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## **An Overview of HIV-related Research in Namibia Since Independence**

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This paper provides a brief account of HIV-related<sup>2</sup> research in Namibia since independence. Research was ordered according to a theoretical framework in order to identify patterns and gaps therein. A key finding is that over the period since independence, there does not appear to have been a clearly defined, coordinated and balanced HIV-related research program in Namibia. Rather, the research effort has been unbalanced, driven and funded to a large extent by donors and researchers with particular fields of interest. Furthermore, research has generally not been exposed to critical review. This paper goes on to raise a number of important questions: How have research priorities been identified? Has research met the needs of policy-makers in the public and private sectors? On what has advocacy been based? What practical difference has research made in addressing the HIV-epidemic in Namibia? The paper ends with some suggestions on how improvements can be made to future research.

### **1. Introduction**

The transportation and communication revolution of the 20<sup>th</sup> has raised global awareness, but at the same time served to muddle local consciousness. By collapsing time and space a medium such as live television has created the illusion that every “event” deemed news-worthy has local immediacy. One of the more dangerous concepts of our time is that of the *global village*<sup>3</sup>. One polity stands central to the efforts focused on regional integration, improving global information flow, liberalizing trade, *et cetera*. It is called the state. Today, every state is home to an uneasy mix of local and inter-state politics. Even if treaties and laws are created at the inter-state level, the stipulations of those treaties and laws still need to be applied at domestic level. States are sovereign and even though they may join regional initiatives in order to streamline trade, are not yielding aspects of that sovereignty to larger bodies without considerable resistance. The HIV-pandemic has to be dealt with in a world of states. At the level of the state, that makes it an epidemic. Even if containment and eventual neutralization or eradication of the HIV is an aim common to all states on the globe, within the borders of each a unique dynamic governs the response to the threat posed by the virus. Where in the case of biomedical research related to the HIV one shoe might fit all, pertaining to social research each shoe needs to be custom fit. The same research methodology applied within countries may yield vastly different findings, let alone the application thereof across borders. The unquestioning acceptance of social research findings in say Uganda as relevant to the Namibian context without having applied that research methodology locally, borders on the irresponsible.

What is known about the HIV-epidemic in Namibia? How many Namibians are infected with the virus? Which factors drive the epidemic? Can the spread of the virus be halted, or is containment

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the only possibility? How are villages, towns, municipalities, regions or the country as a whole affected? How does it impact upon the individual, the family, or the community? What interventions need to be made in order to prevent or limit the spread of the virus, or to improve care for those already infected? Namibia was granted its independence in 1990. The first case of AIDS in Southwest-Africa/Namibia was diagnosed in 1986. More than thirteen years have passed under the rule of an independent government. Ample time has passed for government departments to develop in-house research capacity, for the non-governmental sector to define itself in relation to government, for academic institutions to evolve research focus, and for advocacy groups to mobilize. The question is this: what HIV-related research has been done in Namibia since independence? In order to answer this question the Institute for Public Policy Research (IPPR) commissioned this overview. The aims were to determine what has been done and is being done, i.e. to identify gaps in current research, and lay a foundation for debate on the direction of future research.

## 2. Motivation and Methodology

Attempting to make sense of HIV-related research even within a small research community such as that of Namibia already is a daunting task. One of the major obstacles to providing an overview of research is the absence of a central repository for completed research. What is available at the National Archive and the library of the University of Namibia (UNAM) represents a fraction of the research done to date. Though other resource centres such as the UNICEF Documentation Centre exist, their collections too are incomplete. Research has also been published in foreign journals with no effort made to deposit the articles locally. When literature reviews are done, they are done from a particular research perspective. For example, a 2003 review is titled *HIV & AIDS in Namibia: A Guide to Literature about HIV & AIDS and Young People*<sup>4</sup>. The point to be made is not that such reviews are wrong or poor or biased. It is that the picture of what has happened and is happening in the field of HIV-related research in Namibia remains incomplete.

It is not unreasonable to ask on what time and money for HIV-related research been spent to date. The findings generated have implications for policy both in the public and private sector. Does HIV-related policy reflect research findings? If not, what is decision-making based upon? What is advocacy based upon? If there are gaps in research and there is policy in place which deals with issues not yet addressed by research, where did the policy come from? If the policy happens to be effective, is this coincidental? Despite these questions, the aim of this overview is not to analyze HIV-related policy in Namibia. It is to unite as much of the research to date as possible in order to help focus future research. Knowing the state of HIV-related research in Namibia will undoubtedly aid policy analysis, but that is jumping the gun. Whether policy follows research or not is a different issue. If a progressive and coordinated HIV-related research agenda is to develop in Namibia, then knowledge of what has been done and not done is needed. *Progressive* here means to innovate – to become a leader and not merely an emulator. Emulation is good since theory needs to be tested as rigorously as possible, but if domestic research capacity is to develop then domestic researchers must believe that they are capable of innovation in research at the international level. By *coordinated* is not meant *controlled*, but *broad-spectrum agreement* on a central research agenda that will allow for the development of a domestic research paradigm.

Use of the term *overview* of literature rather than that of *review* is intentional. The timeframe for the completion of this document did not allow for the collection of all references sited. The end result was that in many instances the title of the source was the only guide to its content. It is accepted that this method is less than perfect, but was deemed the most effective in consideration of the absence of time and funding for a larger study. Where possible a brief description of the



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content of a reference was provided. Where necessary, the Harvard-method of reference was adapted to indicate where the source can be found in- or outside Namibia, or at multiple locations in Namibia. No claim is advanced that the list of references cited is the complete list of HIV-related research in Namibia to date. Yet, following consultation with a wide range of experts<sup>5</sup> in the field, there is a high level of confidence that the list of references presented is largely complete. The term *research* was broadly interpreted to mean anything with a bibliography attached. Some of the sources cited may not include references, but was considered important reference material as it drew upon field experience. No judgment was made as to the quality of research. The choice to limit the overview to research completed following independence is motivated by the argument that the South African government had its own socio-political agenda in Namibia, and that an independent Namibian government now has ultimate responsibility for HIV-related policy.

### 3. Different Approaches to HIV-related Research

In order to help make sense of the diversity of research to date, it was decided to categorize it. Three broad research orientations were identified. The study of populations to determine the frequency and distribution of disease and the measurement of the risk of transmission thereof, is called *epidemiology*<sup>6</sup>. Epidemiologists seek to map the distribution of a disease within a given population, as well as the tempo at which it spreads. An epidemiologist will ask how many people are hosts to a disease and what the means of transmission is, e.g. via air, water, touch, etc. In the case of the HIV sexual intercourse is a means of transmission. The study of factors of causation or those associated with the causation of disease or abnormal body states, is called *etiology*<sup>7</sup>. Etiologists examine the process of falling ill. How broad the scope of this process is defined depends on the methodological convictions of the researcher. Etiologists with empiricist leanings will tend to focus on biomedical causes of infection since those are verifiable by means of natural scientific method. Lately, there is increasing acknowledgement that the spread of certain diseases such as the HIV are influenced by causes other than what can physically be perceived. Psychological factors, political and socio-economic environment, law, etc. impact on human behaviour thereby creating an environment in which infection takes place.

Other than the epidemiologists and etiologists, a third approach emphasizes the repercussions of being HIV+ for the individual, family, community, areas of society, and society *per se*. These researchers are concerned with the human and social dimensions of the disease. This is not to say that epidemiologists and etiologists are not concerned with this too, but to emphasize the difference in focus of their research. For the sake of reference in this text the third grouping of researchers are called *reformers*. They seek change in the way things are done, i.e. in the way people think, and in the way they act. To do so they seek to raise awareness of issues through their research and thereby influence the policy-making process within target organizations. They may make use of epidemiological and etiological research to help get a point across. For example, reformers may push for structural reform of the economy based upon etiological findings that the poor are more affected by the HIV. Structural economic reform has repercussions for the distribution of income and opportunities to the poor. Those that enjoy a high standard of living have access to better medical treatment, nutrition, shelter, clothing, etc. For those that are HIV+ this increases the likelihood of them surviving longer. Though the idea of reform is associated with activism, it does not imply that every researcher gets involved in the politics of shaping points of view. They may leave that for others to do. What is important is what their research can be used for, namely to challenge perceptions and attitudes. In this text the three approaches will respectively be referred to as *epidemiological*, *etiological*, and *reform-oriented*. It should be noted that these categories serve to aid discussion and that in some instances research included in one category may overlap with another.



