoral processes in a number of ways and has a bearing on the nature and extent of citizens' participation and is thus crucial, ultimately, to the legitimisation of post-election regimes.

Political participation of citizens is one of the most important ingredients of a vibrant and working democracy. The extent to which citizens are able and willing to participate in the governance process in a country both during and between regular elections is one of the components of democratic governance. The *Encyclopedia of Democracy* captures the essence of participation for democracy vividly as follows:

Although popular participation does not by itself make a democracy, the opportunity for the average citizen to participate in the political process is essential for any democracy, and participation is often included in the definition of democracy. Voting is the most common form of political participation, but it is not the only form.

1995, p 913

There is no gainsaying, therefore, that democracy denotes not only a representative but also a participative form of governance. By extension, both representation and participation play an important role in legitimising rule and establishing the extent of political stability in a given country. In its recent global report on political participation and voter turnout, the International Institute for Democracy and Electoral Assistance (IDEA) also notes the important link between representation, participation and political stability. The report observes:

A flourishing democracy presupposes citizens who care, who are willing to take part, and capable of helping to shape the common agenda of society. Indeed, participation, whether through institutions of civil society, political parties, or the act of voting, is increasingly being seen as an essential pre-requisite of any stable democracy. Competitive, 'multi-party elections' have become the watch-word of the 1990s and the concept of 'democracy' has spread its tentacles into almost every corner of the globe, but there remain a considerable malaise of functioning of democratic principles and institutions, not least in those states termed as 'established democracies'.

IDEA 1997, p 7

Most of the articles contained in *Critical Dialogue: Public Participation in Review*, the newly launched quarterly journal of the Centre for Public Participation, also emphasise the centrality of citizen participation to democratic governance, legitimacy and political stability. In that journal Claude Kabemba (2004, p 12) argues, for instance, that participation is one of the key principles of democracy and is 'a crucial determinant of the nature of democracy. A democracy revolves around the people. In the same journal Roger Southall also recognises that while the African continent performed fairly dismally with regard to political participation during the colonial period and for some three decades after political independence, much progress has been achieved in the post-Cold War and post-apartheid era which coincided with the onset of multi-party democracy. He concludes:

... many African states found themselves now embracing the basic tenets of liberal democracy via the re-constitutionalisation of liberal rights, and most notably, multipartyism and competitive elections. This found resonance in South Africa, too, where the negotiated transition of 1994 was founded upon the adoption of a constitution (finalized in 1996) which was one of the most advanced democratic instruments that the world had yet seen.

Southall 2004, pp 6-7

Steven Friedman (2004, p 23), however, is quick to add a caveat that participation may also be affected by the nature of resource distribution. According to him, 'representative democracy is also the most fruitful channel for participation by the poor because it is the one in which their greatest strength, their numbers, is rewarded. Participation processes, by contrast, tend to give advantages to those who have the capacities which come with access to resources.'

Conventionally, measuring citizen participation in a democracy through elections involves investigation into levels of voter turnout, the assumption being simply that the higher the turnout the more participative the political system, hence the more legitimate the political regime. The converse is also assumed, of course, namely that the lower the voter turnout, the less participative the system, and, by logical extension, the less legitimate the political regime the higher the likelihood of various forms of instability within the political system.

What is interesting about the existing literature about participation, including the three examples cited above, is that pertinent issues and questions about participation rates have been asked in order to gauge levels of citizen participation, especially voter participation. However, so far fairly little, if any, research and analysis has been undertaken in South Africa (and indeed anywhere else in the SADC region) into the possible impact of HIV / AIDS on levels of citizen participation in the governance process. Even globally studies of elections and democracy have not yet fully come to grips with the impact of HIV / AIDS on citizen / voter participation in governance and elections. For instance, the questions posed by the International IDEA in its investigation of participation rates and voter turnout on a global scale covering the period 1945-97 include the following that seem pertinent to this discussion.

- Does turnout drop off from founding election to second and third generation elections?
- Do the different legacies of colonialism affect in different ways turnout in the post-colonial independent states of the developing world?
- Is turnout higher in parliamentary elections than in presidential elections?
- Is there a link between institutional factors (i.e., compulsory voting laws and electoral system design) and voter turnout?
- Is there a link between the degree of competitiveness of the party system and voter turnout?

The significance of the above questions to this discussion is self-evident. However, what needs to be appreciated is that over and above political factors that either enhance or inhibit voter participation we also need to probe socio-economic factors and this is the arena where discussion about the possible impact of HIV / AIDS on citizen participation in elections is pertinent.

