

# **ADOLESCENT, YOUTH AND HIV WEBINAR**

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# OVERVIEW OF HIV IN ZIMBABWE

- Zimbabwe is a landlocked country in the sub-Saharan region of Africa. It is in the SADC region sharing borders with Botswana, Mozambique, Namibia, South Africa and Zambia.
- The Zimbabwean economy leans largely on mining and agriculture, the latter will shall become important as the conversations roll out. The Zimbabwean population stands at about 17 million, according to the past immediate census conducted by the government of Zimbabwe.
- The HIV Prevalence rate in Zimbabwe is at 12.9% which corresponds to approximately  
1 230 000 adults in Zimbabwe living with HIV.
- HIV Prevalence is higher amongst women than men (15.3% vs. 10.2%). The trend continues with generally more new cases of HIV amongst young women than young men, placing the burden of HIV on the shoulders of adolescent girls, young women and women.



# HIV RESPONSE IN ZIMBABWE

- Zimbabwe has one of the world's largest epidemics of HIV, however the country is accelerating action and increasing investment in its HIV Prevention and treatment programmes to reverse the situation.
- In 2000 a taxable income levy was introduced where 3% of taxes would be dedicated to funding HIV prevention and treatment programmes. This levy has helped the country increase its domestic funding of HIV programmes by 40% and it has been generally been documented as a good practice.
- The income has been used towards the Zimbabwean goal to end AIDS by 2030.
- The end AIDS campaign has been a long journey that can most accurately be described as a young toddler learning to walk. Standing up, being hopeful that we are in the right path, tripping and falling and trying to rise up and walk again. Should we stop trying to walk because its difficult?
- We constantly go back to the drawing board to re strategize to replan and tackle challenges as they arise
- More than 90% of the people in Zimbabwe who have tested positive for HIV Aae virally suppressed and to an extent it indicates that we are in the right direction.



# THE YOUNG PERSON LIVING WITH HIV

- The most topical issue in the minds of young people is dating, relationships, desirability to their preferred gender and everything that surrounds it. Now imagine how much more stressful it is for a young person with the same desires and wishes but with a huge social stigma ahead of them.
- Stigma is unfortunately still rife and alive in Zimbabwe, of course there have been improvements as per the targeted hate crimes but stigma is still a problem in Zimbabwe.
- HIV disclosure is still particularly difficult and sensitive, it is still easier to tell those around us that we have diabetes, high blood pressure, heart diseases and so on than it is for us to disclose HIV status.
- As a young person living with HIV society makes it very clear to you that your dating options are limited. The dating pool immediately narrows when you disclose your status.
- Accepting one's status remains the biggest challenge as important as it is, young people tend to remain in a state of denial for extensive periods and this affects their adherence to treatment and therefore their overall health..



# CLIMATE CHANGE AND HIV

- Medical professionals agree that the HIV care package includes a nutritious diet to help the body fight against the immuno-suppressive disease.
- Zimbabwe is largely a farming community that is at the primary and communal stage, most of the rural citizens of Zimbabwe rely on communal farming for food and sustenance,
- The yield and food security in Zimbabwe depends heavily on the weather and climate change has brought about a looming threat to food security and climate adaptation in Zimbabwe has been quite slow.
- Natural disasters have a tendency to further marginalise the already marginalised and one such group are people living with HIV. Drought and starvation as severely affected the diet of PLWHIV and as a result their overall health.
- As if that is not enough the disaster care package in Zimbabwe does not include SRHR services including ART meaning to say service delivery even for those people whose lives actually depend on it may actually be affected.



# INTERGENERATIONAL RELATIONSHIPS: CAN WE END AIDS BY 2030?

- Zimbabwe has an agenda to end AIDS by 2030 and many efforts and resources have been dedicated to that goal.
- HIV prevalence remains higher in females than in males partly owing to the socially endorsed sexual risk behaviours by males in the Zimbabwean patriarchal society. Women remain increasingly vulnerable to HIV as they comprise the greater numerical percentage of key populations particularly sex work.
- Purity culture, child marriages and sugar daddies have a lot in common if it is not the age gap it is the domineering male if it is not that then it is the subjugation and oppression of women.
- Zimbabwe is in the middle of an extremely long economic crisis that has been worsened by natural disasters like flood and drought and the pandemic covid-19.



- Zimbabwe has witnessed a sharp rise in the culture of sugar daddies a situation that can be described as an older wealthier male becoming intimately involved with a much younger female who will in turn receive financial support.
- This one driving factor has been identified and one of the main reasons why ending AIDS by 2030 may prove to be difficult. These relationships help spread HIV from one generation to the other and the patriarchal societies are enabling it.
- Child marriages that are once again intergenerational have a strong power imbalance in terms of the young child being able to argue for safe sex or being able to access services in the event that they are infected.



# LEGISLATURE

- The Zimbabwean government has since been pivotal in endorsing policies that are crafted with the Sexual Reproductive Health Rights of its people in mind.
- Zimbabwe recently repealed the law that criminalises HIV transmission on the 18<sup>th</sup> of March 2022.
- child marriages have also been outlawed and the age of sexual onsent harmonised with the age of consent to marriage.
- In terms of policy making we are making progress but this patriarchal nation of ours might take time to catch up.



# CONCLUSION

- We still have a lot to do as a country in terms of HIV response. It seems as though we have focused so much on the physiological aspects of this disease and forgotten the psychological and emotional needs.
- Zimbabwe still relies heavily on donors for ARVs which is another problem and huge insecurity'
- It is my personal dream to one day be able to walk into a biotech lab, genetics lab, pharmaceutical research lab and so forth... in my country. I would like to see us take matters into our own hands, conduct our own research and experiments regarding HIV.
- THANK YOU