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Articles

Zambian Disability Policy Stakeholder Perspectives on the Ways that International Initiatives Influence Domestic Disability Policies

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Disability has attracted attention in international human rights and development circles and Zambian domestic policy. The purpose of this research was to explore the perceptions of Zambian disability policy stakeholders about the ways that two international initiatives, namely the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Sustainable Development Goals (SDGs), are being reflected in domestic policy. We collected data through semi-structured interviews with 22 policy stakeholders (12 disability advocates and 10 policymakers) and analysed these data using thematic analysis. The UNCRPD was perceived to be progressively integrated into Zambian disability policy although insufficiently implemented while the SDGs have provided rhetorical influence.

1. Background

Disability has become an issue that has attracted attention in international human rights and development circles. This attention is most clearly visible through two developments: the United Nations (2006) Convention for the Rights of Persons with Disabilities (UNCRPD) and the inclusion of disability into the Sustainable Development Goals (SDGs) (United Nations, 2015). While attention in international circles could be important to improve the situation of persons with disabilities, the nation state is the jurisdictional level in which policy is most relevant to people's daily lives.

In Zambia, disability has been an issue of interest for successive governments. The UNCRPD was signed and ratified, respectively, by two Movement for Multiparty Democracy presidents (United Nations Treaty Collection, n.d.). Zambia then created the Persons with Disabilities Act (Zambia, 2012) and the National Policy on Disability (Ministry of Community Development Mother and Child Health (MCDMCH), 2015) through the tenure of two Patriotic Front presidents.

Zambia's development of disability policy – through the Act and the National Policy – has occurred during the same era in which disability has become an issue of international attention. The domestic and international movements are undoubtedly related in some ways, yet there has been little investigation of this relationship. Through an undergraduate thesis project, Zimba (2016) reported on the status of UNCRPD in Zambia by chronicling a number of domestication efforts and by assessing the levels of awareness of the UNCRPD among various constituencies. Zimba (2016) found that among civil servants, disability leaders, and Zambians with disabilities, awareness about the existence of the UNCRPD was high, yet the knowledge of the details of this convention were low. In a civil society funded consultancy, Mtonga, Kalimaposo, and Lungu (2017), examined levels of awareness of the SDGs among Zambian disability leaders and explored the extent to which persons with disabilities had been involved with Zambia's domestication of the SDGs. In this study, it was found that disability leaders were generally aware of the SDGs but felt that they were not included in the process of SDG domestication and evaluation (Mtonga et al., 2017).

Whereas there has been a significant increase in the international attention devoted to disability and the development of Zambian disability policy, there has been only minimal investigation of the ways that these two phenomena are related. In this study, we explore Zambian disability policy stakeholder perspectives of the ways that two major international initiatives – the UNCRPD and the SDGs – have been reflected in the domestic disability policy landscape. The stakeholders consulted for this study were policymakers and disability advocates, offering complementary views of the disability policy landscape.

2. Methods

2.1 Study Design

To conduct this research, we used a qualitative descriptive design (Sandelowski, 2000) and were informed by a constructionist approach (Silverman, 2014) to qualitative research. The study team was led by the first author, a Canadian researcher who was working as a physiotherapist in global health until 2012, at which time he re-focused his energies toward disability research and leadership in Zambia. The first author was supported by collaborating researchers in Canada and Zambia.

2.2 Participants and Recruitment

We interviewed twelve Zambian disability advocates and ten disability policymakers (see Table 1). When referring to the participants collectively, we use the term "disability policy stakeholders." Disability advocates include individuals engaged in disability advocacy activities aimed at influencing national policy processes, either as leaders of disabled persons' organisations (DPOs) or non-governmental organisations (NGOs). Disability advocate recruitment was initiated within the first author's professional contacts, with sampling adjusted dynamically to ensure a diversity of disability experiences among participants and a variety of organisations (e.g., DPOs versus NGOs; pan-disability organisations versus organisations focused on a specific impairment like blindness). He approached potential participants directly by telephone or email. The second group of participants were disability policymakers. These individuals formulate, implement, or evaluate Zambia's governmental policy, from either their roles in government or with influential international organisations. We approached a total of nine government ministries and agencies and international organisations working with disability in Zambia of which eight participated.

Table 1: Participating Disability Policy Stakeholders

Participant characteristic	Disability advocates	Policymakers
Gender		
Women	3	6
Men	9	4
Self-identifies as disabled		
Yes	9	0
No	3	10
Totals	12	10

2.3 Data Collection

The 22 disability policy stakeholders participated in one or two semi-structured interviews of 30-90 minutes duration (25 interviews total). The first author conducted all interviews using a semi-structured interview guide. The interview questions were oriented to the participants' perspectives on the development of national disability policy, informed by their own experiences and observations. The interviews were conducted in English or Zambian sign language with verbal translation, were audio-recorded, transcribed, and initially analysed using an iterative thematic coding strategy (Braun & Clarke, 2014). The results

presented in this paper focus on our analysis of data related to the interaction of international initiatives and the Zambian domestic policy landscape.

2.4 Ethical Considerations

This study was approved by McGill University Institutional Research Board (Protocol reference # A12-B68-17B), the University of Zambia Biomedical Research Ethics Committee (Protocol reference # 011-01-18), and the Zambia National Health Research Authority. All data were anonymised during the transcription process and securely stored on encrypted media.

3. Results

When asked open questions about disability legislation and policy in Zambia in the interviews, nearly all stakeholders spoke of the Persons with Disabilities Act and/or the National Policy on Disability.[1] Nonetheless, stakeholder perspectives were never confined to these policies. Instead, stakeholders would reference these documents in relation to topics such as policy advocacy activities, recent programmatic initiatives, particular sectors, or specific stages of the policy cycle (Jack, 2016). Multiple participants addressed the UNCRPD and the SDGs as part of their narratives, providing multiple perspectives of the ways that these international initiatives were reflected in the Zambian disability policy landscape.

3.1 The UNCRPD and the Zambian Disability Policy Landscape

In stakeholders' frequent references to the Act and the National Policy, these two were often linked together and connected to the UNCRPD. Taken collectively, the participants' perspectives could be summed up as follows: the domestication of the UNCRPD in Zambia has been enacted primarily through a "policy cascade." A visual representation of this cascade is presented in Figure 1 and verbally described as follows: the UNCRPD led to the 2012 update of the Persons with Disabilities Act, which in turn inspired the National Disability Policy.

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[1] The interest of participating disability stakeholders in discussing the act and the policy should not be taken for granted: the interviews were designed to explore Zambian disability policy in general. Prior to beginning the interviews, it was unclear as to whether those disability-specific policies would be of greatest interest as compared to alternatives. Examples of potentially interesting alternatives include disability-relevant policies targeted at specific sectors (e.g., education, health, elections).

Figure 1: A Visual Representation of the "Policy Cascade" Instigated by the UNCRDP
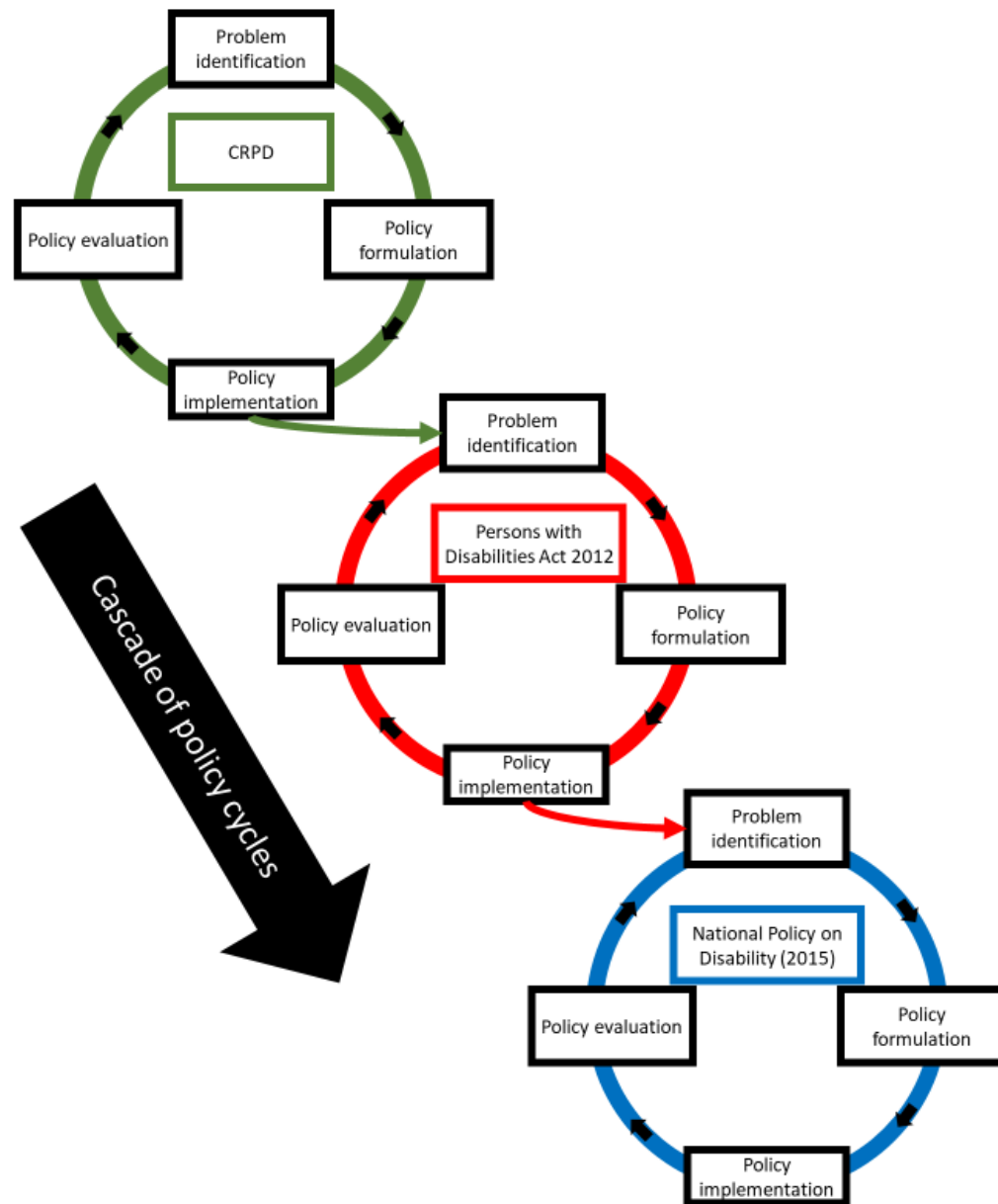
It should be noted that individual stakeholders either described the entire cascade or only presented component parts. For example, according to one disability advocate, the director of a non-governmental organisation:

> Through the government of Zambia; one, we have the actual Disability Policy, which was developed after Zambia ratified and domesticated UNCRPD... So after that, after the domestication, then the Disability Act was also formulated. Through that, of course, as civil

society organisations we know, 'no, this is not enough. We need also to have something, a document, to support our, our rights.' That's how the Disability Policy was also developed.

By contrast, other stakeholders presented sub-components that were still supportive of the linear cascade. One example was provided by a policymaker working in a ministry planning department, "So, what we've done as a country, as Zambia, we've domesticated the UNCRPD, UN Convention of Rights of people with disabilities into the Disability Act Number 6 of 2012." According to another policymaker, working as a desk officer in a ministry:

> As you may be aware, we signed the UNCRPD. Yes. And for us to actually implement that, we need to have some course of action. That's how come that policy was developed, so that it could guide on how best we could mainstream disability in all sectors of government.

While participants generally shared the policymaker's impressions of Zambian disability policy formulation, many were sceptical about the extent to which the policies had been implemented. This position was nearly universal among disability advocates. According to one leader of a national DPO, "there is a Persons of Disabilities Act number 6 of 2012, this is law. That is good. So what the government needs to do is to implement." Another disability advocate, the leader of a different national DPO stated:

> The National Policy on Disability is a very good document, in short. Which once implemented, funds being available, we can go a long way to reach out to everybody. Yes. Now as … as DPOs, we still have a lot of worries, because of the way government is implementing it. We are not seeing serious commitment from government, in terms of resource mobilisation for them to implement the policy effectively.

While policymakers were more guarded in their statements about the lack of implementation, many shared a perspective that was similar to the disability advocates. One ministry employee presented a perspective on implementation together with an explanation of why it has been limited, "there has not been a lot of sensitisation of the policies. The policies are not bad. The laws are not bad. But then persons with disabilities, including line ministries, are not aware of these policies."

From the perspectives of disability policy stakeholders, it is clear that the Act and National Policy are important documents and that the formulation of these documents has occurred in a type of "policy cascade" that was initiated by the UNCRPD. While this policy cascade is important, its implementation remains incomplete, leaving unanswered questions about the relevance of these developments for Zambians with disabilities.

3.2 The SDGs and the Zambian Disability Policy Landscape

Disability policy stakeholders also referred to the SDGs in their accounts of Zambian disability policymaking. Participants who spoke of the SDGs described their domestication into Zambia's overall policy framework through the Seventh National Development Plan (7NDP) (Ministry of National Development Planning, 2017) while identifying in greater detail the attention paid to disability. These perspectives were exemplified by the leader of a disabled persons' organisation, who stated that, "Zambia is claiming to have mainstreamed the SDGs into the Seventh National Development plan, where they are embracing the principle of 'Leaving No One Behind.'" For this disability advocate, the combined influence of the SDGs and the 7NDP on disability issues was rhetorically commendable but with disappointing details: "there is a new volume for the Seventh National Development Plan, so we struggled to find places where disability was mentioned. Yeah, so you find that the disability part is only mentioned under the cluster for vulnerability."