## CITIZEN PARTICIPATION IN SOUTH AFRICAN ELECTIONS, 1994-2004

In this section we gauge voter participation in South Africa's elections since 1994 by establishing variations on the data recording registration and voting patterns. The primary object is to reveal the levels of voter registration in relation to, on the one hand, the total number of eligible voters and, on the other, actual votes cast and voter turnout. Data on the South African elections in relation to eligible voters, voter registration and voter turnout during the three democratic elections since 1994 is depicted in Table 1.

**Table 1**  
**Voter Turnout in South African Elections, 1994-2004**

Year	Eligible Voters	Registered Voters	Total Number of votes cast	Voter Turnout (as % of eligible voters)	Voter Turnout (as % of registered voters)
1994	Appr 23million	–	19 533 498	85,0	–
1999	25 million	18 172 751	15 977 142	68,3	89,3
2004	27 million	20 674 926	15 612 667	57,0	76,7

SOURCE: IEC ELECTION REPORTS 1994-2004; EISA *ELECTION UPDATE* 2004: SOUTH AFRICA, NO 1, FEB 2004; IEC ELECTION RESULTS 2004

It is not surprising that quite a large number of voters took an active part in the 1994 election and that the voter turnout was quite high in comparison to the overall SADC and African experience with founding elections.

Tom Lodge corroborates this observation thus:

South Africa's 1994 turnout was estimated at 85 per cent, much higher than the African average for 1990s founding elections which was 65.3 per cent. However, a very steep decline, or a decline within certain communities or distinct social groups would represent a danger signal of democratic fragility.

1999, p 3

A multiplicity of factors helps explain the high voter turnout in 1994. Among them are:

- commitment of the broad majority of the populace to the demise of the apartheid order;

- the enthusiasm and excitement of the populace engendered by the political settlement of a protracted violent conflict (achieved through the Convention for a Democratic South Africa [Codesa] negotiations) and which encouraged them to exercise their new-found freedom.
- broad perception of the electoral process as part and parcel of the constructive management of the violent conflict that had engulfed the country up to that historic moment;
- commitment by key political actors to a new democratic dispensation, marked, in the main, by broad representation and the inclusion of marginalised social groups;
- the presence of a fairly durable peace and reconciliation supported by key forces in the political system;
- the choice of a relatively fair electoral model.

Not surprisingly, therefore, there was a downward spiral in voter turnout in the second democratic election, in 1999, with 68 per cent of total eligible voters registered after the five years of rule by the Government of National Unity (GNU) under the premiership of Nelson Mandela. Be that as it may, the voter turnout of about 70 per cent suggested that the institutional anchor of South Africa's fairly embryonic democracy was still firmly in place and was gradually being nurtured and consolidated.

One of the challenges that faced the country's democratic governance as the 2004 election approached was exactly how voter turnout would play out. Three distinct scenarios suggested themselves: the worst-case scenario was a voter turnout of less than 60 per cent, much lower than the participation levels in 1994; the middle-ground scenario was a voter turnout of around 70 per cent, maintaining the participation levels of the 1999 election; and the best-case scenario was obviously a voter turnout of around 80 per cent, which would represent an improvement on the 1999 levels even if it was slightly less than that in 1994. In the event, the voter turnout for the South African election of 12-14 April 2004 was about 77 per cent of registered voters (a decline of 12 per cent from the 1999 turnout) and 57 per cent of all eligible voters (a decline of 28 per cent from the 1994 figure and a decline of 11 per cent from that in 1999). This suggests the worst-case scenario outlined above. While there are many reasons, including voter apathy, especially among the youth, for the decline in the voter turnout for the 2004 election compared to the two previous elections, the debilitating impact of HIV / AIDS on citizen participation in elections cannot be excluded as a possible explanatory factor.

The pattern of voter registration for the 2004 election reveals interesting dynamics in respect of age, gender, geographic and racial mix, as shown in Table 2. A total of 20 674 926 voters registered for the election and of these 11 334 038 were female while 9 340 898 were male voters. This indicates vividly that, in gender terms, women constitute a majority of the voting population, as they do of the overall population; a situation that pervades all the SADC countries.



