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## HIV/AIDS, Crime and Security in Southern Africa

Bruno Meini  
*Rutgers University (Newark)*

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**HIV/AIDS, CRIME AND SECURITY IN  
SOUTHERN AFRICA**

**Bruno Meini, Ph.D**

MS Candidate in Criminal Justice - Rutgers University  
(Newark)

**Abstract**

*HIV/AIDS, crime, security and governance are linked issues in the region of Southern Africa. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organisation (WHO), sub-Saharan Africa is home to approximately 10 percent of the world's population and 2/3 of this population is infected with HIV. Within sub-Saharan Africa, Southern Africa remains the world's most affected region: globally, 32% of people with HIV live in this sub-region and 34% of AIDS deaths occur within this region as well. Infection rates in Southern Africa indicate that huge numbers of people will die over the next 10 years, thus affecting the basic functioning of society. The skills and human resources needed for an effective government will become scarce. The HIV/AIDS pandemic has become an issue no less destructive than warfare itself. It is recognised that 'health' is part of the fabric of what constitutes a country's security, not only due to the impact a disease can pose to a state's stability, but also to the state's ability to*

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*maintain internal stability and external security. This situation has called for the attention of the international community to assist Southern African governments, especially during conflict situations and humanitarian emergencies. In addition, selected sections of personal interviews with four South African experts on AIDS-related issues have been included in this manuscript in order to clarify some theoretical aspects.*

**Key Words:**HIV/AIDS ; Crime ; Security ; Southern Africa

### **Introduction**

The main issue addressed in this manuscript is focused in the HIV/AIDS pandemic as a security threat in Southern Africa. The term security has often assumed the meaning of 'national security'. National security can refer to safety, the likelihood of the absence of war, the likelihood of negotiations rather than belligerence, and the preservation of peace as the normal condition for some people within the same society, but not for others (Maxted, 2001). Specific attention is paid to the human security concept, a new concept which appeared in the 1994 Human Development Report, an annual publication of the United Nations Development Program (UNDP), which equates security with people rather than territories, with development rather than weapons (UNAIDS, 2002).

## **Methods**

The study reported here seeks to address the connections between health, crime, security and governance in the Southern Africa region. The study was conducted as a means of raising issues and promoting future research rather than developing conclusive findings. Data were collected through two sources: (1) a review of literature; and (2) personal interviews with four AIDS-related experts. These interviews were part of a series of fifteen face-to-face interviews that were conducted in order to complete my doctoral thesis.

Through the review of the literature, I was able to compile a list of fifteen South African experts on AIDS-related issues. I contacted each respondent by phone and arranged meetings to be conducted in the proximity of the work environment of each of the respondents. Each interview lasted approximately 40-50 minutes. The interviews were structured and guided by the use of an open-ended questionnaire which was the result of an operational formulation of research hypothesis in topics and thematic dimensions.

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### SCHEME

Relationships between AIDS and some forms of deviance:  
topics and thematic dimensions

<b>TOPICS</b>	<b>THEMATIC DIMENSIONS</b>
PROSTITUTES	<i>PHENOMENOLOGICAL OUTLINE</i>  <i>LEGISLATIVE OUTLINE</i>  <i>ORGANIZATIONAL OUTLINE</i>  <i>PERSPECTIVE OUTLINE</i>
RAPE VICTIMS	<i>PHENOMENOLOGICAL OUTLINE</i>  <i>LEGISLATIVE OUTLINE</i>  <i>ORGANIZATIONAL OUTLINE</i>  <i>PERSPECTIVE OUTLINE</i>
AIDS DEVIANT ORPHANS	<i>PHENOMENOLOGICAL OUTLINE</i>  <i>LEGISLATIVE OUTLINE</i>  <i>ORGANIZATIONAL OUTLINE</i>  <i>PERSPECTIVE OUTLINE</i>

In total, the questionnaire consisted of 15 questions. The interviewer read the questions to the respondents and recorded their responses on a tape recorder. The data collected during the interview were qualitatively analysed to extract any specific themes that may have been present among respondents' answers.

### **AIDS orphans threat**

The HIV/AIDS epidemic has modified the demographic structure of Southern Africa (Heuveline, 2004). The most devastating effect of the epidemic has been the creation of a generation of orphans<sup>2</sup> (UNICEF, 2003). At the end of 2003, the AIDS epidemic had left behind approximately fifteen millions of orphans. About 80% of these orphans live in sub-Saharan Africa. This orphan population will increase over the next decade, especially in Southern Africa<sup>3</sup>, as HIV-positive parents will become ill and die from AIDS (although a massive increase in the availability of antiretroviral therapy could decrease the projected figures to some extent) (UNAIDS et al., 2004)

It is likely that one parent with the HIV virus will pass on the virus to the other parent. In turn, the eventual death of both parents due to AIDS within a short span of time is

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<sup>2</sup> UNAIDS defines orphans as children who have lost either one or both parents to AIDS before reaching 18 years of age.

<sup>3</sup> The largest increases will be in countries with the highest HIV rates, such as Botswana, Lesotho and Swaziland, where the national adult prevalence exceeds 30 per cent (Whiteside, 2000).