The government of Zambia's embrace of the motto "Leave no one behind", inspired by the SDGs, was widely recognised among participants. Whereas the motto was frequently repeated, it was less common for participants to speak of the details of the SDGs or the 7NDP. The rhetorical and inspirational value of the motto in the absence of policy specifics was exemplified by a disability advocate, working for a non-governmental organisation engaged in a campaign to increase employment among persons with disabilities:

> Interviewer: Was there the goal to use parts of the National Development Plan to influence the campaign or hoping to influence the plan. Like how did that relate?
> Participant: It was really trying to influence the sector and our stakeholders based on the Seventh National Development Plan. Because I think that it is a tool that everybody has read. And I think that it is with the big tagline of "Leave nobody behind."

From this perspective, the motto, which participants alternatively cited in reference to the SDGs or the 7NDP, resonated as a moral foundation upon which to base other claims. For example, one disability advocate spoke about an as-of-yet unimplemented policy to increase the availability of sign language interpreters to support the provision of government services. When asked what information would support the implementation of this policy, the disability advocate replied, "No one should be left behind; all must be taken on board. For instance, in the Sustainable Development Goals, we must be all on the same level. No other group should be uplifted; the other downtrodden. No, we should be equal."

Whereas the pledge to "leave no one behind" was the participants' most frequent reference to the SDGs, there was one participant whose work was more directly informed by some of the 17 goals that comprise the SDGs. This participant was a youth disability advocate who, in explaining the foundations of his domestic partnerships and international financial support, stated that his "project in disability and human rights [was] twinned on the SDGs."

Accordingly, his mobilisation campaign was premised upon "three challenges, in comparing them with the three SDGs, which is 3, 4, and 8, which talk about health, education, and decent work." For this participant, the focus created by the identification of specific development goals was valuable, allowing him to advocate more pointedly for the inclusion of youth with disabilities into Zambia's overall development plans.

4. Discussion

Whereas disability policy stakeholders presented both the UNCRPD and the SDGs as international initiatives that are important to the domestic policy landscape, their influence was presented in very different ways. Study participants presented the UNCRPD as having been formally domesticated through a linear process with updated legislation and new policy. As we presented in Figure 1, if we use the policy cycle (Jack, 2016) as an organising framework, the linear process can be represented visually as a "policy cascade." This description of the UNCRPD, the Act, and the National Policy relating to each other in a linear manner, is more straightforward than the descriptions provided in the National Policy (MCDMCH, 2015)[2] or in Zimba's (2016) study on UNCRPD domestication.

In contrast to the stakeholders' perspectives of a linear process initiated by the UNCRPD, they perceived the SDGs and their domestication through the 7NDP to have few direct effects on Zambian disability policy. Instead, their influence is rhetorical and inspirational, by providing disability advocates with a motto and structures (the 17 goals) that are broadly recognisable to the larger mainstream Zambian population.

In considering the effects of international initiatives on the Zambian disability policy landscape, it is useful to consider how the focus of the UNCRPD differs from that of the SDGs. While the purpose of the UNCRPD is disability-specific, the SDGs are applicable to the population at-large, albeit with a limited number of specific references to disability. The parallel interest of a disability-specific initiative and a disability-inclusive mainstream initiative is representative of the Twin Track Approach (Department for International Development (DFID), 2000). The Twin Track Approach is a way of conceptualising disability policy, programming, and advocacy. According to this approach, one "track" involves the mainstreaming of disability issues into all areas of policy, programming, and advocacy, while a parallel or twin "track" involves disability-specific actions. No participants made an explicit link between the Twin Track Approach and the parallel interest in the UNCRPD and the SDGs. Nonetheless, this concept may serve as a valuable way to consider the UNCRPD and the SDGs as complementary international influences on Zambia's domestic disability policy landscape.

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[2] The UNCRPD is explicitly mentioned in the National Policy on Disability in 1) the Minster's Foreword, 2) the Rationale, 3) Networking and Partnership. The document also references the need for "the country to ratify relevant International Conventions" as part of the Legal Framework (page 27).

5. Conclusion

By exploring the perspectives of Zambian disability policy stakeholders, this study provides useful insight about the ways that policy stakeholders understand the interplay between international and domestic policy initiatives. The study has identified that international initiatives can be reflected onto the domestic disability landscape in ways that are more directly related to domestic policy documents (e.g., the reflection of the UNCRPD) or more rhetorical, inspiration, and broadly-applicable (e.g., the reflection of the SDGs). These findings can guide additional research on Zambia's evolving disability policy landscape.

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Disillusionment and Fear: The Impact of Zambia's Religio-Political Climate on Sexual and Reproductive Health Organisations

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Various trends affect the operations of civil society organisations related to sexual and reproductive healthcare (SRH) in Zambia. Firstly, there is a dramatic unmet need for SRH services, and organisations are scrambling to meet this need in the face of many barriers. This is coinciding with increasing political repression on civil society, especially targeting civil society organisations (CSO) with politically sensitive underpinnings. A Christian demographic and institutional revival is reshaping the social and moral framework of the Republic. This research investigates the context of SRH organisations in Zambia and assesses how organisations related to SRH are impacted by the religious-political environment. Results were found through a literature review and semi-structured interviews in Lusaka, Zambia with stakeholders relevant to this issue. It was found that the work of SRH CSOs is implicitly controlled by both the government and religious institutions through legal and extra-legal measures. As a result of this context, the study found changes in CSO issue focus, CSO relationships and attitudes toward the government, and CSO operational security and sustainability. By controlling public spaces and obstructing freedom of assembly and expression, the state is obstructing the Zambian people's access to healthcare. A key finding is that as undemocratic as the current regime's actions are, more detrimental to the Zambian health sector than government repression may be how CSOs are responding to it. Organisations are responding with disillusionment and aversion to political engagement as a result of shrinking political space, Christianity, and the invasive stigmas of SRH work in Zambia.

1. Introduction

In 1991 President Frederick Chiluba of the Republic of Zambia issued a statement declaring Zambia to be a Christian nation. Over the years, and depending on the ruling President, Christianity has had varying degrees of influence. Today in Zambia, under President Edgar Lungu, the sentiment is especially strong. Scholars have found that the declaration has accelerated a Christian demographic growth, which distinctively corresponds with shrinking political space (Kaunda, 2017, p. 297). Currently in Zambia there is a trend towards political repression, understood as the state restricting the citizenry's ability to participate in politics. More than any other regime, the ruling Patriotic Front (PF) has revived outdated colonial laws to bolster the party and strengthen the state's power to snuff out opposition. While the repression tools have always existed, the PF party has begun to use "neocolonial politics as

seductress and manipulator, operating with a hidden agenda to legitimize (their) political power" (Kaunda, 2017, p. 297). This includes legal and extra-legal measures that limit the freedoms of citizens and civil society organisations (CSOs). Reports indicate this repression is occurring through economic discrimination, social media manipulation, and legal harassment (Chipenzi and Mwape, 2019, p. 3).

Given the religious revitalisation and political crackdown in Zambia, organisations that provide sexual and reproductive healthcare (SRH) are in a particularly vulnerable position. The Christian church is a key political player in Zambia. The 2010 census reported that 95.5 percent of Zambians identify as Christian (Zalumbi, 2012, pp.19-20). Specifically, Pentecostalism is on the rise. Christian values influence the everyday decisions of most Zambians, therefore no policy or decision regarding sexual or reproductive practices exists without considering religion.

In this context, there are several trends affecting the operations of civil society organisations related to SRH care in Zambia. Firstly, there is a dramatic unmet need for SRH services, and organisations are scrambling to meet this need in the face of many barriers. The second trend is that the government is increasingly repressing civil society, especially targeting CSOs with politically sensitive underpinnings. In addition to the shrinking of political space, the third trend is a Christian demographic and institutional revival that is reshaping the social and moral framework of Zambia. As a result of this environment, the study found that SRH organisations are not only changing their attitudes and behaviour towards the government, they are also changing issue focus, activities, and policies by largely avoiding all things controversial and religiously or politically sensitive. Organisations have adjusted their policies to overcome the barriers that the religiopolitical environment has created. Lastly, SRH organisations are perceiving a change in their organisational security and their ability to autonomously operate without fear of forced closure or censorship.

2. Background

2.1 Civil Society Framework

In Zambia, the role of civil society has been continuously and historically restricted (Mumba and Mumba, 2017, pp. 2-55; Dupuy, 2016, pp. 299-241). Civil society can broadly be defined by "the arena, outside of the family, the state, and the market, which is created by individual and collective actions, organizations and institutions to advance shared interests" (Firmin, 2011, p. 8). This arena includes organisations that provide sexual and reproductive healthcare services.

In recent years, civil society has become increasingly policed by the government. The controversial 2009 NGO Act required all non-governmental organisations (NGOs) and CSOs operating in Zambia to register. The law's ability to deregister organisations on a whim undermines CSO's freedom to function. Scholars, including professor of law and

constitutional expert at Cornell Law School Muna Ndulo argue that this anti-NGO legislation violates international human rights commitments, in particular those relating to freedom of association, assembly, and expression (Musila, 2019, pp. 1-22; Ndulo, 2019). Several different laws regulate CSOs, thus the state is able to pick and choose among the provisions it wishes to enforce. Godfrey Musila (2019, p. 20) argues that without explicitly stating it, the predominant objective of anti-NGO legislation is to restrict organisations with "politically sensitive" themes. Sexual and reproductive health CSO's, which by nature foray into the "politically sensitive", are caught in the crossfire of this clash.

2.2 Religious Background

SRH organisations are politically controversial because of the Christian influence in the Zambian government.

Ever since missionaries first arrived in the late nineteenth century, Zambia has been overwhelmingly Christian. Denominations founded by Anglican, Catholic, Baptist, Seventh-Day Adventist missionaries and others make up the local system (Hayes, 2012, pp. 123-39). The 2010 census reported that 75.3 percent of Zambians identify as Protestant and 20.2 percent as Roman Catholic (Zalumbi, 2012, pp. 19-20). Among those with Protestant affiliations, Pentecostals are the largest group (Agha, Hutchison & Kusanthan, 2006, pp. 550-55). Religious affiliation in Zambia affects how individuals engage socially, politically, and economically. The presence and impact of Christianity in Zambia cannot be overlooked.

Christianity has both a negative and positive impact on SHR advocacy, care, and support. The Church as an institution complicates SHR care and advocacy. Sexual and reproductive health discourses – on HIV/AIDs, contraceptives, or abortion, for example – evoke questions on morality, infidelity, and sexual promiscuity; these are issues religious groups often do not identify with. Additionally, due to the stigma surrounding SRH work, churches may fear that their involvement may be seen as an endorsement on promiscuous/immoral behaviour (Adogame, 2007, pp. 475-84). On the other hand, the church has an immensely positive impact on SHR discourse and care in Zambia. Faith-based organisations such as the Church Health Organization of Zambia (CHAZ) have been established to provide SRH care and advocacy. The healthcare endeavours of churches in Zambia have a wide funding network and a national presence. Religious organisations are the main supplement to government efforts to support those in need.[1] The demographic influence, organisational structure, and international scope of Zambian churches make them complicated but key allies in SRH health promotion.

There is a widespread sense that Christianity has contributed to a transformation of Zambia from the top-down and the bottom-up – from both the church as an institution and individual Christians. In 1996, the preamble of the Constitution was amended to say that "the

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[1] Justin Mwiinga, National AID Council, interview by author, July 2019.

Republic [will be] a Christian nation" (Hayes, 2012, pp. 123-39). Pentecostalism is widely perceived as "architect and guardian" of the Declaration, which appears to have played a significant role in the extraordinary demographic expansion in Zambian Christianity (Kaunda, 2017, p. 297). Several scholars have contributed to an ongoing debate on the political and democratic implications of the Pentecostal Declaration (Freston, 2001, p. 160; Hayes, 2012, pp. 123-39; Jenkins, 2011, p. 180). Regardless of the debate, the establishment of Zambia as a Christian Nation has changed the religio-political framework of Zambia which affects CSO's related to SRH at the level of the institution and the individual.

For example, under the guise of the Declaration, the Ministry of National Guidance and Religious Affairs was established. The Ministry of National Guidance and Religious Affairs (MNGRA) was created "to guide all national undertakings in line with Zambia's Christian identity." The Minister, Reverend Godfridah Sumaili says, "The MNGRA had been established among other purposes to facilitate the actualization of the declaration." She said MNGRA will create regulatory policy and legal framework on matters related to Zambia's Christian heritage (Lusaka Times, 2018). The Minister has expressed a desire to "clean-up" the nation, create laws based on the bible, and discipline the wayward like one would "discipline children" (Zambia Talk Radio, 2017). The establishment of the MNGRA is one religio-political change in Zambia.

