MATJHABENG

SOCIO- ECONOMICAL ANALYSIS:

HIV/ AIDS

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1. INTRODUCTION

HIV/AIDS is the most serious and devastating disease that faces the world today. It is an epidemic that presents itself in a more devastating way in poorer countries and poorer people.

In 1990 the National Department of Health instituted a mechanism to monitor the HIV epidemic in South Africa and since then a series of anonymous unlinked surveys of HIV have been conducted yearly amongst women attending antenatal clinics in public facilities, as a mechanism of monitoring the progression of HIV epidemic in South Africa. These annual surveys are the cornerstone of the HIV epidemic in the country and have become an important planning tool.

2. HISTORY OF HIV/AIDS IN SOUTH AFRICA

The first cases of AIDS were identified in South Africa in 1982 in homosexual men. At that stage, the epidemic resembled the type I epidemic found in Western countries where the majority of infections were amongst homosexual and bisexual me. A few cases were attributable to intravenous drug use and blood transfusions.

Within a short period of time, however, the epidemic began to project the type II epidemic found in developing African countries with the majority of infections occurring as a result of heterosexual transmission, associated with increasing numbers of pediatric infections whilst the epidemic in South Africa initially lagged behind that of neighbouring countries, the situation in many provinces has now peaked the same proportions as found in countries such as Zambia and Uganda where 1:4 adults living in the cities are infected with HIV.

3. CAUSES / PROBLEMS

It is estimated that up to 1 500 new infection in men, women and children occur each day in South Africa. The annual antenatal sero-prevalence survey shows that there has been a fourteen -– fold-increase in HIV prevalence in the past six years.

The actual cause is a virus which is mainly transmitted by sexual contact. Other means of transmission as a similar stage could be when infected blood is passed directly into the body or from and infected mother to her child before or during birth or through breast-feeding.

The spread of HIV is also being aided by social and political stresses which lead to a breakdown of societal norms and a greater increase of risky behaviour. Some of these stresses have a long history while others are comparatively new. They are detailed below.

I Cross Border Migration

The movement of people in search of employment has been going on for decades. In South Africa there are approximately 250 000 foreign men employed on contract of up to two years. Most are housed in single quarters and therefore unable to bring their families with them. In addition appartheid legislation made millions of South Africans migrants in their own country.

II Drought

Drought causes a large scale movement of people in search of food and incomes. It will also increase poverty. Movement of people will lead to greater pressure on urban infrastructure and social breakdown.

III Poverty

Anything that reduces the body's immune system and general level of health makes it easier for the HIV virus to enter the bloodstream and infect a person. These co-factors include malnutrition, epidemic disease. lack of sanitation and portable water, the inability to receive or understand messages about behaviour change, and lack of resources to make the changes.

IV High levels of Sexually Transmitted Diseases

The incidence of STD's in a population greatly increases the probability of HIV transmission during sexual intercourse, and STD levels are high.

V Rural Urban Linkages

If there is movement between rural and urban areas this will ensure a more rapid spread of HIV in a country. People from all socio-economic groups retain their links with home areas and travel there relatively frequently. This tend to make the virus spread more uniformly throughout the population. The workers whose wives live in rural areas will tend to increase the number of partners and thus the rate of spread.

VI Other Predisposing Conditions

- Women are often forced to sell sex to earn precious money for food, basic needs and to help raise their children. Young girls may sell sex to older men.
- Poor education and low literacy levels helps to keep people ignorant of the ways and means to avoid diseases like AIDS
- People often drink too much alcohol, or smoke dagga, or use drugs to escape everyday hardships. This also encourages people to become "loose" and have sex with different people.
- Crime and violence is also common in cities and towns and these further stress family and community life.

4. THREATS

- Fear of death by both the affected and significant others
- Economy of the country is affected by issues such as high medical bills, less people becoming unproductive, having to look after the orphans
- Strain on the family relationships of those affected
- Outside investors may not be keen to invest in a country which has ailing and dying working class group.

5. TREND

Women are Affected

Community based studies early in the epidemic indicated that HIV infections were 3,2 times more common in women than in men.

HIV/AIDS and Other Sexually Transmitted Diseases

Surveillance data from sexually transmitted disease clinic attenders demonstrates a general increase form 8% in 1991 to 44% in 1996.

Tuberculosis a Special Problem

Tuberculosis is the most common opportunistic infection and the killer in the developing areas.