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## 4. Epidemiological Research

Epidemiological research in Namibia has been limited. No nationally representative survey of HIV-prevalence has been done to date. Instead heavy reliance is placed on data collected from bi-annual, sero-sentinel surveys conducted among pregnant women by the Ministry of Health and Social Services (MOHSS) the first of which dates back to 1992. The findings are published in the form of reports. The latest report was released in 2002<sup>8</sup> and also includes survey data on sero-prevalence among patients treated for sexually transmitted diseases (STDs). The only other time such data was collected was in 1998. The MOHSS<sup>9</sup> also publishes yearly epidemiological reports. Those *inter alia* include information on seropositive returns on blood samples tested for the presence of the HIV, hospitalizations associated with AIDS, deaths associated with AIDS, prevalence among blood donors and pregnant women, figures on condom distribution, and the number of new STD cases reported. The Joint United Nations Programme on HIV/AIDS (UNAIDS)<sup>10</sup> also summarizes data collected by the MOHSS in yearly publications called *Fact Sheets on HIV/AIDS and Sexually Transmitted Infections*. One of the earliest reports on the HIV-infection rate in Namibia dates back to 1991<sup>11</sup>. In 1995 Ekanem<sup>12</sup> completed research for the World Health Organization (WHO) titled *HIV/AIDS/STD Epidemiological Surveillance Activities in Namibia: Report on a WHO Mission*. In 1997 Marcus Shivute<sup>13</sup> published *HIV/AIDS: A Regional Overview*.

## 5. Etiological Research

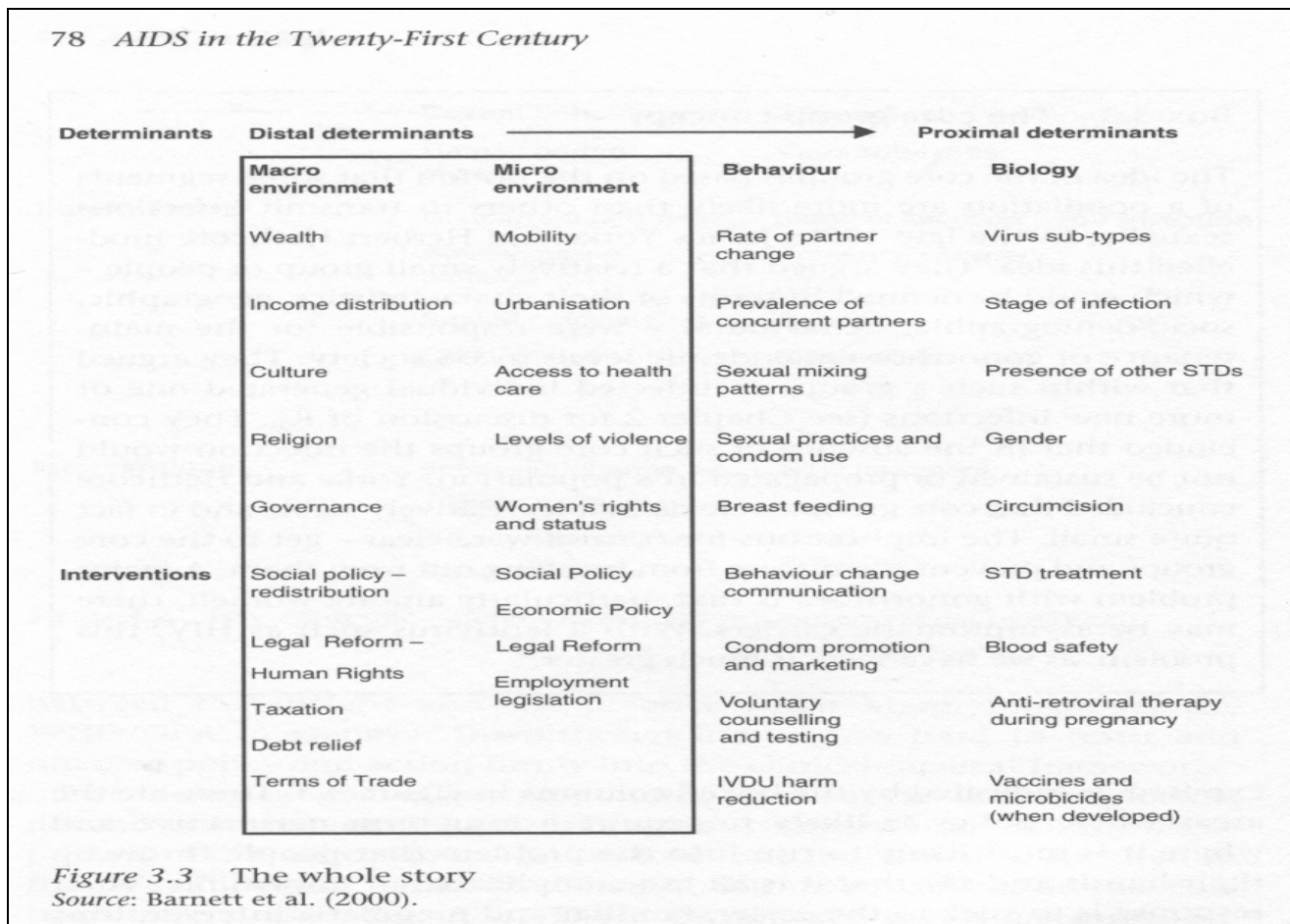
In order to make sense of etiological research conducted in Namibia, it makes sense to frame it against a theoretical framework which relates the relationship between factors associated with HIV-infection. In 1996 a group of researchers met in Jaipur, India, at the Indian Institute of Health Management Research with the aim of providing an explanation for the disparity in infection rates between countries. The concepts and ideas developed at the Policy Research Workshop were first published in 1999 by Tony Barnett and Alan Whiteside<sup>14</sup> under the title *HIV/AIDS and Development: Case Studies and a Conceptual Framework*. Worldwide, the first phase of HIV-related research focused on biomedical causes of HIV-infection. Those include virus sub-types, the stage of infection of a sexual partner, gender, etc. In time, it became clear that a narrow biomedical focus *per se* could not explain why some individuals became infected and others not. This gave rise to research explaining sexual behaviour leading to HIV-infection by studying knowledge (K) of the HIV and AIDS, attitudes (A) towards the disease, and sexual practices (P) of individuals. KAP studies evolved to become KAPB studies. It was acknowledged that psychological factors too impact on sexual behaviour and so behaviour (B) was added to the mix.

As more time passed, it became clear that the primary association of HIV-infection with sexual activity was inadequate. Not only sexual behaviour can lead to HIV-infection. Other behaviour too can. For example, an HIV+ mother can transmit the virus to her baby while breastfeeding. Drug abusers may share needles when injecting drugs. The focus shifted from an emphasis on sexual behaviour leading to HIV-infection, to behaviour that leads to it. The next logical step was to ask what kind of an environment disposed individuals to act in a way that placed them at risk of contracting the HIV. So was born the *environmental risk*-approach to the study of the transmission of the virus. The presence of certain micro and macro factors are said to increase or decrease the risk of the individual becoming infected. Micro factors include the mobility of the individual, the level of violence he/she is exposed to, etc. Macro factors include the effect of wealth and income distribution, the impact of culture, etc. In a recent publication titled *AIDS in the 21st Century - Disease and Globalization*, Barnett and Whiteside<sup>15</sup> published a theoretical framework that relates





the various approaches to the study of HIV-infection to one another and demonstrates how the factors associated with becoming infected link up to lead to infection of the individual. The framework is presented below:



Conceptual frameworks are attempts to synthesize knowledge. Without such frameworks research tends to lack coordination. It also tends to miss the bigger picture. Barnett and Whiteside<sup>14</sup> highlighted the fact that most interventions to prevent the spread of the HIV have been and are focused on behavioural and biomedical variables, to the exclusion of social and economic causes which are important when the medium and long-term impact thereof (the HIV) is considered. Due to the nature of specialization, factors associated with individuals becoming HIV+ are treated as “issues”. These “issues” rarely are re-positioned within a larger milieu, i.e. thought about in holistic terms. The end result is that the public policy-makers and members of the public are presented with a disjointed imagery of the dynamics of the epidemic. The amount of information available on the HIV and AIDS is overwhelming. A framework as the one above brings a sense of order to that information. It helps to crystallize thought. This is both positive and negative. On the positive side it provides a common frame of reference among those that are aware of it. It helps to shape debate. On the negative side it may create the illusion that what is represented in and by the framework is an unquestionable representation of reality.