Organisations and individuals which are not Christian, which fall outside conventional categories, naturally feel threatened by MNGRA (Shimunza, 2018). For example, as reported by the Lusaka Times in 2019, the ministry banned Somizi Buyani Mhlongo, a South African gay television personality, from travelling to and performing in Zambia. Furthermore, the vague criteria the ministry uses to enforce Zambian "values, principles, and ethics" has affected civil society operations. Will the mandate of the bible prevail over the mandate of the law and allow the ministry excessive implicit power?

As proven by MNGRA, while political spaces are shrinking for some in Zambia, Christian institutions have been rewarded a platform in a manner that is inherently exclusive and undemocratic. The MNGRA has become an extension of the state's power to regulate civil society. As this paper will show, MNGRA's impact on sexual and reproductive health in Zambia is one example of how it has become an extension of state control.

2.3 Sexual and Reproductive Health

In Zambia, civil society, the government, and the health sector work together to provide SRH care. However, to promote SRH initiates like condom or other contraceptive use in a Christian nation suggests that the government is condoning promiscuity and immoral behaviour. Thus, a tension arises between the different morals and goals of each actor. With the tension between the Church, the State, and civil society, it is clear why SRH organisations are in a precarious situation. As a result of the conflict between these three sectors, the nation has an unmet need for SRH services. Zambia has high morbidity and mortality,

especially owing to a Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic. According to the 2007 Zambia Demographic and Health Survey, one in seven adults was HIV positive. Despite the prevalence of HIV, condom usage is low, a 1998 study showed that only seventeen percent of women and 24 percent of men had used a condom at last intercourse (Agha, 1998, pp. 32-37). Furthermore, twenty-one percent of currently married women and twenty-five percent of women aged 15-19 have an unmet need for family planning services. The wide-held Christian teaching of abstinence before marriage and faithfulness in marriage has been institutionalised in the Zambian health sector. This is inherently problematic because married people are among the largest population of individuals with HIV/AIDS. Female African theologians have reasoned that because Africa has been overwhelmingly committed to the Christian institution of heterosexual marriage, marriage remains the most dangerous institution for African women in the context of HIV (Bediako, 1995, p. 183). In addition to increased AIDS risk, unmet contraceptive needs result in increased unintended pregnancies which increases the prevalence of unsafe abortion. The top five causes of maternal deaths in Zambia are unsafe abortion, haemorrhage, infection, hypertension, and obstructed labour (Malake, 2018, p. 10). At the national level, unsafe abortion, infant and maternal mortality, and HIV have remained major public health crises, raising a crucial need for SRH services.

There is little to no *legal* restriction for access to SRH services like contraceptives or abortion. Still, unsafe abortion remains a major challenge in Zambia despite a law that is considered liberal. The 1972 Termination of Pregnancy (TOP) Act is the principal legislative act on pregnancy termination. Despite the TOP Act, taboos stemming from religious and political beliefs are a hindrance for organisations navigating the sexual and reproductive health sector, and this negatively impacts Zambian's health. Therefore, many women face logistical, financial, social, and legal restrictions to safe abortion services, and thus resort to unsafe abortion (Parmar, 2017, pp. 236-49). Amid a public health crisis, the barriers for both those seeking SRH services and those providing SRH services are incredibly problematic. There is the possibility that some women may simply be unaware of SRH services in Zambia, which is only exacerbated by the additional religio-political barriers. This article demonstrates that many of these barriers are a result of the religious and political climate in Zambia.

Additionally, international factors are interfering with Zambian SRH organisations' ability to operate. The Mexico City Policy, also known as the Global Gag Rule, forbids the allocation of U.S. assistance (funding, technical assistance, training, or commodities) to foreign NGOs that perform abortions, provide counselling or referral for abortion, or lobby to make abortion available. The Mexico City Policy not only affects abortion services in Zambia, but the reduction in funding forces NGOs to erode other services like family planning service provision and reproductive rights protection (Access Denied, 2003). The loss of American funding has negatively affected Zambian CSO's – in their activities, issue focus, and linkage to foreign CSOs. The Planned Parenthood Association of Zambia (PPAZ) is the leading

non-governmental body providing reproductive health services in the country. In Zambia, PPAZ took the hardest hit – with a 45 percent funding cut.[2] Closed due to the Mexico City Policy, a PPAZ programme in Zambia's Nyangwena health center offered HIV testing in homes, distributed condoms in the community, and gave SRH information to teenagers in schools (Ratcliff, 2019). Organisations are now unable to sustain their public reach, both in terms of promoting family planning options, HIV prevention, and many other SRH services.

Despite the government-private partnership, there is still an unmet need for SRH services and information in Zambia. Organisations are battling harassment, taboos, the anti-choice movement, the cumbersome TOP Act, and international factors like the Mexico City Policy. Furthermore, individuals lack access to legal and medical knowledge due to financial, religious, and political barriers.

3. Methodology

This study aims to better understand the context of sexual and reproductive health (SRH) organisations in Zambia and assess how such organisations related to SRH are impacted by the religious-political environment. Little research has been done on the impact of religion and politics, as one entity, on SRH civil society. This study aims to start a dialogue on these matters with key stakeholders. To gather information on the current status of institutions related to SRH services and advocacy, relevant literature was reviewed and semi-structured interviews with stakeholders were conducted in collaboration with the Southern African Institute for Policy and Research (SAIPAR). A total of 11 key informants were interviewed in Lusaka, Zambia including representatives from Planned Parenthood Association of Zambia (PPAZ), the Centre for Reproductive Health and Education (CHRE), the National AIDS Council (NAC), BBC Media Action, UNICEF, Innovation for Poverty Action, a representative of the University of Zambia, SRH service providers (wishing to remain anonymous) and a leading researcher on MNGRA (also anonymous). These individuals represent a pool of leading healthcare practitioners, organisational executives, journalists, public intellectuals, and civil servants, all of whom have extensive experience and knowledge on topics relating to SRH and/or civil society. This sample of respondents was chosen in an attempt to find actors who represented the healthcare industry, advocacy organisations, media organisations, and research organisations. While some requested to remain anonymous given the sensitive and critical nature of their work/statements, the majority opted to be quoted freely. The interview findings were analysed taking into consideration the numerous perceptions and realities regarding the government, the church, and sexual and SRH organisations.

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[2] Daniel Sambo, Planned Parenthood Association of Zambia, interview by author, June 2019.

4. Findings

As observed through the documented interactions and professed perspectives of interviewed representatives and experts, civil society space is shrinking for SRH organisations in several ways. In response to the suppression, the study found that organisations are changing their relationships and attitudes towards the state and changing their organisational policies. Additionally, there are changes in organisational functioning, survival, and security.

4.1 Fluctuating Relationships/Attitudes Between Church and CSOs

Firstly, civil society organisations are changing their attitudes and relationships with Christian institutions. All respondents acknowledged that they worked tangentially with local churches and faith-based organisations. There was consensus that while church organisations are an omnipresent factor, small-scale religious institutions do not affect the autonomous operations of SRH organisations. Nevertheless, the SRH organisations that reported working most often with churches acknowledged that the relationships require careful and thoughtful navigation but are positive and mutually beneficial. For example, the respondents Justin Mwiinga, the Public Relations Manager and Donor Coordinator, and Rita Kalamatila, the Knowledge Management Coordinator of the National AIDS Council (NAC), a government-funded coalition, reported that they appreciate the churches' advocacy efforts for HIV prevention and nation-wide health interventions. Nevertheless, the NAC felt that they had to "in a subtle way" supplement the church's abstinence-only teachings with additional comprehensive preventive education (condoms, PrEP medication, etc.).[3]

4.2 Indirect Impact of Christian Political Institutions: Stigmatisation

In response to the question, "What is it like operating in a Christian Nation?" most stakeholders did not perceive this as a factor that affected their operations. Organisations generally agreed that the Declaration itself did not restrict them in a legal sense, nor did they have the feeling that the government was able/willing to overstep with implicit power. Given that Zambia is a Christian Nation, some SRH topics (especially regarding abortion services or youth services) are viewed as a sensitive and controversial topic, making stakeholders prefer a holistic reproductive health approach. Stakeholders acknowledged that while Christian influences affected their operations, the Declaration itself was not perceived as a barrier.

Nevertheless, all interviewed respondents professed that prominent Christian morals in Zambia have stigmatised SRH CSOs. There was consensus that individuals – be it service-

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[3] Justin Mwiinga, National AIDS Council, interview by author, July 2019.

providers, parents, patients, teachers, high-ranked cooperate or government officials – often cited their values in instances of refusal of service. For example, according to Project Manager Patricia Sinyangwe from BBC Media Action, one radio programme "*Tikambe Natulande*—Let's Talk About It," was taken off the air because a "conservative high-rank official" in the company felt uncomfortable in the face of community protest.[4] Furthermore, the Centre for Reproductive Health and Education (CHRE) Executive Director Amos Mwale responded that some teachers are known to "just skip that chapter in the book" when it comes to sexual education in schools owing to values or discomfort.[5] PPAZ Director of Programmes Daniel Sambo reported that Christian influence has "infiltrated" some services providers in instances when youth/adolescents seek services. Occasionally, SRH practitioners would harassingly question youth patients.[6] Whether this intolerance stems exclusively from religious values is impossible to purport, but it appears as though Christian traditions have prevented Zambians seeking SRH care to universally receive services in a safe, supportive, and inclusive environment.

4.3 Adjustment of CSO's Policies and Operations

As a result of the changing relationship to political and religious institutions, organisations are changing their policies. Namely, SRH organisations are unanimously pushing "evidence-based" interventions. These evidence-based interventions are supported, or at least tolerated, by the government and church. The Ministry of Health (MoH) and organisations such as Unicef have been involved in improving access to supportive, inclusive, and youth-friendly care.[7] The MoH also leads several Technical Working Groups that consist of various stakeholders and meet quarterly to address the challenges related to SRH health and religion (Malake, 2018, p. 15). In terms of healthcare provision, all interviewees feel as though adjustments in company policy have helped service centres overcome the barriers that religion has created. On the media/advocacy side, actors do not let "fear of backlash" restrict them.[8] Not only is continuing honest, factual advocacy in the face of pushback often company policy for media/advocacy organisations, but the MoH also provides extensive support.[9] Evidence-based interventions are key across all sectors to compensate for religious restrictions. Information dissemination is essential for religious individuals to access safe and proper care. The religio-political climate in Zambia has forced CSOs to change their policies and practices to combat intolerance.

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[4] Patricia Sinyangwe, BBC Media Action, interview by author, July 2019.
[5] Amos Mwale, Centre for Reproductive Health and Education, interview by author, July 2019
[6] Daniel Sambo, Planned Parenthood Association of Zambia, interview by author, June 2019.
[7] Winfred Mutsotso, Unicef Representative, Health and HIV Section, interview by author, July 2019.
[8] Patricia Sinyangwe, BBC Media Action, interview by author, July 2019.
[9] Patricia Sinyangwe, BBC Media Action, interview by author, July 2019.

Most interviewees responded that they have struggled against "individual religious values" since their organisation's inception, most of which were established in the last two decades. Only one stakeholder felt as if this barrier was worse in the current day as compared to ten years ago.[10] Based on these findings, it does not appear as though the Declaration of Zambia as a Christian Nations has in itself (as a legal provision) directly impacted how organisations perceive their ability to operate. Instead, the resulting "Christian demographic boom" (Kaunda, 2017, p. 297), has affected CSOs. Christianity is increasingly institutionalised in Zambia which will continue to create barriers for civil society organisations. In response to the change of the national framework, organisations rework company policies, push evidence-based insertions, and air on the cautious side of holistic reproductive health approaches.

4.4 Fluctuating Relationship/Attitude Between the State and CSOs

Undoubtedly, the government is a key player in the SRH arena, and CSOs attitudes and relationships towards the government are changing as a result of the closing political space. In Zambia CSOs work closely with the government's ministries. The MoH, the Ministry of Education, and the Ministry of Gender and Development are some of the biggest actors in Zambian SRH work. Across the board, all interviewees responded to working closely with the MoH in particular, and to varying degrees with other ministries and government departments. For that reason, having close personal relationships with ministers or permanent secretaries was cited as being highly important for CSO operations. A close connection with the MoH would help save an organisation when it faced any trouble or backlash.[11] Having an ally in the government could get organisations out of tough positions. For example, in 2018 when the MNGRA terminated a NAC radio show on circumcision, the NAC was able to "have negotiations" with the MoH and the MNGRA in order to reinstate the programme.[12] There is agreement among stakeholders that within the national framework, the MoH reigns supreme, and SRH organisations widely have the support of the government.

