

The impact of HIV/AIDS on human security in southern Africa

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HUMAN SECURITY AND AIDS

Traditionally, the concept of security has been interpreted in militaristic terms as the military defence of the state, involving 'structured violence manifest in state warfare'.¹ Since the end of the Cold War this narrow definition of security has become less relevant.²

The term 'human security' was first officially used in the 1994 Human Development Report of the UN Development Programme. According to the report, the intention of human security is '... to capture the post-Cold War peace dividend and redirect those resources towards the development agenda'.³

The concept of human security is broad and includes economic, food, health, environmental, personal, community and political security. 'In essence, human security means safety for people from both violent and non-violent threats. It is a condition or state of being characterised by freedom from pervasive threats to people's rights, their safety, or even their lives.'⁴

HIV/AIDS does not fit into the traditional definition of security. However, as Hadingham argues, in terms of the post-Cold War human security regime, HIV/AIDS poses a 'pervasive and non-violent threat to the existence of individuals, as the virus significantly shortens life expectancy, undermined quality of life and limits participation in income-generating activities. The political, social and economic consequences are equally detrimental to the community, in turn undermining its security.'⁵

In January 2000, the UN Security Council debated the impact of AIDS on peace and security in Africa. The debate was the first in the Council's history that discussed a health issue as a threat to peace and security. UN secretary-general, Kofi Annan, told the Council: 'The impact of AIDS in Africa was no less destructive than that of warfare itself. By overwhelming the continent's health and social services, by creating millions of orphans, and by decimating health workers and teachers, AIDS is causing social and economic crises which in turn threaten political stability... In already unstable societies, this cocktail of disasters is a sure recipe for more conflict. And conflict, in turn, provides fertile ground for further infections.'⁶

At the same Security Council meeting the president of the World Bank, James Wolfensohn, said that AIDS was not just a health or development issue, but one affecting the peace and security of people in Africa. While life expectancy in Africa had increased by 24 years in the last four decades of the twentieth century, the continent's development gains were threatened by the AIDS epidemic and life

expectancy gains were being wiped out. 'In AIDS, the world faced a war more debilitating than war itself... Without economic and social hope, there could not be peace, and AIDS undermined both. Not only did AIDS threaten stability, but a breakdown in peace fuelled the pandemic,' Wolfensohn said.⁷

HIV/AIDS IN AFRICA

The global HIV/AIDS epidemic is far more extensive than initially anticipated. The number of people living with HIV/AIDS at the end of the twentieth century was more than 50% higher than what was predicted in 1991 by the World Health Organisation (WHO).⁸

As the Worldwatch Institute points out, the HIV epidemic raging across sub-Saharan Africa is a tragedy of epic proportions; one that is altering the region's demographic future. It is reducing life expectancy, raising mortality, lowering fertility, creating an excess of men over women, and leaving millions of orphans in its wake.⁹

In Africa the HIV/AIDS epidemic is now more devastating than war. In 1998, for example, 200 000 people in Africa died from conflict, but 2.2 million died from AIDS. The rapid loss of human capital, from every walk of society, reflects the decimation of a major conflict, with similar consequences.

At the end of 2000, 36.1 million people were living with HIV/AIDS. Of these 25.3 million (or 70%) were living in sub-Saharan Africa, even though only a tenth of the world's population lives in the region. In the absence of a medical miracle, nearly all will die before 2010. Each day, 6 000 Africans die from AIDS, and an additional 11 000 are infected. Some 72% of the 5.3 million people who were infected with HIV during 2000 live in sub-Saharan Africa. Moreover, 80% of the 3 million global AIDS deaths occurred in the region during 2000. Africa has buried three-quarters of the more than 20 million people worldwide who have died of AIDS since the epidemic began.¹⁰

The epidemic has proceeded much faster in some countries than in others. Earlier in the epidemic, HIV was not as well established in southern Africa as it was in central and eastern Africa. But today 'the highest rates of HIV incidence in the world are found in the three-nation cluster of Namibia, Botswana and Zimbabwe. South Africa, where rates of infection were once lower than those in surrounding countries, is now home to one in seven of Africa's new infections.'¹¹

Altogether, at the end of 1999, there were 16 countries (all in sub-Saharan Africa) in which more than one-tenth of the adult population aged 15-49 was infected with HIV. In seven countries (all in southern Africa), at least one adult in five was living with the virus. In Botswana, 36% of the adult population is HIV-positive. In Zimbabwe and Swaziland the infection rate is 25%. Lesotho is at 24%. In Namibia, South Africa, and Zambia, the figure is 20%. In none of these countries has the spread of the virus been checked.