What is notably absent from the framework is reference to the role that media play in shaping individual behaviour, sexual or otherwise. In this text the term *media* is used to refer to all visual, audio, and audio-visual forms of mass communication whether educational, informative, or for the



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purpose of entertainment, including the activities of the media. The term *the media* is understood to refer to the activities of journalists. A journalist would report through a *medium* such as television, radio, newspaper, magazine, book, or webpage. Media play both a constructive and destructive role in the spread of the HIV. They are used to educate the public regarding the danger that the HIV poses to them, yet especially in the form of audio-visual entertainment creates the illusion that casual sex has no strings attached. The message in media can shape behaviour just like cultural norms can. The core issue surrounding the influence of media on human behaviour is not that it influences it, but what intervention is possible to mitigate the effect where it is perceived or proven to be negative. If culture is such a central force in the life of the individual, then why are social commentators so worried about the message in media? The message should be analyzed and its effects controlled for, rather than assuming that culture will mediate it. *Media* has for the purposes of the paper been included as a macro factor within the theoretical framework.

Etiological research in Namibia does not have a strong natural scientific underpinning. Foremost, the facilities, equipment, and training needed to do such research are too expensive. In addition, developing cutting edge biomedical research capacity is an intergenerational endeavour partly explaining the strength of North American and Western European researchers in this area. Currently, and for the foreseeable future, the only country in Southern Africa with the capacity for innovative etiological research based upon natural scientific research methodology is South Africa. As such, etiological research in Namibia is socially oriented. Below follows a list of that research as categorized according to the theoretical framework presented.

## 5.1 Macro Environment

### 5.1.1 Culture

Despite the fact that the notion of culture was one of the most contested topics in academic circles in the 1990s, there was a virtual absence of research linking culture and HIV-infection during said period. An exception is a research report completed by Britt Tersbøl<sup>16</sup> in 1998 titled *Sexual Relationships and Their Socio-cultural Context in Northwest Namibia*. In 2000 the Department of Sociology<sup>17</sup> at the UNAM completed a study for the MOHSS named *An Anthropological Assessment of HIV/AIDS in Namibia*. During the same year Kaundja<sup>18</sup> completed a Master thesis titled *HIV and AIDS epidemic in Southern Africa: A case of High Risk Milieu*. Katjire and others<sup>19</sup> also completed a study called *The Moral Outlook and World View of the Namibian Youth in the Age of HIV/AIDS*. The aim of the study was to determine what values, behaviour and norms were important to youth aged 12 to 24 and how accessible reproductive health services were to them. In 2001 Debie LeBeau and others<sup>20</sup> published a journal article titled *Agencies and Structures Facilitating the Transmission of HIV/AIDS in Northern Namibia*. During the same year Meguid<sup>21</sup> completed a Master thesis for the Department of Paediatrics and Child Health of the University of Cape Town titled *An Exploratory Study of Beliefs and Understandings of Health Workers at Onandjokwe Hospital, Namibia Regarding Child Sexual Abuse*.

If scant attention was paid to the relationship between culture and HIV-transmission during the 1990s, then 2002 was dedicated to making up for lost time. Juliet Tumeo<sup>22</sup> completed a Bachelor thesis titled *An Investigation Into the Role of African Culture in HIV/AIDS Prevention in Namibia – The Case of Oshiwambo Culture*. Phillipe Talavera<sup>23</sup> released research under the header *Challenging the Namibian Perception of Sexuality: A Case Study of Ovahimba and Ovaherero Cultural-sexual Models in Kunene North in an HIV/AIDS Context*. Research sponsored by the Johns Hopkins Center for Communication Programs<sup>24</sup> was released under the title *The Effect of Culture and Environment on Namibian Youth Behavior*. In *Namibia – Society – Sociology*, Tom



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Fox<sup>25</sup> emphasized the fact that culture is rarely a consideration in the design of strategies to counteract the spread of the HIV. His critique is underpinned by a post-modern theoretical approach to the study and management of HIV/AIDS. Phillipe Talavera<sup>26</sup> raised the question whether a sexual revolution is needed in Namibia in order to be able to come to grips with the epidemic, while Britt Tersbøl<sup>27</sup> tried to make sense of why people have unprotected sex irrespective of knowing of the threat that HIV/AIDS poses to their lives. Debie LeBeau<sup>28</sup> examined the clash between traditional and Western medical practices and asked whether a synthesis is possible.

### 5.1.2 Governance

The term *governance* should not be confused with that of *government*. Governance does not only include the activities of government, but the interaction between government, non-governmental organizations (NGOs), local business, multinational corporations (MNCs), and citizen movements. The Commission on Global Governance<sup>29</sup> defined the term as: "... the sum of the many ways individuals and institutions, public and private, manage their common affairs ... It includes formal [public] institutions and regimes empowered to enforce compliance, as well as informal [private] arrangements that people have agreed to or perceive to be in their interest". The HIV-pandemic should be a concern that transcends narrow socio-political interests. An effective response requires that it be societal and trans-societal in scope. Such a response is only possible if there is strong, aggressive and coordinated leadership driving a shared vision that locks in support for that vision from the diverse interests present within a society, as well as between societies. At a national level, have Namibians bought into the view that it is a common interest to help prevent the spread of the HIV, whether HIV+ or not? Has leadership thus far been enlightened, dynamic, and affirmative enough to serve to generate the social and political cohesion needed among citizens to make prevention and care work? To date, virtually no research has been done on the relationship between governance and the spread of the HIV in Namibia. In 2001 Schwarz<sup>30</sup> completed research titled *Facing AIDS: Public Persons and HIV/AIDS in Namibia*. Jeremy Kanthor<sup>31</sup> completed a Master thesis at the University of Sussex titled *From Service Provision to Advocacy: Civil Society Coordination in Namibian Regional AIDS Committees*. He examined ways in which government can strengthen civil society. He argued that fragmentation among civic groups can be a significant obstacle to engaging political and economic decision-makers, and that the Regional AIDS Committees established by government can serve a government-civil society coordinating function. In 2003 Lucy Steinitz<sup>32</sup> published under the title *Apathy in the Face of a Holocaust*.

### 5.1.3 Media

Given the pervasive influence of media in contemporary society both at the global and local level, it was decided to discuss research pertaining to media as a macro determinant of HIV infection within the context of the theoretical framework presented. Despite awareness of the constructive/destructive dualism present in media, no research has been done to determine the effect of media content on sexual behaviour in Namibia. No research has been done among journalists to determine their knowledge of, attitudes towards, and perceptions of the HIV and AIDS. In 2000 Kingo Mchombu<sup>33</sup> published an article titled *The coverage of HIV/AIDS in Namibian media: A content analysis study*. Grobler<sup>34</sup> published *Critical Social Factors Which Influence HIV/AIDS Campaigns: A Social Work Front-line Research Report from Namibia*. In 2002 Sibeene<sup>35</sup> completed a Bachelor thesis at the Department of Information and Communication of UNAM titled *Female Youth's Behaviour and HIV/AIDS Information*.

