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South Africa, Factor 12: Human Diseases

South Africa: Initiatives to Stop the Spread of HIV and AIDS

Post-apartheid South Africa is a country with extreme economic disparity. In urban areas, the wealthy upper class live in large houses while the urban poor live in large slums, known as townships. These consist of small shacks made of wood and sheet metal, often without plumbing but with electricity. As of 2005, there was a 29.3% unemployment rate in these areas. An additional 18.9% of South Africans are not officially employed, but improvise ways to earn some money through what is known as the informal sector. Most of these people are inhabitants of the townships. They often do not have enough food for a variety of reasons. These include a lack of financial resources to purchase enough food to feed the entire family, a lack of employment opportunities, and a lack of access to healthy and affordable foods.

All of these issues are exacerbated by the high rate of HIV/AIDS infections in South Africa. The infection rate is around 19%, which is significantly greater than the HIV rate in the United States at 0.4%. The effects of HIV and AIDS on South African family life are frightening. Almost 43% of South African families are single parent households, as a result of both the loss of a family member due to AIDS and the non-marital childbearing rate of 62%. Approximately 20% of children are orphans. Since the income of many impoverished urban South Africans is already extremely low, it is very difficult for single parent households to care for their families. As a result, UN studies have shown that South Africans are increasingly living with extended family members. The average family size in the townships is seven people. This poses a further threat to food security, as there are often even more people to feed with a lower income ratio.

High income families shop at grocery stores where they have consistent access to meat, fish, produce, and grains, while urban poor families shop at informal markets close to home for whatever they can find. Although fruits and vegetables are fairly readily available due to South Africa's climate, foods low in nutritional value are most consistently accessible through informal markets. There is a large agricultural sector whose main crops are sugarcane, corn, wheat, fruits, and vegetables. However, the field is profit driven which makes it difficult or impossible for impoverished people to afford. In townships, subsistence farming and community gardens are not common. The urban poor eat pap, a type of food made from ground corn, along with meat, as their staple diet. As a result of compromised access to refrigerators due to electricity shortages, most urban poor families must purchase food daily. Transportation costs are low but can add up quickly, so it is much easier for families to buy in the informal markets in their townships.

Though having a steady income to purchase food can be challenging, food insecurity has recently dropped to 20%. This is a result of government programs which have been put in place through food grants and in schools and day care centers. Along with providing more meals at school, education initiatives have increased to offer no-fee schools for particularly poor areas. Though education is compulsory for children ages 7-15, attendance varies because of absent teachers, teenage pregnancy, and school-related abuse, as stated by Unicef. This abuse generally comes to those who are trying to pursue an education in families where most members are uneducated. Though the standards are changing, it used to be the norm for children to get a job as early as possible to augment the family's income. Since children and teenagers in school cannot also work full time, it can be hard for poor families to see the benefit of investing in an education. For students who are able to overcome the challenges of consistent attendance, there is still a

lack of resources in comparison to schools that do have fees. Approximately 27% of schools are without running water, and very few have access to libraries and computers. Since there are quite a few challenges when it comes to getting a basic education, it is much harder for the urban poor to rise out of poverty and get a high-paying job.

Without an income, it can be difficult for people to access high quality medical treatment. As a result of the economic inconsistency in South Africa, there are many hospitals of varying quality throughout the country. Hospitals are public or private, with public being the choice for most of the urban poor. A national health insurance program aims to get everyone health care, and anti-retroviral medication to lessen the effects of HIV/AIDS is free of charge. Despite this, there is a shortage of doctors, and money is not evenly allocated within the health care system. According to the World Health Organization, only about 30% of South African doctors work in public hospitals, while almost 80% of the population uses these facilities. Since the rates of HIV infection are the highest in the world, there are also HIV specific clinics in at-risk areas. These are mostly run through non-governmental organizations (NGOs), which depend on donations from around the world for funding. The small-scale projects from many of these facilities, along with help from the government, have done much to reduce infection rates in the past years. Despite these efforts, the HIV prevalence remains very high and straight-forward access to treatment and community acceptance remains low.

