Aids In Africa Essay, Research Paper

Introduction

Africa suffers from an A.I.D.S. epidemic that is killing off the population in unbelievable numbers [CITE SOURCE HERE]. The culture and social beliefs and practices throughout the continent facilitate the spread of the disease and hinder attempts to stop the infection. The country is being hurt economically not only because they are paying with lives but also medical bills, funerals, lower productivity of workers and men immigrating to find wives. To stop A.I.D.S. and HIV from wiping out all of Africa everything from medical practices to personal values must be changed in the lives of Africans.

The Severity of the Problem

The continent of Africa has the highest rate of infection for the adult population (15-49yrs) [CITE SOURCE HERE] . Twenty five percent of adult Africans are infected with HIV, the disease that causes A.I.D.S.(Aventin and Huard). Ninety percent of those people do not even know that they are infected (Shillinger) [APA STYLE CITES THE AUTHOR, YEAR IN PARENTHESES]. Africa accounts for 66 percent of the world s population but over 80 percent of all A.I.D.S. related deaths and 95% percent of all AI.D.S. orphans. There are another 1,800 new A.I.D.S. cases daily in Africa (Sidley). Five Africans are infected every two minutes and over 11 million have already been killed by the disease (Africa Seeks New Approaches to A.I.D.S. Disaster). Demographers have predicted that in Botswana two thirds of 15 year olds will die of A.I.D.S. before reaching the age of 50 (Gottleib). The life expectancy in Botswana has dropped from 71 to 39 and in Zimbabwe it has gone from 70 to 38 years. Malawi, Mozambique, Rwanda and Zambia have all lost a decade or more from their life expectancy due to the epidemic (Stephenson). Women have even lower life expectancies than men do. Sometimes even as young as 30 years (Stephenson).

The disease is killing so many people that there is now a zero or negative population growth in many African nations. Population destruction of this magnification has not happened since the Black Death in Europe back in medieval times [CITE SOURCE FOR SWEEPING STATEMENTS LIKE THIS]. According to a study by the U.S. Agency for International Development, by 2003, Botswana, South Africa, and Zimbabwe will be experiencing negative population growth and five other nations will have a growth of nearly zero (Stephenson). Research also shows that the virus causes reduced fertility which also hinders population growth (Dunphy). African women most often have sexual relations wit [SPELLING] older men who are more likely to be infected with the disease than men their age and will contract the HIV/A.I.D.S. virus and die before their reproductive years are over, this hurts population growth even further [RUN ON SENTENCE] (Dunphy).

The problem is not only seen in statistics about infections, lost money and death but also in police blotters. Even though the problem is so widespread[COMMA] it is still not understood or accepted. Any disease, including A.I.D.S. is looked at not as an accident or something you have control over getting, but as having a supernatural cause (Lawson). So [THEREFORE] if a person contracts a disease it is believed that they have bad luck or deserved to become infected. A young women worker in KwaZulu-Natal was killed because she had openly admitted she had AI.D.S. (Sidley). Employers often test applicants without their knowledge for HIV/A.I.D.S. and will not hire them if they have the disease or will fire them if they contract it. Increasing publicity of the A.I.D.S patients to help reduce risk to partners also increases discrimination. The problem of discrimination against infected persons adds another facet to the problem of the HIV/A.I.D.S. virus and in the search to solve it.

Reasons for the Spread of A.I.D.S.

The exponential spread of A.I.D.S. in Africa has been fueled by major factors such as rapid political and economic change, westernization, migrant labor, promiscuity, poverty and gender inequality (Shillinger). Cultural practices such as circumcision, the sexual mutilation of women, ritual sacrifices and various skin perforations by traditional healers during ritual ceremonies put people at risk (Lawson). Political and religious leaders fail to or refuse to acknowledge deep cultural issues at the root of the epidemic. In many African cultures polygamy exists as well as a general encouragement of men to have multiple sexual partners so the education of people that multiple partners are risky would be contradictory to cultural practices. Women also have no power in relationships and do not have the ability to require a man to wear a condom. Even if a women did have some say in her sexual relations there is a stigma that goes along with using condoms that says condoms are for prostitutes (Shillinger). Women also have children as her husband wishes and African women tend to have more women than in other countries, this means that one infected mother can be spreading the virus to many children. African women also breastfeed almost always [THIS SENTENCE MAKES NO SENCE]. The virus is transmitted through breast milk so even if a child is born healthy the economic factors do not allow the mother to buy alternatives to breast milk for the child. It is also socially unacceptable not to breast feed a baby because of beliefs that not breast-feeding impedes on the process of passing down the bloodline of the male (Lawson).