## 5.2 Micro Environment



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### 5.2.1 Migration

Though a large part of the Namibian population is highly mobile, virtually no research linking the mobility of the Namibian population and the spread of the HIV has been done. In 1995 Douglas Webb and David Simon<sup>36</sup> investigated the social dynamics of the HIV-epidemic by examining the relationship between migration, military presence, and income in northern Namibia. A later study by Robert Shell<sup>37</sup> titled *Trojan horses: HIV/AIDS and Military Bases in Southern Africa*, includes an interesting hypothesis on how troop movements in Namibia affected the spread of the HIV both in Namibia and South Africa. The most recent research in this area is that by Debie LeBeau<sup>38</sup> titled *Migration as a Structural Condition for the Progression of the HIV/AIDS Pandemic in Namibia*, but is still in its draft phase.

### 5.2.2 Women's Rights and Status

Though more has been done to raise awareness of the *de iure* rights of women, very little research has been done to evaluate their *de facto* rights. It is one thing to say that women have constitutional rights and in theory enjoy equality before the law; it is another to verify whether those rights are being enforced by the government and women themselves, and being respected by men. Though Dianne Hubbard<sup>39</sup> of the Legal Assistance Centre (LAC) did not expressly explore this in the article *Gender and Law Reform in Namibia: The First Ten Years*, the potential relationship between the shortcomings in Namibian law as well as the enforcement thereof she highlighted and the spread of the HIV requires further investigation. In 2002, USAID in cooperation with the Faculty of Medical and Health Sciences of the UNAM, sponsored research into the role of gender as a risk-factor in contracting the HIV. From the research Scholastika lipinge<sup>40</sup> produced a document titled *The Relationship Between Gender Roles and HIV Infection in Namibia*. In 2002 the IPPR completed a nationally representative survey of 2000 respondents stratified according to gender and urban/rural area. It was termed *Gender and Politics in Namibia*. The questionnaire *inter alia* contained questions pertaining to sexual relations with a partner or spouse. Respondents were asked if their partner or spouse ever forced them to perform sexual acts with which they were not comfortable with or ever forced them to have sex when they did not want to. Debie LeBeau is currently drafting a paper titled *Gender Inequality as a Structural Condition for the Progression of the HIV/AIDS Pandemic in Namibia*. The LAC's AIDS Law Unit (ALU) may have more information on the relationship between the enforcement of women's rights and the spread of the HIV.

### 5.3 Behaviour

No other area of HIV-related research has received so much attention as has the sexual knowledge, attitudes, practices and behaviour of Namibian youth. Despite this, in more than a decade of research only three studies made use of a longitudinal approach to data collection and verification. Following a survey in 1995, the Social Impact Assessment and Policy Analysis Corporation (SIAPAC)<sup>41</sup> fielded a follow-up survey in 1997<sup>42</sup> to gauge trends in youth sexual KAPB. In 1998 the findings of an impact assessment of the *My Future is My Choice* (MFMC) youth program, run by the Ministry of Basic Education and Culture and the Ministry of Youth and Sports in partnership with the UNICEF, were released in a document titled *Increased Protected Sex and Abstinence Among Namibian Youth Following a HIV Risk-reduction Intervention: A Randomized Longitudinal Study*<sup>43</sup>. In 1999 the Faculty of Medical and Health Sciences<sup>44</sup> at the UNAM conducted a baseline survey among the student population in order to gain information on awareness of sexually transmitted diseases (STDs), including the HIV; awareness of how the virus is transmitted; knowledge of signs and symptoms of AIDS; awareness of contraceptives and use





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thereof; and knowledge of preventative measures. It was found that most of the students were sexually active, that knowledge of the HIV and other STDs was good, but that many still practiced unsafe sex. A follow-up survey was done during the same year prompted by the findings of the earlier survey<sup>45</sup>.

Though much research has been done among youth, a lot of it has been culturally specific with the result that data collected only has local validity. Excessive emphasis has been placed on youth living along the northern border of Namibia to the exclusion of studies among youth living in the central-eastern and southern parts of Namibia. A few studies have focused on youth living in the central parts of the country. In 1996 Helen Voeten<sup>46</sup> released a text titled *Sexuality and Sexual Relations of Adolescents, and Its Relevance for Health Promotion of STD/HIV for Young People in the North-east of Namibia*. In 1998 Mukonda's<sup>47</sup> research into HIV/AIDS awareness and the sexual attitudes and practices of teenage girls in the Caprivi region uncovered factors that contribute to girls becoming sexually active. Those include sex for money or gifts, and power relations between males and females. During the same year Bonal and others<sup>48</sup> completed a research report titled *Learners' Knowledge, Attitudes and Practices Concerning STD/AIDS in Oshela Secondary School*. Kandongo<sup>49</sup> published under the title *Utilization of Family Planning Methods: A Study among Adolescents in North East and North West Health Directorates*. In 1999 Stanton and others<sup>50</sup> surveyed students in the Caprivi and Omusati regions in order to test the transferability of questionnaires from a Western to an African setting. The study titled *HIV Risk Behaviours, Intentions and Perceptions among Namibian Youth as Assessed by a Theory-based Questionnaire* also yielded information on the relationship between risky sexual behaviour and other risky behaviour as well as the general sexual behaviour of those surveyed. NEDICO's<sup>51</sup> 2002 study for the Red Cross titled *Namibia Reproductive Health Initiative: A Baseline Survey Report* was conducted in the Kunene and Okavango regions and targeted youth aged 14 to 22. *Inter alia* it contains information on the relationship between alcohol use and sex, as well as on the refusal to use condoms.

In 2000 Tatalife and others<sup>52</sup> undertook a study termed *Student/Youth Sexual Behaviours* in order to gather sexual KABP-information among students at the Windhoek, Neudam and Oshakati campuses of the UNAM. In 2002 the Johns Hopkins Center for Communication Programs commissioned a survey from Research Facilitation Services (RFS)<sup>53</sup> aimed at ascertaining the level of access youth had to certain products (e.g. condoms and birth control pills), as well as support systems related to domestic violence, suicide prevention, and the ability to find a job. The survey covered the Windhoek, Ondangwa and Ongwediva areas. The findings were published under the heading *Searching for Health-Related Information: A Brief Experiment with Namibian Youth*. In 2003 the Social Marketing Association (SMA) commissioned SIAPAC<sup>54</sup> to assess attitudes towards voluntary counselling and testing services in urban areas among the age group 16 to 35. The study includes sexual KABP-information and focus group findings. Though survey work was carried out in urban areas in the northern (Katima Mulilo, Rundu, Oshakati) and central parts of the country (Windhoek, Walvis Bay), urban areas in the central-eastern and southern parts of the country were excluded.

A number of studies have been conducted within the Windhoek area. In 2001 Yamakawa<sup>55</sup> completed a Master thesis titled *Adolescent Sexuality in Namibia: An Analysis of Sexual Knowledge, Attitudes and Practices among Secondary School Learners in Katutura*. In 2003 Research Facilitation Services (RFS)<sup>56</sup> completed a survey for the Johns Hopkins Center for Communication Programs titled *HIV/AIDS Lifestyles, Attitudes and Practices: A Baseline Survey of Greater Windhoek Youth*. Though students at the UNAM come from all over Namibia, one would expect them to reside in Windhoek for the duration of their studies except during holidays or



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family-related emergencies. In 1999 Lischen Hoases and Fred van der Veen<sup>57</sup> published an article titled *Awareness on HIV/AIDS and Sexually Transmitted Diseases (STD's) among Students of the University of Namibia (Windhoek Campus)*. In 2000 Hidinua<sup>58</sup> completed a Bachelor thesis for the Department of Social Work titled *Correlations Between Knowledge and High Risk Practices of UNAM Hostel Students*.