**Table 2**  
**Voter Registration for the 2004 Election**

Province	Female	Male	Total	Registered Voters (% of total)	HIV/AIDS Prevalence Rate (%)
Eastern Cape	1 656 102	1 193 384	2 849 486	13,78	21,1
Free State	713 344	607 851	1 321 195	6,39	26,3
Gauteng	2 350 019	2 300 575	4 650 594	22,49	29,7
KwaZulu-Natal	2 176 061	1 643 803	3 819 864	18,48	33,8
Limpopo	1 327 349	860 563	2 127 912	10,58	13,2
Mpumalanga	773 843	668 629	1 442 472	6,98	25,3
North West	919 635	829 894	1 749 529	8,46	23,1
Northern Cape	227 524	206 067	433 591	2,10	11,7
Western Cape	1 190 151	1 030 132	2 220 283	10,74	8,8
<b>Total</b>	<b>11 334 028</b>	<b>9 340 898</b>	<b>20 674 926</b>	<b>100,00</b>	<b>25,5</b>

SOURCE: IEC WEBSITE, DEPARTMENT OF HEALTH 2002

The correlation of these data with the actual voting patterns and the prevalence of HIV / AIDS is also instructive. The data in Table 2 suggest that the five provinces hardest hit by HIV / AIDS are KwaZulu-Natal (33%), Gauteng (29%), Free State (26%), Mpumalanga (25%) and North West (23%). In terms of voter registration it is worth noting that Free State and Mpumalanga rank fairly low, with 6 per cent and 7 per cent respectively of the total registered voters. Yet ironically, Gauteng and KwaZulu-Natal, with their high incidences of HIV / AIDS, have high registration rates (22% and 18% respectively) and this may suggest that HIV / AIDS is not the only factor at work here. Thus, in terms of the nebulous link between HIV / AIDS and elections in South Africa the data available suggest the following:

- In areas where the HIV / AIDS epidemic is intense, quite a number of eligible voters may not be able to register to vote either because they are ill or because they are taking care of the ill and this is one possible explanation for the low registration rates in Free State and Mpumalanga.
- Yet this may not be the only explanatory factor, as, in other provinces with a high incidence of HIV / AIDS such as Gauteng and KwaZulu-Natal, registration figures were high, suggesting that various factors besides HIV / AIDS are definitely at work.



Available data suggest that quite a considerable number of ordinary South Africans spend a good number of hours caring for orphaned children, caring for sick household members and taking care of their own illness. A recent *Afrobarometer* survey conducted by the Institute for Democracy in South Africa (Idasa), in which 2 029 households country wide were asked specific questions on which a determination could be made about their socio-economic situation, reveals that about 99 per cent of respondents spend more than five hours a day caring for orphans, 99 per cent spend more than five hours a day caring for sick household member(s) and 98 per cent spend more than five hours a day attending to their own illness.

Although the data do not necessarily depict HIV / AIDS as the main illness, we are able to infer that it could be one of the illnesses referred to in the data. There is no gainsaying that HIV / AIDS is fast becoming the major factor in increasing mortality and morbidity rates and, according to the South African Human Development Report of 2003, this trend is bound to have tremendous demographic impact on, for instance, life expectancy. Between 1995 and 2001 the HIV infection rate in South Africa increased by 9,8 per cent, the major increase occurring in the age group 20-49. The total number of people living with HIV / AIDS reached 5,6 million in 2001, with more women than men infected. The provinces that have borne the brunt of the epidemic are KwaZulu-Natal (17,4%), Mpumalanga (15,2%), Free State (15,1%) and Gauteng (14,2%) (UNDP 2003, p 28). Between 1999 and 2001 the number of people who died as a result of AIDS rose from 250 000 to 360 000.

Linked to the AIDS death toll in 1999 was the fact that there were 420 000 AIDS orphans in the country and this figure rose to 660 000 in 2001. The heavy demands placed upon households, especially women, in caring for orphans are enormous. The recent United Nations Development Programme (UNDP) Human Development Report for South Africa (2003, p 85) reveals that 'the increasing pressure on grandparents to care and provide for growing numbers of orphaned children is placing a heavy burden on those who are already vulnerable. The number of households whose primary caregivers are under the age of eighteen years is also increasing.' Thus, it is evident that households are so overburdened as a result of the devastating impact of HIV / AIDS on their socio-economic situation that politics generally and elections specifically may be considered a lesser priority than the struggle for survival; a struggle in which the politicians have not done impressively well in the eyes of the electorate.

The UNDP report emphasises the inextricable link between the HIV / AIDS epidemic and deepening poverty in the country in a vicious causal relationship in which the disease is more prevalent among poor communities while at the same time it accentuates poverty. This vicious circle suggests that HIV / AIDS contributes significantly to the increase in poverty and that poverty itself reduces significantly the ability of poor people to cope with the disease (UNDP 2003, p 85). The report notes that 'HIV / AIDS has had a disproportionate impact on poor communities, permanently trapping many of its victims in poverty. The magnitude and far-reaching consequences of the HIV / AIDS pandemic mean that the disease is no longer a crisis

only for the healthcare sector but presents a major challenge to all sectors' (UNDP 2003, p 84).