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also likely. As a result, the number of double orphans; that is, orphans who have lost both parents to AIDS, is expected to increase very rapidly over the coming years (Marais, 2004). Thus, in Southern Africa the traditional support systems are under severe pressure. Many extended-family networks of aunts and uncles; cousins and grandparents; are, or soon will be, impoverished to the point where basic needs go unmet. Moreover, there is the danger that caregivers of orphans themselves will succumb to HIV/AIDS, leaving children to be 'orphaned' more than once. As a result, the number of potential caregivers is steadily contracting (UNAIDS et al., 2004).

In addition, most orphans are forced to leave school because the traditional African safety net – the extended family – will be unable to pay for school tuition fees. These orphans will constitute an “at risk” social group because they will grow up without one or both parents. These orphans might be further traumatised and later on will also become infected with HIV (Swart-Kruger, 1997). According to Superintendent André Neethling, provincial Co-ordinator for the Police Family Violence, Child Abuse and Sexual Offences Unit in Pretoria:

Most of the children with whom we work come from rural areas, only a few come from urban areas. Many choose to move to big cities in order to find a job and thus help the family. But, the absence of

perspectives pushes these minors into prostitution. The extreme poverty and loneliness resulting from the loss of both parents is unbearable. For many minors, commercial sex is the only reliable source of money, while for a minority group of the middle class, it is a source of money useful for buying drugs. A large proportion of these children lack an appropriate education, therefore they aren't really aware of the real risks they face. I think that the HIV infection rate can be as high as 50% in this social group. Unfortunately, not many minors possess knowledge of prevention<sup>4</sup>

With around 5.5 million of the world's HIV-infected people, South Africa is the global epicentre of the AIDS epidemic (Makubalo et al., 2003), but up to now, however, the number of orphans has been increasing quite slowly and from a low base. As a result of this fact, the problem has attracted relatively little public attention. South Africa's epidemic is still in its early stages as compared to other African countries. The levels of orphanhood seen elsewhere

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<sup>4</sup> Opinion recorded during an interview on 7<sup>th</sup> April 2003.



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in Africa have yet to be experienced in this country. In the future, the number of orphans is predicted to peak in 2015 to about 1.85 million children assuming that there will be no interventions to prolong the lives of parents and no changes in preventive behaviour (Johnson, 2001).

### **HIV/AIDS, age and crime**

According to Schönsteich (1999), age and AIDS will be significant contributors to an increase in the rate of crime in South Africa over the next 10 to 20 years. In a decade's time, every fourth South African will be aged between 15 and 24 years of age. It is during this age group where an individual's propensity to commit crime is at its highest level. It has been suggested that "probably the most important single fact about crime is that it is committed mainly by teenagers and young adults" (Smith, 1995). The relationship between age and crime has been the subject of considerable criminological analysis. The age is so fundamental to crime rates that its relationship to offending is usually designated as the 'age-crime curve'. This curve peaks in the late teen years and decreases as age advances. The age-crime curve probably reflects decreasing parental controls, an increase of peer influence during the teen years, and the decrease of family and community controls with age increase (Farrington, 1987).

Conviction, offending and arrest rates show that throughout the world, juveniles tend to commit crime far in

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excess as compared to the general population. That is, teenagers and young adults are more likely to engage in criminal activity as compared to older adults and as compared to children (Schönteich, 2000). According to the 1996 US Department of Justice data, the most prevalent age at which youth were charged for committing a crime was 18. Young people between 15 to 19 years of age are the most likely to be charged and arrested in the US. According to the South African Department of Correctional Services 2001 Annual Report, a total of 26,682 prisoners were between the ages of 14 and 20 years of age (16% of all prisoners); considering that in the 1996 census, 10% of the population was aged between 15 and 19 years, fact that demonstrates that this age group is over-represented in prison. In 1995/1996, the per capita conviction rate of young males between 18 and 20 years guilty of serious violent crime was higher than that of older men and women of all ages. According to the 1999 National Injury Mortality Surveillance System, homicide deaths of both males and females increase sharply among 15 to 19 year olds, and peak among males and females between 25 to 29 years old. For males, homicide deaths begin to consistently decrease with age after the 30th to 34th year of age bracket, whereas for females, it remains high until the 40<sup>th</sup> year (Masuku, 2002). Thus, South Africa risks becoming an AIDS orphan time bomb that could unleash a tidal wave of crime and civil unrest in the near future (Hooper-Box, 2002).

HIV/AIDS will make South Africa poorer at the macro level. At the household level the impact will be even more

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acute due to the fact that, once a breadwinner dies, many children are forced to live on the street. According to reliable estimates, the number of street children in South Africa is increasing. There are already over 10,000 of these children on the streets countrywide. This phenomenon, whilst more noticeable in cities, is by no means limited to urban areas; it is found in virtually all the larger towns. The age of the children varies between 6 and 18 years, with the average age of about 13.5 (Ewing, 2002). Most of these children suffer from an absolute lack of access to health care, shelter and nutrition. In addition, these children often get involved in criminal activities and drug use just to survive. These children are growing up at the margins of society without the normal socially accepted attitudes and behaviour. There is a generational loss of cultural and social identity, knowledge, and education. This loss has serious implications for a possible and future reintegration of these children into society (Ssemakula, 2002).