One of the earliest KAPB-studies among youth dates back to 1993. Roderick Zimba<sup>59</sup> published on cognitive, attitudinal and behavioral risks that made secondary school students susceptible to HIV-infection. In 1999 Nasheya<sup>60</sup> released research under the title *HIV/AIDS and the Youth*. Van den Bos and Vesentini<sup>61</sup> presented a Master thesis to the Department of Health Education and Promotion at the University of Maastricht titled *Determinants of Condom Use among Namibian Youngsters*. Following a nationally representative survey by the Institute for Public Policy Research (IPPR) called the *Youth and Politics Survey 2000/2001*, a briefing paper termed *Contracting HIV/AIDS: High-risk Sexual Behaviour Among Namibian Youth*<sup>62</sup> was published in 2001. During 2002 Bollo<sup>63</sup> completed a Bachelor thesis at the Department of Information and Communication at the UNAM titled *The Namibian Youth and HIV/AIDS: What They Know, Think and Do*. Earlier this year Hilde Mukundja<sup>64</sup> finalized research titled *HIV/AIDS Epidemic: A Study to Examine Youth's Knowledge, Attitudes, Behaviours and Practices in Namibia*.

The pattern of exclusive concern with the sexual behaviour of the youth was broken in 1999 by a study termed *Taking Risks – Taking Responsibility: An Anthropological Assessment of Health Risk Behaviour in Northern Namibia*<sup>65</sup>. In 2000 it was followed by a publication by the MOHSS titled *Taking Risks – Taking Responsibility: Lessons Learnt From an Anthropological Survey Concerning HIV/AIDS in Northern Namibia*<sup>66</sup>. During the same year GITEC<sup>67</sup> in aid of the MOHSS's National Social Marketing Programme (NASOMA) completed a rapid assessment report titled *Social Marketing of Condoms for Family Planning and HIV Prevention: Report on KAP Study Related to HIV/AIDS*. This was followed in 2001 by a document titled *Social Marketing of Condoms for HIV/AIDS Prevention and Family Planning: Rapid Assessment Related to HIV/AIDS and Condom Use*<sup>68</sup>. In 2002 SIAPAC<sup>69</sup> released a groundbreaking study titled *Final Report: Sexual Knowledge, Attitudes and Practices Study of the Namibian Defense Force (NDF)*.

## **6. Reform-oriented Research**

As can be expected reform-oriented research covers a broad area of interest. Yet, despite the width of the research, there is a lack of critical depth in virtually all areas researched.

### **6.1 Research Related to the Agricultural Sector**

In 1998 a paper was presented at the Regional Conference on HIV/AIDS and Smallholder Agriculture in Harare, Zimbabwe, titled *The Impact of HIV/AIDS on Gender Burdens and Household Incomes in Kavango: Technology and Policy Implications*<sup>70</sup>. In 1999 the Food and Agricultural Organization (FAO)<sup>71</sup> of the United Nations in cooperation with the Ministry of Agriculture, Water and Rural Development (MAWRD) collected survey data from Oshana and Caprivi regions in order to gauge the impact of HIV/AIDS on farming communities in Namibia. It was found that in more than 50% of the communities surveyed livestock was sold in order to cover the cost of illness and death. In 2000 an article based upon the 1999 research termed *HIV/AIDS in Namibia: The Impact on the Livestock Sector*<sup>72</sup> was published. In 2001 the Consultancy Bureau<sup>73</sup> of the UNAM completed a report for the FAO titled *Understanding the Impact and Expanding the Response of the Farming Sector to HIV/AIDS in Namibia*.



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## 6.2 Research Related to Demographics

Modeling the impact of AIDS on the Namibian population has received some attention since the late 1990s. In 1998 Oddvar Jakobsen<sup>74</sup> presented a text titled *A Model for Studying the Impact of HIV/AIDS on the Size and Structure of the Namibian Population*. In the same year Andrew Noymer<sup>75</sup> published *Estimates of Under Five Mortality in Botswana and Namibia: Levels and Trends*. These publications were followed in 2001 by an article co-authored by Ben Fuller<sup>76</sup> of the Multidisciplinary Research Centre at the UNAM entitled *Namibia's Future: Modeling Population and Sustainable Development Challenges in the Era of HIV/AIDS*. For access to an interactive model of Namibian population demographics visit the web-site of the International Institute for Applied Systems Analysis<sup>77</sup>. In 2001 the Central Bureau of Statistics (CBS) and the National Planning Commission (NPC)<sup>78</sup> released population projections for the period 1991 to 2021. Projections were based on 1991 census data and low, medium, and high population growth scenarios developed assuming varying degrees of success in dealing with the HIV-epidemic. During the same year the MOHSS<sup>79</sup> released a document titled *First Report of the Working Group on HIV/AIDS Impact Projections for Namibia (year 2000 Projection Base)*.

## 6.3 Research Related to the Economy

Though much has been said about the economic impact of the HIV on the Namibian economy, academic review of the topic has been limited. In 1996 the WHO<sup>80</sup> published research titled *Economic Consequences of HIV/AIDS in Namibia: A Rapid Assessment of Costs*. This was followed in 1997 by an article by Ojo and Delaney<sup>81</sup> titled *Economic and Demographic Consequences of AIDS in Namibia: Rapid Assessment of the Costs*. The United Nations Development Programme (UNDP)<sup>82</sup> made the HIV and AIDS the focus of its *Human Development Report*. In 1998 Desmond Cohen<sup>83</sup> published a paper titled *Socio-Economic Causes and Consequences of the HIV Epidemic in Southern Africa: A Case Study of Namibia*. In 1999 Lori Bollinger and John Stover<sup>84</sup> completed an article titled *The Economic Impact of AIDS in Namibia*. Nangolo<sup>85</sup> published *The Social and Economic Cost Associated with HIV/AIDS*. Hopolang Phororo's 2001 article was titled *HIV/AIDS: Its Ramifications on the Economy*<sup>86</sup>. The NPC<sup>87</sup> published a chapter in the *Second National Development Plan 2001-2006* titled *Future Budgetary and Aid Implications of HIV/AIDS on the Namibian Economy*.

## 6.4 Research Related to the Education Sector

Despite the general concern surrounding the importance of education in Namibia, studies relating the impact of the HIV on the education sector only began to appear around the year 2000. Jeffrey Goveia<sup>88</sup> published an article titled *Education and the Epidemic: The Effects of HIV/AIDS on Basic Education in Namibia*. In it he *inter alia* explored the impact of the disease on student enrollment, as well as the demand for teachers. In 2001 Ndjoze-Ojo & Kandjii-Murangi<sup>89</sup> completed research for the Ministry of Basic Education, Sports and Culture titled *An Impact Assessment Study of the School Based HIV/AIDS Programmes in Namibia*. In 2002 the Ministry of Education (MOE) received a research report from ABT Associates South Africa<sup>90</sup> titled *The Impact of HIV/AIDS on Education in Namibia*. In 2003 the National Institute for Educational Development (NIED)<sup>91</sup> completed a consultancy report titled *Learning to Live: HIV/AIDS Education in the Curriculum*. Campbell<sup>92</sup> finished a research report for the Department of Educational Studies at the University of York titled *Namibian School Learners and HIV/AIDS*.

## 6.5 Research Related to the Health Care Sector



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No research pertaining to the impact of the HIV on the health care personnel seems to have been done in Namibia thus far. Some research has been done on the response of health care personnel to the epidemic. In 1997 Matull<sup>93</sup> published research titled *Rapid Assessment of Clinic Workers' Condom Distribution Practices in Northeast Namibia*. A recent study (2003) conducted by Lironga Eparu<sup>94</sup> among HIV+ individuals highlighted the fact that discrimination by health care personnel against those diagnosed as HIV+ and/or exhibiting symptoms associated with AIDS, is a problem in Namibia. The study also found that treatment of HIV+ persons in Namibia lacks a holistic approach which goes beyond the mere provision of medication and includes the integration of counseling, healthy living, home based care, etc. SIAPAC completed research for the Social Marketing Association (SMA)<sup>95</sup> titled *Baseline Survey: Social Marketing of Voluntary Counselling and Testing Services*. The most complete work on the Namibian health care sector is a book published in 2001 by the MOHSS in co-operation with the Service for Co-Operation and Cultural Affairs of the French Embassy<sup>96</sup> in Namibia. It is titled *Health in Namibia: Progress and Challenges*. A section of the book is dedicated to a discussion of the impact of the HIV on the health care system.