The incapacity arising from AIDS related illness and other ailments coupled with the time spent tending the sick means that a fairly large number of people are unlikely to find time to spend on time-consuming issues such as elections. Eligible voters are probably more inclined to dedicate their time to caring for sick relatives or tending to their own illnesses, as the *Afrobarometer* studies have found. There is no gainsaying that part of these individual household responsibilities is explicable by reference to the HIV / AIDS epidemic, which, in turn, 'subtracts from individuals' personal commitments to other important issues including elections. Certainly, sickness, funerals and orphans play a big role in reducing participation in politics' (Chirambo 2004, p 7). Not only does the disease diminish the incentive for people to participate in political life, it also reduces their social well-being. According to the UNDP report, 'AIDS generates new poverty as people lose employment and housing tenure. Household incomes fall due to the loss of wage earners and rising spending, particularly on medical care and funerals ... Not only do household outputs and incomes decline, but household members, particularly women, have to make hard choices on allocation of their time between production, meeting household needs, child care and care of the sick' (UNDP 2003, p 85).

According to the *Afrobarometer* survey up to 14.2 per cent of South Africans spend between one hour and five or more hours tending to orphans. Some households are clearly over-burdened by the devastating impact of HIV / AIDS on their socio-economic situation. In the circumstances, families are likely to consider elections a lesser priority as they struggle for survival. *Afrobarometer* data suggest further that 15 per cent of South Africans spend more than three hours tending to sick household members and 22 per cent spend the same amount of time taking care of their own illnesses. Although the data do not necessarily depict HIV / AIDS as the main illness, we assume, given the extent of the pandemic, that one of the diseases referred to in the data could be HIV / AIDS. Until further research is conducted on public opinion we cannot say with certainty whether the failure by some registered voters to arrive at polling stations is a direct result of AIDS (Chirambo 2004, p 7).

Of the provinces with the lowest HIV / AIDS prevalence rate, Northern Cape (10%) has the lowest voting population while the Eastern Cape has a sizeable one. Thus, a post-election assessment of voter turnout in relation to the overall number of registered voters would be extremely crucial when linked with HIV / AIDS prevalence on a national scale and in relation, specifically, to provinces. The overall national prevalence rate is estimated at about 16 per cent.

### IMPACT OF HIV / AIDS ON VOTERS DURING ELECTIONS

Undoubtedly HIV / AIDS impacts adversely on voters' effective participation in the electoral process. Anecdotal evidence can easily be adduced to show the impact of

the epidemic on voters' participation throughout the three phases of the process, namely the pre-election phase; the election or polling phase; and the post-election phase.

Recently, Chris Landsberg and Shaun Mackay of Johannesburg's Centre for Policy Studies (CPS) prepared an HIV / AIDS Strategy Paper for the Open Society Initiative in Africa in which they argue that:

To the extent that millions of people will be affected by the disease, we should prepare for the prospect that more and more people will become terminally ill ... [and] will not be able to exercise their democratic rights. In South Africa, the ANC-led government is already confronting the prospect that it could be voted into power with smaller numbers of majorities because people are becoming increasingly poorer and sick as a result of the pandemic. Indeed, even the uninfected could find themselves increasingly so preoccupied with issues arising from the pandemic – such as caring for the loved-ones, siblings and neighbours – that exercising their democratic vote becomes secondary to these issues. In such a situation, percentage polls could decrease considerably. As decreasing mandates are obtained to rule in the wake of the pandemic's devastation, the very legitimacy of government could be at stake. The very institutions of democratic governance could lack the necessary popular will and mandate to function effectively.

CPS 2003, pp 14-15

In the pre-election period, obviously the epidemic does impact on voter registration (voters are unable to register because they are infected and affected). During the election or on polling day the epidemic is bound to affect voter turnout as the infected and affected fail to vote. It is at this point that the effects of the epidemic intersect with the effects of voter apathy, thus confirming that the decline in the number of voters may not simply be explained by the fact that people are disaffected or disenchanted with governance but by the fact that they are unable to vote because they are ill.

During the post-election period, HIV / AIDS may lead to the reduced participation of citizens in governance at both national and local levels. This involuntary withdrawal is bound to have some impact on the legitimacy of the rule and the credibility of the policies of a sitting government. The discussion below throws more light on these and related issues.