The burgeoning orphan population is not only traumatised by the loss of parents (whose physical deterioration they may have often witnessed), but also by the deprivation of the necessary control and crucial parental guidance needed through the progressive life-stages of identity, autonomy, and socialization that lead into adulthood. Moreover, most of these children are often compelled to leave school because the traditional African safety net, that is, the extended family, will probably not be able to pay for school fees. In addition, these orphans may

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also have to care for their siblings. This fact may mean that orphaned children constitute a social group of disenfranchised young people that will grow up without a parent or parents and be badly supervised by relatives and welfare organisations. In these pressured circumstances, without adequate parenting, support and opportunity, children are at a high risk of developing antisocial behaviour (Schönteich, 2002). Dr Schönteich, Senior Researcher with the *Institute for Security Studies* in Pretoria said:

In the next 5-10 years many South Africans children will grow up without parental guidance and support because of HIV/AIDS. This situation will fuel the phenomenon of the AIDS deviant orphans, poor and uneducated minors engaged in criminal activities. The main challenge for these children is to be able to get out of a vicious circle, but it is not easy because, on the one hand, the unemployment rate is quite high and, on the other hand, social services are not efficient in South Africa<sup>5</sup>

However, Miss Crewe, head of the Centre for the study of AIDS at the University of Pretoria, questioned these conclusions:

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<sup>5</sup> Opinion recorded during an interview on 18<sup>th</sup> March 2003.

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I don't think that there is a direct relationship between crime and AIDS orphans. In South Africa the high level of crime is a structural problem which is independent from huge number of AIDS orphans. The desperation can push many orphans into the criminal circuits, but it is only one possibility. According to many people, it is necessary to intervene on the AIDS orphans issue in order to stop the increase in the crime rate. But, I am a bit doubtful. There is no available data which can support this belief<sup>6</sup>

### **Theoretical analysis of crime**

The source of the above-mentioned arguments has been provided in the literature. Indeed, these arguments are significant portions of some well established criminological theories. First of all, the theories of social control have been developed which focus on the strategies and techniques that aims to regulate human behaviour and thus, lead to conformity and compliance of the rules of society; they include the influences of family, schools, morals, values, beliefs, etc. Social control theorists are interested in learning

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<sup>6</sup> Opinion recorded during an interview on 1<sup>st</sup> April 2003.

why people conform to norms. They ask why people conform in the face of so much temptation, peer pressure and inducement (Hirshi, 1969). Juvenile and adults conform to the law in response to certain controlling forces which are present in their lives. Thus, these juveniles are more likely to become criminal when the controlling forces in their lives are defective or absent. Social control theorists argue that the more involved and committed a person is to conventional activities and, the greater attachment to others is (such as family and friends), the less likely that a person is to violate the rules of society.

We will focus our attention on some versions of the social control theories: Travis Hirshi's social bond theory, Sykes and Matza's techniques of neutralization and Walter Reckless' containment theory.

Travis Hirshi didn't attempt to explain why individuals engage in criminal acts, but rather why individuals choose to conform to conventional norms. Hirshi focused primarily on the role of social relationships, which he termed social bonds. Hirshi's control theory of delinquency assumes delinquent acts will result when one's bond or connection to society is weak or broken. Hirshi described four social bonds which promote socialization and conformity. These bonds include attachment, commitment, involvement and belief. By *attachment*, Hirshi refers to the extent to which a person is attached to other individuals. As the individual becomes more attached to others, he is far less likely to become delinquent. The primary attachments and interactions are with the parents, closely followed by

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attachments to peers, teachers, religious leaders, and other members of a community. *Commitment* is the rational component in conformity. In general, commitment refers to the fear of law-breaking behaviour. When one considers committing a deviant or criminal act, one must consider the risks of losing the investments in life, property, and reputation one has made in a previous conventional behaviour. The third bond is *involvement*. Hirshi argues that an individual's heavy involvement in conventional activities doesn't leave time to engage in delinquent or criminal acts. He believes that involvement in school, family, recreation, etc., insulates a juvenile from potential delinquent tendency that may be a result of idleness. The final bond is that of *belief* and it refers to the existence of a common value system within the society whose norms are being violated. Hirshi argued that people who live in common social settings share similar human values. If such beliefs are weakened, or absent, one is more likely to engage in antisocial acts (Hirshi, 1969).

Sykes and Matza wanted to build upon Arthur Sutherland's differential theory, which states that an individual learns criminal behaviour through '(a) techniques of committing crimes and (b) motives, drives, rationalizations, and attitudes', which go against law-abiding actions (Sykes, 1957). These techniques are used every day by all of us to minimize our deviance, and are not reserved only for those accused of crime. These techniques reduce the social controls of the delinquent and are also more applicable

to specific juveniles. Sykes and Matza (1957) believe that there was little difference between delinquents and non-delinquents, with delinquents engaging in non-delinquent behaviour most of the time. Sykes and Matza also asserted that most delinquents eventually opt out of the delinquent lifestyle as they grow older, suggesting that there is a basic code of morality in place but that the young are able to deviate by using techniques of neutralization, i.e. if they can temporarily suspend their fidelity to social values by developing attitudes favourable to deviant behaviours. Neutralization is a defence mechanism that releases the delinquent from the constraints associated with moral order of the society and allows the person to rationalize or to justify a criminal act. There are five techniques of neutralization identified by Sykes and Matza (1988):

- ◆ *Denial of responsibility* ('It wasn't my fault'). This is a case in which the person breaking the norm claims that someone else is responsible for breaking the norm, or that the incident was an accident. Often that person sees herself or himself as a victim rather than as a perpetrator
- ◆ *Denial of injury* ('Nobody got hurt'). The delinquent supposes that his/her acts really do not cause any harm, or that the victim can afford the loss or damage
- ◆ *Denial of victim* ('They had it coming'). The delinquent views the act as not being wrong, that the victim deserves the injury, or that there is no real victim
- ◆ *Condemnation of the condemners* ('You have no right to judge me'). In this case, the delinquent claims his/her



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accusers are hypocrites, and have done the same or worse themselves

- ◆ *Appeal to higher loyalties* ('I did it for someone else). In this case, the perpetrator may have just been helping a friend, or might have just been loyal to his or her gang

In brief, we can affirm that Matza and Sykes (1957) based their theory on four basic facts that have been observed in society:

- 1) Many delinquents express guilt over their criminal acts.
- 2) Delinquents often respect law-abiding citizens.
- 3) A line is drawn between those delinquents that they can victimise and those that they can not.
- 4) Delinquents are not immune to the demands of conforming.