The lifetime risk of dying of AIDS is far higher than the general prevalence rate would suggest. For example, where prevalence is 15% and rates continue to apply throughout their lifetime, over half of today's 15-year olds will die. In Botswana, with a prevalence rate of 36%, over three-quarters will die of AIDS.¹²

In Africa, the impact of the epidemic is magnified by the fragility and complexity of the continent's geo-political systems. Eleven of the world's 27 conflicts are in Africa, while 15 sub-Saharan countries face food emergencies. These emergencies pose real threats to social and political stability in Africa.

In contrast to most infectious diseases, which take their heaviest toll among the elderly and the very young, HIV/AIDS takes its greatest toll among young adults. The wholesale death of young adults in Africa is creating millions of orphans. In 2000, 90% of the 11 million orphans left by the global AIDS epidemic were African children.

An estimated 22 million orphans in sub-Saharan Africa by 2010 are expected to comprise a 'lost orphaned generation' with little hope of educational or employment opportunities. Such societies will be at risk of increased crime and political instability as these young people become radicalised or are exploited by various political groups for their own ends – the child soldier phenomenon may be one example.¹³ The increase in crime and political instability, moreover, will be accompanied by a probable increased availability in illicit small arms and increased operations of organised criminal organisations in sub-Saharan Africa.

How will the loss of so many adults in rural communities affect food security? What will be the social effects of the missing generation of young adults unable to rear their children? How will intra-African peacekeeping operations be affected by the epidemic which disproportionately affects military personnel? What impact will the virus have on the functioning of state departments in already poorly performing criminal justice systems in sub-Saharan Africa? How will 30% to 40% of the adult population, which is HIV-positive and dying, react when their government decides to spend limited state resources on policing, education or housing instead of building more hospitals and care centres for those infected by the virus?

KEY HUMAN SECURITY ISSUES

HIV/AIDS is rapidly becoming one of the key human security issues in sub-Saharan Africa. The effects of the epidemic are felt in a number of interrelated ways.

Social and economic consequences

AIDS has a detrimental effect on economic growth. For example, according to the World Bank, had average national HIV prevalence in sub-Saharan Africa not reached 8.6% in 1999, per capita income would have grown by 1.1% – nearly three times the actual growth rate of 0.4% achieved during 1990-1997. In the case of a typical sub-Saharan African country with a prevalence rate of 20%, overall annual GDP growth will be 2.6% lower because of the epidemic. At the end of 20 years, the economies of such countries will be two-thirds smaller than they would otherwise have been.¹⁴

The social impact of the abnormally high mortality rates brought about by HIV/AIDS is aggravated by the fact that the epidemic affects mainly young adults. That is, the epidemic decimates society's most productive layer and destroys a generation of parents, whose death leaves behind orphans and child-headed households. AIDS has a significant impact on the more educated and skilled segments of society because HIV primarily infects productive young adults rather than children or the elderly.

The quantity and quality of labour declines for a number of reasons, such as AIDS related increases in absenteeism and mortality, as well as from reduced capacity in education and health care, and human resources training.¹⁵ This raises dependency ratios (ie the number of non-working people dependent on a working wage-earning person), diminishes human capital, and may cut productivity growth by as much as 50% in the hardest hit countries.¹⁶ As labour-intensive

firms are affected by decreasing levels of productivity, they face higher costs in training, insurance benefits, absenteeism, medical costs, sick leave, funerals and pensions.