4.5 Direct Impact: Self-Censorship and Organisational Security

SRH organisations feel as though the government, specifically the MoH, is supportive through funding, partnerships, and provision of care. But there is a catch—organisations that are funded or created by the government enjoy total security. Contrastingly, unaffiliated CSOs – either international or private organisations – are skeptical and cautious of the political system. Therefore, healthcare practitioners without close government alliances

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[10] Amos Mwale, Centre for Reproductive Health and Education, interview by author, July 2019.
[11] Anonymous, SRH Practitioner, interview by author, June 2019. Stakeholder wishes to remain anonymous due to the critical nature of the comment.
[12] Justin Mwiinga, National AIDs Council, interview by author, July 2019.

abide by strict "self-censorship."[13] Notably, organisations closely allied to the government often do not provide abortions services. Independent CSOs are more likely to offer abortion services or other controversial services. Certain such organisations are quick to admit fear of punishment during elections years – afraid of being made into an example for a politician to win votes.[14] Furthermore, during politically tense years, otherwise supportive politicians won't "stick their necks out" to save a so-called controversial organisation. Having close political connections is essential for organisations to survive, but simultaneously, close political connections may limit organisational operations. Civil society organisations are facing changes in their relationships to the government as well as their perceived security. On one level, these bureaucratic checks and balances and the distribution of power across ministries and branches is democratic and helps prevent a government overstep from a single actor. However, healthcare practitioners complain about the pressure of "living in the shadows" of these all-powerful ministries.[15] Stakeholders[16] profess that the work of CSOs is overwhelmingly controlled by the government, albeit the control is generally supportive. Nevertheless, it is problematic for the operational success of CSOs that their legitimacy can be arbitrarily given and taken. Organisation's operational survival depends on the affirmation of the government. There is no protection for CSOs in a system held up by cronyism. While stakeholders acknowledged this, they did not feel compelled to act. The majority of interviewed stakeholders felt no need to change the system – either out of complacency, fear, or trust in their established relationships.

4.6 MNGRA's Effect on CSO's Autonomy, Issue Focus, Survival

This problematic church-government-CSO relationship is hyper-visible in the MNGRA's forays into the SRH sector. All actors expressed they do not work directly with MNGRA, but they interact with the ministry when issues are cross-cutting. CSOs expressed a broad "we avoid you, you can't catch us" tactic when it comes to dealing with MNGRA. Nevertheless, respondents cited several instances in which the MNGRA restricted their operations and issue focus. The newly established ministry was described by stakeholders as "teething" "disjointed" and "conservative." According to representatives of SRH organisations, MNGRA has intervened in instances when organisations were operating legally but supposedly

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[13] Anonymous, SRH Practitioner, interview by author, June 2019. Stakeholder wishes to remain anonymous due to the critical nature of the comment; Patricia Sinyangwe, BBC Media Action, interview by author, July 2019.

[14] Anonymous, SRH Practitioner, interview by author, June 2019. Stakeholder wishes to remain anonymous due to the critical nature of the comment.

[15] Anonymous, SRH Practitioner, interview by author, June 2019. Stakeholder wishes to remain anonymous due to the critical nature of the comment.

[16] Stakeholders representing Innovation for Poverty Action (Research Manager Emma Lambert-Porter and Senior Survey Coordinator Grace Msichili, UNICEF (Winfred Mutsotso, Specialist from Health and HIV Section), PPAZ (Daniel Sambo), CHRE (Amos Mwale), and NAC (Justin Mwiinga and Rita Kalamatila), interviews by author.

"contradicting Zambian values, morals, and ethics" or "encouraging promiscuity" (Malake, 2018, p. 16).[17] Stakeholders across the spectrum wonder how the ministry measures or defines Zambian morality. To some stakeholders, the MNGRA's vague mission suggests that the ministry is weak and ineffective, i.e., not a threat. Others reported an intense fear to remain "morally upright," to avoid confrontations. As one would guess, organisations that feel the most threatened by the MNGRA are organisations with the weakest alliance with the government and most likely to offer taboo care. The MNGRA is affecting organisations' autonomy, issue focus, and attitudes towards the government and Christian institutions.

Furthermore, the MNGRA is unpredictable, and it impacts SRH organisations future survival. SRH stakeholders remark that MNGRA is underfunded, understaffed, and without a clear mandate. Certainly, the MNGRA is not a monolith – it is made up of a variety of public servants from diverse backgrounds. Nevertheless, the Minister herself is notably conservative – anti-gay, anti-abortion, and pro-abstinence (Lusaka Times, 2019). The Minister holds the majority of the power; she holds the power to override the TOP Act and banish an organisation from Zambia for offering abortions. The ministry is a symbol of egregious government power. As observed through professed perceptions, stakeholders were anxious about the future of MNGRA and CSOs security.

4.7 Reactions of SRH Legal Framework

Along such same trends, interviewed stakeholders did acknowledge that the legal SRH framework has some challenges, but most of the respondents feel that there is no need to revise the laws and policies. There was no expressed need to make the TOP Act more liberal – namely no need to remove the clause that three physicians' signatures are required. Furthermore, respondents did not perceive the impending NGO Act revision to be of relevance. There was a widespread feeling that "things just are the way they are." This disillusionment and complacency were observed frequently. Organisations appear complacent not because they are content with the existing system, but because they feel powerless. It was unclear if this aversion to political engagement was a direct result of closing the political space for civil society organisations.

The key informant interviews helped illustrate the current context that SRH organisations are operating in today. In the SRH arena, faith-based organisations, religious institutions (like the Declaration and MNGRA), and governmental ministries are ever-present players. Civil society organisations' work continuously overlaps with the state and the church. Close government alliances are essential to CSO survival but simultaneously limit organisational autonomy. Furthermore, the religious and cultural framework of Zambia makes individual beliefs the largest barrier to universal, safe, and supportive care. Given this

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[17] Justin Mwiinga, National AIDS Council, interview by author, July 2019.

context, the study found that SRH organisations are changing their attitudes and behaviour towards the government – evident in bureaucratic alliances and aversion to political engagement. Additionally, organisations are changing issue focus by retraining practitioners and doubling down on comprehensive reproductive health approaches and strict evidence-based advocacy interventions. Policy changes have helped organisations overcome the barriers that the religio-political environment has created. Lastly, SRH organisations are perceiving a change in their security and their ability to operate without fear of forced closure or censorship.

5. Conclusion and Recommendations

5.1 The Threatening Nature of CSOs' Aversion to the Religio-Political Realm

Under President Lungu, the Christian church has become politically institutionalised which poses a threat to SRH CSOs. The work of CSOs is overwhelmingly controlled by the government and now by religious institutions as well. Civil society ensures that the gains of development are accessible in an equitable manner to all. Most importantly CSOs protect the right of the community to actively engage in development. In today's Zambia, it is incredibly worrisome for CSOs that their legitimacy can be arbitrarily given and taken. Civil society exists to complement and hold the state accountable – not to be a servant to the state. CSOs are not protected in this system, and thus Zambian communities are excluded from contributing to human development. CSOs need legal protection to operate with autonomy and meet the healthcare needs of Zambia.

Global trends of the shrinking of political space are typically described as authorities repressing expression and organisation – this is occurring in Zambia. However, an Action Aid report found a worrisome response to repression is underway in Zambia – CSOs are voluntarily abandoning political spaces, out of fear and disillusionment. Seeing other organisations threatened with suspension or loss of funding, some CSOs confine themselves to "safe service delivery work" (Chipenzi and Mwape, 2019, p. 2). The Action Aid report says, "The actions the government is taking, worrying as they are, may not be as harmful in the long run as how people respond to them."

Through our research, we have established that the apathy and passivity described in these reports is evident in SRH organisations in Zambia. The pattern of confinement to safe service delivery work is evident. Organisations are averse to political engagement as a result of the shrinking political space, the increase of Christian influence, and the invasive stigmas that surround SRH work. Additionally, organisations cautiously avoid taboo and controversial service work. The Declaration of Zambia as a Christian Nation and the establishment of the MNGRA has allowed the church, in addition to the state, to contribute to the shrinking of democratic arenas and to the CSOs' disillusionment and fear. Christian Zambians may be unwittingly contributing to the state's control of civil society. Civil society

organisations and officials are self-enforcing a strict code of "self-censorship," choosing to opt out in the name of organisational survival. Avoidance of "controversial topics" and "careful navigation" will have a negative impact on the health of the Zambian people. Political factors, religious factors, and international factors are all encouraging this disillusionment. CSOs' collective, kneejerk aversion to the religio-political realm is impacting their survival, activities, and issue focus as well as the public health of Zambian communities.

In terms of policy recommendations, CSOs deserve legal protection that ensures autonomy and organisational survival. Namely, the 2009 NGO which violates international human rights commitments, in particular those relating to freedom of association, assembly, and expression should not be tolerated. Uniquely Zambian policy must find a balance that respects the Christian identity while protecting against the non-democratic aspects of Christian institutionalisation. Pathways should remain open for international donors and actors as well as the positive actors like the MoH and the MoE.

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Bill 10, if Enacted, Will Install a Constitutional Dictatorship and Undermine Democracy in Zambia

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Zambia has made several attempts to elaborate a democratic constitution that promotes good governance, inclusiveness, citizen participation, accountability, and the separation of powers between the three arms of government-parliament, the judiciary, and the executive. Success has been elusive largely because the processes used have been inappropriate for consensus building. The latest attempt, the Constitution Amendment Bill No. 10 of 2019, which came out of a ruling party dominated constitutional conference, is presently before parliament. The constitutional conference excluded key stake holders such as the main opposition party and civil society. The paper critically examines the contents of Bill 10 and its constitutionality. It argues that Bill 10 removes parliamentary oversight over the executive and aims to create a constitutional dictatorship. The paper further argues that Bill 10 is unconstitutional as it seeks to alter the basic structure of the 2016 Zambian constitution. The fundamental basic structure of the 2016 constitution is the separation of powers between the three arms of government-parliament, the judiciary, and the executive. The paper argues that while parliament has wide powers to amend the constitution, that power does not include the power to destroy or emasculate the basic structure or fundamental features of the constitution.

1. Introduction

Most independent African constitutions, crafted by departing colonial powers, over-centralised power in the presidency to the detriment of governance and development without adequate checks and balances. With the advent of the world wide movement towards democratisation in Africa and elsewhere, the post-1998 constitution-making processes focus on promoting democratisation and participation in governance, institutionalising accountability, and establishing checks and balances in constitutional arrangements (Hatchard, 2004). This requires devising governmental arrangements that are meant to do away with old colonial undemocratic constitutional practices. Examples of successful constitutional processes include Benin, Namibia, South Africa, and Kenya while Tanzania and Zambia represent failed processes (Miller, 2010). The interrelationship

between good governance and development is widely recognised throughout the world. Without good governance, there can be no meaningful development (Ndulo, 2003).

After several attempts, Zambia has failed to develop a democratic constitution which ensures that its citizens fully participate in the governance of the state and that those in power are accountable to the people that elected them (Ndulo, 2019). This is because the processes adopted to develop a new constitution have been deeply flawed. In all the previous efforts, including the current one, there has been an attempt by the ruling party to manipulate the process and use it to achieve its own goals. The processes have been dominated by the ruling party, lack any philosophical approach to constitution making and are not guided by any constitutional principles. For a constitution-making process to be successful, it must be inclusive. That is, it must be representative of the people of the country, i.e. it must include all stakeholders. In constitution-making undertakings, the process is as important as the substance (Miller, 2010).

In 2019 the Patriotic Front (PF), the ruling party in Zambia, initiated a process to implement major amendments to the 2016 constitution on the pretext of addressing lacunas in the constitution. The process has culminated in the introduction in Parliament of the 2019 Constitution Amendment Bill No. 10 of 2019. The process that led to Bill 10 was deeply flawed. It was unrepresentative and was boycotted by several opposition parties including the main opposition party, United Party for National Development (UPND). In this article, it is argued that Bill 10 is manipulative and attempts to deceive the people of Zambia and create a dictatorship under the guise of constitutional reform. It is a ploy to seek legitimacy for the adoption of radical constitutional reforms aimed at destroying the basic structure of the 2016 Zambian constitution. Bill 10 is designed to remove parliamentary oversight over the presidency and thereby install a constitutional dictatorship. It attempts to manipulate the electoral system to ensure that the ruling party remains in power in perpetuity. Additionally, it is argued that Bill 10 is unconstitutional as it undermines the basic structure of the constitution based on the doctrine of the separations of powers. In a constitutional democracy, parliamentary power to legislate is not unlimited. It is given by the constitution and therefore subject to the constitution and it certainly does not include the power to subvert the constitution.

The article is organised into three sections. The first section examines the role of the constitution in a democratic society. The second section critically examines the proposed amendments and the third section examines the constitutionality of the proposed amendments in the context of the constitutional principle of the basic structure doctrine developed by the Indian Supreme Court and adopted in several other jurisdictions.

2. Constitution and the Rule of Law

The constitution of any state is a body of fundamental principles that constitute the legal basis on which a state is governed. It determines the powers and duties of the government

and guarantees certain rights to the people. It is the highest organising document of the state. It provides the cornerstone and framework upon which the edifice of the state is created. It is the basic law – the *grundnorm* – and as such the source of legitimate conferral of state powers and their exercise. As the Constitutional Court observed in its recent decision involving the Speaker of the National Assembly, all institutions and the high offices created by the constitution are themselves subservient to the constitution. All institutions and governance systems owe their being to the constitution and the powers conferred on them can only be exercised in line with the constitution (Kambwili v. Attorney General, 2019).

The constitution has a basic structure, and the separation of powers doctrine is a fundamental norm of the structure. It should be understood as part of the institutional balance between coordinate branches of government. The constitution is therefore a document of special character – subject only to the ultimate will of the people and not to the whimsical accumulation of powers and privileges of any individual. It is important to emphasise the point that the constitution is supreme over all institutions, including the parliament and the judiciary. That is what is meant by the concept of constitutionalism and the rule of law.

