The Other Side of HIV/AIDS: The Impact of the Epidemic on Voting Participation and Electoral Trends in Six Sub-Saharan African Countries

Proposal for PAA 2006

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September 19, 2005

This paper was completed under the supervision of Professor Katherine Stovel and Professor Margaret Levi

*** Data for this project was provided by the Afrobarometer Network Series***

Introduction

Since independence, states across Africa have been confronted with a series of exogenous shocks including famines, the cold-war, and foreign aid crises that have together tested state capacity. Today, the fragile states of Southern Africa are facing yet another shock: HIV/AIDS. Unlike other disease that have threatened societies in the past, HIV/AIDS poses a unique danger to consolidating regimes, which are more fragile and more difficult to sustain than non-democratic regimes (Przeworski *et al* 2000: 47). Although scholars have studied the potential direct effects of HIV/AIDS, the potential indirect effects of the epidemic are insidious. Many of the indirect effects of HIV/AIDS flow from how the virus transforms citizens' "subjective demography of anticipated life" (de Waal 2003:4). In this paper, I study how HIV/AIDS may shape voting behavior and political affiliation in six emerging Southern African democracies.

Project Rationale and Research Questions

Whether HIV/AIDS is undermining the effectiveness and the legitimacy of elections is a major concern to both policy-makers and academics, for two critical reasons. First, the convening of multi-party elections serves the minimal function of marking democracy's survival although elections are not sufficient to constitute a consolidated democracy (Bratton 1998: 51). Second, multiparty elections are what provide politicians with the incentive to be responsive to issues of crucial importance to segments of the electorate. Yet we know very little about how the HIV/AIDS epidemic affects political behavior.

Two alternatives seem plausible. Conventional thinking suggests that a severe crisis that imposes heavy individual and social costs may result in reduced participation in political life. Most directly, ill or heavily affected people may be simply unable to

vote; indirectly, shortened time horizons or disaffection with state response may result in withdrawal from formal democratic activities. Alternatively, it is possible that the HIV/AIDS crisis will invigorate the public sphere, by motivating affected segments of the population to support the party whose responses to the epidemic they favor. If support for opposition parties or voter turnout is higher among infected and affected person, we may conclude that democracy is strengthened.

Data, Methods, and Measures

I test these alternatives using recent Afrobarometer data from six sub-Saharan countries that hold regular, multiparty elections – South Africa (N=2400), Botswana (N=1200), Namibia (N=1200), Zambia (N=1200), Ghana (N=1200), and Cape Verde (N=1268).[1] Afrobarometer is a survey of Africans' views towards democracy, economics, and civil society.[2] A set of questions on HIV/AIDS and health, as well as political affiliation[3], were included in the second round surveys. Each survey was based on a random, stratified, nationally representative sample and conducted between 2001 and 2003. Using multinomial logistic regression, I examine whether citizens infected or affected by the epidemic are less likely to either vote, support the ruling party, or support opposition parties, when compared with the general population.

Ethical constraints prevent public opinion surveys like Afrobarometer from asking direct questions about respondents' HIV status or the status of those in their care. However, the second round of Afrobarometer included three sets of questions that can be

[1]There are four additional countries within Africa that hold multiparty elections and are rated as "free" by Freedom House – Benin, Mali, Lesotho, and Senegal. Afrobarometer data, however, is not yet available for these countries.

[2]Afrobarometer is a collaborative enterprise of Michigan State University, the Institute for Democracy in South Africa and the Centre for Democratic Development (Ghana).

[3]To cross-check the survey data on political affiliation, I compiled district-level data for national turnout and election results for each country included in this study. As will be illustrated in the final paper, there is a close relationship between the survey and the electoral data.

used as proxies for the direct and indirect effects of the epidemic. Thus, in this study, the key independent variables come from (1) questions asked respondents' own physical health and mental health (2) questions related to the home-based care respondents provide for orphans, sick family members or their own illness, and (3) questions related to the extent that people experienced AIDS personally through the death of someone close to them.[4]

In addition, models include a set of control variables that may be associated with political affiliation and voting behavior in Africa, including age, education, race, and sex (see Rosenstone and Hansen 1993). Finally, I include a set of measures that capture respondents' attitudes toward a series of HIV/AIDS related policy issues. Respondents were asked what they think are the most important problems facing their country that the government should address, and whether the government should devote more resources to HIV/AIDS at the expense of other development issues, while two additional questions probe citizens' attitudes toward how well the government is handling HIV/AIDS and how well the government has improved the basic health care. I include policy variables to examine whether these attitudes mediate the association between HIV/AIDS and political behavior.

Results

Selected preliminary results of country-by-country[5] multinomial logistic regressions of party affiliation on the background, health and attitudinal variables are presented in Table

[4] Whiteside *et al* 2004 corroborated the answers to the questions relating to illness and contact with AIDS deaths for *Round 1* surveys with epidemiological data on AIDS prevalence and AIDS deaths and found strong relationships between the two (see Whiteside *et al* 2004).

[5]To conserve space, I left out the results for Botswana because none of the health-related or policy variables are significant, which is a finding interesting of itself. It is possible that in Botswana, AIDS is still a 'silent' disease (see Allen and Heald 2004: 1144).