AIDS also threatens the livelihood of people living in developing countries, especially the poor. In many African countries, agriculture provides a living for as many as 80% of the population. As adults in rural areas fall ill, productivity drops off dramatically. Patterns of cropping shift from cash crops to subsistence farming, reducing household income and forcing families to sell off their assets to survive.¹⁷ Even the loss of a few workers at the crucial periods of planting and harvesting can significantly reduce the size of the harvest.¹⁸ A 1997 study of Zimbabwean subsistence farmers revealed a significant decline in production in households with an AIDS death: maize (decline of 61%), cotton (-47%), vegetables (-49%), groundnuts (-37%) and cattle owned (-29%).¹⁹

In a February 2001 report the UN secretary-general warns that AIDS is reversing decades of development in the hardest-hit regions of the world. 'It [HIV/AIDS] changes family composition and the way communities operate, affecting food security and destabilizing traditional support systems. By eroding the knowledge base of society and weakening production sectors, it destroys social capital. By inhibiting public and private sector development and cutting across all sectors of society, it weakens national institutions. By eventually impairing economic growth, the epidemic has an impact on investment, trade and national security, leading to still more widespread and extreme poverty.'²⁰

Implications for the national security

War is an instrument for the spread of HIV/AIDS. The armed forces (both military and police) constitute a major population block in many African societies, which are highly mobile and often called upon to serve at borders or to deploy outside of national boundaries. The mobilisation of large numbers of young men (a high-risk group for HIV), the practice of intimidation through rape, and displacement of refugees increase the prevalence of the virus. Moreover, conflict is often accompanied by the breakdown of health and educational infrastructures, impeding efforts to restrict the spread of the epidemic during or following a conflict.²¹

Military personnel are a population group at special risk of exposure to sexually transmitted diseases (STDs), including HIV. In peace time, STD infection rates among armed forces are generally 2 to 5 times higher than in civilian populations. A 1995 estimate of HIV in Zimbabwe, for example, places the infection rate for the armed forces at 3 to 4 times higher than the level in the civilian population. In time of conflict, the risk of HIV infection for military personnel can be more than 50 times higher compared to civilians.²²

As with military personnel generally, peacekeepers face a higher than average risk of HIV infection. For example, Nigerian military personnel who worked as peacekeepers in the late 1990s had a HIV prevalence rate of 7% after one year of peacekeeping duties. This increased to 10% after two years, and 15% after three years.²³ High HIV prevalence levels could jeopardise future humanitarian and peacekeeping operations in many African countries. For example, the then US ambassador to the UN, Richard Holbrooke, is on record stating that 'the US will never again vote for a [UN] peacekeeping resolution that does not require action by the UN's Department of Peacekeeping Operations to prevent AIDS from spreading to peacekeepers'.²⁴

The impact of HIV on the military lies in the impact on human capital – compromising armed forces' readiness, thereby limiting capabilities to impose social order and protect countries from external intervention. In African countries where the epidemic has been present since the early 1980s, armed forces report infection rates of 50% - 60%. Estimates suggest that HIV infection rates in the armed forces of southern African countries could be at least twice as high as the national average.²⁵ In 1998 it was estimated that the Zimbabwean armed forces had an HIV prevalence rate of 80%, followed by Malawi (75%), Uganda (66%) and Angola (50%).²⁶

As in the general population, most soldiers in southern Africa will be debilitated by the effects of the virus in the mid to late 20s. This age group generally provides the largest number of operationally deployable soldiers, and a large number of officers who perform skilled and supervisory functions. 'The potential shortage of qualified and experienced members in these ranks inevitably leads to a hollowing out of the [military] organization at the level of middle management. Besides the loss of continuity of command, this encourages the rapid promotion of younger inexperienced members, which in turn affects morale, discipline and cohesion as the overall competency of the armed forces is eroded.'²⁷

The impact of HIV on civilian populations lies in the high rates of sexual interaction between military and civilian populations whether through commercial sex, or in rape as a weapon of war; and in the extreme vulnerability of displaced and refugee populations to HIV infection. Women are six times more likely to contract HIV in a refugee camp than the general outside population.²⁸

Implications for political stability

HIV/AIDS impacts with population pressures and trends, particularly migration and urbanisation, to create more volatile social and political situations. This combination can produce heightened competition for limited resources and foster more intense rivalries among groups in countries marked by ethnic, religious, or other diversity.²⁹

Governance suffers as a result of the epidemic. HIV/AIDS detrimentally affects the capacity of governments, especially on the delivery of basic social services. Disease can decimate the ranks of skilled administrators, diminish the reach or responsiveness of governmental institutions, or reduce their resilience. This will detrimentally affect the operational effectiveness of such institutions as the armed forces, police, prosecution service and judiciary. Beyond a reduction in human resources, the epidemic will result in a reduction in public revenues and budgets will be diverted towards coping with the epidemic's impact.