3. What is Wrong with the Proposed Amendments?

The objects of Bill 10 would seem innocuous to an untrained eye. But this is a deeply manipulative document that seeks to establish a constitutional dictatorship in Zambia. This should startle anybody who deeply cares about constitutionalism and democratic governance in Zambia. In this section the paper draws attention to some salient and far-reaching changes inherent in the proposed amendments. It is hoped that the discussion on the amendments will demonstrate that this effort has structure, purpose, and strategy behind it, which is to neutralise all levers of checks and install an unaccountable executive.

3.1 Amendments too Broad

There are numerous amendments – dealing with almost every aspect of state powers and public life in the country. It pertains not only to the principles and values of the Constitution of Zambia, but also deals with the National Assembly including its membership, dissolution, the period of hearing, determination of the hearing of presidential election petitions, creation of office of deputy minister, functions of public protector and banking and the Auditor General. Moreover, there is an omnibus clause which provides for the enactment of legislation and statutory instruments: "for matters connected with, or incidental to, the foregoing." (See paragraph "p" of the AGs proposal attached to the bill as introduced in parliament.)

The proposed amendments are too broad and overreaching. Zambians might as well look for a new constitution instead of these broad sweeping amendments with no direct

gains for democracy. To really have a meaningful deliberation on all these provisions is doubtful, thus it is fair to assume that the government wants to sneak in changes to the constitution without the possibility of thorough examination. This may well explain the conflation of all manner of issues including banking and fiscal policy into this proposed amendment.

3.2 Time and Timing

It is apparent that the time and timing of this amendment is rather suspect. Elections are just around the corner and the attempt to hurry through some fundamental amendments to the electoral process is suspicious to put it mildly. It would seem that the aim is rather parochial. To avoid this possibility, issues that involve qualification and disqualification for participating at any level of the electoral process should not be hurriedly passed as a constitutional amendment.

3.3 Removal of President on Grounds of Incapacity

The instant provision in *Article 107* of the Constitution of Zambia provides that: "107 (1) A Member of Parliament, supported by at least one third of the Members of Parliament, may move a motion for the investigation of the physical or mental capacity of the President to perform executive functions." (Emphasis supplied).

      The proposed amendment says "*Article 107* of the Constitution is amended by the deletion of the words "**physical or mental**" wherever the words appear." (See *Article 31, lines 5-9 of the proposed Amendment,* emphasis supplied). Zambians may well ask: what is the essence of stopping parliament from enquiring into the physical or mental health of the president even if such a president can no longer perform the duties of the high office of the president of Zambia? One thing is clear here, *the present government and her coterie are envisaging a Zambia where even a vegetative president would not and cannot be removed from office since parliament cannot inquire into the health status of such a president.* This applies *mutatis mutandis* to the Vice President as well. This is dangerous for democracy because nobody in the land and no organ of the state can investigate the health of the two principal officers of the state—the president and his or her vice.

3.4 Impeachment of the President/Vice-President

The extant provision in the Constitution of Zambia regarding impeachment of the president is as contained in Article 108. Article 108. (1) provides that "A Member of Parliament, supported by at least one third of the Members of Parliament, may move a motion for the impeachment of the President alleging that the President has committed – (a) a violation of a provision of this Constitution or other law; (b) a crime under international law; or (c) gross

misconduct. (2) The motion, moved in accordance with clause (1), shall specify the particulars of the allegation. (3) Where a motion, moved in accordance with clause (1), is supported, in the National Assembly, by a resolution of two-thirds of the Members of Parliament – (a) the Speaker shall, within forty-eight hours of the adoption of the resolution, inform the Chief Justice of the resolution; and (b) the Chief Justice shall immediately inform the President of the resolution, whereupon the President shall cease to perform the executive functions and the Vice President shall perform the executive functions, except the power to – (i) make an appointment; or (ii) dissolve the National Assembly. (4) The Chief Justice shall, within seven days of being informed of the resolution of the National Assembly, appoint a tribunal, in consultation with the Judicial Service Commission, which shall consist of a chairperson and not less than two other members from among persons who hold, have held or qualify to hold, the office of judge. (5) The tribunal appointed under clause (4) shall, within thirty days of its appointment – (a) investigate the matter relating to the impeachment of the President; and (b) report to the Chief Justice as to whether or not the particulars of the allegations specified in the motion have been substantiated."

Under Article 108 (6), The President has the right to appear and be represented before the tribunal during its investigation. (7) The Chief Justice shall, on receipt of the report referred to in clause (5) (b), immediately submit the report to the <u>National Assembly. (8) Where the tribunal reports that the particulars of an allegation against the President – (a) is not substantiated, the National Assembly shall, on a motion supported by the votes of not less than two-thirds of the Members of Parliament, taken by secret ballot, resolve that – (i) the President did not commit the violations specified in the motion; and (ii) further proceedings shall not be taken with respect to the allegation; or (b) is substantiated, the National Assembly shall, on a motion supported by the votes of not less than two-thirds of the Members of Parliament, taken by secret ballot, resolve that the President has committed the violations specified in the motion and that the President should cease to hold office forthwith. (emphasis supplied). (9) The President shall, on the passing of a resolution in accordance with— (a) clause (7) (a),</u> resume to perform the executive functions; or (b) clause (7) (b), cease to hold office and be amenable to prosecution without the need to lift the immunity under Article 98. (10) Where a motion is moved in accordance with clause (1), the President shall not dissolve Parliament. (11) This Article applies to the Vice-President." (Impeachment of President Constitution of Zambia (Amendment) (No. 2 of 2016 47)).

The provision above by itself is tedious because, it is not easy to muster the number of parliamentarians required to impeach a president, it is therefore generally fair since it provides for many measures to guarantee fairness to any occupant of the office of President or Vice- President. The now proposed amendment seeks to make it impossible to even contemplate impeaching the president or vice president. Hence, it has whittled down the capacity of the constitution to check the powers of the Presidency or seek accountability from any occupier of that high office. Note particularly clause 7, 8(a) and 9 of Article 108 as they are very significant to the proposed amendment.

For the avoidance of doubt the proposed amendments states "Article 108 of the Constitution is amended by the deletion of – (a) clause (8)(a) and the substitution therefor of the following: (a) is not substantiated, the National Assembly shall not take further proceedings in respect of the allegation; or; and (b) by the deletion of clause (9) and the substitution therefor of the following: (9) The President shall, on the passing of the resolution in accordance with – (a) clause (8)(a), resume to perform the executive functions; or (b) clause (8)(b), cease to hold office and be amenable to prosecution without the need to lift the immunity under Article 98. ((emphasis supplied) see Article 32 (paragraph 10-24) of proposed amendment).

What this provision does is to remove the capacity of parliament to vote by secret ballot to resolve whether the findings of a tribunal brought before parliament substantiates the allegations against the president or otherwise. The legislative intention in the existing law is that parliament should have the final say via secret ballot as to whether the findings have made out the allegation or not. To remove this power is to make it possible for findings of a tribunal to have the air of finality. It removes the capacity of the peoples' representative – the parliament to ratify or vary the outcome of such tribunals. I need not say how much this consolidates powers in the hands of the president and also puts pressure on any committee or tribunal that might be asked to investigate allegations of misconduct. Indeed, the president can manipulate, or intimidate both the constitution and findings of such a tribunal. Additionally, the members of parliament would no longer be protected from retaliation as the secret ballot is removed.

3.5 Tenure of Office of Vice-President and Vacancy

The conspiracy inherent in this proposed amendment is further highlighted in the examination of the proposed amendments regarding tenure of office and the vacancy in the office of president and vice-president respectively. Like the *Catiline* Conspiracy, there is an attempt by the ruling oligarchy to steal, expropriate, and personalise the high offices of the President and Vice-President of Zambia.

The existing Constitutional Provision in Article 111 states: "111. (1) The term of office for a Vice-President is five years. (2) A Vice-President shall hold office from the date the Vice-president-elect is sworn into office and ending on the date the next President-elect is sworn into office. (3) A person who has twice held the office of Vice-President shall not be selected as a running mate. (4) The office of Vice-President becomes vacant if the Vice-president – (a) dies; (b) resigns by notice in writing to the President; (c) otherwise ceases to hold office under Article 81,107 or 108; or (d) assumes the office of President. (5) Where a vacancy occurs in the office of Vice-President, except as provided under Article 81, the President shall appoint another person to be Vice-President and the National Assembly shall, by a resolution supported by the votes of not less than two thirds of the Members of Parliament, approve the appointment of that person as Vice-President. (6) The person who assumes office as

Vice-President, in accordance with clause (5), shall serve for the unexpired term of office and be deemed for the purposes of clause (3) – (a) to have served a full term as Vice-President if, at the date on which the Vice-President assumed office, more than three years remain before the date of the next general election; or (b) not to have served a term of office as Vice-President if, at the date on which the Vice-President assumed office, less than three years remain before the date of the next general elections." (emphasis supplied).

The proposed amendment states "Article 111 of the Constitution is amended – (a) by the deletion of clauses (3) and (6); and (b) by the renumbering of clauses (4) and (5) as clauses (3) and (4), respectively" (See Article 33 of proposed Amendment).

Tragically, this proposed amendment seeks to eliminate tenure limits because the person who assumes office as Vice President will no longer be serving the unexpired term of office. Equally, a person who has served twice as Vice-President will no longer be disqualified from serving a third, fourth, fifth, or infinite term as Vice-President. The ramifications of this for multi-party democracy and public accountability are totally unbelievable. Is this in the public interest? Why all these sweeping appropriations and consolidation of powers in the presidency? Zambia aspires to consolidate democracy and not to install a dictatorship.

3.6 Functions of the Vice-President

As provided in Article 112 (1) of the Zambian Constitution, the Vice-President shall be answerable to the President in the Performance of the functions of Vice-President. "(2) The Vice-President shall – (a) perform the functions that are assigned to the Vice-President by the President; (b) perform the executive functions during the periods specified in this Constitution; and (c) assume the office of President as specified in Article 106 (5)." Bill 10 proposes that "The Constitution is amended by deletion of the subheading immediately after Article 112 and the substitution therefor of the following: "Cabinet, Minister, Provincial Minister and Deputy Minister"" (See article 34 – repeal and replacement of Article 112).

In effect, this provision renders the office of the Vice-President powerless and makes the occupant a mere puppet of the president. The Vice-President cannot take steps on behalf of the state or perform the duties of the president even in the president's absence. This can be very dangerous in case of sudden death, impeachment or other human misfortune against the occupant of the office of the president – especially if that person is incapacitated by mental or bodily infirmity to perform the duties of that office. The political uncertainty which this might engender in a complex society like Zambia is unfathomable. Note that Article 106 of the Constitution of Zambia provides that "the term of office for a President is five years which shall run concurrently with the term of Parliament, except that the term of office of President shall expire when the President-elect assumes office in accordance with *Article 105.*"

More so, Article 106(5) provides that "When a vacancy occurs in the office of President, except under *Article 81* – (a) the Vice-President shall immediately assume the

office of President; or (b) if the Vice-President is unable for a reason to assume the office of President, the Speaker shall perform the executive functions, except the power to – (i) make an appointment; or (ii) dissolve the National Assembly; and a presidential election shall be held within sixty days after the occurrence of the vacancy." A careful and combined reading of the juxtaposed provisions directly above reveals the uncanny intentions of the proponents of Bill 10. If this provision goes through successfully what it means is that we would have effectively turned Zambia into a serfdom; the private estate of the president and his coterie of courtiers. It will endanger the peace and prosperity of Zambia.

3.7 Mental and Physical Capacity of Ministers

Article 116 (3) (f) of the Constitution of Zambia is of the intendment that the office of a minister can become vacant by reason of the fact that "the Minister has a mental or physical disability that makes the Minister incapable of performing the functions of that office." Now Article 116 (3) of the Constitution is amended – (a) by the deletion of paragraph (f) and the substitution therefor of the following: (f) the Minister is legally disqualified from performing the functions of that office..."

One is left wondering why the present administration seeks to legislate against health issues which are often beyond human control. If a minister by any stroke of fate loses mental or physical capacity to perform the functions of his/her office, is she/he expected to stay in office in perpetuity to the detriment of the Zambian state? It is beyond telling how the ardor of power and privilege can close the human mind to the fragility, frailty, and decay of human nature with time. This passionate embrace of power is an ill wind and Zambia cannot afford it at this period of her development.

3.8 Appointment of Deputy Ministers

Article 117 is amended to provide for the appointment of Deputy Ministers. The proposed amendment states "The Constitution is amended by the insertion of the following new Article immediately after *Article 117: 117A*. The President may appoint a prescribed number of Deputy Ministers as the President may consider necessary to assist Ministers in the performance of the Ministers functions and to exercise or to perform on behalf of Ministers functions of the Ministers that the President may authorize in that behalf."

Zambia is a poor state, thus the wisdom of enlarging the number of individuals who will be dependent on the state for their daily sustenance is doubtful. Putting it mildly, this seems like an opportunity to create jobs for political disciples who insult critics of the Government. Zambia's limited resources need to be better invested towards the economic and social emancipation of the people. The hazardous health facilities, the poorly funded universities, and schools in general could do better with the resources that would be misdirected towards financing these acolytes of the president.

3.9 Parliamentary Oversight of Public Debt and Creation of Provinces

Bill 10 repeals article 62(2) (d) &(e) of the constitution which states that: (a) the National Assembly shall oversee the performance of executive functions; (b) Public debt before it is contracted; (approve Guarantees on loans contracted by the state institutions or other institutions) (c) Approving International Agreements and Treaties before these are acceded to or ratified. Instead the amendment provides that: "Cabinet shall accede or ratify or withdraw from international agreements and approve loans contracted by the state and guarantees on loans contracted by state institutions." Parliamentary oversight is removed. Given Zambia's debt crisis which is due to irresponsible borrowing, the removal of parliamentary oversight is incomprehensible.