Though the price of antiretroviral treatment is covered by the South African government, it costs an estimated 12 USD per visit for people to get their medication, since they must travel to the site. Multiply this figure by the six times a year that patients must visit the hospital or clinic, and the cost comes to 72 USD. While this may seem relatively low, it is actually three quarters of the monthly minimum wage. This also does not include the cost of treatment for illnesses that are easier for people with HIV to contract. According to a National Institute of Health study, 72% of HIV patients on a given day have paid for either non-prescription medication, special food, or medical care in the past week. People who went to a NGO clinic paid significantly less per visit and were also able to avoid other expenses related to their condition. It is important that the government invests in treating HIV/AIDS without relying too much on NGOs. NGOs are a great way to get funding and help citizens, but if their funding runs short, it is important to have a strong infrastructure on which to rely.

The government should invest more of the health care spending into micro-clinics placed in high risk areas. These micro-clinics should specialize in HIV testing and treatment. Since the clinics would be within walking distance of high risk areas, such as urban townships, it would minimize the cost of transportation, removing a financial barrier. These clinics could also have primary care physicians on site to help keep up the basic health of all of the residents. These facilities could also offer free or low cost nutritious food, which would attract community members and help reduce the percentage of food insecure individuals. Spending money at first will save the government money in the long term, and these facilities could be vital in effectively combatting and stopping HIV/AIDS.

One reason that the government must offer financial support is because the largest obstacle facing the urban poor communities is access to a living wage. A minimum wage system was first introduced in 2003. The minimum wage varies by sector and location, with the urban minimum monthly pay at about 100 USD. However, the urban unemployment rate is still around 29%. In order to earn some money, many people are self-employed in the informal sector. The informal sector is defined as any business that is not legally registered. As stated by the World Bank, “the informal sector is formed by the coping behavior of individuals and families in economic environment where earning opportunities are scarce. [It can also be] a product of rational behavior of entrepreneurs that desire to escape state regulations.” The main problem with this is that since these businesses are technically illegal, workers in the informal sector

are not protected by wage laws. This means that they work for whatever money they can get, with no guarantee of a steady or dependable income. Many of these people depend solely on tips. A car guard, for instance, who works watching people's cars in parking lots, will get about 1 rand, or 0.10 USD, per car.

Such low wages can pose a huge issue for people hoping to move out of poverty. According to the World Food Programme, one of the biggest causes of hunger is the "poverty trap." This means that people cannot afford to buy sufficient food for their families, which causes them to become malnourished. Malnutrition can cause lower performance in school, which means that people will not move on to receive a higher education, so they will not be able to move into white collar jobs, and then the poverty cycle will continue.

Since it is already difficult for the urban poor to move out of the "poverty trap," HIV/AIDS infections compound the problem. It is also more difficult for people with HIV/AIDS to keep jobs because they may become too sick to work. There is an Employment Equity Act that prevents employees from having to disclose their HIV status, which does much to allow people with the disease equal access to employment. However, the unemployment rate and competition for jobs remains high, so it is easy for an employee to be fired for reasons that could be linked to their disease.

In order to complete one of the UN Millennium Development Goals "to eradicate extreme hunger and poverty," the poverty trap must also end. One of the ways to help this end is by increasing government health care spending. Increasing health care spending will help end the spread of HIV infections and will improve the health of AIDS sufferers. This will, in turn, help eradicate poverty, as these people (who compose almost 20% of the South African population) will be able to hold steady jobs and look after their children. Ending poverty means ending food insecurity, since the main issue that food insecure groups face is affording nutritious meals.

To eliminate the poverty trap, it is important to focus on the UN Millennium Development Goal of "Combating HIV/AIDS, Malaria, and other diseases." In conjunction with increased health care spending, it is necessary that programs be implemented to reduce the stigma surrounding HIV and AIDS. In South Africa, HIV is not a very socially acceptable topic and patients feel the need to hide their disease. This contributes to the spread of the illness, since more people could potentially contract the ailment without realizing. If the stigma is reduced it will be easier for people to talk about HIV and prevention, and it will improve the quality of life for those already suffering from the disease.