If a government is perceived to be incapable of adequately addressing health problems created by the spread of HIV/AIDS, it can produce a heightened sense of marginalisation among affected populations and a stronger sense of deprivation and resentment towards the government. This psychological impact can be particularly adverse when combined with chronic poverty. These attitudes can contribute to the eruption of violence, not just spontaneously, but in some cases as the result of exploitation by ethnic, religious, or national elites to serve their narrow interests.³⁰

A January 2000 report by the National Intelligence Council in the US concluded that there is a definite link between infectious disease epidemics (in particular HIV/AIDS) and security.³¹ For example, the report found that:

- The impact of HIV/AIDS is likely to aggravate and even provoke social fragmentation and political polarisation in the hardest hit countries in the developing world.
- The relationship between disease and political instability is indirect but real. Infant mortality (likely to more than double in a number of southern African states because of HIV/AIDS by 2010) correlates strongly with political instability, particularly in countries that have achieved a measure of democratisation.
- The severe social and economic impact of HIV/AIDS, and the infiltration of the epidemic into the ruling political and military elites and middle classes of developing countries are likely to intensify the struggle for political power to control scarce state resources. This will hamper the development of a civil society and other underpinnings of democracy, and will increase pressure on democratic transitions in sub-Saharan Africa.

Complex humanitarian emergencies

According to a report published by the Center for Strategic and International Studies, a negative synergy exists among infectious disease (in particular HIV/AIDS), population dynamics, environmental degradation, weak government structures, and long-standing grievances in segments of the population.³² This synergy creates a downward spiral between infectious disease and state capacity to respond to it. The more widespread the disease the weaker the state's capacity to respond, and the weaker the state's capacity the greater the increasing in the prevalence of the disease.

This negative spiral is most intense in many southern African countries whose state capacity is severely limited already because they have fewer human, financial, and other resources from which to draw to break the cycle.

In some cases, the negative synergy among infectious diseases, disruptive population dynamics, environmental degradation, weak government structures, and long-standing grievances manifest itself in a specific time and place, giving rise to 'complex emergencies'.

Complex emergencies highlight the inability of a government to cope in situations in which already predominant conditions of scarcity are made even worse. A complex emergency ruins the fabric of a society, making such a calamity enormously lethal and destructive. Sickness and disease play an important part in this process.

Moreover, the aftermath of complex humanitarian crises is consistently characterised by features which accentuate the HIV/AIDS risk climate:

- Social disruption resulting in sudden, widespread and profound poverty exacerbated by reductions in agricultural output.
- The lack of income leads to a sale of sex by women – but also by children.
- Increased child labour, and many children living on the streets.
- Active migration to find work, further disrupting family integrity.
- Lives characterised by a desperation that fosters increases in sexual and domestic violence and abuse, rape and gender inequality.

- Decimated health infrastructure, and deterioration of most state services such as education, security and welfare.

HIV/AIDS and crime

In contrast to most infectious diseases, which take their heaviest toll among the elderly and the very young, HIV/AIDS takes its greatest toll among young adults. The wholesale death of young adults in Africa is producing orphans on a scale unprecedented in world history.

Historically, large-scale orphaning has been a sporadic, short-term problem caused by war, famine or disease. The HIV/AIDS epidemic has transformed it into a long-term chronic problem that will extend at least through the first third of the twenty-first century.³³ This is because the increase in orphan rates lags behind HIV infection levels by about ten years, the time it takes the average person who contracts the virus to die from full-blown AIDS.

In 2000, 90% of the 11 million orphans left by the global AIDS epidemic were children living in sub-Saharan Africa. According to USAID, in 2000 southern Africa had 2.9 million maternal or double orphans (8% of all children under the age of 15 years), of which 65% were orphaned because of AIDS. By 2010 the region is expected to have 5.5 million maternal or double orphans (16% of all children under the age of 15 years), of which 87% will be orphaned because of AIDS. Some countries in the region will be worse affected than others. In Botswana, for example, every fifth child is expected to be an orphan by 2010 of which 96% will be AIDS orphans.³⁴ To place these percentages into context, it is sobering to point out that before AIDS, approximately 2% of children in developing countries were orphaned.³⁵