## 6.6 Research Related to Individuals, Households and Communities

AIDS impacts differently on men, women and children. It also affects the rich differently from the poor. In 1994 SIAPAC<sup>97</sup> released survey-findings under the title *Male Knowledge, Attitudes and Practices towards Family Planning: Northwest Health Region*. In 1997 Musomi<sup>98</sup> completed research titled *Community Based HIV/AIDS/STD Prevention and Control in North East Health Directorate*. In 1998 Vikurupa Kavendjii<sup>99</sup> published under the title *A Study to Examine Health and Social Needs of People Living with HIV/AIDS in selected urban poor setting of Namibia*. In 2000 Willem Odendaal<sup>100</sup> released *After the Rape: Preventing HIV, STDs and Pregnancy*. Rukee Tjingaete<sup>101</sup> published *In Namibia AIDS is Stalking the Active at Work Who are Also the Active in Bed*. In 2002 Hopolang Phororo<sup>102</sup> produced a working paper entitled *HIV/AIDS: Who Suffers in Namibia?* The paper highlighted the economic impact of AIDS on households. It concluded that those that suffer most are women, children and grandparents. She<sup>103</sup> also completed a document titled *The Economic Effects of HIV/AIDS on the 40's of Namibia*.

Knowing what people think about the HIV-epidemic is a powerful asset in streamlining a public response to said epidemic. Whiteside and others<sup>104</sup> concluded from survey research done for the Afrobarometer research program that though people in southern Africa are aware of large numbers of people dying because of AIDS, few placed a high priority on government intervention to bring the epidemic under control. Namibians are more concerned with employment and job creation than the implications of AIDS for Namibian society. Mallman<sup>105</sup> completed a document for Catholic AIDS Action titled *Building Resiliency Among Children Affected by HIV/AIDS*, as did Satorie<sup>106</sup> whose document was titled *Twelve Steps to Living Positively with HIV*.

## 6.7 Research Related to Law and Policy

Thus far, the LAC based in Windhoek has been at the forefront of addressing issues surrounding AIDS and law. The organization has been active in projects aimed at ensuring that human rights are respected when it comes to the development and implementation of HIV-related policy, whether in the interpretation or creation thereof. In 2000 a publication titled *All You Need to Know About the Namibian HIV/AIDS Charter of Rights* was released under its<sup>107</sup> auspices. During the same year Michaela Figueira (Clayton) and Willem Odendaal<sup>108</sup> published the findings of a nationwide study aimed at determining the extent to which the *Guidelines for the Implementation of a National Code on HIV/AIDS in Employment* have been successful in reducing discrimination





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against HIV+ individuals in the workplace. It was found that there was a high level of awareness of the document among employers, but that this awareness did not translate into action. In order to help raise awareness of the rights of HIV+ individuals, the LAC also published a booklet titled *HIV/AIDS: Current Law and Policy*. Micheala Figueira<sup>109</sup> completed a study titled *HIV/AIDS Policy and Legal Framework in Namibia*.

The most recent study of HIV-related law and policy other than at the LAC was completed in 2001 at the UNAM. Linda Dumba<sup>110</sup> handed in a thesis titled *Policies and legislation on HIV/AIDS in Namibia: A Human Rights Based Approach?* In 2002 the LAC<sup>111</sup> commissioned a groundbreaking study to raise awareness of the plight of sex workers. It was called *Whose Body is It? - Commercial Sex Work and the Law in Namibia*. Not only did it open the door to understanding the dynamics in the lives of sex workers, and by implication made it clear that any strategy concerned with curbing the spread of the HIV that does not factor in the role of sex workers in spreading the disease is not likely to be successful, but also highlighted the plight of sex workers as living in limbo when it comes to the protection of their human rights. The AIDS Law Unit (ALU)<sup>112</sup> of the LAC has also argued that *ACCESS to Affordable Treatment for HIV/AIDS is a Human Right*.

## 6.8 Research Related to Media

To date, most research has focused on the effectiveness of HIV-awareness campaigns. In 1999 Shoombe<sup>113</sup> handed in a Bachelor thesis titled *Effectiveness of HIV/AIDS Campaigns in Namibia*. In 2000 Kyungu<sup>114</sup> too completed a Bachelor thesis titled *Getting the Message across: HIV/AIDS and Public Communication Campaigns in Namibia*. During the same year Dave Lush<sup>115</sup> finished research for a Master thesis titled *The Body Posi+ive: A Missing Link in HIV/AIDS Communication in Namibia*. This study is unique in that it focuses upon the role that HIV+ people can play in HIV/AIDS-related media campaigns *and* that research was done among HIV+ people by someone who is HIV+. Lush found that the campaigns in Namibia marginalize those that are HIV+ and who could be valuable assets in such campaigns. He also paid attention to how people interpret HIV/AIDS-related information. SIAPAC<sup>116</sup> completed a research report for the SMA titled *Testing of the Soul City AIDS Booklet 'Choose Life' in Namibia*.

In 2001 Philippe Talavera<sup>117</sup> completed a research report for the Ministry of Regional and Local Government and Housing (MRLGH) titled *Evaluation of existing Education Materials on HIV/AIDS in Kunene Region*. The MOHSS<sup>118</sup> conducted research in Oshakati titled *Rapid Assessment with Young People on IEC Material Acceptance and Needs with a Focus on HIV/AIDS*. In 2002 UNICEF<sup>119</sup> published the findings of focus group discussions titled *Young People in Northern Namibia: Assessing Communication Around HIV Prevention*. The effectiveness of educational material on the HIV and AIDS is also discussed in the paper. Niilenge<sup>120</sup> completed a Bachelor thesis titled *The HIV/AIDS Information Needs of Young People in Walvis Bay*. The only research that differs in focus was done by Rukambe<sup>121</sup> whom completed a Master thesis at the Centre for Cultural and Media Studies of the University of Natal in 1999 titled *Narrative as Communication in the Campaign against HIV/AIDS in Namibia: A Case Study of Emma's Story Documentary*.

## 6.9 Research Related to Mobility and Migration

In 2003 the International Organization for Migration (IOM), the Swedish International Development Cooperation Agency (SIDA) and UNAIDS<sup>122</sup> released a document titled *Mobile Populations and HIV/AIDS in the Southern African Region: Recommendations for Action – Desk Review and Bibliography on HIV/AIDS and Mobile Populations*. It contains an extensive bibliography on literature relating the HIV and AIDS mobility and migration. Other than reviewing the types of HIV-



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related policies in place in Namibia, it also makes a large range of policy recommendations relevant to Namibia.

## 6.10 Research Related to Orphans

Research in Namibia has not focused on the needs of HIV+ orphans, nor of those caring for them. The given that all children require love and care aside, HIV+ orphans have different socio-economic and psychological needs than non-HIV+ orphans. Though making a valiant effort at finding foster parents for HIV+ children, social workers are struggling to do so. This is understandable since the psychological trauma of losing a child for a parent is severe. Furthermore, the supply of foster parents in any society at any given time is limited. Currently, no exact figure exists on the number orphans in Namibia, not considering those who are HIV+. Planning is based on estimates. How effective planning can be done is unclear. The medical needs of HIV+ orphans makes financial planning a disaster. One does not know when a child will develop AIDS. Where a budget may be adequate to address the needs of the children in one fiscal cycle, it can be strained to breaking point in the next. The tragedy of AIDS even in a resource rich environment will never be epic. Researchers need to ask some serious questions: exactly how many orphans are there in Namibia and how many are HIV+; how has the increase in the number of HIV+ orphans impacted on the ability of social systems to care for orphaned children; what are the differences in psychological needs between HIV+ orphans and non-HIV+ orphans, between those living in foster care and those which do not, and between them and HIV+ children living in a normal, family environment, as well as uninfected children living in a normal, family environment; how are caregivers coping with raising HIV+ teenagers; how are caregivers coping psychologically and/or financially with their responsibilities; etc.