Matza (1964) expressed additional thoughts on juvenile delinquency. Matza believed that young individuals fluctuate from one extreme to another in their behaviour also known as *drift*. Drift can be explained as soft determinism, which views criminality as partly chosen and partly determined. The will to commit a crime takes place when any one of these conditions is present: preparation and desperation. Preparation occurs when a criminal act is repeated once the person realizes that the criminal act can be achieved and that is feasible. Desperation activates the will to initially commit a crime as a result of an extraordinary occasion.

Walter C. Reckless explained delinquency as the interplay between two forms of control known as *inner* (internal) and *outer* (external) *containments*. Reckless wanted his theory to explain not only what delinquency means, but also what conformity is. Inner containments, simply put, are 'self' components. These containments include a good self-concept, a strong ego, a well developed conscience, a high sense of responsibility, and a high level of tolerance for frustration. Outer containments refer to one's social environment. These containments include family, belonging (identification with the group), effective supervision, and cohesion among group members (togetherness), opportunities for achievement, reasonable limits and responsibility, alternative ways and means of satisfaction, reinforcement of goals, norm values, and discipline. Reckless suggested that these inner and outer containments help to buffer against one's potential deviation from legal and social norms to insulate a young individual from pressures (i.e., relative deprivation, poverty, unemployment, insecurity, and inequality), pulls (i.e., deviant peers, membership in a deviant/criminal gang, and pornography) and pushes (i.e., restlessness, discontent, rebellion, anxiety, and hostility) of deviant influences (Reckless, 1961).

An overview of the social control theories prove to be useful if we want to provide a reliable sociological explanation of the AIDS deviant orphan phenomenon, which is a recent phenomenon that needs to be studied in depth by sociologists. In fact, the dynamics surrounding children orphaned because of AIDS have been studied mainly by

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psychologists, security analysts and demographers till now. According to these scholars the loss of parents to HIV/AIDS may leave children emotionally and psychologically vulnerable. Most of these orphaned children grow up without adequate parental supervision, guidance and discipline. Crucially, orphaned boys will grow up without a stabilising influence of a father figure and as a consequence they will be at greater risk of developing antisocial behaviour.

According to Pharoah (2004), many of the arguments highlighted about parentless children are openly speculative in nature, are based on limited empirical data and would seem part of a growing body of advocacy-oriented literature aimed at raising awareness of HIV/AIDS as a potentially significant security (as opposed to health) issue. Pharoah has suggested that AIDS orphans may not represent a threat to South Africa's security as some analysts have predicted. While orphaning is on the increase, and will have risen exponentially in most countries by the year 2010, relatively few children would presently seem to be living in situations of extreme vulnerability. Indeed, although increasing numbers of orphans are beginning to place stress on traditional coping mechanisms such as the extended family, they are still remarkably intact. Surprisingly, relatively few children are currently living without some sort of support.

According to the literature, growing numbers of marginalized children may impact on levels of stability and security in Southern Africa in two different ways. First, such children may not only become victims, but also perpetrators

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of crime. Second, these children may provide a steady recruitment pool for individuals and organisations wishing to challenge the existing status quo (Loewenson, 2001). The fear is that the AIDS epidemic, by creating millions of orphans, will exacerbate this phenomenon.

Cheek (2000) argues that orphans who are disconnected from social, economic and political support structure may constitute 'an extra national' population group, who could easily become tools for ethnic warfare, economic exploitation or political opportunism. Cheek gives the example of Sierra Leone's conflict, where those children who had been marginalized by war were recruited into the Revolutionary United Front (RUF) with promises of food, alcohol, drugs, girls, and a sense of belonging to a community. Boys would become 'child soldiers' and girls would become sex slaves to male fighters. Cheek adds that uneducated, malnourished and purposeless children represent a potential army, which if exploited, could effectively destabilise most countries in Southern Africa.

Edwin Sutherland's learning theory can represent a valuable contribution to explain the child soldier's phenomenon. Sutherland asserts that criminal behaviour is learnable and learned through interaction with other deviant persons. Through this association, children not only learn techniques on how to perform certain crimes, but also specific rationale, motives and so on. These associations vary in frequency, duration, etc. The principal part of the learning of criminal behaviour occurs within intimate personal groups. A person becomes delinquent due to an excess of

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definitions (or values) favourable to the violation of the law over definitions (values) unfavourable to the violation of the law. In other words, criminal behaviour emerges when one is exposed to more social signals that favour a criminal conduct over pro-social messages (Sutherland, 1974). According to the *Coalition to Stop the Use of Child Soldiers* (1999), a non-governmental organization, a number of factors have led to a steady increase in the use of child soldiers. First, technological advances have made weapons, especially small arms, light enough for children to carry and use. Falling prices have contributed to the proliferation of these weapons. Second, the longer a war goes on, the more likely children are to be recruited, as the shortage of manpower due to casualties and escalating conflict leads to a search for more recruits.