A further proposed amendment which relates to National Assembly oversight, is Article 149 (1) which currently states that the president may, subject to the approval of the National Assembly create or divide a province or merge two or more provinces as prescribed. In the proposed amendment the phrase "subject to the approval of the National Assembly", is removed and the President under Bill 10 will be able to create provinces *without* any parliamentary or other oversight.

3.10 International Agreements

The proposed amendments repeal article 63 (2) (e) which currently gives the National Assembly oversight over approving international agreements and treaties before these are acceded to or ratified. Article 92 (2) (c) explains that the President has the power to negotiate and sign international agreements and the proposed amendment removes the requirement that his or her power be subject to approval by the National Assembly.

3.11 National Assembly Oversight over Appointments Made by the Executive

A proposed amendment of Article 94 of the Constitution also reduces the power of the National Assembly to effectively exercise oversight over appointments or measures taken by the President. The proposed amendments will allow the executive to act without seeking approval of the National Assembly. This is a deliberate attempt to remove parliamentary oversight on this important area. With the amendment, where the National Assembly rejects the appointment for the third time that measure or appointment shall take effect.

3.12 Disciplinary Actions against Judges and the Judiciary

International and regional standards establish that judges may only be dismissed on serious grounds of misconduct or incompetence, in accordance with fair procedures ensuring

objectivity and impartiality set out in the constitution. To ensure the independence of the judiciary, such disciplinary proceedings must be held by an institution independent of the executive. The current Article 143(a) provides that a judge may be removed from office on the following grounds: (a) mental or physical disability that makes the judge incapable of performing judicial functions; (b) incompetence; (c) gross misconduct; or (d) bankruptcy. The amendment Bill replaces "mental or physical disability that makes the judge incapable of performing judicial function", with "legally disqualified from performing judicial function." What does "legally disqualified" in this context mean? The provision is vague. It exists in no other constitution in the world. The vagueness of the provision increases the risk of judges being removed on politically motivated grounds and threatens the rule of law and separation of powers.

This development comes in combination with a proposed amendment to Article 114 transferring the ultimate decision to remove a judge from the judicial Complaints Commission to a Tribunal Appointed by the President (new article 44 (3)). Regarding the Constitutional Court, the amendment removes the positions of the President and Deputy President without clearly specifying where the powers of the two are to rest in their absence. In addition, the requirement of a sitting bench of at least 11 judges on the Supreme Court and constitutional court is replaced with the vague notion of simply requiring "an even number of judges, as prescribed." This opens up an avenue through which the judiciary could be manipulated by the executive. To avoid the possibility of such an outcome, the number of judges in the highest courts should be "rigid" and should not be subject to change except through legislation. This is particularly important as an independent judiciary is indispensable to constitutional democracy.

3.13 Amendments Relating to Elections

Article 81 (3) provides that the President may dissolve parliament if the Executive cannot effectively govern the Republic of Zambia due to the failure of the National Assembly to objectively and reasonably carry out its legislative function. This is a most unusual provision and clearly sends the message that the Executive is superior to Parliament. How can the executive be the determinant as to whether parliament is performing its duties or not? What does "reasonable" in this context mean? This provision erodes the independence of parliament. The only control, in the exercise of this power, by the president is that he or she shall inform the public and refer the matter to the Constitutional Court for review.

In Article 9, Bill 10 provides that the constitution is amended to repeal Article 51 and the substitution thereof of the following: (2) Elections to the National Assembly shall be conducted under a mixed member electoral system as prescribed. This is an attempt to introduce proportional representation. No details are given as to how this complicated system of elections is going to be implemented. Countries that have proportional representation have detailed provisions in the constitution as to how lists of candidates are

to be made and the threshold for getting a seat. Article 9, gives the impression of an inadequately thought out provision.

Bill 10 proposes to amend the constitution by repealing the current Article 68 and the substitution of the following: "subject to Article 47, the election, nomination, qualification and vacation of office of a Member of Parliament shall be as prescribed." These are matters which are so fundamental to constitutional democracy that they should be dealt with in the constitution. The qualifications for election to parliament and the presidency are important constitutional questions. They are never left to parliament to decide. It is quite clear that the intention of Bill 10 is to give the ruling party the power to determine who can stand for President and parliament. By leaving election matters to Parliament, they also seek to redraw the electoral map of Zambia so that constituencies are increased in areas where the ruling party has majority voters, thereby ensuring a permanent majority in parliament. This fits into the overall objective of Bill 10 to constitutionalise dictatorship and ensure the ruling party rule in perpetuity.

A further Amendment in Bill 10 states that "Article 116 (3) is amended so that a Minister will continue to hold office until the next general election." This is clearly a reaction to the Constitutional Court judgment that held that Ministers who continued to hold on to office in the last election, violated the constitution and must pay back all emoluments earned during that period. This is clearly so that Ministers can use government resources to campaign for elections in the 2021 elections.

3.14 Coalition Government

Bill 10 proposes to introduce a coalition form of government to govern the country in situations provided by Bill 10. It provides that: "The candidate with the highest votes cast shall, within fourteen days of the declaration by the Returning Officer of the Presidential election results negotiate and form a coalition government with a presidential candidate that participated in the initial ballot, except that the combined votes of that presidential candidate and the preferred candidate forming the coalition government meet the threshold of more than fifty percent of the valid votes cast." The first observation to be made is that this sort of provision does not exist anywhere else in the world. Presidential candidates stand as individual candidates. Their votes cannot be transferred to another candidate at the behest of another candidate. The provision is ill conceived and is designed to undermine democratic elections. In presidential elections, citizens vote for an individual, not the party. The amendment does not deal with the issue of the Vice President, who under the constitution is a running mate. So, which of the running mates of the two presidential candidates gets to be Vice President?

4. Basic Structure Doctrine and Constitutional Amendments

In conclusion, the paper argues that the proposed amendments are unconstitutional and violate the basic structure of the constitution. Most of the amendments contained in Bill 10 are about removing parliamentary oversight over the executive and subjecting the judiciary to executive control, thereby seeking to alter the basic structure of the 2016 Zambian constitution and completely missing the objectives of the post 1998 constitutional project in Zambia. In addition, the reduction of Parliament's powers goes against Article 27 of the African Charter on Democracy, Elections and Governance which states that "in order to advance political, economic and social governance, state parties shall commit themselves to strengthening the capacity of parliaments and legally recognized political parties to perform their core functions." (2007)

The basic structure doctrine is a constitutional principle developed by the Indian Supreme Court and now followed in many parts of the world. It proceeds on the basis that a constitution has basic features that cannot be altered through amendment by parliament. It was first elaborated in 1964 by Justice J.R. Mudhoikar in his dissent in Sajjan Sigh v. State of Rajasthan (1964). The basic structure of the 2016 Zambian constitution are the following principles: (a) supremacy of parliament; (b) republican and democratic form of government; (c) secular part of the constitution and (d) the separation of powers between the legislature, executive, and the judiciary.

In 1973 the basic structure doctrine triumphed in Justice Han's Khanna's judgment in the landmark case of Kesavananda Bharati v. State of Kerala, (1973) which held: "While Parliament has wide powers to amend the constitution, it did not have the power to destroy or emasculate the basic elements or fundamental features of the constitution." Subsequent cases have upheld the doctrine. See Indira Nehru Ghandi v. Rajnarain (1975). The basic structure doctrine has been adopted in Bangladesh, Anwar Hussain v. Chowdharay (1989). The article will end its discussion with a highly relevant quote from Nelson Mandela (1994) who I believe is the greatest democrat the world has ever seen. He said: "People come and Go. Customs, fashions and preferences change. Yet the web of fundamental rights and justice which a nation proclaims, must not be broken. It is the task of the court to ensure that the values of freedom and equality which underlie the Constitution are nurtured and protected so that they may endure. Constitutionalism means that no office and no institution can be higher that the law. The highest and the most humble in the land all, without exception, owe allegiance to the same document, the same principles. The authority of government comes from the people through the constitution. The people speak through the constitution."

Bill 10 is about reducing parliamentary oversight over the Presidency. It is about rendering the checks and balances and the other branches of government powerless. It is a stealth attempt to privatise the Zambian nation through the office of the Executive. This attempt has no redeeming feature because it is *prima facie mala fides* (in bad faith). The Constitution of Zambia has noted imperfections, but any attempt to amend it, should be in

the overall interest of democracy, justice, peace, accountability, and fundamental freedoms. To tinker it in order to expropriate the state or create a "democratic dictatorship" cannot be in the best interest of our beloved country. "History could not be any clearer: Rights given by fad and fashion are just as easily taken away. The Constitution matters" (Samaan).

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Risk Perception, Behavioural Response to COVID-19, and the Mediating Role of Information Sources in Zambia

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The role of information sources in mediating the relationship between behavioural responses to COVID-19 and its determinants has hardly been studied. This study fills the knowledge gap with a focus on Zambia, a middle-income country. Data was collected using an online questionnaire. The key independent variables were risk perception of COVID-19, risk perception of the health care system (local and global), and risk perception of the big five global health problems (HIV/AIDS, cancer, injury from road traffic accidents, influenza, and diabetes). Risk perception of the health care system was measured by looking at whether or not the respondents trust the World Health Organisation (WHO) and Ministry of Health (MoH) backed COVID-19 vaccines. The three Independent Variables (IV) of risk perception predicted behavioural response as a Dependent Variable (DV). The behavioural response was found as an average of responses on a five-point Likert scale of questions, relating to safety measures taken by respondents against COVID 19. The relationship between IVs and the DV was hypothesised to be mediated by information sources. Information sources were measured by the frequency with which respondents obtained information about COVID-19 from various sources. A statistically significant positive relationship was found between risk perception of the health system and information sources. The same was not true for the other two independent variables. Further, a statistically significant indirect effect was found between risk perception of health systems and behavioural responses (mediated by information sources). Our findings can be used to influence policy, practice, and scholarship on sources of information for COVID-19 and expected behavioural responses. It is recommended that policy on sources of public health information be directed towards enhancing credible sources of information. Future studies must consider using longitudinal data. The big five health risks should include malaria and tuberculosis (TB), making it the big seven. Corruption's role in risk perception of health systems should also be explored.

1. Introduction

The novel coronavirus disease 2019 (COVID-19) was recently categorised as a pandemic by the World Health Organization (Samir et al., 2020). Like many health pandemics, it evolves rapidly with negative repercussions the world over (Betsch et al., 2019a). Particularly,

authorities in many countries need to provide effective responses to the overwhelming burden that COVID-19 places on human life, economic activities, and financial systems. The infectious COVID-19 spreads through person to person contact with infected respiratory fluids and contaminated surfaces, causing respiratory distress and death, in the worst cases (Shabu et al., 2020). The challenge of eliminating the pandemic is exacerbated by the lack of a known cure, amidst inevitable human interaction surrounding regular economic and social activities. This creates a trade-off for experts and authorities alike in attempts to provide information that is reliable and useful for sustainable protection of citizens. On the one hand, authorities need to disseminate information that safeguards human health. On the other, authorities need to provide prudent guidance on appropriate interventions and policies for evading the high risk of infection. Amidst these struggles is a critical element of rapidly adapting informative messages and encouraging widespread behavioural change for assured protection.

The relationship between perceived risks and behavioural responses may be considered when one examines the uptake of available information on deadly pandemics. The rapid adoption of recommended behavioural change is hailed to generate significant survival benefits (Strong & Ansons, 2020). The availability of reliable information sources on evolving pandemics, such as COVID-19, may embody certain attributes that encourage compliance with recommended adaptive behaviour. Evidence suggests that lack of data or information generally drives unpreparedness to contain deadly diseases and discourages positive attributes for change in behaviour (Betsch et al., 2019a; World Economic Forum, 2019; World Health Organisation, 2020). According to the World Health Organisation (2017), a perceived lack of consistency, competence, fairness, objectivity, empathy, or sincerity in crisis response in the public could lead to distrust and fear. On the contrary, when these characteristics are packaged in informational sources and communicated with ease for people to understand, uptake and adaptive behaviour are more effective. Change in widespread behaviour is also likely to be prompt if information sources are specifically designed for specific groups and accessible by the public. Furthermore, information sources with indications of the necessary services that are available during pandemics help people to make informed choices, protect themselves, and comply with recommended practices (Betsch et al., 2019a; Hou et al., 2020; Khosravi, 2020).

Perceptions of the risk of infections often have an influence on the adopted protective behaviours by individuals. However, the perceived risks by people do not necessarily equal the actual risk that people are faced with. Betsch et al., (2019) while citing the example of the 2009-2010 influenza outbreak, note that uncertainty and perceived exaggeration were associated with a reduced likelihood to implement the recommended behaviour. Accordingly, risk communication and crisis models propose that understanding risk perceptions is important for appropriate and effective crisis response (Betsch et al., 2019a; Hou et al., 2020; Khosravi, 2020; Reynolds et al., 2007).