Educating people to A.I.D.S. and how it is transmitted is hard because much of the information is not welcomed because it is not openly discussed or is contrary to their cultural practices. There is also a widening generation gap and children and parents do not communicate as well anymore hindering the flow of information down generations (Shillinger). Even after getting the messages across and educating people and even if they accepted the information although opposing to their culture there is still the problem of making methods of protection available [RUN ON]. Much of Africa is in poverty and buying condoms is not a priority on the shopping list.

There is lack of acceptance of the disease in Africa so even when people are informed that they have the disease they do not tell their partners for fear of rejection (Lawson). When women marry into a family she is looked at as an outsider and if bad things then happen to the family it is seen as her fault. If a women married into a family has A.I.D.S. it is looked at as her fault and she is seen as bad luck. The truth is that most of the time the husband who has multiple partners is the transmitter of the disease (Lawson).

In some African societies [COMMA] virginity at the time of marriage is not important and with the recent changes in attitudes this is becoming more popular. The westernization leading to more social mobility also helps the spread of the disease by moving the lowest class most effected people into higher classes with access to people of higher classes and the disease is thus spread throughout socio-economic divisions (Lawson).

Who is Being Affected

The A.I.D.S. epidemic in Africa harms those with the least power the worst. This includes women, children and low socioeconomic classes. The poor cannot afford to buy protection, women cannot refuse sex or demand the use of protection and children cannot decide whether or not they are born to a diseased mother. Within five years, 61 out of every 1,000 children born in the five countries most effected by A.I.D.S. will not reach their first birthday (Shillinger). In Africa the type of A.I.D.S. transmitted most frequently is that of heterosexual people unlike in America when the disease started in homosexuals (AIDS Wanes in West, Grows in Africa and Asia).

Special Issues of Women

Women of Africa are especially hurt by the epidemic. Women are Physiologically [NO CAPS NEEDED HERE] four times more susceptible to HIV infection and contract the disease on an average of a decade sooner than men (Shillinger). The social construction of many African societies puts women in subservient and powerless positions. A South African women is raped every 26 seconds (Shillinger, 1999). When a female is raped the vagina is dry and the forced sex results in cuts and irritation which makes the female more susceptible to the disease because it can get into the bloodstream much easier. Condoms are also not usually used in rape situations (A.I.D.S. in Africa). A study in Kenya showed that one out of four young women had lost their virginity through force (A.I.D.S. in Africa). The gender inequality present in African societies devalues women and their needs. Men are more likely to be treated for illnesses than women are. The social constructions that make women so vulnerable to the disease are not likely to be considered when looking to solve the HIV/A.I.D.S. problem because of women s lower status. However, the number of women in comparison to men is now dropping so much that men are immigrating to find wives. The wives are continuing to get younger because all of the girls or age are dying of disease. Something may soon need to be done to help the women to protect the interests of men (Lawson).

When women marry into another family they loose all their rights in their own family. If their husband dies [COMMA] they loose [LOSE] all their rights in his family as well and is usually put together with another male of the family to avoid having to pay back the dowry. If her husband died of A.I.D.S., which is very likely, she would most likely have it as well and her new husband would then be infected with the disease (Lawson). This practice can help to wipe out an entire family. If a women is widowed and is not given to another man her and her children will most likely live in poverty because the men are the supporters of the family. Sociocultural beliefs and values are written into the law and further impede on a women’s chance at independence. An example is that divorced and unmarried women are barred from use of land left with no option but to engage in prostitution to survive (Lawson, 1999). Due to the gender inequality women are also less educated and have less job options. (Lawson).

Effects on the Economy and Business

The high proportion of infected or sick individuals within the working population tends to disrupt the functioning of firms (Aventin and Huard, 1999). Companies are over-hiring to attempt to keep up to pace with the rate of A.I.D.S. related deaths within the labor force (Shillinger). The 20-39 year old age group is at least 42 % of the total labor force of the sub-Saharan countries and it is this age group that is the most effected by sexually transmissible diseases (Aventin and Huard). Having an infected labor force has many detrimental effects on a corporation. Workers who are sick have less productivity while working and also take a lot more time off. When workers die [COMMA] Those positions left open have to be refilled and those new employees need to be trained. Lack of a sufficient number of employees puts more strain on other workers, which is harmful to their health even if they are not infected with HIV or A.I.D.S. (Aventin and Huard).