### **Legal treatment for deviant children**

In South Africa, an established legal treatment for AIDS deviant orphans doesn't exist. In 2002, South Africa adopted the South African Child Justice Bill, which provides for a criminal justice process specific to the needs and the situation of children who are in conflict with the law. The bill is targeted to prevent the AIDS deviant orphan children from being treated in a manner inappropriate to their age. A probation officer must carry out a compulsory assessment immediately after the arrest of a person thought to be a child. Before a preliminary enquiry is held, the probation officer

must in the assessment, determine the probable age of the child and establish the prospects for diversion. Furthermore, where possible, the probation officer formulates recommendations for the release of the child in order to avoid a pre-trial detention. The Child Justice Bill proposes a preliminary inquiry procedure, which should be held after assessment, within 48 hours of arrest and prior to the child's plea. This is a new procedure, supported by most child justice practitioners. The objectives of this procedure are to verify whether the child can be diverted, that is, to provide the prosecutor with an opportunity to establish whether the case should proceed to trial and to determine the release or the placement of a child. The minimum age of prosecution set by the Child Justice Bill is 10 years. This decision has been based on an agreement among the stakeholders as well as on scientific evidence on child development. The UN has criticized countries that fix their minimum age of criminal capacity at less than 10.

The Bill retains and strengthens the common law presumption of incapacity for children under 14, but many South African children do not know their exact age. In this case, the probation officer must make an assessment based on the available evidence, which may include statements from parents and an examination by a medical practitioner. This assessment will prevent indiscriminate prosecution of the child as well as to ensure what the final determination of the child's age is.

The Bill prohibits life-imprisonment for children, as required by international law. Imprisonment for children

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younger than 14 years of age is also prohibited. Prison sentences may only be imposed on children older than 14 years of age that have committed serious offences (i.e., rape or murder). In all other cases the Bill provides for a wide range of diversion options as alternative sentences. Diversion is the practice of referring a child away from formal court procedures, with or without conditions and at any stage in the criminal justice process. The purpose of diversion must be to encourage the child to understand the implications of his or her crime and be accountable for the harm caused. The offender initiates a healing process with the victims and the community at large in order to bring about a change in the behaviour of the minor and thereby prevent re-offending (Republic of South Africa: 2002). Wilna DeBeer, director of Lerato House<sup>7</sup>, has indicated:

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<sup>7</sup> One of the programmes by Pretoria Community Ministries, a faith based, community based organisation working in the inner city of Pretoria, South Africa. Lerato House has been in operation since 1988 due to the rising number of young girls in crisis, living on the street and who are involved in prostitution. The shelter houses girls (aged between 11 and 19) who come from abusive backgrounds. The work of this institution focuses on the holistic approach where emotional and spiritual healing occur. The children and adolescents are stimulated through education and uplifting programmes.

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The Child Justice Bill is a law that promotes a correctional program based on alternatives to imprisonment. This program is motivated by rehabilitative and reintegrative goals. Alternative sanctions have also been lauded for having lower rates of recidivism than traditional prison settings. Many young people in the townships are uneducated and find it extremely difficult to gain access into the job market, and, therefore, resort to criminal activities in order to survive. This situation is one of the worst effects of the policy of the old apartheid's regime. In 1994, the first democratically elected South African government decided to create Juvenile Crime Departments in every South African State Police Unit. It is a first step to combat juvenile delinquency. [...] They must mainly contribute to the spread of critical consciousness on childhood problems<sup>8</sup>

### **AIDS as a security issue**

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<sup>8</sup> Opinion recorded during an interview on 28<sup>th</sup> March 2003.



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HIV/AIDS has been acknowledged as an increasingly significant humanitarian and developmental concern. HIV/AIDS is also seen as a threat with implications for the well-being of individuals, households, communities and states. But, little analysis has been done for the recognition of the HIV/AIDS epidemic as both a cause and consequence of insecurity. Too many African governments still fail to recognize that AIDS is more than a public health issue. AIDS also threatens their government stability and potential security (ICG, 2001). Traditionally, the concept of *security* has been interpreted in militaristic terms as the military defence of the state and as a consequence, HIV/AIDS does not fit into the traditional definition of security (Bedeski, 1999). In fact, state security, in most of Africa, is not only threatened by armed attack by other countries, but also by more insidious measures, many of which derive from the very weakness of the state and its absence of control over its own territory. For many, a disease can also represent a grave security threat – even worse than physical violence (Cilliers, 2004). However, since the end of the Cold War, policy makers and scholars have increasingly begun to think about security as something more than the exclusive military defence of state interests (Pharaoh, 2003).