HIV prevalence rate by age group

Age Group	Number Positive	% Positive
<20 years	171	15.75
20-24 years	316	29.09
25-29 years	303	27.90
30-34 years	188	17.31
35-39 years	82	7.55
40-44 years	23	2.12
45 and older	3	0.28
Total	1086	100.00

Age group per region (Free State Province) for 200

Age Group	A		C		D		E		F	
	# Pos	% Pos	# Pos	% Pos	# Pos	% Pos	# Pos	% Pos	# Pos	% Pos
<20 years	54	12.56	9	11.95	27	23.68	56	18.98	15	17.05
20-24 years	127	29.53	42	26.42	31	27.19	88	29.83	28	31.82
25-29years	141	32.79	37	23.27	32	28.07	67	22.71	26	29.55
30-34 years	73	16.98	37	23.27	17	14.91	50	16.95	11	12.50
35-39 years	27	6.28	17	10.69	6	5.26	26	8.81	6	6.82
40-44years	7	1.63	6	3.77	1	0.88	8	2.71	1	1.14
45-49years	1	0.23	1	0.63	0	0.00	0	0.00	1	1.14
Total	**430**	**100.0**	**159**	**100.0**	**114**	**100.0**	**295**	**100.0**	**88**	**100.0**

Comparison of 1999 and 2000 HIV prevalence for the Free State Province

Age Group	% Positive		% Increase/Decrease
	1999	2000	
<20 years	17.65	15.75	-1.9
20-24 years	29.87	29.09	-0.78
25-29years	35.79	27.90	-7.89
30-34 years	27.23	17.31	-9.92
35-39 years	21.41	7.55	-13.86
40-44years	18.52	2.12	-16.4
45-49years	0.00	0.28	+0.28

In all the years the age group mostly affected is 20 – 24 years, followed by 25 – 29 years.

The above figures shows that HIV/AIDS is more common in the 20-24 years. This may be due to the fact that the young people tend not to perceive their own actions as affecting their health. They hold traditional beliefs of disease causation or they discount the risk of becoming ill or dying in the future against the value of satisfying their immediate needs including excitements. Girls are less likely to know about HIV infections and Aids, and how to protect themselves form HIV infection because of the cultural norms that girls and young women should not know about sexual health.

Sexual and reproductive health information and services are generally not available to young unmarried people. Providers of services for older, married people can be judgmental and critical of sexually active youngsters. Services are not designed to meet adolescents needs and even the provision of family life education in schools has provoked serious conflict in the society.

Certain leaders and parents often mistakenly believe that sexual health education leads to earlier or increased sexual activity. There is an urgent need to reach out to children and young people using effective methods that empower them to be the agents for their own and their communities good health and development.

6. IMPACT OF HIV/AIDS

Anonymous data on HIV prevalence are important for long term planning, if companies are to remain viable they need to be able to anticipate the direct costs resulting form increasing claims on persons life and medical cover in addition there are indirect cost due to loss of productivity associated with absenteeism due to illness and funeral attendance. Protecting additional recruitment and training requirements to compensate for those lost due to HIV-related disease demands close co-operation between those responsible for occupational health, human resources and industrial relations.

The characteristics of HIV/AIDS and its mode of transmission are the principal determinants of its impact on society. This impact can be divided into four brad areas, namely:

- **demographic**
- **economic**
- **social**
- **development**

7. DEMOGRAPHIC CONSEQUENCES

HIV/AIDS will affect the population in a number of ways:

- There will be increased morbidity (more people will die)
- Many of these people will die in their reproductive years
- The deaths and illnesses of those people in their reproductive years may reduce fertility rate

Research. Conference on the Socio-Demographic Impact of AIDS in Africa, reported that:

- HIV infected women have lower fertility which could further alter demographic effects
- Epidemic will not stop population growth
- Nor will it cause population to fall
- The epidemic will slow the rate of population growth and
- Alter the structure of the population
- The number 20-40 year olds as proportion of the entire population will decline, resulting in
    - increased dependency ratios
    - the number of orphaned children will grow
    - increasing the burden on extended families to meet the needs of such children

HIV/AIDS will reduce the rate of population growth by about 1 per cent point on rates of between 1,8-2,5 per cent by 2005. In addition the dependency ratio will change, with a large number of orphans.

ECONOMIC IMPLICATIONS

Household level effects of HIV/AIDS are:

- There will be increase in medical care and related costs.
- If the infected person is an adult, then production and income of household will be reduce.
- Long-term illnesses and eventual deaths will deplete household resources
- Funeral and other related costs

National level effects of HIV/AIDS are;

- Increase in medical and social welfare services – over burdening of the health care system
- Medical Aid schemes will be affected
- Illnesses and deaths of producers and diversion of resources form saving to care
- Reduction of economic growth over a period of 20 years.

Macro-economic impacts

- Adult death will reduce the labour force and the mean age of labour

In Tanzania, for example, 2010 the labour force is estimated to shrink by 20 per cent because of AIDS, and the mean age of workers fall from 32 to 28, with a shift to younger and less experienced workers.