In 1995 the UNAM, the LAC and UNICEF<sup>123</sup> completed a study titled *Children in Namibia*. In 1998 the MOHSS and UNICEF<sup>124</sup> published a document titled *More than the Loss of a Parent: Namibia's First Study of Orphans*. In 2000 Priscilla Kurewa<sup>125</sup> presented a thesis titled *The needs of AIDS orphans in Namibia: A Study of the plight of AIDS orphans in Windhoek Area*. The study recommended that government needs to devise a legal framework to address the issues related to children orphaned due to AIDS; that an orphan fund be created; that community based relief schemes be set up for households caring for HIV+ orphans and orphan headed households; and that more aggressive advocacy by NGOs on the rights of children is required. During 2002 SIAPAC<sup>126</sup> completed one of the largest studies on orphans to date for the MOHSS and UNICEF. It was titled *A Situation Analysis of Orphan Children in Namibia*. UNICEF<sup>127</sup> also produced a document titled *Implementing the UNGASS Goals for Orphans and Other Children Made Vulnerable by HIV/AIDS Report of the 2002 Eastern and Southern Africa Regional Workshop on Children Affected by AIDS*. This workshop was held in Windhoek. The Ministry of Women's Affairs and Child Welfare (MWACW)<sup>128</sup> published a document titled *2nd National Conference on Orphans and Other Vulnerable Children "Facing Challenges, Ensuring Futures" Summary Report Windhoek, Namibia, 25-27 June 2002*.

## 6.11 Research Related to the Public Sector

Irrespective of the fact that the public sector is the largest employer in Namibia and is a major vehicle for the implementation of socio-economic development projects, the impact of AIDS on public sector remains one of the least researched areas in Namibia. The National Economic Policy Research Unit (NEPRU) launched a project termed *The Likely Effect of HIV/AIDS on the Public Sector*, but if the project will be able to overcome constraints to data collection remains to be seen. In 2002 SIAPAC, the Health Economics and HIV/AIDS Research Division (HEARD) of the



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University of Natal, and JTK Consultants<sup>129</sup> completed research on the impact of AIDS on the municipal authorities of Ongwediva, Oshakati, Swakopmund, Walvis Bay and Windhoek on behalf of Family Health International (FHI) and the United States Agency for International Development (USAID). The findings were published in volume format.

## 6.12 Research Related to the Private Sector and NGOs

When it comes to research pertaining to the impact of AIDS on the private sector, thus far the NEPRU has led the way. In 2000 Hopolang Phororo<sup>130</sup> with support of the Hanns Seidel Foundation published an occasional paper entitled *Why The Private Sector Should be Concerned About HIV/AIDS*. It includes models on assessing cost to business. Phororo and Venditto<sup>131</sup> also completed research titled *Human Resources Development and HIV/AIDS*. In 2001 Phororo and Mohamed<sup>132</sup> conducted a survey on behalf of the Namibia Chamber of Commerce and Industry (NCCI). It was called the *HIV/AIDS Assessment Study in the Private Sector*. Phororo<sup>133</sup> also initiated a project for SIDA the outcome of which is called *Assessment of NANASO as an Effective Networking Body for Aids Service Organisations in Namibia*. In 2003 Phororo and Mohamed<sup>134</sup>, again in cooperation with the Hanns Seidel Foundation, published a report titled *HIV/AIDS and the Private Sector in Namibia – Getting the Small Businesses Onboard*. Other than at the NEPRU, Lucy Steinitz<sup>135</sup> published *When Spider Webs Unite: The Work Of Volunteers In Providing Home Based Care In Namibia*.

## 6.13 Research Related to Religious Institutions

In 2002 Byamugisha, Steinitz, Zondi, and Williams<sup>136</sup> published a document titled *Journeys of Faith: Church Based Responses to HIV/AIDS in three Southern African Countries*.

## 7. Ongoing Research

The Department of Psychology<sup>137</sup> at the UNAM is in the process of analyzing KAPB-data collected in 2003 among first year students at said university. The data will be used to develop preventative measures and the findings incorporated into existing curricula as part of a project to improve awareness and knowledge among students of the HIV and AIDS. The NEPRU currently has a number research projects underway. One focuses on public expenditure on prevention and care and is called *HIV/AIDS and the Budget*. A second is a case study assessment of the impact of AIDS on the road transport sector. The Agency for Cooperation and Research in Development (ACORD) currently has a project running with six schools in the Aminus district *inter alia* aimed at determining the impact of a human rights based education in altering sexual attitudes and behaviour among children as well as that of the broader community. It will soon launch a study of how culture contributes to the spread of the HIV. The UNICEF is in the final stages of publishing the findings of a baseline study of knowledge of and attitudes towards the HIV and AIDS among adolescents in Namibia. The study may resort under the title *A Baseline Study: Young People and HIV/AIDS in Namibia*. It also is involved in a number of other projects. Nakakuwa and others<sup>138</sup> are completing a report to be titled *Socio Cultural Influences on Adolescent and Youth Sexual and Reproductive Health Needs, Services and Attitudes in Oshana Region*. Nengomasha and others<sup>139</sup> are completing a similar report for the Ohangwena region. The World Conference on Religion and Peace (WCRP) and the UNICEF<sup>140</sup> are preparing a document titled *Documentation Study of the Responses by Religious Organizations to Orphans and Vulnerable Children in Namibia*. Lucy Steinitz<sup>141</sup> is currently preparing the most comprehensive document dealing with the plight of orphans and other vulnerable children to date. It will be titled *“Needing More than*



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*Love”: A Harmonization of Existing Data on Orphans and Vulnerable Children in Namibia, Including Their Needs and Community-based Responses.*

## 8. Potential Research Partners and Ideas for Further Research

In 2000 Lucy Steinitz<sup>142</sup> published an article titled *HIV/AIDS: Implications for Research*. In it she *inter alia* highlighted issues surrounding prevention and care, stigma and human rights. In 2002 Rahbeck and Thuesen<sup>143</sup> compiled a report on HIV-related research titled *Report on HIV/AIDS Research in Namibia*. The Namibian NGO Forum (NANGOF)<sup>144</sup> Conference on HIV/AIDS held on 12 and 13 June 2003 in Windhoek raised a number of issues worth considering as research topics. Some include the impact of the high cost of medication on the poor, how healthy living can be promoted in an environment of poverty, the role of the church in promoting the use of anti-retroviral drugs (ARVs), how the epidemic is affecting children, etc. A list of civil society organizations involved in HIV/AIDS-related activities can be found in the *Namibia HIV/AIDS Service Organisations Directory – 2002* compiled by NANASO<sup>145</sup>. Organizations such as Nampower, Rössing Uranium Mining, and the Municipality of Windhoek have all instituted voluntary HIV-testing programs. Their public relations officers should be able to provide interested researchers with further information.

## 9. Some HIV-related Policy Documents

One of the earliest policy-document on HIV/AIDS dates back to 1991 and was titled *Five Year Plan for the Prevention and Control of HIV Infection and AIDS: April 1992 to March 1997*<sup>146</sup>. In 1993 the MOHSS<sup>147</sup> released the document *Official HIV/AIDS Policies and Guidelines*. This was followed in 1996 by that of the Ministry of Labour<sup>148</sup> titled *National Code on HIV/AIDS and Employment*. During the same year the UNICEF<sup>149</sup> published a five-year plan that would serve as a guideline for coordinating its activities with that of the Namibian government. The title of the publication reads *Government of the Republic of Namibia – UNICEF Programme of Cooperation 1997-2001: Youth, Health and Development (HIV/AIDS) Programme*. The five-year plan has been updated to 2005. In 1997 the UNAIDS<sup>150</sup> reviewed the regional responses to the HIV and AIDS in a series of publications the first of which was published under the heading *Inventory of Namibia's National Response to HIV/AIDS, Volume 1: NGOs and Erongo region*. In 1999 the MOHSS<sup>151</sup> released its own five-year plan for prevention and care called *The National Strategic Plan on HIV/AIDS (medium Term Plan II) in Namibia 1999 – 2004*. In 2001 the NPC and the MOHSS<sup>152</sup> released information titled *Reference Documents for the National Initiative to Fight HIV/AIDS in Namibia*. The MOHSS also completed the chapters on health and welfare included in the *Second National Development Plan 2001/2002 – 2005/2006 Volume One: Macroeconomic, Sectoral and Cross-Sectoral Policies*<sup>153</sup>. In addition, it released a document titled *Namibia HIV/AIDS Treatment Guidelines*<sup>154</sup>.