The emphasis has shifted from state security to “human security”, a new concept which appeared in the 1994 Human Development Report, an annual publication of the United Nations Development Program (UNDP), which

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equates security with people rather than territories, with development rather than weapons (UNAIDS, 2002). “Human security”, the report states, “can be said to have two aspects. First, it means safety from chronic threats such as hunger, disease and repression and second, it means protection from sudden and hurtful disruptions in the patterns of daily life – whether it is at homes, in jobs or in communities” (UNDP, 1994). 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” (Axworthy, 1999). However as Hadingham (2000) 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, undermines 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

To sum up, the UNDP’s Human Development Report (1994) identifies seven specific elements: human security, economic security, food security, health security, environmental security, personal security, community security and political security. HIV/AIDS has a negative

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impact on virtually all of these seven elements in one way or another. Hubert (1999) expands this conceptualisation, stating that:

[...] in essence, human security means safety for people from both violent and non-violent threats. It is a condition of a state of being characterised by freedom from pervasive threats to people's rights, their safety or even their lives [...] It is an alternative way of seeing the world, taking people as its point of reference, rather than focusing exclusively on the security or territory of governments. Like other security concepts – national security, economic security, and food security – it is about protection. Human security entails taking preventative measures to reduce vulnerability and minimise risk, and taking remedial action where prevention fails

### **AIDS and political stability**

In 2000, the Central Intelligence Agency (CIA) compiled a report entitled '*The Global Infectious Disease*

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*Threat and Its Implications for the United States'* (Gordon, 2000). It drew to the attention at the following issues:

- 1) 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 ;
- 2) The relationship between disease and political dimension 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, especially in countries that have achieved a certain extent of democratisation;
- 3) 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 emerging countries are likely to intensify the struggle for political power over the control of scarce state resources. The impact will hamper the development of a civil society, and underpin of democracy, and increase pressure on democratic transitions in sub-Saharan Africa.

In January 2000, the United Nations Security Council debated the impact of AIDS on the 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

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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» (UN Press Release, 2000).

Recognizing for the first time the security implications of HIV/AIDS, the UN Security Council made history in early 2000. By subsequently adopting Resolution 1308 (2000), it highlighted the potential threat that the epidemic poses for international security, particularly in conflict and peacekeeping settings:

[...] the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society [...] the HIV/AIDS pandemic is exacerbated by conditions of violence and instability, which increase the risk of exposure to disease through large movements of people, widespread uncertainty over conditions, and reduced access medical

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care [...] if unchecked, the HIV/AIDS pandemic may pose a risk to stability and security (UN Security Council, 2000)

In 1990, the US CIA Interagency Intelligence Memorandum 91-10005 instructed the agency's analysts to track the dissolution of states all over the world by adding HIV/AIDS as one of the variables that determine which states would self-destruct (Gellman, 2001). Of course, quite a bit has been written on the disease's implications on governance processes, but Willan (2000) is one of the few analysts who attempted to address the potential of HIV/AIDS in undermining democratic governance itself. Willan highlights a few elements of risk that together could breakdown democracy in Southern Africa countries:

- The next generation of political and economic leaders is being wiped out;
- Women are bearing the brunt of the disease – they are the primary caregivers and are subsequently removed from the public sphere, from political participation;
- A magnitude of orphans is a long-term threat to stability and development;
- Family and social structures are breaking down due to their inability to cope;
- Citizen support and participation in democratic governance will wane, as more people develop terminal disease and are removed from the public

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sphere. This fact will also affect civil society's ability to build a sense of national cohesion.

HIV/AIDS has an indirect effect on the stability of the sub-Saharan region. The spread of HIV/AIDS can produce popular resentment towards governments incapable of dealing with health problems adequately. This attitude can fuel social unrest, not just spontaneously, but in some cases, as the result of exploitation by ethnic, cultural, religious or national elites in order to promote their own interests (CBACI and CSIS, 2000). However, HIV/AIDS threatens to block and even reverse democratic development across Southern Africa (Manning, 2002).

Since 1994, South Africa has become one of the largest investors on the African continent. An economic slowdown caused by AIDS in that country might compel the South African government and corporate entities to reduce their respective investments in the region. This situation could slow down the economic growth necessary to sustain democracy in neighbouring countries and may threaten to destabilise security in parts of Africa (Singh, 2004).

The pandemic is likely to devastate large portions of policy-makers, national legislators, local councillors, election officials, soldiers and civil servants. Mattes (2003) points out that besides killing an increasing number of public servants and elected officials, the HIV/AIDS could severely jeopardize the process of political institutionalisation that young democracies need in order to develop a strong and effective

state that enforces a system of rules. The disease will cause a shrinking proportion of competent officials that would have been at their positions long enough to develop the specialised skills, expertise and professionalism needed to do their work. This situation represents a great pressure on the governmental structure which can cause a collapse in the state capacity to respond to social and political issues.

The demand for HIV treatment is certain to exceed its supply in Southern Africa, regardless of the best efforts of regional governments and donor nations. It is obvious that the resources are limited and that the governments will have to take decisions about where, and for whom, to prioritise access to drug therapy. In this situation the governments may have the intention to seriously consider education, employment and high-value skills as criteria of eligibility for anti-retroviral treatment. In doing this, those most capable in contributing to growth and recovery could then be preserved. Furthermore, the expensive investments in education and training could be protected as well (Cheek, 2001). This political decision could fuel class-based conflicts between those with a decent job and those who work in the informal sector or who are unemployed (Mattes, 2003).

