Aids And Africa Essay, Research Paper

The following are facts cited in ?Acquired Immune Deficiency syndrome? by Gerald J. Stine. Worldwide, about 9,000 persons a day become HIV-infected. The majority of all HIV infections worldwide occur in people ages 15-24. Over 1 million people die of AIDS each year. The number of HIV-infections worldwide has tripled since 1990! It is estimated that there will be a 20% decline in population in East Africa by the year 2001 due to AIDS (Stine, 360). ?AIDS is the leading cause of deaths among adult men and the second leading cause of deaths among adult women in Africa? (Bethel, 135). The first for women is pregnancy and abortion related.

?It is extremely difficult to judge the exact extent of AIDS in Africa, either geographically or in the population? so rather than focusing on Western Africa alone, it is most feasible to acknowledge modes of transmission across the African continent as a whole (Bethel, 138). Also, ?we can assert that AIDS cases do not occur on the African continent in a uniform fashion but rather form an ?AIDS Belt? in central, southern, and eastern Africa? (Bethel, 138).

First, by mentioning the fact that the Third World contains three fourths of the Earth?s population, and combining that fact with that of those worlds having an overall lesser knowledge upon transmission, prevention, and AIDS in general, it is not surprising that these countries populations are greatly impacted by mortality. ?Africa, with about 12% of the world?s population, is now reporting about 25% of the world?s AIDS cases. It is estimated to have over 65% of the total number of HIV-infected adults and 90% of the world?s HIV-infected children? (Stine, 364). An astonishing fact that further allows the realistic comprehension of the diseases? dominance in Africa is that 6,000 Africans become HIV-infected each day which is 250 persons per hour or four per minute.

?Between 20% and 30% of sexually active adults between the ages of 20 and 40 are believed to be infected with HIV in some urban areas of sub-Sahara Africa, where the disease is most prevalent. In rural areas, where the majority of the population lives, seroprevalence remains much lower but is still increasing. Stine also mentions that available evidence suggests that it is unlikely that the spread of HIV will be brought under control in the near future, unfortunately (368). ?The WHO estimates that one in three of the 40million people in Southern Africa will be HIV-infected by the year 2010? (Stine, 366).

Before discussing how AIDS is transmitted, it is quite relevant to discuss who is transmitting and being infected by the disease. About 66% of HIV infections occur in those under age 25. The ratio of men to women AIDS cases in Africa is 1:1 which is comparatively abstract from that of Western society at 8:1, males to females. This 1:1 ratio is said to be the result of the African men?s mentality of ?taking? their women in a more violent style of sex, where as white civilized men in the West express a more gentle form of sex says Bethel (46).

In Africa, the highest incidence of AIDS has been found among sexually active heterosexuals. The women tend to be younger than men and a high percentage are thought to be prostitutes. Women in Africa contract AIDS much more often than in North America. Also, it appears that AIDS can be transmitted across the placenta from the infected mother to the fetus so there are many more children with AIDS in Africa than in the US. ?In fact, children constitute almost one-third of all AIDS cases in Africa (Bethel, 139). As in the US, AIDS in Africa appears to occur much more frequently in large cities than in the rural areas, though this may be a reporting bias. And finally, those who are discovered to have the AIDS virus frequently have a past history of venereal disease and are found to be more sexually active than those without the infection.

Major routes of HIV transmission in Africa are heterosexual, mother-to-child, and transfusions with unscreened blood. In addition, prostitution and cultural sexual practices greatly influence the increase in transmission rates. Transfusions, though, are now being screened in most major urban areas and therefore are not as threatening as they once were. Homosexuality and i.v. drug use are not associated with AIDS or considered factors in the transmission of the virus. This, however, is not to imply that they are not factors in transmission but rather, at this time, not much is known about homosexuality in African countries. However, we do know that anal intercourse is considered abhorrent for a variety of reasons, including its connection with witchcraft, and is almost completely suppressed in much of sub-Saharan Africa. Without considering i.v. drug use as a factor primarily because injected opiates are too expensive, we can not reject transmission by needles in general. African patients often prefer needle injections to oral medication because they believe it to be more effective. With that in mind, and the common re-use of needles due to lack of adequate supplies, one can see the danger and high risk associated with the practice. In addition, it has apparently been common to reuse needles in vaccinating children. And finally, ritual scarring may play some part in the spread of the virus.