### *The Pre-Election Phase*

During the pre-election phase, the HIV / AIDS epidemic is likely to affect the voters adversely in respect of the following:

- Voter registration.
- Management and maintenance of the voters' roll.
- Staff recruitment and training for the Independent Electoral Commission (IEC).
- The cost of election management.

Voter registration is the most crucial component of the pre-election phase. Pintor and Gratschew (2002, pp 23-24) correctly observe that 'voter registration is crucial for political participation in a democratic context. There must be a guarantee that the right to vote in elections is universal, equal, direct and secret.' Various factors, including the adverse effects of HIV/AIDS, may mean that voters may not be able to turn up in large numbers for registration. Furthermore, the IEC may find itself confronted with a problem of recruiting and retaining experienced registration staff who, historically, have largely been teachers – one of the social categories hardest hit by the epidemic.

For people affected by HIV/AIDS the location of registration stations is likely to influence whether or not they register; the closer the station, the more likely they are to go there.

Another problem is that the management and maintenance of the voters' roll becomes both tedious and onerous as the IEC must regularly ensure that registered voters who have passed away are removed from the roll, in order to avoid suspicion and criticism of 'ghost voters'.

once people register to vote, those voters' rolls must be kept up-to-date. As important as it is to make sure all those qualified appear on the rolls, it is equally important to make sure that the names of dead voters are regularly and efficiently removed ... In most countries, registration officials receive word about deaths from hospitals and morgues and subsequently remove those voters from the list ... Without some sort of change, poor maintenance of the voter rolls will only serve to further undermine the legitimacy of these elections. If elections lack legitimacy, the regime of democracy itself may lose legitimacy.

Youde 2001, p 17

The voters' roll is one of the most important instruments of elections for it contains information about who is supposed to vote and determines the formation of governments. It must be accurate and regularly revised in order to address the often politically charged allegations of the existence of 'ghost voters'. Undoubtedly, the increased mortality rate caused by the HIV/AIDS epidemic compounds the problem of updating the roll in that it places a further burden on the IEC.

An example of the serious problems that can arise when voters' rolls are not kept up to date has played itself out in Malawi's general elections since 1999. The

voters' roll was one of the most badly managed aspects of the country's recent elections. The various forms of roll used in Malawi contain inaccurate information about voters and there is little, if any, public inspection of the rolls. This problem led to one of the participants in a workshop organised by the Institute for Democracy in South Africa (Idasa) on 'AIDS and Governance in Southern Africa' to lament that

... in Malawi ... the voters' roll is highly bloated with dead voters. The electoral commission has never conducted a major exercise to deal with this, except for pilot exercises that were carried out in two constituencies. Although not fully patronized by the majority of registered voters, the outcome of the exercise indicated that a good number of voters had passed away. Drawing from the statistics obtained during the exercise, it is estimated that the commission has lost about 100 000 voters on its voters roll, about 2% of the total registered voters.

Ngwembe 2003

The Malawi voters' roll was found to have up to 100 000 voters unaccounted for, a situation that worsened during the election of 20 May 2004. The election had originally been scheduled for 18 May, but had to be postponed because of a highly charged political controversy triggered by the shoddy and sloppy voters' roll. A total of 6,7 million voters originally featured on the roll, sparking an enormous amount of feuding among political parties and criticism from civil society and the academic community in the country (see Chirwa 2004). After assessment by a team of independent South African assessors, the number of voters on the roll was reduced to 5,7 million. This reduction by one million voters raises a number of questions.

The recruitment and training of both the IEC staff and polling officers may become increasingly difficult and costly for a variety of reasons – a scarcity of the requisite skills, absenteeism and staff turnover caused by a high incidence of HIV / AIDS in the age cohort suitable for the tasks. These challenges will mean that the entire management of elections, which is already very costly, will tend to become even more demanding on the state treasury.

Youde's comment on this issue is particularly instructive. He observes:

Another important, yet often ignored, aspect of elections is their cost. Elections are not cheap. The South African elections in 1994 cost US\$200 million, which works out to US\$11.34 per vote. The 1999 elections were even more costly, with registration exercise alone costing US\$120 million

2001, p 17

Youde opines that the cost of elections has a bearing on democratic legitimacy and stability in two important ways.

First, AIDS places enormous strains on the budgets [of the countries concerned]. With health care costs threatening to eat up increasing amounts of national budgets, money allocated for elections could be a casualty. Instead of funding elections on their own, the state will have to rely on foreign donors to finance elections. This move can be problematic because donor funds often come with conditionality ... Second, donor fatigue is an increasingly real problem. The international donor community is increasingly reluctant to give larger amounts money for HIV / AIDS as the realities of the long-term nature of HIV / AIDS becomes more and more apparent.