Perceptions of ethnic or political criteria for access to anti-retroviral drugs can be a potential source of tension. For example, in South Africa, the highest HIV prevalence rates are located in the province of KwaZulu-Natal, a place with a long history of violent conflicts between Zulu-speaking and Xhosa-speaking people. In the mid-1990s KwaZulu-Natal was destabilised by conflicts between Zulu and Xhosa tribes



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that resulted in thousands killed throughout the province. The Inkatha Freedom Party (IFP) – political voice of the Zulu community – asked the transitional central government for a marked autonomy in the new constitutional text. In case of refusal this party would have threatened the government with the secession of Kwazulu-Natal from South Africa prior to the first democratic and non-racial elections that were held in 1994. If access to HIV treatment is perceived to be restricted along ethnic lines, these latent animosities could erupt. Certainly, if Zulu-speaking people begin succumbing to AIDS in greater numbers than their Xhosa-speaking compatriots due solely to demographic factors without any malicious intent on the part of the government, radical elements in IFP could exploit this situation to promote a separation (Cheek, 2001).

Throughout Southern Africa, access to health care is distributed unevenly between territorial areas and across ethnic lines, often due to economic limitations. However, in the case of Zimbabwe and Namibia, the lack of health care is due to the governments' will to give an advantage to dominant ethnic groups at the expense of minority groups. This inequity correlates directly with access to HIV treatment that has the potential to turn anti-retroviral therapy into a weapon of ethnic division and conflict even in the absence of overt efforts to use it as a tool (Cheek, 2001).

### **HIV/AIDS, the military, war and humanitarian emergencies**

The contribution of war to the spread of HIV in Africa is well documented. Military conflict brings economic and social disruption including the forced movement of millions of refugees and internally displaced people. Military conflict leads to risky behavioural patterns. Mobile military personnel, including peacekeeping forces, are both at risk of infection and transmission because of the age group they employ as well as the circumstances under which they are deployed. Most military personnel are under 24 years of age, are male, and are sexually active as well. These men are deployed for lengthy periods of time away from home, subject to peer pressure and prone to risk taking. As a result, soldiers often look for ways to relieve loneliness, stress and the build-up of sexual tension (Heinecken, 2001). Usually, these men have more income at their disposal than the local population does, which gives them the financial means to purchase sex on an on-going basis. This problem is further exacerbated by the fact that military bases frequently attract large numbers of sex workers. In these situations, aggressiveness can lead military forces to use rape as a weapon of war as well. During times of conflict, rape is abetted by high levels of alcohol and drug abuse by soldiers far removed – both physically and psychologically – from social norms which are commonly accepted (Fleshman, 2001). However, what is less analyzed is the reverse – the

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contribution of HIV to the spread of wars. In the African continent, HIV is creating a fertile environment for conflict. HIV can be considered as an 'accelerant' to the existing social, ethnic and political tensions that have historically led to intrastate and interstate conflict in Africa. HIV facilitates war in three distinct ways:

- a) HIV erodes the social, economic and political fabric of countries, increasing instability and unrest at all levels of society;
- b) HIV generates political constituencies whose demands cannot be met by leadership, thereby fuelling political unrest;
- c) HIV creates a new scarce medical aid of vital importance – i.e. treatment - whose unequal distribution can exacerbate existing ethnic tensions.

Any of three above mentioned factors can push fragile societies into violent disputes. The combination of all three factors occurring simultaneously is an overwhelming burden, which can increase suspicion, resentment and hatred (Cheek, 2001).

The army has a crucial role in guaranteeing state stability. The armed forces constitute one of the social groups most hardly hit by the HIV/AIDS epidemic (Ostergard, 2002). This situation prevents the army from carrying out its tasks fully. As a result, rebels and other opposition groups can take advantage of this situation in order to instigate civil unrest

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and/or topple the ruling élite (Heinecken, 2001). In 1998, UNAIDS pointed out that in peacetime, sexually transmitted diseases (STDs), including HIV/AIDS, increase the infection rates among armed forces are two to five times higher than in comparable civilian populations. In time of conflict, the difference can be 50 times higher or more (UNAIDS, 1998).

The world's leading powers have enormous interests in many regions that are most vulnerable to state failure spurred by pandemic. Since the late 1990s, G8 Summits have given Africa a high priority. At Gleneagles, two years ago, the United Kingdom's presidency identified the global trends influencing Africa's development and proposed effective policies to tackle the continent's problems. The leading powers agreed on a comprehensive plan based on concrete measures to achieve better governance and reduce conflict; new investment in health and education; action on trade, support and significant new financing for business. The most important measures were:

- Extra support for training 20,000 African peace-keeping troops;
- Action to reduce corruption and to improve the effectiveness of public administration;
- Support to the African Peer Mechanism (APRM) to encourage African countries to improve governance;
- Ensure that by 2015, all children will have access to free primary education of good quality and to basic health treatment. In addition, the commitment that every

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country will have the resources necessary to implement sustainable education strategies if they do not have one;

- With the aim of an AIDS-free generation in Africa, to reduce significantly HIV infections and to work with WHO, UNAIDS and other international bodies to develop and implement a package for HIV prevention, treatment, and care in order to get as close as possible to “a universal access to treatment” for all those who need it by 2010;
- Work with African countries to scale up action against malaria to reach 85% of the vulnerable populations with a key intervention that will save 600,000 children’s lives a year by 2015;
- Support increased market access, timetable to end export subsidies, and to increase capacity for trade;
- Confirmed the cancellation of 100% of outstanding debts of eligible Heavily Indebted Poor Countries to International Monetary Fund (IMF), International Development Association (IDA) and African Development Fund (UK Presidency, 2008).