## 10. Conclusions

The focus of HIV-related research in Namibia is driven by donor agendas and, among domestic researchers, specialist areas of expertise. The problem is not that donors want certain research done. The problem relates to the loss of institutional memory. The turn-over of personnel in the donor community is very high, and tours of duty relatively short. This undermines continuity in the research programs and policy formulation. The donor community has made the sexual behaviour of the Namibian youth its primary area of concern. Despite this, no pattern can be discerned in the research other than that it lacks coordination and focus, made use of no consistent methodology, discriminates against youth living in the central-eastern and southern parts of Namibia, and does





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not attempt to consolidate knowledge in the field. A more effective response may be to allocate responsibility for certain areas of research to certain institutions. What Namibia also lacks is a central co-coordinating body such as the Human Sciences Research Council (HSRC) in South Africa. Such a body should be able to raise funds locally and internationally, as well as help establish a domestic research paradigm not only in the area of HIV-related research. It should also help to retain and inspire domestic researchers. What is striking is that it appears that not a single Doctorate has been done in Namibia pertaining to the HIV and AIDS. Quite a few Bachelor theses have been completed at the UNAM, with only a smattering of Master theses completed locally or abroad. Though specialization is needed in any field, inter-specialist and multi-disciplinary cooperation needs to be promoted among Namibian researchers active in HIV-related research.

The “solution” of allocating certain research responsibility to certain institutions may solve the problem of coordinating research, but may also aggravate another problem in the area of policy-making. Certain institutions already dominate debate of specific areas of HIV-related research since there is a lack of funding to create competing institutions that may add a revisionist, critical perspective to research produced. The current situation is not healthy. Where policy does follow research it becomes a matter of one voice speaking for all. Choice poses as truth, and perspective as common sense. Namibia has a critical shortage of critical theoreticians equipped with a strong philosophical grounding in the study of ideas. There is little culture of critical review in Namibian HIV-related research. No debate is entered into regarding the use and development of concepts. Concepts are taken as a given and the theory behind them not properly explored. Draft copies of research are rarely circulated for comment within the broader research community. Only one recent study reviewed the methodology of another and that was the thesis by Dave Lush titled *Getting the Message across: HIV/AIDS and Public Communication Campaigns in Namibia*. In it he examined the methodology used by Rukambe in compiling *Narrative as Communication in the Campaign against HIV/AIDS in Namibia: A Case Study of Emma's Story Documentary*. Databases are rarely mined to their full potential and are not shared between researchers.

HIV-related research in Namibia does not seem to be linked to a long-term research agenda. This is confirmed by the virtual absence of longitudinal studies, as well as the lack of smaller studies associated with a core study. The exception has been the research done among the student population of the UNAM. Most research appears to be ad hoc. The medical community in Namibia seems completely passive when it comes to adding its voice to issues surrounding the HIV and AIDS. If anything of journal quality has been written by medical practitioners in Namibia it must be an exception to the rule, as well as not posted with a public library in Namibia or on-line. Contact with MD's has revealed no knowledge of such undertakings. HIV-related research in Namibia lacks another critical dimension: direct contact with HIV+ persons. Who is better positioned to explain the dynamics that leads to infection than the people living with the virus? Only the study by Lironga Eparu and the thesis by Dave Lush recently implemented this approach. This also raises the question to what extent sampling design takes into consideration such factors as culture, religion, wealth and income distribution, etc. when selecting the population to study. Consolidation of knowledge gathered and standardization of research methodology is urgently needed. A recent step in this direction has been taken by UNICEF in the form of a summary review of research related to youth and the HIV. It was conducted by Bastian Schwarz and is titled *HIV & AIDS and Young Namibians: A Briefing Paper Based on the 2003 AHPP Baseline Study*<sup>155</sup>.

The single largest obstacle to progressive and coordinated research in Namibia is the lack of nationally representative surveys of HIV-prevalence in Namibia. Prevalence among pregnant women is not representative of prevalence in the population of a country. Such surveys will help place all other research in context. Policy-makers in Namibia should consider following the



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example set by a 2002 study in South Africa by the Nelson Mandela Foundation and the HSRC titled *Nelson Mandela/HSRC Study of HIV/AIDS*<sup>156</sup>. It will allow researchers to become more goal oriented as it will highlight gaps in knowledge. Researchers will be forced to conduct research to directly support policy making. HIV-related research should evolve a regional focus based upon sub-regional indicators of prevalence. This will only become possible if nationally representative surveys of prevalence are repeated over time, and augmented by smaller, interim studies within regions. One option is to integrate such research with the *Demographic and Health Survey*. The data gathered from sentinel surveys conducted among pregnant women can then be used for what this survey type was designed for: to augment information gathered in macro-studies on a continuous basis. Such information can also be enhanced by collecting data on the number of HIV+ patients treated by private medical practitioners, as well as data gathered from hospitals and clinics within a region. Currently, there is no scientifically justifiable epidemiology of the HIV in Namibia. It all borders on guesswork. Estimations proliferate on prevalence in Namibia. If public funding is allocated to deal with the HIV-epidemic based upon estimations, how much resources are going to waste since there is no clear target to aim at? How can policy possibly be fine-tuned? How can it be determined if policy is achieving success? Instead of using a laser, a shotgun is being used – and shotguns are messy.

Outside of the realm of research one area that requires attention is the consolidation of HIV-related research in a central database. How can policy makers focus their efforts if they cannot access HIV-related research? How indeed have they made decisions up to this point in time given the fragmented nature of available information? The institution best equipped for this role is the National Archive. It is a non-political organization the service of which essentially is hampered by the amount of funding available to it. Despite its capacity, its database on Namibian HIV-related research is far from complete. A project that will update the database is needed. It will make sense to mirror such a project at the library of the UNAM. A question derived from the problem faced by policy makers in accessing HIV-related research, is the question of how effective the research has been in helping to curb the spread of the virus in Namibia. If the data collected by the sentinel surveys is anything to go by, not at all. The focus has been on producing once-off research without any feedback mechanism built in to help determine the effectiveness thereof. Research needs to be applied. This may be a problem that needs to be addressed both on the side of policy-makers and researchers alike. Policy-makers must approach researchers when they are in doubt, and researchers must be more activist. Yet, within the present climate of guesstimation of HIV-prevalence in Namibia even if this becomes practice, the absence of accurate feedback on the effectiveness of prevention efforts severely limits what can be achieved by area specific research.

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<sup>1</sup> Deon van Zyl is a freelance researcher based in Windhoek who has been associated with the IPPR since its inception.

<sup>2</sup> It is important to distinguish between the Human Immunodeficiency Virus (HIV) as a pathogen (disease-causing agent), and Acquired Immune Deficiency Syndrome (AIDS) as a medical diagnosis based upon the presence of opportunistic infections and cancers of the respiratory system, gastro-intestinal system, central/peripheral nervous system, and/or the skin in combination with a seropositive return on a blood sample tested for the presence of the HIV, as well as a T-cell count below 250 per millilitre of blood.

<sup>3</sup> The notion of the globe being a village was expressed in a work by Marshall McLuhan titled *Understanding Media*. What the notion of the global village fails to highlight is that it is a village of the affluent, and that everything that happens in one country does not necessarily affect what happens in another, at whatever level of analysis.

<sup>4</sup> Schwarz, B. (2003) *HIV & AIDS in Namibia: A Guide to Literature about HIV & AIDS and Young People*. UNICEF Adolescent HIV Prevention Programme: Windhoek.

<sup>5</sup> Those consulted include: Ben Fuller, Barnabas Otaala, Lucy Steinitz, Debie LeBeau, Tom Fox, Hopolang Phororo, Dave Lush, Andrew Clegg, and Mark Winiarski. Elizabeth Flannagan acted on behalf of USAID; Martin Boer, a freelance journalist, acted as mediator to UNICEF; and Stephen Visagie represented the library services of the Department of Health at the UNAM.



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