2001, p 19

Increasingly the burden posed by HIV / AIDS tends to compete for scarce financial resources with democratic processes such as elections and the challenge for states is how to prioritise and earmark resource allocation in the most prudent manner possible in such a way that democracy does not suffer, while at the same time effective measures are put in place to mitigate the adverse impact of HIV / AIDS.

### *The Election Phase*

During the election or polling phase the HIV / AIDS epidemic is likely to impact negatively on the electorate in regard to both polling stations and voting.

As is the case with registration, people who are ill are likely to be influenced in their decision whether or not to participate by the location of polling stations (both mobile and immobile); the closer the voting station the more likely it is that those living with HIV / AIDS will cast their ballot. Another problem is that voting may prove difficult if they are not provided with the special assistance that is provided to other sick voters and are forced to wait in long queues. These two factors suggest that the IEC will have to rethink the issue of polling stations and their accessibility. It is likely, for instance, that the number of mobile stations will have to be increased.

### *The Post-Election Phase*

In the post-election phase, not many factors would influence the behaviour of HIV / AIDS-infected people apart from the fact that they may not have much interest in any new government that emerges if that government does not prioritise HIV / AIDS as a major challenge requiring clear-cut policy interventions. The legitimacy of an emerging regime may stand or fall by its response to the HIV / AIDS pandemic. In the eyes of the HIV / AIDS infected segment of the population legitimacy may be linked strongly to the winning party's policy pronouncements and strategies for mitigating the effects of the pandemic on their lives and livelihoods. In this regard, therefore, we must also appreciate the complex interface between political apathy



and the effects of HIV/AIDS on the electoral process in South Africa and other African countries. Whereas prior to the onset of the HIV/AIDS epidemic it was relatively easy to ascribe low voter turnout to political apathy, which denotes deliberate withdrawal or disengagement by some segments of the electorate from the electoral process, largely because of disenchantment or disaffection with the way in which the political game is played by the political elite, today it is relatively difficult to explain withdrawal in these terms.

The ostensible withdrawal from the electoral process, marked in the main by low voter turnout, may be explained in part by disenchantment and in part by ill health affecting the electorate. Specifically with respect to people infected with HIV/AIDS disenchantment may arise if political parties are not seen to embrace the urgent need for effective policy intervention aimed at mitigating the social burden imposed on poor households by the epidemic. For instance, it was widely accepted that the major issues that would differentiate the parties in the South African election of April 2004 would be:

- employment;
- poverty / destitution;
- crime / security;
- health and HIV / AIDS;
- education;
- housing
- the economy;
- foreign policy

*EISA Election Update 2004: South Africa, No 2, 16 February 2004;*

*EISA Election Update 2004: South Africa, No 3, 1 March 2004*

### PUBLIC ATTITUDES TO HIV / AIDS AND ELECTIONS

Although all major political parties tended to prioritise the HIV/AIDS issue in their manifestos as part of the campaign for the 2004 election, the complex question is whether they took up the issue with this apparent enthusiasm merely in order to win the hearts and minds of the affected and infected largely for purposes of gaining political mileage vis-à-vis their competitors or whether they are committed to putting in place viable policy mechanisms to deal with the disease.

This question can only be answered by assessing the post-election policy projections of the winning party against its manifesto promises. Linked to this question is the extent to which parties themselves have set in place appropriate policy measures to combat the epidemic within their own structures. As the old adage goes, charity begins at home. It may not be adequate for parties to propound good policy positions vis-à-vis HIV/AIDS if they do not have the internal policy instruments to deal with the disease as it affects their membership.



As Landsberg and Mackay aptly opine:

Consideration should be given to how political parties would be affected; they are the main bedrock of multiparty political systems. Members of political parties who are infected will naturally weaken these parties (especially where these are important leadership figures), which, in turn, will weaken democratization efforts. Also, there is an urgent need for strong political parties to engage communities and put the HIV / AIDS issue on the agenda. Political parties should also brace themselves for smaller and decreasing voting constituencies as the HIV / AIDS scourge affects them.

2003, p 15

While political parties have tended to raise issues relating to HIV / AIDS, especially during elections, the irony is that a considerable majority of people in Southern Africa still do not perceive the epidemic as a major policy priority for their governments. From the data collected by Idasa's *Afrobarometer* a bleak picture emerges of the attitudes of those interviewed when asked to list the most pressing problems in their respective countries (see Table 3).