1. The dependent variables are (1) not close to any political party, (2) close to an opposition party, and (3) close to the ruling party, which is the reference category. While these findings are preliminary, there is evidence that with the exception of South Africans, those affected by the epidemic are less likely to feel close to no party. This suggests that citizens are not withdrawing from the electoral arena and voting in smaller numbers; on the contrary, affected individuals are more likely to identify with the ruling party. In South Africa, citizens are less likely to support the opposition and there is no evidence that they are withdrawing their support for the ANC. Taken together, these results suggest that the HIV/AIDS crisis has entered the electoral realm. Considering the objective inability of the current parties in power to respond to the epidemic, the fact that citizens are not sanctioning the ruling party by withdrawing from elections or shifting their allegiances to opposition parties is counter-intuitive. Even more interesting is the finding that support for the ruling parties is highest among those citizens most affected by the epidemic. However, more analyses need to be done to gain a clearer picture of how the direct and indirect effects of HIV/AIDS may shape electoral politics in emerging democracies.[6]

[6]Currently, I am in the process of estimating a series of block models for each country that will allow me to compare the effects of the background variables, the health-related variables, and the policy-related variables independently and inclusively. In addition, I plan to create two new variables: one that will capture the direct effects of HIV/AIDS through physical illness and time spent taking care of one's own sickness; and another that will capture the indirect effects of HIV/AIDS through time spent taking care of orphans and sick household members

Table 1: Selected odds ratios from country-specific multinomial logistic regressions of political affiliation on demographic, HIV/AIDS impact, and policy attitude variable.

Notes: All models include controls for age, sex, rural residence, education, black race, and civil servant jobs.

**Indicates Odds Ratio is significant at p <.05*

Panel A	**Not Close to Any Party (reference category: support for ruling party)**									
	Cape Verde (N=1268)		**Ghana (N=1200)**		**Namibia (N=1200)**		**South Africa (N=2400)**		**Zambia (N=1200)**	
	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI
Health-Related Variables										
Time Spent Taking Care of Others and Own Illness	0.56*	(0.33 -0.93)	0.48*	(0.29- 0.80)	1.07	(0.39- 2.92)	0.92	(0.64 -1.33)	0.56*	(0.41 -0.77)
Aware of AIDS Deaths	1.40	(0.75- 2.61)	0.58*	(0.38- 0.87)	0.47*	(0.33- 0.68)	0.96	(0.68 -1.36)	0.99	(0.65 -1.53)
Physical Health	1.25	(0.90- 1.73)	1.12	(0.83- 1.52)	1.29	(0.95- 1.75)	1.31*	(1.01 -1.69)	0.98	(0.78 -1.22)
Attitudinal Variables										
Approve of Government's Handling of HIV/AIDS	0.58	(0.33- 1.03)	0.75	(0.41- 1.36)	0.86	(0.53- 1.39)	1.14	(0.83 -1.57)	1.24	(0.89 -1.75)
Approve of Government's Basic Health Care Provision	0.57*	(0.34- 0.96)	0.69	(0.47- 1.02)	0.44*	(0.28- 0.68)	0.50*	(0.36 -0.69)	0.94	(0.68 -1.30)
Prioritize AIDS	1.35	(0.27- 6.85)	0.47	(0.16- 1.42)	0.52*	(0.36- 0.77)	0.94	(0.67 -1.32)	0.64	(0.26 -1.60)
More Resources for AIDS	0.56*	(0.33- 0.94)	0.81	(0.57- 1.17)	1.34	(0.94- 1.92)	0.70*	(0.51 -0.95)	0.88	(0.63 -1.21)

Panel B	Close to an Opposition Party (reference category: support for ruling party)									
	Cape Verde (N=1268)		**Ghana (N=1200)**		**Namibia (N=1200)**		**South Africa (N=2400)**		**Zambia (N=1200)**	
	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI
Health-Related Variables										
Time Spent Taking Care of Others and Own Illness	0.83	(0.48 -1.44)	1.10	(0.64 -1.89)	1.15	(0.41- 3.27)	0.54*	(0.33 0.88	1.01	(0.65 -1.56)
Aware of AIDS Deaths	1.00	(0.49 -2.02)	0.84	(0.51 -1.38)	0.49*	(0.33- 0.73)	1.50	(1.00 2.24	1.60	(0.82 -3.10)
Physical Health	1.01	(0.71 -1.44)	1.11	(0.76 -1.62)	1.20	(0.87- 1.67)	1.49	(1.11 1.99	1.04	(0.78 -1.40)
Attitudinal Variables										
Approve of Government's Handling of HIV/AIDS	0.56	(0.31 -1.04)	0.46*	(0.24 -0.88)	0.49*	(0.30- 0.78)	1.30	(0.89 1.90	1.05	(0.67 -1.66)
Approve of Government's Basic Health Care Provision	0.32*	(0.19 -0.55)	0.35*	(0.22 -0.55)	0.49	(0.31- 0.79)	0.52*	(0.36 0.76	1.27	(0.82 -1.99)
Prioritize AIDS	2.27	(0.44 -11.60)	0.29	(0.04 -2.37)	0.47*	(0.31- 0.72)	0.98	(0.65 1.46	1.76	(0.62 -4.94)
More Resources for AIDS	0.71	(0.40 -1.25)	0.79	(0.50 -1.23)	1.17	(0.79- 1.73)	0.82	(0.57 1.19	0.66	(0.42 -1.03)

Citations

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