

HIV/AIDS in South Africa

H312 Term Paper

Torben Rasmussen

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HIV/AIDS is known as *the* epidemic of the 21st century, and its impact is felt strongly on a global scale. However, different parts of the world are affected on different levels. South Africa, a modern, developed country, has felt the impact of HIV/AIDS enormously. This disease has become a serious issue in South Africa because of its social and political climate, public perception of the disease, and infection vectors that are difficult to deal with.

South Africa is a parliamentary democracy composed of nine distinct provinces, located on the southern tip of the African continent. The country is bordered to the north by Namibia, Botswana, and Zimbabwe, and to the east by Mozambique and Swaziland. The country of Lesotho is surrounded completely by South Africa[4]. The capital of South Africa is Johannesburg. The country has 1,221,037 km^2 of land, and a population of almost 50 million. The ethnic groups in South Africa are 79.4% black, 9.2% white, 8.8% “coloured” (mixed race), and 2.6% Asian. The 2009 estimate for GDP per capita was \$10,243, this is approximately the global average in that year, and exceptionally high for a nation in sub-Saharan Africa[10].

AIDS was first diagnosed in two patients in South Africa in 1983. The first reported death caused by AIDS was caused in the same year. The number of patients diagnosed with AIDS stepped up to 46 in 1986. In 1990, it was estimated that 140,000 people were living with HIV. By 1993, that number had increased to 610,000. This number continued to increase at an alarming rate. In 1999, the figure had reached 3,800,000. In 2003, when the rate finally began to slow, approximately 5.1 million people were living with HIV. The number has increase at a less significant rate since then, and there are currently estimated to be about 5.6 million infected.

The prevalence of HIV/AIDS in South Africa is the highest of any country in the world, with 17.80% of the 49 million inhabitants diagnosed[7]. The group most likely to be infected with HIV, those aged 15-20, has actually seen a decline in incidence rates from 2002 to 2008[2]. For example, 20-year olds went from a 2.2% incidence rate in 2005, to a 1.7% incidence rate in 2008. The overall trend of HIV incidence shows a very high rate from 1992 to 1997, and an almost reversed decrease from 1998 to 2008[9].

While HIV/AIDS has caused much suffering in South Africa, tuberculosis is still the leading cause of death. Still, HIV/AIDS and tuberculosis go hand-in-hand. A weakened immune system caused by HIV/AIDS increases the risk of a tuberculosis infection. Also, tuberculosis can accelerate the progress of HIV. South Africa has a prevalence of almost 75% of those infected with HIV who also have tuberculosis. Even though the country only accounts for 0.7% of the world’s population, it accounts for 28% of those co-infected with tuberculosis and HIV.

One critical change that affected the spread of HIV/AIDS in South Africa was the end of apartheid in the 1980s[5]. This drastic regime change brought a massive influx of migrant workers, and created chaos in terms of managing HIV infection vectors. While it is not completely known to what extent the migrant worker population affected the spread of this disease, it is not hard to imagine that groups of highly mobile, possibly sexually promiscuous, possibly HIV positive men could be potentially devastating disease vectors[13].

South Africa’s HIV/AIDS epidemic has had a profound negative impact on children in various ways. In 2009, there were approximately 330,000 people under 15 living with AIDS, which is twice the number as in 2001. There are two main infection routes for HIV: heterosexual sex, and mother-to-child transmission. The transmission of HIV from mother to child happens approximately 11% of the time. This will have a drastic effect on the child’s health, as its family will most likely already be struggling with the disease[1].

There are an estimated 1.9 million orphaned South African children where one or more of the

parents are deceased. Approximately 50% of these deaths are the direct result of HIV/AIDS[1]. These orphaned children have to either be taken care of by their older relatives, or fend for themselves. Some of the orphaned children are taken care of by institutions that are able to deliver necessary care on a relatively large scale. This support does well for the young children affected by HIV, but improvements need to be made in order to promote care of those youth who survive into adulthood.

South Africa currently has a number of large-scale communication-based campaigns that focus on awareness of HIV/AIDS, as well as more general health issues. The HIV Counseling and Testing campaign began in April 2010, and was aimed at improving AIDS awareness. The government aims to open up a dialogue about HIV/AIDS on a national level by publicising the availability of free testing and counseling in health clinics. They aim to accomplish this through door-to-door campaigning billboard messages, and using word-of-mouth to highlight peoples' experiences and to expel the myths and stigma of HIV.

One of the most critical steps that any country has to take in fighting the AIDS epidemic is promoting the distribution and widespread use of condoms. The usage of condoms in South Africa is growing. The percentage of people using a condom during their last sexual encounter increased from 27% in 2002, to 35% in 2005, and finally, 62% in 2008[2].

Physical and sexual violence against women is common in South Africa. More than 40% of South African men claimed to have been physically abusive to an intimate partner. Over 25% of men reported having raped a woman, with 5% having raped a woman in the past year[1]. This apparent gender-inequality is a large factor in the country's HIV/AIDS epidemic. Men who rape women would most likely not agree to wear a condom, so the transmission rate of the disease will be hard to control in the case of these individuals. Also, in a culture where women do not feel empowered, their ability to advocate safe sex practices is greatly diminished.

One of the most critical factors determining a country's success at fighting the AIDS epidemic is its leadership. Strong, early measures will ensure that any threat of infection is greatly reduced, and that the people stay well informed of what they must do to stay healthy. On the other hand, poor leadership and misinformation can have exactly the opposite effect on combating epidemics. Unfortunately, the latter was the case for South Africa. Thabo Mbeki, the president of South Africa from 1999 to 2008 would seek advice of AIDS deniers when making policy decisions. He even went as far as to appoint a number of such people to his Presidential AIDS advisory panel. Both Mbeki and his health minister, Manto Tshabalala-Msimang questioned the effectiveness of antiretroviral therapies, and called for the consumption of beetroot and garlic as a way of fighting HIV infection.

Often, HIV/AIDS is a challenge that a government can not cope with on its own. The anti HIV/AIDS initiative in South Africa has received a large amount of support from a number of organizations, most notably the President's Emergency Plan for AIDS Relief, and the Bill and Melinda Gates Foundation.

In February 2004, the Bill and Melinda Gates foundation offered the Aeras Foundation a grant of \$82 million to develop and license an improved TB vaccine for use in high burden countries[11]. While this grant does not target HIV/AIDS specifically, an effective tuberculosis vaccine will greatly improve the health of South Africans, and reduce the risk of HIV/TB co-infections.

Another external source of aid comes from the President's Emergency Plan for AIDS Relief (PEPFAR). This is a United States sponsored aid initiative with the goal of fighting HIV/AIDS. Some of the achievements during the 2010 fiscal year include: 917,700 individuals receiving an-

tiretroviral treatment, 2.1 million HIV-positive individuals receiving care and support, 386,400 orphans and vulnerable children receiving support, 682,400 pregnant women receiving HIV treatments, 207,100 HIV+ pregnant women receiving antiretroviral prophylaxis for the prevention of mother-to-child transmission, 5 million individuals receiving testing and counseling, and 39,000 estimated infant HIV infections averted[12].

In conclusion, the HIV/AIDS epidemic has taken a large toll on most of the world, and no place has been affected more than South Africa. This country has experienced the consequences of poor leadership in the face of an epidemic, as well as the problems of the stigma and misconceptions surrounding the disease. In the face of all of this, a number of groups were able to stand and make a difference in the lives of South Africans. It is only now, a decade into the 21st century, that we see a positive change in the outlook of South Africa's HIV/AIDS situation.

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