It is very costly for employers to pay for employees who are infected. One study showed a business that spent more in health care than they made in profits for that year (Aventin and Haurd). The amount of coverage provided depends on the employer. Life insurance premiums in Zimbabwe quadrupled in two years and some companies report a doubling of their health bills because of A.I.D.S. related deaths and treatments (A.I.D.S. in Africa, 1998).

Possible Solutions

Trying to stop the spread of disease in Africa is very a complicated task. The everyday practices of Africans perpetuate the spread of disease. Their own beliefs and value systems in their society hinder improvements from being made. The first step to helping the problem is understanding the details of the disease. Contrary to popular belief it is not easy to contract HIV during heterosexual sex under normal circumstances. If a person is in a stable and healthy environment[COMMA] there is less than a 2 in 1,000 chance of an infected man transmitting the virus to an unprotected woman. When other factors are added in such as other sexually transmitted diseases and poor nutrition the risks raise drastically (Shillinger). Africa is not at all a stable or healthy environment. People are not well nourished and some work in unhealthy conditions such as mines. With the lack of protection during sexual encounters and the frequency of multiple partners all types of sexually transmitted diseases are extremely common. To reduce the risk of getting HIV/A.I.D.S. improving the general health of Africans would be a good preventative measure. Prevention has proved in many studies to be much less expensive than treatment and much less disturbing to society in other ways. The same types of problems arise with health improvements as do with all attempts to slowing the spread of HIV/A.I.D.S. There is a lack of money to provide food, medical care contraceptives and education. [NEW PARAGRAPH] There are also the same cultural issues. Numerous studies have shown that distribution of free condoms and education efforts have proved at least somewhat successful (Caldwell). One way to avoid the gender inequality problems is to offer women a way to protect themselves without asking the man to do anything. The female condom may be conspicuous and cost a lot but there are also microbicides that can be used in the vagina to prevent disease. Some of these may cause irritation if used too often but new variations are being explored to fine non-irritant formulas and even ones that do not kill sperm but do kill disease (Lawson).

The disease can also be transmitted through needles and any other blood to blood contact. This type of contact is frequent during cultural practices due to lack of sterilization. The social practices would not have to change and rituals could still be performed without putting people s health at risk if those practicing would be educated in and have available to them methods of sterilization. Blood supplies are also often contaminated. Women use this blood more often than men do due to childbirth. Methods of screening blood would have to be instituted in medical care facilities to help prevent the spread of disease through blood transfusions. This too would involve money and education.

There are ways of preventing mother to child A.I.D.S./HIV transmission but they are hard to use in the African setting. The treatment requires the consumption of large quantities of clean water and clean water is not something readily available (Lawson). Conservation of clean water for pregnant women would also be less likely to happen due to the gender inequality and lower value of women in society. To aid in the population growth programs are needed to provide clean water for pregnant infected mothers and alternatives to breast milk need to be available to them to prevent the transmission of the virus to the child.

Businesses can lessen the blow of loosing so many employees if they prepare for the deaths that they know will e inevitable until the A.I.D.S. epidemic is brought to a halt. By training their employees to do more than one specialized job and have more people being trained and ready to work the time it takes to get people hired and trained can be lessened and there would be less of a slowing in production. Businesses could also offer an increase in their employees’ health plans for maintaining a regular testing schedule for sexually transmitted diseases and the treatment of those that the employee might have. This way the company would now as soon as possible that the employee is sick and could have a replacement worker being trained while the employee is still fully functional in the early stages of their illness. They could also offer contraceptives free or at a discount to encourage safer sex; the cost of prevention is far less than the cost of treatment and loss of a worker.

[PARAGRAPHS SHOULD BE INDENTED ONLY FIVE SPACES] The most hope for Africa with the least likely disruption of culture and daily life comes from the newly developed vaccine. It is being tested in humans already (First Vaccine for Africa Cleared for Testing in Humans). Vaccines are already highly used in Africa so the usage of the new HIV vaccine would not be out of the usual procedures. The vaccine is also rather inexpensive and there are some methods such as putting into foods that make it even easier to get it distributed where it is needed (Ndumbe).

Conclusion

HIV/A.I.D.S. is devastating the African nations and the root of the problem lies deeply rooted within the very structure of their society. If the social structure and cultural beliefs and practices go on unchanged [COMMA] the entire population of Africa may be lost. To save the population however, the very basic things that make Africans African may be lost. To solve this massive problem other nations will have to aid in the fight against HIV/A.I.D.S. in Africa but mostly with tangible things such as mere funding. The Africans themselves have to decide that saving their lives means changing their way of life and they have to make those changes all together and as quickly as possible. Something will be lost in order to save the Africans but if they are not saved it will be lost anyway.

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