Whiteside, Mattes, Willan and Manning (2002, p 20) conclude from the data above that 'Southern Africans simply do not list HIV / AIDS as a political priority for their governments'. The authors give five possible explanations for this paradox. First, it is possible that people perceive the responsibility for HIV / AIDS as resting more with individuals affected and infected and their communities than with governments. Second, it could be that 'people's living conditions are already so desperate that government action against AIDS is seen as a lower priority than action to address more immediate needs by creating jobs and holding down prices so that people can live decently. Thus, it simply becomes a question of priorities.

There is some support for this argument: 'as individual levels of poverty increase, people become less likely to cite AIDS as an important problem' (Whiteside et al 2002, p 20). Third, the figure above may also reflect the attitude and role of elected leaders and civil society agencies in respect of the prioritisation of HIV / AIDS in policy making. Where leaders and civil society are open and publicly forthright on the HIV / AIDS issue to an extent that reduces the degree of stigmatisation around the disease, people increasingly appreciate the urgency of policy interventions in the epidemic, as is the case in, for instance, Botswana and South Africa. Finally, the reverse is also true in those countries, such as Lesotho until fairly recently, where the leadership and civil society are not aggressive enough about policy imperatives for tackling HIV / AIDS. The authors argue that 'lack of public emphasis on AIDS as a national problem could reflect the way people "name and frame" political issues' (Whiteside et al 2002, p 21). It could as well be that those respondents who mentioned health as a major problem area had HIV / AIDS in mind.

**Table 3**  
**Most Pressing Problems**

Botswana	Zimbabwe	Zambia	Malawi	Lesotho	Namibia	South Africa
Job Creation 58%	Economy 74 <sup>o</sup> %	<b>Health</b> 41%	Economy 48%	Job Creation 63%	Job Creation 54%	Job Creation 76%
<b>AIDS</b> 24%	Job Creation 37%	Job Creation 32%	<b>Health</b> 29%	Crime / security 28%	Education 46%	Crime / security 60%
Education 20%	<b>Health</b> 18%	Education 31%	Crime / security 28%	Food 20%	General Services 21%	Housing 25%
Poverty / destitution 17%		Farming / agriculture 26%	Food 26%		<b>Health</b> 18%	Education 13%
Farming / agriculture 14%	Economy 20%	Transport 16%			<b>AIDS</b> 14%	<b>AIDS</b> 13%
Crime / security 12%		Transport 18%	Water 16%			<b>Health</b> 12%
		Poverty /	Farming / agriculture 13%			Poverty / destitution 11%
		Poverty / destitution 14 <sup>o</sup> %	Farming agriculture 13%			Poverty / destitution 11%
			Education 12%			
			Poverty / destitution 11%			
			Job Creation 11%			
			General Services 10%			

## CONCLUSION

That citizen participation is crucial for democratic governance, legitimacy of rule and political stability brooks no controversy at all. Participation of citizens in a vibrant democracy takes place during and between elections. In this paper we have narrowed the debate deliberately to voter participation during elections, hence the preoccupation with the incidence of voter turnout. Although information is readily available about the political imperatives and the factors that influence either a high or a low participation rate of citizens in elections, fairly little discussion has focused attention on the socio-economic dynamics of the problem linked to, for instance, poverty and HIV/AIDS.

It is abundantly clear that the HIV/AIDS epidemic does have an impact on the participation levels of voters in elections. It is likely that low levels of voter turnout can no longer be ascribed simply to voter apathy. However, this does not suggest that HIV/AIDS is the only determinant of low voter participation in elections. We have argued that the incidence of HIV/AIDS intersects inextricably with the incidence of voter apathy in many SADC states and in South Africa itself.

We also observe that the incidence of HIV/AIDS is directly and/or indirectly linked to the inability of some of the electorate to participate in the entire electoral process because of factors such as poverty and ill health; these are also surely accentuated by the pervasive spread of HIV/AIDS. It is highly possible that the fluctuations in levels of voter turnout since 1994 have been caused not only by the incidence of voter apathy but also by the incidence of HIV/AIDS. We have discovered that voter turnout as a proportion of eligible voters (57%) for the 2004 election amounted to about an 11 per cent decline from the 1999 figure of 68 per cent. The irony, though, is that while the incidence of HIV/AIDS is on the increase and taking its toll on citizens' participation in the governance process, voters hardly consider it a dominant issue when they choose their leaders.

