



Local Perceptions of Resistance to HIV in Southern Zambia and What they Imply for Broad-Based Prevention*

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Resistance to HIV refers to an active response on the part of individuals, households, communities that is aimed at avoiding or minimizing exposure to the virus. To understand resistance to HIV it is necessary to first identify factors and processes that underlie individual susceptibility to HIV infection. Susceptibility is the chance of an individual becoming infected with HIV, which is directly related to her or his chance of exposure, the risk environment they confront, and the riskiness of their behaviors. Strategies that actively bolster resistance should decrease individual susceptibility through such actions as behavior change and/or the modification of environmental risk conditions faced by individuals.

The prevention strategies and programs that are widely promoted in sub-Saharan Africa in large part target HIV awareness and individual behavioral modification—conventionally through the ABC¹ approach to prevention. Yet barriers remain to the successful implementation of such strategies at the individual-level. In order to implement effective policy and program strategies to curb the AIDS epidemic, it is essential that greater attention be given to the reality of what is happening on the ground in terms of risk behavior. Within the economic and social climate, this includes customs and tradition, gender norms of behavior, and levels and types of resource access and control. More focused attention is needed on how people actually behave or perceive the issues of susceptibility, risk, and HIV spread, and what they are doing to avoid infection.

In this paper, we examine individual and community level perceptions of risk and how such perceptions determine the strategies they implement to lower susceptibility and thereby increase resistance to HIV infection in four rural communities in southern Zambia. We identify obstacles as well as factors that enable successful resistance strategies, including structural and environmental determinants. We then examine the actual prevention strategies in place (if any) and any new innovative responses in the four study communities, before concluding with some recommendations on how resistance strategies can be more effectively supported.

Field research was conducted during April and May 2005 using a combination of qualitative and quantitative methods. During in-depth interviews with 60 households, the research team initiated semi-structured discussions about susceptibility to illness and death and factors underlying resistance in the community. Key institutional actors in the region were identified and interviewed about the roles their organizations play in preventing the spread of HIV and mitigating the impact of AIDS.

Key Findings

Qualitative evidence suggests the need to improve and alter the structural and environmental context—both the push and pull factors underlying resistance—such as gendered power relations, bargaining, lack of agency, and social and economic inequality underlying susceptibility in these communities. Several key factors believed by informants to be driving the epidemic and affecting individual and community resistance include mobility associated with trade and migrant labor, the economic dynamics of transactional sex, and alcohol abuse. These different factors interconnect and overlap. Gender differences cross-cut perceptions of risk of HIV infection and application of prevention strategies. For example, across all four communities females were identified most with high-risk behavior such as transactional sex and were also the focus of suggestions for measures to curb high-risk activities. Less attention was paid to affecting change in male

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1. The ABC approach promotes the messages: “Abstain, Be Faithful, and Use Condoms.”

behavior, valued male social traits, or gender norms for acceptable sexual behavior.

In this study we investigated community responses or mobilization to lower risk. We found collective initiatives to bolster resistance to be less common than individual strategies. However, the few group-level responses we observed, all recently initiated and confined mainly to one community, show promise. But the general absence of a strong community response across the study was a discouraging finding. Greater community engagement in prevention efforts to promote resistance to infection is needed.

The reasons why individuals cannot successfully implement the knowledge they have to bolster resistance needs to be taken up at the community-level because many of these reasons are rooted in local customs, group norms, and structural factors.

Implications for Policies and Programs

The prevailing individualized focus on awareness generation and sensitization is not working in this area of Zambia. Individuals do not appear to be modifying sexual behavior simply by acquiring more knowledge about risk factors. We found ample knowledge about transmission of the virus among our informants, but community members themselves doubted whether this knowledge was being successfully applied.

Few prevention strategies deconstruct the barriers to successful implementation by individuals. Inadequate attention is paid to individual agency or the lack of agency as an obstacle to implementing prevention strategies. This is a timely issue with the current international investment to fund prevention efforts from the perspective of individual behavior modification. Resources should be invested in strategies that are effective, culturally appropriate, and sustainable over time- recognizing the long-wave nature of

the AIDS epidemic and reflecting the priorities and needs of the target population.

Better analysis and better action is required. First, epidemiological analyses (that focus on demographic groups and their infections rates) and behavioral analyses (focusing on knowledge acquisition by certain risk categories) need to be linked in with structured analyses of the social and economic ecology of HIV and AIDS. Social cohesion, gender inequity and poverty are all critical aspects of such ecological analyses, but these are rarely undertaken. Second, more integrated approaches to lowering susceptibility and bolstering resistance—that combine HIV awareness and education with strategies addressing structural constraints (e.g. poverty alleviation through income generating project for women and youth)—are needed.

The perceptions and beliefs about resistance in our study communities suggest that both women and men need to be targeted, with male roles in risk behavior and resistance requiring greater attention. Given the social structures in Zambia's Southern province, males have greater individual agency to dictate circumstances of transactional sex and so targeting them with effective strategies is key.

A major challenge concerns how to maximize scale while simultaneously addressing the local drivers of risk in thousands of different communities. The scale of organizational involvement can be achieved through mainstreaming intersectoral approaches within relevant ministries. Greater synergy is needed between front-line officers from health, agriculture, and community development to spread messages of HIV risks, improve agricultural production, and to facilitate the development of community development projects.

About RENEWAL

RENEWAL is a growing regional "network-of-networks" in Sub-Saharan Africa. Currently active in five 'hub' countries (Malawi, Uganda, Zambia, South Africa, and Kenya), RENEWAL comprises national networks of food and nutrition-relevant organizations (public, private, and nongovernmental) together with partners in AIDS and public health. RENEWAL aims to enhance understanding of the worsening interactions between HIV/AIDS and food and nutrition security, and facilitate a comprehensive response to these interactions. Core objectives are (1) to reduce critical gaps in understanding how livelihoods, particularly those deriving from agriculture, (a) contribute to the further spread of HIV (susceptibility), and (b) are affected by HIV and AIDS (vulnerability); (2) to generate new policy-relevant knowledge on how households and communities may strengthen both their resistance to HIV transmission and their resilience to the impacts of AIDS, and (3) to enable relevant institutions (in particular, governments) to generate and to act upon realistic priorities for responding to the interactions of AIDS epidemics with food and nutrition insecurity.

RENEWAL is both a network and a process, with the process of network development being viewed as both a means and an end. The aim is to enhance and sustain impact through pro-actively establishing links between locally-prioritized research, capacity strengthening and policy communications.

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