At the global level, the first case of COVID-19 was reported in December 2019 in China (Samir et al., 2020). The virus rapidly spread to nearly all parts of the world in the first quarter of 2020. By 2 June 2020, more than 6.27 million cases were recorded in 188 countries, with 375,000 deaths and more than 2.69 million recoveries (Johns Hopkins University, 2020). The first two cases of COVID-19 in Zambia were reported on national television by the republican President on 18 March 2020. By the end of May 2020, the Ministry of Health reported an accumulated 1,057 cases with 779 recoveries and seven deaths. A pandemic wrecking such havoc requires safety-enhancing behaviour. Equally important is knowing the determinants of such behaviour and any mediators.

1.1 The Overarching Problem

The challenges and uncertainty surrounding the evolution of COVID-19, as well as its impact on livelihoods, cannot be underestimated (Karasneh et al., 2020). The complex interplay of changing epidemiology, media attention, pandemic control measures, risk perception, and public health behaviour makes the situation even more pronounced (Betsch et al., 2019b). Although some risk perceptions and insights on behavioural responses amidst COVID-19 have been established by scholars (Betsch et al., 2019a; Hou et al., 2020; Khosravi, 2020), there is still scope for extensive contextual research. Shabu et al. (2020) studied risk perception and behavioural response to COVID-19 in Iraq, taking interest in academics and the student populace. Hou et al., (2020) also attempted to assess public attention, risk perception, emotion, and behavioural response to the COVID-19 outbreak in real-time using social media surveillance in China. Besides these country studies on COVID-19, the authors of this paper understand that there is no research that avails the link between perceived risk and behavioural response in the African policy context. This is exacerbated by lack of knowledge diffusion and uptake through appropriate informational sources in particular country contexts in Sub-Saharan Africa.

Yet, like Strong and Ansons (2020) observe, the existence of emerging contextual research is critical to the application of behavioural science in responding to the fight against COVID-19. The recognition of social, institutional, and cultural processes should be considered as this significantly influences the way individuals perceive risk, also shaping resultant responsive behaviour. Therefore, this study aims to examine information sources as a mediator in the relationship between risk perceptions and behavioural response to COVID-19. This study is critical because it looks at information sources as a mediating factor in shaping behavioural responses to COVID-19 in the Zambian context. The use of data and responses from the Zambian populace will feed into the existing literature on COVID-19 research in Africa. Further, the study will be useful in informing policy on the way risk perceptions are evaluated by the public. The Zambian government and public health line authorities may use findings from this study to understand how people perceive the risk of

contracting COVID-19, which may eventually mould their behavioural responsive. The findings will further aid policy guidance on establishing whether the current information sources suffice in the fight against COVID-19, the best ways of communicating protective measures, as well as encouraging appropriate behaviour in real-time.

Thus, the study carries academic and policy relevance, adding to scholarly data generation and literature on COVID-19, containing information from a low-cost perspective of preventing COVID-19 in Zambia. This may help in reducing virus transmission, human mortality, and restoring the focus on economic and social sustainability goals in the country and beyond.

The rest of the paper is structured as follows: section two provides a review of extant literature. Section three presents the methodology adopted in the study, while section four discusses the research findings. Section five gives the conclusions of the study and suggests some policy recommendations.

2. Literature Review

2.1 Conceptualisation of Variables in the Study

2.1.1 Conceptualising Risk Perception

Our independent variable is risk perception. At the core of this variable is risk. Risk is a mixture of the magnitude of a distinct hazard and the possibility or frequency of occurrence of that hazard (Marshall, 2020). Therefore, in the context of our study, risk perception is the magnitude and likelihood that a health hazard will occur. This was measured by the respondents' self-reported attitudes (on a five-point Likert scale) towards presented hazards.

Brewer et al. (2004) assert that risk perceptions and subjective appraisals of a situation greatly determine whether recommended protective action is likely to be adopted and when this would occur. Theoretical perspectives and empirical research are increasingly more comprehensive in defining what contributes to risk perceptions, situation awareness, and risk-reduction behaviours during an emerging infectious disease outbreak. According to the Protection Motivation Theory (PMT) (see (Rogers, 1975)), the general public's intention to adopt protective measures is considerably influenced by high levels of perceived risk. The theory postulates that public perception of the intensity and severity of a certain health risk contributes to their risk perception about a disease.

2.1.2 Conceptualising Behavioural Response

The Stimulus-Organism-Response (SOR) model (Zeeland, 2018) provides insights for conceptualising behavioural response. Provided you have a condition (say COVID-19) which in the model is termed a stimulus, your response would be to either approach it or avoid it. Avoiding in this context entails taking measures that reduce or eliminate your exposure to it. Approaching means not taking such measures.

2.1.3 Conceptualising Information Sources

In the last couple of months, official WHO internet sources are reported to have received only a few engagements, while so-called conspiracy theory posts received above 52 million (Mian & Khan, 2020). It is therefore imperative that discussions of sources of information be brought into scholarship and fed into policy. Limaye et al. (2020), do a good job of explaining how social media has now become a trusted source of information about COVID-19 for many. In our study, we consider social media in addition to traditional sources such as websites, workplace updates, Ministry of Health updates and WHO updates. We also consider delivery channels such as print media and digital media. Listening to the radio or watching television are also considered via a battery of questions. Respondents were asked how often they use each of these. Their responses were measured on a Likert scale with 1 being never and 5 being very frequently. A composite variable (Information Sources) is computed as per our methods section.

2.2 Hypotheses and Model Development

HIV/AIDS and motorcycle accidents were, inter alia, found to be big perceived health challenges among the Cameroonian population (Tandi et al., 2018). In this same study, women perceived more health risks than men. Age differences were also noted. Respondents above forty years of age reported lower health risk concerns than those under forty. Tandi et al., (2018) further add that greater confidence was reported in information from health personnel than that from media and other sources.

Other studies have also pointed out several more public health risks such as diabetes, cancer, and influenza (Betsch et al., 2019b; Lee & You, 2020). According to Betsch et al. (2019), the paradox of the relationship between an individual's risk perceptions and their protective behaviour is that it is not firmly correlated with actual risk. They argue that perceived exaggeration and uncertainty, for instance, were linked to the reduced likelihood of an individual implementing recommended behaviours in the 2009/2010 influenza pandemic. If you read in between the lines, communication plays a role in behavioural

responses. There being no identified study in the Zambian and sub-Saharan context, our study adds to the body of knowledge the following hypotheses.

H1: There is a positive relationship between risk perception of the big five health risks and information sources.

People who sense risk are more likely to spend more time looking out for and processing information that might help reduce this risk. Previous studies suggest that media sources can influence risk perception. In a study on the influence of four media sources (newspapers, magazines, books, and television) on risk perception in New York State, Coleman, (1993) found that media sources have a limited influence on both personal and voluntary societal risk. Ford et al., (2007) in their survey of cancer perceptions, found that individuals who perceived their colon cancer risk to be higher than average were also more likely to have sought cancer information. According to Han et al., (2007) the nature of that information plays a role in influencing risk perceptions. The study further showed that the perception of inconsistency in available messages about cancer-risk reduction led to people feeling more at risk and viewing cancer as less preventable.

We grouped the top five global health risks in our adapted questionnaire (Shabu et al., 2020) and termed these risks as the big five (HIV/AIDS, cancer, diabetes, injury from a road traffic accident, and influenza). It is important to note that in the African context, malaria and tuberculosis would be candidates for the big five, making it the big seven. However, we do not consider them here in order to maintain comparability with studies in other parts of the world.

Effective and proper risk communication is critical in influencing positive behavioural response in a pandemic (Wong & Sam, 2011), such as the COVID-19 crisis (Abrams & Greenhawt, 2020). Unfortunately, such effectiveness may be a challenge with so many sources of information available. Studies show mixed results around information sources and COVID-19 risk perceptions. Higher social media is linked to higher risk perception of COVID-19 in Vietnam – China's neighbour (Luu & Huynh, 2020). However, informal sources of information coupled with culture are purported to be sources of lower COVID-19 risk perception in the context of Chinese students in Australia (Ma et al., 2020). Wong and Sam (2011) find a positive correlation between the amount of information received and knowledge as well as other behavioural responses in the context of an H1N1 pandemic in Malaysia. It is, therefore, proposed that:

H2: There is a positive relationship between risk perception of COVID-19 and information sources.

Trust and confidence models suggest that trust is important in shaping risk perceptions and managing risk (Siegrist et al., 2003). Hearing, interpreting, and responding to public health messages during a pandemic is highly dependent on the trust that the public has in the source of the information. However, public outcry about confidence in health systems and vaccinations has been around for years. Occasional concerns about the safety of a COVID-19 vaccine and trust in health systems (WHO and the local Ministry of Health (MoH)) simply add to those challenges. However, in a study on COVID-19 perceptions in Egypt, 73% of respondents expressed willingness to take a vaccine once it is available (Samir et al., 2020). It is not clear how risk perceptions of the health system are associated with information sources in the Zambian context. Consequently, this study postulates as follows:

> *H3: There is a relationship between risk perceptions of health systems (WHO and MoH) and information sources.*

The study of media's effect on various aspects of human behaviour is a subject of many scholarly works (Karasneh et al., 2020; Ma et al., 2020). Media is key in shaping COVID-19 preventive behaviours (Karasneh et al., 2020). The internet, social media, friends, and family are some of the health information sources influencing risk perception and hence behavioural responses (Lindell & Hwang, 2008; Ma et al., 2020; Scherer & Cho, 2003). Formal sources of information were also found to be positively related to the adoption of health-protective behaviours in Cowling et al. (2010). Several other studies concentrate on aspects of the relationship between information sources and safety behavioural responses (J. W. Burns et al., 1993; Chung, 2011; Jones & Salathe, 2009; Kasperson & Kasperson, 1996; Renn & Levine, 1991; Weerd et al., 2011). While these studies provide insight into the that role information sources play in influencing behavioural responses, they do not do so for the context of Zambia or even Africa generally. Therefore, our study proposes that:

> *H4: Access to sources of information has a relationship with behavioural responses to COVID-19.*

An individual's protective behaviour is influenced by their risk perceptions (Betsch et al., 2019b). This is echoed by Marshall (2020), who states that "risk perception influences safety behaviour." The study of behavioural responses to COVID-19 is gaining increasing attention among scholars. However, there is still much to be done in the context of parts of the world other than Asia. Many of the recent studies including Lee and You (2020) and Shabu et al (2020), have been in the context of Asia or the Middle East. To keep up to pace, our study covers Zambia, a middle-income country in sub-Sahara Africa. Being a relatively new study area, we adopted our research instrument from Shabu et al., (2020).

H5: Risk perception has an effect on behavioural responses to COVID-19 via sources of information.

H5a: Risk perception (COVID-19) has an effect on behavioural responses to COVID-19 via sources of information.

H5b: Risk perception (Health System) has an effect on behavioural responses to COVID-19 via sources of information.

H5c: Risk perception (Big five) affects behavioural responses to COVID-19 via sources of information.

Figure 1 summarises the conceptual model for our study.

Figure 1: Conceptualisation of the Model in the Study
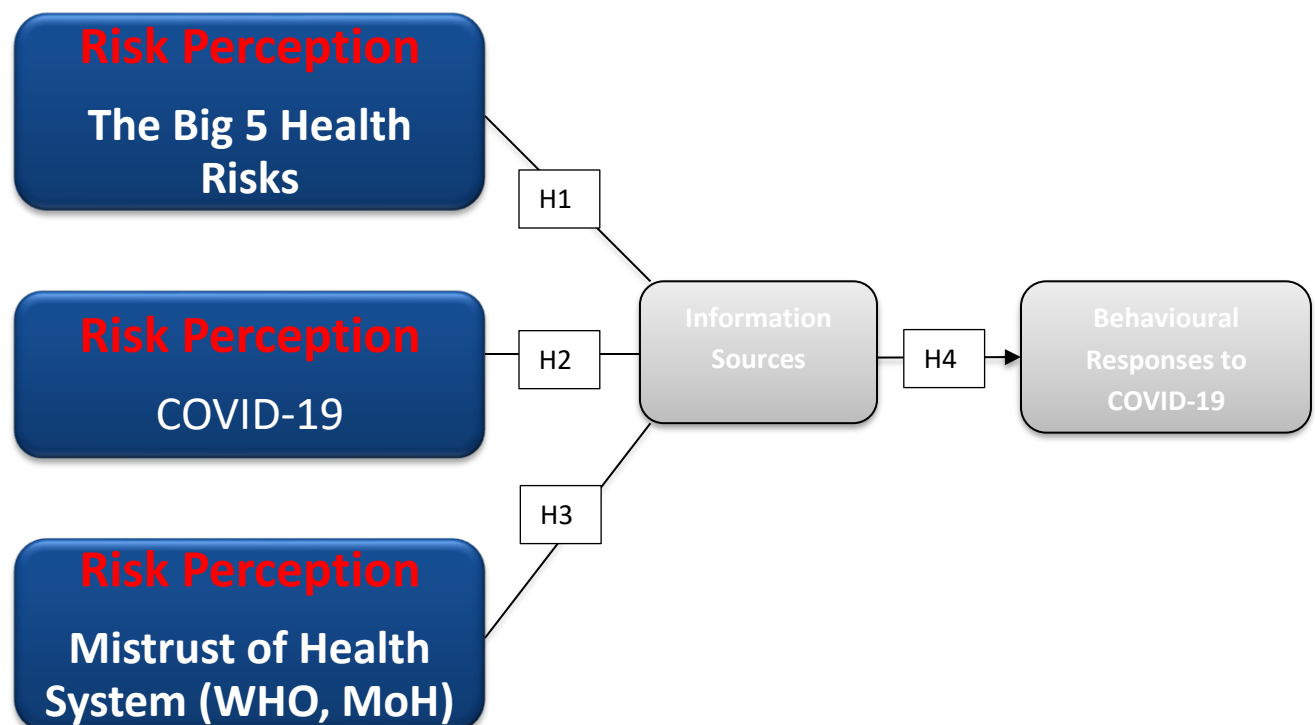
Source: Authors (2020)

For an explanation of the model, see Table 1.