Africa has an incredible high prevalence rate among prostitutes in all countries. ?Prostitutes are at high risk for HIV-1 infection and are recognized worldwide as transmitters of HIV-1? (Bethel, 149). Prostitutes, having large numbers of partners, are naturally at greater risk, but this pattern fits the following larger social model in addition to providing the explanation for HIV and AIDS cases migrating out from rural to urban locations. Many unmarried rural women saw no means of adequate support for a family in addition to family conflict leading them to migrate to the city at a young age. With women?s desire to survive in an environment where they are rarely employed in wage labor or other ?legitimate? jobs, they become prostitutes in order to earn a living. ?AIDS first struck the labor concentrations in Uganda and then moved outward to the labor reserves, carried by migrant laborers and prostitutes as they return to their birthplaces for care and assistance with illnesses consequent to infection with this virus? (Bethel, 151). Consequently, the virus is then spread throughout small villages and urban communities. In studies of prostitutes in the town of Rakai, an area of major labor concentration, nearly 86 percent were HIV-1 positive. One study tested 535 Nairobi prostitutes in January 1985 and found that 348, or 65 percent of them were HIV-positive. Of remaining 185, by 2 years later 120 of them had become HIV-positive. Thus of the original 535 prostitutes in 1985, 504 or 94 percent, were HIV-positive by 1987. Condom use among prostitutes in infrequent. Only 23 percent of prostitutes say they have ever used condoms. The customers are said to refuse to wear one and there is a lot of competition from other prostitutes who will not require it.

The AIDS belt mentioned earlier as the area of highest prevalence of AIDS cases on the continent, is also the area where a system of migrant labor was historically developed in Africa. ?The migrant labor system provides routes of infection and transmission which radiate out from the labor concentration to the labor reserve areas throughout the country which provides not only a vulnerable population but also an efficient mode of spread and transmission? (Bethel, 152).

?It is clear that traditional sexual practices by African men, as well as the widespread custom of genitally mutilating a large part of the female population, are responsible for the different pattern of AIDS transmission? (Bethel, 46). However, ?the complex mesh of factors associated with the disease means that currently there is no way to ascertain the relative importance of the various methods of transmission? (Bethel, 49). For example, it is difficult and unknown whether a prior history of sexually transmitted diseases is a risk factor because genital lesions facilitate the transmission of HIV or because of exposure to unsterilized needles for treatment of sexually transmitted diseases.

Altogether, 2.7 million children have died of AIDS since the beginning of the epidemic. By the end of 1997, an additional million were estimated to be living with the disease, half of them were infected that year alone. There is certainly a gap between rich and poor countries and their mother-infant transmission rates. For example, in France and the United States, fewer than 5 percent of children born to HIV women were infected. While in developing countries, the average is between 25 percent and 35 percent. Breastfeeding practices and access to drugs for reducing mother-to-child transmission are the two major reasons for this difference. ?In developing countries, between one-third and half of all HIV infections in young children are acquired through breastmilk? (WHO, 48). There are three reasons for this. First, the mother generally has no idea that she is infected. Second, a woman may choose to breastfeed her baby regardless of knowing in order to protect the infant against a whole range of other infections. Also, it is convenient, approved by most cultures, and free. And third, if artificial feeding is chosen, the mother must take chances on the water-supply that may expose her child to other deadly diseases. Fortunately though, developing countries are providing information about sage infant feeding to HIV-infected woman who are pregnant.

In developing countries rather than Western society, they have a mentality much more diverse. Western societies have the luxury of preventing illness and death, the knowledge, and reason with a life expectancy of 75. In developing countries, the worry more about survival of the present moment which can mean that they face death from AIDS in five years from prostitution or death from starvation tomorrow from lack of money. In many cases, if the wife is persistent in condom use, she is threatened with the husband leaving her for another female. In which case, the wife would then be put out on the streets to face starvation or begin prostitution. This cycle can only be broken by education, which may not be enough still.

Baer, Hans., et al. ?Medical Anthropology and the World System.? A Critical

Perspective Ch. 8: p159-269.

Stine, Gerald J. ?Acquired Immune Deficiency Syndrome?