It is imperative that both the political leadership and the citizenry at large consciously and deliberately consider HIV/AIDS not only a health crisis but both a developmental and a governance crisis that requires concerted policy interventions aimed at, among other things, building firmer foundations for sustainable democratic governance. If the political elite and the citizens fail to take the bull by the horns, so to speak, South Africa and the SADC region as a whole will be caught in a vicious circle of development-governance crisis. In the words of De Waal (2003, p 22) 'more widely, the scenario is of AIDS-impacted populations, economies and government simply failing to progress, and being caught for the foreseeable future in a structural impasse, in which development becomes simply impossible'. Our countries should endeavour, by all means possible, to avoid this seemingly apocalyptic scenario.

— REFERENCES —

- Chirambo, K. 2003. 'Impact of HIV / AIDS on electoral processes in Southern Africa'. Paper presented to the 13<sup>th</sup> ICASA Conference, Nairobi, Kenya.
- . 2004. 'AIDS and Electoral Democracy: Implications for Participation, political stability and accountability in Southern Africa'. Pretoria: Idasa (mimeo).
- Chirambo, K and M Caesar. 2003. *AIDS and Governance in Southern Africa: Emerging Theories and Perspectives*. Pretoria: Idasa (mimeo).
- Chirwa, W. 2004. 'Malawi's "bogus" voter statistics'. *Election Talk* No 12, 22 April.
- De Waal, A. 2003. 'How will HIV / AIDS Transform African Governance?'. *African Affairs* 102(406).
- EISA. 2004. *Election Update 2004: South Africa* No 1, 2 February.
- . 2004. *Election Update 2004: South Africa* No 2, 16 February.
- . 2004. *Election Update 2004: South Africa* No 3, 1 March.
- Encyclopedia of Democracy, The*. 1995. London: Routledge.
- Friedman, S. 2004. 'A Voice for All: Democracy and Public Participation'. *Critical Dialogue-Public Participation in Review* 1(1).
- IEC Election Reports, 1994-2004. Pretoria (mimeo).
- Hague, R, M Harrop and S Breslin. 1998. *Political Science: An Introduction* Second Edition. New York: Worth Publishers.
- IDEA. 1997. 'Voter Turnout from 1945 to 1997: A Global Report on Political participation'. Stockholm (mimeo).
- Kabemba, C. 2004. 'Citizens' participation: Power beyond parliament'. *Critical Dialogue-Public Participation in Review* 1(1).
- Kelly, K, W Parker and S Gelb (eds). 2002. 'HIV / AIDS, Economics and Governance in South Africa: Key Issues in Understanding Response'. USAID, South Africa (mimeo).
- Landsberg, C and S Mackay. 2003. 'HIV / AIDS as a Policy, Democracy and Governance Issue'. OSI Africa Office, Johannesburg, South Africa.
- Lodge, T. 1999. *Consolidating Democracy: South Africa's Second Popular Election*. Johannesburg: Witwatersrand University Press.
- Manning, R. 2002. 'AIDS and Democracy: What do we know? A Literature Review', University of Natal Health Economics and HIV / AIDS Research Division, April. Durban (mimeo).
- Mattes, R. 2003. 'Healthy Democracies? The Potential Impact of AIDS on democracy in southern Africa'. Institute for Security Studies (ISS) Paper No 10.
- Natrass, N. 2004. *The Moral Economy of AIDS in South Africa*. Cambridge: Cambridge University Press.
- Ngwembe, M. 2003. 'The role of the ECF in mitigating the impact of HIV / AIDS on elections'.
- Pintor, R and M Gratschew. 2002. 'Voter Registration and Inclusive Democracy: Analysing registration practices worldwide'. In R. Pintor and M Gratschew. *Voter Turnout since 1945: A Global Report*. Stockholm: International IDEA.

- Southall, R. 2004. 'Participatory Democracy: More fair, more equal ... more safe'. *Critical Dialogue-Public Participation in Review* 1(1).
- Strode, A and K Grant. 2003. 'An Examination of Institutional Arrangements Established in South Africa to Address Challenges of HIV / AIDS'. Pretoria: Idasa Research Report (mimeo).
- UNDP. 2003. *South Africa: Human Development Report, 2003*. Oxford: Oxford University Press.
- Whiteside, A, R Mattes, S Willan and R Manning. 2002. 'Examining HIV / AIDS in Southern Africa through the Eyes of Ordinary Southern Africans'. Cape Town: Idasa *Afrobarometer*. Paper No 21 (mimeo).
- Youde, J. 2001. "'All the Voters Will be Dead": HIV / AIDS and Democratic Legitimacy and Stability in Africa'. University of Iowa (mimeo).