Table 1: Variables in the Conceptual Model

Independent variable	Mediator	Dependent variable
Risk Perception – The Big 5 Health Risks Risk Perception – COVID-19 Risk Perception – WHO & MoH	Information Sources	Behavioural Responses

Source: Authors (2020)

3. Methods

This research followed a quantitative approach (Okello & Ntayi, 2019). An online questionnaire was randomly distributed to respondents via social media. This was done in line with extant literature on COVID-19 risk perceptions (Karasneh et al., 2020; Shabu et al., 2020). Questions regarding risk perceptions, information sources, and behavioural responses were measured on a five-point Likert scale; one of the most popular graded response items data collection instruments (Lorenzo-Seva & Ferrando, 2014). The behavioural response was found as an average of responses on a five-point Likert scale of fifteen questions relating to safety measures taken by respondents against COVID-19. Examples of questions included: I wear gloves when I am out and I wear a mask when I go out. Respondents had to choose whether they never, seldom, sometimes, often or always do so. Information sources were measured by how frequently respondents use each of the nine information sources as detailed in Section 2.1.3. Cronbach's alpha of 0.841 and 0.7 were found for behavioural response and information sources constructs respectively; suggesting reliability of the scales.

Control variables identified from extant literature (Karasneh et al., 2020) were measured through questions asking for age, gender, number of physical contacts a respondent had in the last 24 hours, and a respondent's household size. Age was measured as a continuous variable, gender as a categorical variable (0 for male and 1 for female) and the other two control variables were measured using categories as shown in Table 3. Of all respondents targeted, 182 filled in the questionnaire. This should be sufficient for a margin of error (Kim & Bang, 2016) of not more than 7% using the Raosoft sample size calculator (Burns et al., 2019).

The sample profile of respondents is shown in Table 2. Among the respondents, 42.3% were female. Over 80% of the respondents reported having made physical contact with 1 to 10 people outside their home. Close to 99% of the respondents reported being in a home of one to six people. The age range 21 to 30 years had the most respondents (57.1%). This suggests that most social media users (who were our target population) are in this age range.

Table 2: Sample Profile

		Frequency	Per cent	Cumulative Percent
Gender	Male	105	57.7	57.7
	Female	77	42.3	100.0
	Total	182	100.0	
Age	15 to 20 years	16	8.8	8.8
	21 to 30 years	104	57.1	65.9
	31 to 40 years	43	23.6	89.6
	41 to 50 years	13	7.1	96.7
	Above 50 years	6	3.3	100.0
	Total	182	100.0	
Physical contacts outside home in the last 24 hours	Zero	50	27.5	27.5
	1-5	51	28.0	55.5
	6-10	46	25.3	80.8
	11-20	15	8.2	89.0
	21-50	14	7.7	96.7
	51-100	4	2.2	98.9
	>100	2	1.1	100.0
	Total	182	100.0	
Household Size	One	12	6.6	6.6
	2-5	97	53.3	59.9
	6-10	70	38.5	98.4
	>10	3	1.6	100.0
	Total	182	100.0	

Source: Authors (2020)

For comparison purposes, the research instrument was adapted from prior research (Shabu et al., 2020). A battery of questions was presented to the respondents. Principal component analysis was used to reduce the components. Using varimax rotation, three components with factor loadings as per Table 3 were evident.

Table 3: Principal Component Analysis

	Component		
	1	*2*	*3*
How much of a threat is HIV/AIDS?	.809	.053	.181
How much of a threat is cancer?	.758	-.009	.165
Risk of unintentional injury from a road traffic accident is...	.739	.020	.160

Diabetes threat levels are?	**.716**	.141	.241
How much of a threat is influenza?	**.595**	-.025	-.044
How much trust would you have in WHO COVID-19 interventions?	.055	**.789**	.095
How much trust would you have in a COVID-19 vaccine?	-.057	**.760**	-.074
How much trust would you have in a COVID-19 cure?	.062	**.755**	.045
How much trust would you have in the current MoH COVID-19 interventions?	.055	**.744**	.001
After getting COVID-19 the risk of a serious illness is...	.210	.065	**.855**
After getting COVID-19 the risk of dying is...	.046	.022	**.854**
Personally, the risk of getting a COVID-19 infection is...	.221	-.026	**.632**
Eigenvalues	3.437	2.279	1.408
Variance explained (59.36%)	28.64	18.99	11.73
Cronbach's α - reliability test	0.791	0.761	0.728

Source: Authors (2020)

We named the first component risk perception of the big five. This represents how respondents perceive risks regarding five major causes of health problems globally i.e. HIV/AIDS, cancer, Road Traffic Accidents (RTA), diabetes, and influenza. Risk perception of influenza did not fall above the minimum factor loading (0.60) recommended in some literature (Ramadhan et al., 2017). However, it was kept in the model for comparability with studies in other regions of the world. The low factor loading also confirms how low the risk perception of influenza is in this part of the world. The second component was the risk perception of the health care systems. This shows whether respondents trust the health system, or view it as a risk to their health care. The questions that loaded together in this component include those asking the respondents how they view/trust or otherwise; the WHO, the MoH, potential cures, and vaccines. The final component was named 'risk perception – COVID-19'. This represents the respondents' perception of the risk of COVID-19.

Reliability analysis showed Cronbach's alpha (α) of 0.791 for risk perception of the big five, 0.761 for risk perception of the public health system, and 0.728 for risk perception of COVID-19 itself. Since they were all above 0.7, this confirms the reliability of the constructs (Osborne et al., 2008; Pallant, 2011). Items relating to information systems and behavioural responses yielded Cronbach's alphas of 0.700 and 0.841 respectively.

Further statistical analyses were conducted in the Statistical Package for Social Sciences (SPSS) Version 20. The main analyses conducted were correlation and bootstrap mediation using the PROCESS macro by Hayes (2018). Mediation analysis was popularised by Baron and Kenny (1986). However, much of the recent literature on mediation refers to the work of Preacher & Hayes (2008) and Hayes (2018). Consider a predictor variable (X)

and the outcome variable (Y). Where there is a mediator (M); Hayes (2018) states that "variation in X causes variation in one or more mediators M, which in turn causes variation in Y."

Table 4 shows Pearson correlations among the dependent variable (behavioural responses), independent variables (risk perceptions), Moderator (information sources) and the control variables (age, gender, household size, and physical contacts in the last 24 hours). All correlations were below 0.5 and many were not statistically significant. Multicollinearity is therefore not expected to be an issue (Mwiya et al., 2019; Osborne et al., 2008). Among the control variables, gender had a weak statistically significant correlation with the outcome variable (behavioural responses). Other statistically significant relationships were; between sources of information and behavioural responses, risk perception of the health system and behavioural responses, physical contacts outside the home and information sources, perceived risk of health systems and sources of information, age and physical contacts outside the home, risk perception of the health system and household size, as well as the relationship between COVID-19 risk perception and risk perception of the big five diseases.

Table 4: Correlation Analysis

Variables	Mean	SD	N	1	2	3	4	5	6	7	8
Behavioural responses to COVID-19	3.884	0.594	182								
Sources of COVID-19 information	3.265	0.612	182	.285**							
How old are you? (Number only)	28.885	9.214	182	.023	.143						
Please select your gender	0.423	0.495	182	.205**	.047	-.017					
Physical contacts outside the home in the last 24 hours	1.516	1.386	182	-.065	.268**	.220**	-.087				
Number of people in your home	2.352	0.628	182	.003	-.038	-.024	.123	-.083			
Perception risk of the	2.445	0.864	182	.052	.002	-.016	.105	-.104	-.040		

big five diseases											
Perception risk of the health system	3.071	0.883	182	.184*	.247**	.074	.092	-.046	.146*	.086	
Perception risk of COVID-19	3.108	0.973	182	-.070	.078	-.010	.084	.020	.133	.377**	.060

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Source: Authors (2020)

Based on correlation analysis (Table 4), H3 was supported. This means that the evidence suggests that there is a statistically significant relationship between risk perception of the health system (WHO, Ministry of Health, cures and vaccines) and sources of information. It is important to note however that this relationship is relatively weak. H1 and H2 were not supported. The risk perception of the threat of COVID-19 and the big five health risks do not have a statistically significant relationship with sources of information about COVID-19. H4 was also supported. This confirms that increased access to sources of information has a statistically significant relationship with behavioural responses to COVID-19. To test H5 and its sub-hypotheses, mediation analysis was done. Table 5 summarises the results.

Table 5: Mediation Analysis (5,000 Bootstrap Samples, 95% Confidence Interval)

Model	Independent variable (X)	Mediator (M)	Dependent variable (DV)	Effect of X on M (a)	Effect of M on Y (b)	The indirect effect of X on Y through M (a x b)
1	Risk perception - Big five	Information sources	Behavioural responses	0.0015	0.2764***	0.0004
2	Risk perception - Health system (WHO, MoH, vaccine, cure)	Information sources	Behavioural responses	0.1713	0.2474	0.0424*
3	Risk perception - COVID-19	Information sources	Behavioural responses	0.0489	0.2835	0.0139

***Significant at p< 0.001; **Significant at p< 0.01 and *Significant at p< 0.05

Source: Authors (2020)

Hypothesis H5b was supported. This implies that the indirect effect of the risk perception of the health system (WHO and Ministry of Health interventions, cures, and vaccines) on behavioural responses through information sources was statistically significant (p < 0.05).

H5a and H5c were not supported. This implies that the risk perception of the big five health risks does not have a statistically significant effect on behavioural responses to COVID-19 via information sources. There was not enough evidence either to support the hypothesis that the risk perception of COVID-19 has a statistically significant effect on behavioural responses to COVID-19 via information sources.

4. Discussion

This study has assessed information sources as a mediator in the relationship between risk perception and behavioural response to COVID-19. Risk perception of the health system had a statistically significant positive relationship with information sources. This means that the more the risk perception of the health system (WHO, MoH, cures, and vaccines), the more respondents are likely to seek additional sources of information. This finding is similar to that of Luu and Huynh (2020). It is important to note that although seeking information may be good for people, the quality of this information may also present challenges. Some sources of information (such as social media) could mislead the masses because of lack of or limited oversight over these publications. Policymakers and practitioners can play a critical role in ensuring that accurate information is availed instead. H1 and H2 were not supported. That is to say, the relationship between risk perception of the big five health risks and information sources was not statistically significant. Neither was that of the relationship between risk perception of COVID-19 and information sources. These findings seem to be in line with Coleman (1993), but against Ford et al. (2007). The lack of correlation between information sources and risk perception could be because the nature of the information also plays a critical role in information seeking (Han et al., 2007). Finally, a statistically significant indirect effect of risk perception of the health system on behavioural responses via sources of information was found. This implies that to influence behavioural responses to the COVID-19 pandemic, both the sources of information and people's risk perceptions of the health system have to be considered.

5. Conclusion

This study has assessed information sources as a mediator in the relationship between risk perception and behavioural response to COVID-19. Data was collected using an online questionnaire from respondents in Zambia. The key independent variables were risk perception of COVID-19, risk perception of the health care system (local and global), and risk perception of the big five global health problems (HIV/AIDS, cancer, injury from road traffic accidents, influenza, and diabetes). Risk perception of the health care system was measured by looking at how respondents view the WHO, MoH, COVID-19 cures, and vaccines in terms of trust. The three independent variables (IV) of risk perception predicted behavioural

response as an outcome variable (DV). The relationship between IVs and the DV was hypothesised to be mediated by information sources. Information sources were measured by where respondents mostly obtained information about COVID-19. A statistically significant positive relationship was found between risk perception of the health system and information sources. The relationship between risk perception of COVID-19 and behavioural responses to COVID-19 and that between risk perception of the big five health risks and behavioural response to COVID-19 were both not statistically significant. Further, a statistically significant indirect effect was found between risk perception of health systems and behavioural responses (mediated by information sources). It is also important to note that the more recent Hayes (2018) bootstrapping approach was used for mediation analysis rather than the old Baron & Kenny (1986) approach. The former does not suffer from several of the restrictions that the latter does.

6. Recommendations

It is recommended that sources of information (social media, print media, and websites) be carefully used to influence behavioural responses to COVID-19 as the findings suggest. Policy, practice, and scholarship must focus on the role sources of information for COVID-19 play in fostering expected behavioural responses. Future studies must consider using experimental manipulation and/or longitudinal data. Additionally, the big five health risks should include malaria and tuberculosis, to make it the big seven. This study can also be extended to other countries and regions so that more global perspectives are built around the mediation role of information sources in the relationship between risk perceptions and behavioural responses to COVID-19. The role corruption plays in risk perception of health systems can also be explored.

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