- The impacts of skills losses will be greater than total labour losses, particularly for those skills less easily substituted through the labour market
- Thee is limited empirical evidence in Southern Africa of the impact of these losses on companies
- Companies have reported increased mortality and lost time and absenteeism
- Data suggests that as the AIDS epidemic gains momentum, levels of mortality in the average workforce will rise from 0,4 per cent to between 2,5-3 per cent per annum
- These labor losses have a variable effect on productivity.

Health Costs

- Are more visible and direct
- AIDS increases demands on the health services (Secondary TB and HIV related illnesses). As the resources become scarce spending will decrease.

- Home based Care
  - Cost in time
  - Supply
  - Transport
  - Patient care often being unaffordable to poor families

Other effects that have been noted, and responded to, include the

- Increase costs to social security
- Benefit schemes
- Medical aids schemes
- Educational and other social services
- Food security and
- Safety nets

TO OFFSET

- Map the costs
- Povety alleviation
- Micro-economic and sectoral impacts vs household costs

The World Bank projects that life expectancy in sub-Saharan Africa by 2020 will be 43 due to AIDS, rather that 62 without AIDS.

Population projections prepared for KwaZulu Natal,. The population is projected to rise form 908 400 in 1996 to 10 376 000 by 2016. In the absence of AIDS, it would have been 14 391 000 – a difference of 27,9 per cent, nearly one million children could be orphaned by AIDS.

SOCIAL IMPACT

The social impact of HIV infection will result from

- Illness and death of individuals
- Consequent effect on the family, community and broader society
- Critical issue to this impact will be the people who fall ill and die, in terms of their role in the family and community
- The death of an adult male, who is an income earner, will affect the family's access to resources
- The death of an adult female may result in children receiving less care and females being taken out of schools.

DEVELOPMENTAL CONSEQUENCES

Development is about more than economic growth, its about increases in GDP per capita, and includes things such as

- Longevity
- Standard of living
- Infant, child and maternal mortality and
- Distribution of income

The impact of the epidemic will be felt here,

- Life expectancy
- Infant mortality rates
- Child mortality rates and,
- Crude death rate

The effects of AIDS will be to

- Reverse hard-won development gains make people and nations worse off.
- It will make further development attempts that much more difficult as the HIV/AIDS hurdle will have to be surmounted in addition to the other pressing developmental problems.

8. WEAKNESSES

Unless social interventions can change behaviour or an HIV vaccine is found, the numbers of persons HIV infected in South Africa will probably be measured in millions by the year 2010.

There are many weaknesses that contribute to the spread of HIV/AIDs some of which emanates from the previous government regime.

- Migration is seen having contributed because mining was done by foreigners form the neighbouring countries and especially the blacks who could not bring their families along were forced to change patners. The legacy is still present.
- Level of education contributes towards low morals and to be easily cheated sexually
- The house units which were built for the black working class allowed no privacy between the adults and the children resulting into early indulgence in sexual activities and therefore prone to early sexually transmitted diseases.
- The blacks still believe that AIDS has been brought by whites to our country and at the same time the white consider AIDS related to the poor who are mainly blacks
- Socio cultural barriers are having an effect on the spread of the disease like communication between adults and children and/or foreigners forbids aquiring knowledge, the usage of condoms is also not acceptable
- Data collected is not reliable because of the following:
    - The disease is no notifiable
    - Date available is obtained form pregnant women only
    - The disease is not yet curable and there is no vaccine available to prevent the disease
    - Some people do not believe that the disease exists
    - Voluntary work is still a problem because to curb the incidence we need a lot of volunteers to assist with providing both care and councelling
    - The stigma attached to the disease is still a great weakness because people are still not free to reveal their health status

Resources Available

1. Hospitals to admit those in need of hospitalisation
2. S.A.I.MR S.A. Institute of medical research
3. Primary Health Care clinics
   NGO's involved with HIV Aids
4. Day Care centres e.g. Morning Star
5. Media for information TV & Radio
6. Schools and churches
7. Life line Helpline
8. Emergency Services to transport the sick
9. Aids Centre and Crisis Centre at Kopano Centre
10. Training facilities
11. Mabahabane Lesedi: educates the community
12. Virginia District hospital for the terminally ill
13. Prevention of Maternal Child Transmission Project

Allanridge – Aids Information Center
Youth against AIDS

Hennenman - New Horizon Support Group – they have formed home based care
Ante Aids Group

Odendaalsrus- Love Life
Hospice

9. CONCLUDING REMARKS

After going through the LDO's of different units it is clear that an average of about 40% of Matjhabeng population is unemployed and the literacy level is quiet low. Subsequent result of poverty is obvious.

From the information and data information included in the above discussion, it is clear that Matjhabeng Municipality is faced with the problem of dealing with HIV/AIDS. There is a need to find ways to mobilise and empower employee and community groups, not only by offering financial and logistic support, but by acknowledging the important role that persons living with HIV/AIDS can play in developing appropriate attitudes and services free form denial and stigma.