As the AIDS epidemic progresses, an increasing number of children will lose their parents to the disease, and there will be fewer adults of normal parenting age to care for them. The burden of care will increasingly fall on other children or upon the growing proportion of elderly people. In Zimbabwe, for example, 43% of orphan households are headed by a grandmother.³⁶

Most of these orphaned children will grow up without adequate parental supervision, guidance, and discipline. Crucially, orphaned boys will grow up without the stabilising influence of a father figure. It is probable that most orphaned children will be cared for by their extended family. This will, however, place considerable financial pressure on the relatives of such children. In rural communities it is often the grandmother who would take on the responsibility of such care. This will further impoverish South Africa's older generation and the economically marginalised rural poor. As a result many such orphaned children will grow up under impoverished conditions which will increase their temptation to engage in criminal activity at an early age.

A number of studies have been conducted on the plight of orphans and their caretakers in various African countries. It has been shown that families that foster children in Kenya usually live below the poverty line, and that orphan households in Tanzania have more children, are larger, and have less favourable dependency ratios.³⁷

Children who lose a parent to AIDS suffer loss and grief like any other orphan. However, their loss is exacerbated by prejudice and social exclusion, and can lead to the loss of education and health care.³⁸ Moreover, the psychological impact on a child who witnesses his or her parent dying of AIDS can be 'more intense than for children whose parents die from more sudden causes. HIV ultimately makes

people ill but it runs an unpredictable course. There are typically months or years of stress, suffering or depression before a patient dies. And in developing countries, where the epidemic is concentrated, effective pain or symptom relief is often unavailable to alleviate a parent's suffering.³⁹

A South African department of health publication, which looks at the impact of AIDS in South Africa, predicts that children orphaned because of AIDS could be at greater than average risk to engage in delinquent behaviour. 'As [orphaned] children under stress grow up without adequate parenting and support, they are at greater risk of developing antisocial behaviour and of being less productive members of society.'⁴⁰

For a child living with a parent who has AIDS, the disease is especially cruel as HIV is sexually transmitted. Consequently, once one parent is infected, he or she is likely to pass it on to the other parent. Children who lose one parent to AIDS are thus at considerable risk of losing their remaining parent as well.

Ashraf Grimwood of the National Aids Coalition in South Africa argues that the increasing number of AIDS orphans, who grow up without parental support and supervision, will turn to crime. 'Crime will increase because of the disintegration of the fabric of our society. It will be made worse by the lack of guidance, care and support for HIV-positive people, including children. Children orphaned by AIDS will have no role models in the future and they will resort to crime to survive,' Grimwood said.⁴¹

A review of the backgrounds of a large sample of children who have killed or committed other grave (usually violent) crimes in the United Kingdom found that 57% had experienced the death, or loss of contact, of someone important such as a parent.⁴²

A 1998 interview study of young men serving jail sentences, or involved in crime, by the Centre for the Study of Violence and Reconciliation (in South Africa) found that most of the interviewees were 'often abandoned or kicked out of their homes, or... had to live with a stepfather or mother who rejected them. Many expressed feelings of being unloved.'⁴³

The absence of a father figure early in the lives of young males tends to increase later delinquency.⁴⁴ Moreover, such an absence will directly affect a boy's ability to develop self-control. 'The secure attachment or emotional investment process [a father figure provides] facilitates the child's ability to develop and demonstrate both empathy and self-control. By extension, an insecure attachment will lead to lower levels of empathy and self-control, and to an increase in violent behaviour.'⁴⁵

Another research group completed an exhaustive review of family factors as correlates and predictors of juvenile conduct problems and delinquency. They found that, inter alia, poor parental supervision or monitoring and low parental involvement with the child (factors which would obviously exist with an orphaned child) were important predictors.⁴⁶ Another study found that poor parental supervision was the best predictor of both violent and property offenders in later life.⁴⁷

HIV/AIDS is also likely to cause crime in more direct ways. According to a 1999 UN report, AIDS orphans are at greater risk of abuse and sexual exploitation than children orphaned by other causes. The belief that sex with a virgin can cure HIV/AIDS appears to be widely spread in southern Africa, and has led to an

increase in the rape of young girls.⁴⁸ In South Africa, for example, 25% of young people do not know that this is a myth.⁴⁹ Moreover, rapists are also targeting young girls in the belief that being less sexually active, they are less likely to have HIV or AIDS.⁵⁰

Moreover, the impact of crimes upon their victims is exacerbated by HIV/AIDS. Any raped person has to live with the initial fear that she or he has been infected by the HIV virus. This psychological trauma worsens an already violent and brutal crime. Rape victims who have been infected with the HIV virus are, in effect, given a death sentence by their assailants.