One program that has been massively successful in South Africa is the Soul City television series. A large proportion of South African families have televisions, including the urban poor. This series teaches people about HIV, educating about prevention while also reducing the stigma. This program is supported by the South African government. It currently focuses on a variety of issues, but in order to eliminate the spread of HIV, the project should be scaled up. NGOs could help fund other television awareness programs that could help reduce the stigma surrounding HIV/AIDS specifically. Programs should also be instated to reach South Africans who do not have access to television. Posters could be put up in minibus taxis, which are the most popular mode of transportation for the urban poor. These posters would help diminish the stigma and could also educate people about HIV prevention. This would be a low cost program that could be funded by small organizations working to combat the spread of HIV. If there is a reduced stigma, it will be easier for those with HIV to get jobs, which will allow them to earn a sufficient income for their family so that they can buy food.

Within these programs, there should be a specific campaign to encourage consistent condom use. Only about 50% of sexually active South Africans report condom use, a statistic that causes the rate of HIV prevalence in women to jump from 4.1% under the age of 15 to 26.3% among 24 year olds. Though

almost all South Africans know about condom use as a protection against HIV, only about 25% report using condoms regularly. Condoms are provided free by the government and are available in most public bathrooms. Though condoms are easily accessible, one issue that may affect usage is gender based violence. South Africa has one of the highest rates of sexual violence in the world. Some studies have shown that women are unable to control condom use because of male-favoring gender power inequities. Reducing the rate of sexual violence, which falls under the UN Millennium Development Goal, “To Promote Gender Equality and Empower Women,” will help reduce rates of HIV, as it will allow couples to have a free and equal choice about condom usage. Lowering the rates of HIV in both men and women will help ensure that children have both parents, which will help urban poor families make enough money to purchase food.

Though these initiatives will help stop the spread between all sexually active South Africans, women must also be targeted in campaigns about perinatal prevention of HIV/AIDS. Without any type of intervention, children with HIV positive mothers have a 35% chance of becoming infected. However, by practicing safe feeding policies and putting the mothers on antiretroviral treatment plans, this risk can become as low as 5%, according to the World Health Organization. UNAIDS has set a goal to end the spread of AIDS and start reversing its effects by 2030. Without ending perinatal transmissions, this goal will be impossible.

There are a few current programs with the mission of ending perinatal HIV transmissions that could be successfully scaled up. Programs such as the USAID funded HIVSA Peer Educators are ideal. In this program, trained women are placed at health care centers to educate their peers about the importance of perinatal care and prevention. They also ensure that the women have proper access to care and testing for themselves and their babies. These local, peer-driven initiatives are vital for ensuring that women avoid perinatal transmission. These projects also empower women and provide jobs for the Peer Educators, which means that they will have a stronger income source with which to protect their families from food insecurity.

Though there are numerous programs that have been successfully introduced to reduce the rate of HIV infections in South Africa, it is vital that more programs be established in order to successfully complete the UN’s goal of stopping new HIV infections by 2030. Programs to reduce the stigma, increase condom use, stop the spread of HIV, boost perinatal awareness and assure women’s protection, must be increased. Stopping HIV/AIDS will help solve food security because there will be more two parent households where both parents can work. This will raise incomes, which will help urban poor families rise out of poverty. This will also allow them to purchase more nutritious food, which will combat and shrink the effects of food insecurity in South Africa.

All of these programs will also help close the economic gap facing South Africa. A big issue within the government is corruption. This is due in part to the lingering effects of apartheid, causing leaders to become power hungry and suspicious of those who are different from them. They often channel government money to their own personal accounts rather than using it to help the country in the most beneficial ways possible. Once South Africa is able to fully overcome the lasting emotions and ways of life from apartheid, the united citizens will be in a better place to ensure that their leader is responsible and dedicated. The government can then focus on other major issues in South Africa, especially water and energy scarcity. These are already becoming severe problems that will need to be addressed by a strong leader in the near future. Eliminating HIV/AIDS, a disease that currently affects almost one in every five South Africans, will allow much of the population will be able to move out of the “poverty trap” and into the middle class. This will cause a greater sense of equality, making the country more coherent and prepared to properly and effectively combat issues in the future.

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