However, the 32<sup>nd</sup> G-8 summit in Russia (2006) hosted by Putin minimized African concerns. Even South Africa’s President Thabo Mbeki argued that the U.S. and other G8 countries have not done much for African problems. The last G8 summit held in Germany (2007) had promised billions of dollars to fight poverty and AIDS in Africa. But, according to DATA (Debt, AIDS, Trade, Africa) only part of those promised dollars were delivered in the past; so, Africans are

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expecting the G8 countries to continue to break their promises again.

The responsibilities of UN peace operations have greatly expanded and have become much more complex since the end of the Cold War, yet the resources allocated and the support necessary to satisfy those responsibilities have not expanded sufficiently. International peace operations have always been challenged by 'failed states' and the aftermath of internal civil wars, and must frequently confront the public security gap that occurs in the immediate post-conflict environment. A 'failed state' is a controversial term intended to mean a weak state in which the central government has little practical control over much of its territory. A state could be said 'to succeed' if it maintains a monopoly on the legitimate use of physical force within its borders. When this is broken (e.g., through the dominant presence of warlords, militias, or terrorism), the very existence of the state becomes dubious, and the state becomes a *failed state*. The term is also used in the sense of a state that has been rendered ineffective and is not able to enforce its laws uniformly because of high crime rates, extreme political corruption, oppressive bureaucracy, judicial ineffectiveness, military interference in state affairs and so on (Thurer, 1999). The States Research Centre defines a 'failed state' as a condition of 'state collapse' – e. g. a state that can no longer perform its basic security, and development functions and that has no effective control over its territory and borders. A failed state is one that no longer reproduces the conditions for its own existence. This term is used in very contradictory

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ways in the policy community (for instance, there is a tendency to label a 'poorly performing' state as 'failed' – a tendency the Crisis States Research Centre rejects). The opposite of a 'failed state' is an 'enduring state' and the absolute dividing line between these two conditions is difficult to ascertain at the margins. Even in a failed state, some elements of the state, such as local state organisation, might continue to exist (Putzel, 2006).

UN peacekeepers (military personnel, civilian police, and military observers) are deployed in conflict areas where civilians rather than paid soldiers are also primarily involved (as victims, refugees, internally displaced populations [IDPs], 'freedom fighters', etc.). The equipment and the preparation of the troops offered by member states are often not adequate to the task. Generally, this is because most peacekeeping troops come from developing countries that do not have professional armed forces (PEP, 2004).

Refugee populations and IDPs – many of which are single women and unaccompanied children – are particularly vulnerable to being pressured into having sex or being raped. In "failed" or "failing states", and in states recovering from conflict, a large number of refugees are in need of food and other basic necessities. Sex in exchange for money or food can therefore become widespread. Women, for example, are six times more likely to contract HIV in a refugee camp as compared to the general outside population (Gardiner, 2001). As with military personnel generally, Africa's peacekeepers face a higher than average risk of exposure to

sexually transmitted diseases, including HIV. Consequently, these forces will likely be less able and less willing to participate in peacekeeping operations (ICG, 2001). On the one hand, policymakers from lower-incidence countries may be against the deployment of their forces in the high-incidence areas, fearing that those troops not only might become infected, but that they might also spread the disease when they return home. On the other hand, there is the risk that infected peacekeeping troops will not be accepted by International Agencies (i.e. United Nations [UN], Organization of African Unity [OAU], etc.) or that the country in need of these troops will refuse to welcome them. Such decisions can prevent a process of stabilization in a conflict area (CBACI and CSIS, 2000).

### **Conclusion**

Southern Africa's capacity to provide care for the orphaned children will determine the long-term social stability of the region. The number of AIDS orphans is expected to rise dramatically over the next decade and represents one of the most tragic long-term consequences of the epidemic. It is an 'issue of great concern' that must be dealt with immediately. Although prevention plans (sexual education, condom distribution, AIDS awareness campaigns etc.) are not able to bring about a short term reduction in the number of orphans, a dramatic effect on the number of orphaned children can be achieved through antiretroviral treatment programmes for all HIV-positive individuals who



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need treatment. Such programmes may succeed in extending the lives of large numbers of parents until their children are self-sufficient. In this context, a new and more inclusive social assistance system based on “child care grants” is of fundamental importance in order to face the problems of youngsters in great distress. Growing up without parents and without the adequate supervision of relatives and welfare institutions, this growing pool of orphans will be at greater than average risk of engaging in criminal activity.

Traditional methods of fighting crime, such as tougher laws, more police officers and more prisons will do little to counter the effects of AIDS. A program of action, which involves not only the three core government departments comprising the criminal justice system (Safety and Security, Justice and Correctional Services), but also departments such as Health, Welfare and Education, is required. Moreover, it is of primary importance to get support of relevant non-governmental organisations and organs of civil society in order to develop appropriate preventive strategies against juvenile crime. Adequately staffed and resourced juvenile detention centres, rehabilitation and diversion programmes for young offenders, and an effective children’s court system should also feature more prominently on the government’s list of priorities (Schönteich, 1999).

Finally, it is crucial that attention is given to better understanding the disease-security nexus and, in particular, it should be used to rework old modes of military thinking.

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**Intelligence agencies must update their threat projection models to incorporate the disease, as HIV/AIDS weakened states and can fuel violence and war. In order to accomplish this task the states will have to focus on social cohesion and readiness of their allied forces by including AIDS prevention programs in military assistance programs. This prevention will strengthen the call for serious action against the menace of AIDS and will favour peace and security (Singer, 2002).**

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