Because of the magnitude of the HIV/AIDS epidemic and the social devastation and insecurity it will cause in southern Africa, it is difficult to foresee all the implications it might have on crime. It is, however, possible to predict with some certainty that criminal justice systems will be detrimentally affected by the epidemic in the following ways:

- In many prisons there is a much higher prevalence of HIV than there is in society outside. This places an increasing burden on the prison system to care for infected prisoners. Moreover, prison wardens will be easily intimidated by HIV-positive prisoners who might threaten to infect them. With a life expectancy of five or so years many infected prisoners will have little to lose by failing to co-operate with prison officials.
- It is likely that the administration of justice will suffer under the onslaught of the epidemic. As more people fall ill and die of AIDS, fewer criminal trials will be finalised. Within the coming decade, when large sections of southern Africa's population will be physically ill because of their infection, many trials will be delayed – or will have to be stopped altogether – because the accused, his witnesses, the state's witnesses or one of the court officials is ill, dying or dead because of the disease.
- The epidemic will also affect the police services of the region detrimentally as most of their operational staff are young males who are in the high risk group when it comes to HIV-infection. These services will function less optimally than they do today as absenteeism because of illness, and high mortality rates among police officers increase over the next decade or two.
- As the number of AIDS deaths increase over the next decade the political pressure on governments to devote more resources to health and welfare services will increase. This, and the negative effect the epidemic will have on the economy in general, is likely to curtail state expenditure on criminal justice. Under-resourced and operating with a high number of ill personnel, many operational activities the criminal justice systems in Southern Africa could stop functioning altogether.

CONCLUSION

There are many causes of crime. Some of them, such as high levels of poverty and unemployment, and badly designed towns and cities, can be addressed through appropriate state responses. Other causes, such as a high proportion of orphans growing up without adequate supervision and support, are largely beyond the control of the state.

Southern Africa's growing number of AIDS orphans are likely to be significant contributors to crime levels over the next two to three decades. Increased state

spending on the criminal justice system will do little to counter this harsh reality. Neither will draconian laws nor better policing. The coming decades are likely to witness an increase in the crime rate, irrespective of the state's response. It is likely that such a response will merely impact on the extent of the increase, not on the increase itself.

What is required is a programme of action which will involve not only key government departments comprising the criminal justice system, (police, justice, and corrections), but also departments such as health, welfare, and education.

Moreover, relevant non-governmental organisations (NGOs) and organs of civil society need to get involved to develop strategies to effectively combat the anticipated increase in crime committed AIDS orphans. Adequately staffed and resourced juvenile detention centres, rehabilitation and diversion programmes for young offenders, and effective children's court systems will have to feature more prominently on governments' list of priorities in the future.

The figures of millions of casualties caused by the HIV/AIDS epidemic, and millions of orphans left in its wake, make for depressing reading. Moreover, the epidemic is hitting South Africa and the region at a time when the sub-continent is plagued by a range of other pressing problems, ranging from a multitude of wars and conflicts, to slowing economic growth and crumbling infrastructures. History has shown, however, that Africa and its inhabitants are resilient. Just as medieval Europe survived the Black Plague, so Africa will survive HIV/AIDS.

[4993 words]

ENDNOTES

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⁴⁴ See, for example, J Bowlby, Forty-four Juvenile Thieves: Their Characters and Home Life, Bailliere, Tindall and Cox, London, 1947; and S M D Gabel, *Bahavioural Problems in Sons of Incarcerated or Otherwise Absent Fathers: The Issue of Separation*, Family Process, 31(303), 1992.

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⁴⁹ LoveLife, Hot prospects, cold facts, Colorpress Ltd., South Africa, 2000.

⁵⁰ S Leclerc-Madlala, Crime in an epidemic: the case of rape and Aids, Acta Criminologica, Vol 9, No 2, 1996, Criminological Society of South Africa, Pretoria, p 35-36.