

Cadence Phillips
Northview Middle School
Ankeny, IA, USA
Lesotho, Infectious Diseases

Hate the Disease, Not the Diseased

In 2020, about 37.7 million people all over the world have HIV. Of the 37.7 million people about 84% of people have access to testing and knew their positivity in 2020. The other 16%, which is about six million people, don't have access to tests ("The Global"). One of the countries that are in the sixteen percent is Lesotho. Many people in Lesotho don't have access to sexual education or preventative measures.

Lesotho is a small country about the size of Maryland, in the southern region of Africa. It is completely landlocked by a single country: South Africa. There are three major geographic locations: the lowlands, the foothills, and the highlands. The majority of the agricultural areas and highest populated areas are in the western lowlands ("Lesotho", CultureGrams). Much of Lesotho is very mountainous. Over 80% of the country is 1,800 meters above sea level ("Lesotho Geography"). This change in elevation can have some strong effects on the climate of different regions.

Year-round in Lesotho, there are mild temperatures and low humidity. The lowlands, which includes Maseru, Lesotho's capital, have average temperatures of around 80-100 degrees Fahrenheit on summer days. In the winter, it will stay regularly in the mid-60s and get down into the teens at night. From June through August, the temperatures frequently fall below freezing. In the highlands, temperatures are much more extreme. The highlands get around forty inches of precipitation from October through April, including more snow than in the lowlands, where the average precipitation is only about twenty-four inches a year ("Lesotho Geography"). The precipitation and temperatures are part of the reason that most of the population lives in the lowlands. There is less variation in temperatures, meaning that farming, one of the main jobs, can be done year-round easier in the lowlands.

The average farm size in Lesotho is 1.4 hectares or roughly 3.46 acres. This is about the size of three and a half football fields (Ritchie and Roser). Only about 10% of the land in Lesotho is arable, meaning that it is suitable for farming and growing crops. The majority of crops grown in Lesotho are maize, sorghum, wheat, and beans ("The Machobane"). The kinds of food made from these crops will change depending on the region of Lesotho; for example, in the highlands, they stick more to the traditional foods with little to no change in how they are prepared, whereas in the lowlands there are more variations in the recipes and they also have some more non-traditional meals influenced by Western and Asian cuisines (Pitse). These small changes in the recipe can be caused by how urbanized the area is.

According to the information on CultureGrams, the population of Lesotho is 2,177,740 people and 29% of the population lives in urban areas. That is about 631,545 people. Of the population of over two million about 57% of them are below the poverty line and 23% are unemployed ("Lesotho", Habitat). More traditional households in Lesotho will have families with at least five children and some families still stay in this range but most urban families chose to have three or fewer children as the Basotho parents (the native people of Lesotho) have become more educated. In both traditional households and more urban areas, it is very common to have many extended family members live in the house together ("Lesotho", CultureGrams). Most of the homes in Lesotho are constructed from mud, stones, and sticks. Most homes lack proper ventilation because of the absence of windows. The safety levels of the house are lowered by

not having properly locking doors in most homes (“Lesotho.” Habitat). In the more urbanized areas, such as in Maseru, there are smaller families as well as an increase in living standards and conditions.

Lesotho runs its government in a Parliamentary Constitutional Monarchy. This is a form of government in which the monarch uses their power to govern within the Constitution, and the monarch is not alone in making decisions. The current monarch is King Letsie the third. The monarch has little to no executive or legislative duties. The person that holds more of the executive authority is the Prime Minister. In Lesotho, the current Prime Minister is Moeketsi Majoro (“Lesotho”, CultureGrams). The separation of powers in Lesotho works by having the monarch be the head of state whereas the Prime Minister is the head of the government.

Lesotho's health care has recently become more accessible for families all over the country. One of the main focuses for the improvement of the healthcare system is infant and maternal mortality. According to The World Bank, in Lesotho fifty-nine out of every one thousand infants and 1,020 out of every 100,000 mothers die. This has led organizations like The Government of the Kingdom of Lesotho and partners to try to help strengthen the neonatal and maternal portion of the healthcare system (“Lesotho’s Health”). This has helped Lesotho, but some gaps still remain.

Many of the gaps that remain in Lesotho’s healthcare system are caused by the extent of HIV and AIDS. The researchers at Advert, an United Kingdom based charity that uses to educate on HIV around the world, say that “Despite its small population, Lesotho has the second-highest HIV prevalence in the world” (Gale and Mundy). HIV and AIDS have a high presence in the population, even with Lesotho being a smaller country.

A major issue facing Lesotho today is the transmission of HIV. Human Immunodeficiency Virus or HIV is a contagion that is transmitted by contact with infected bodily fluids. This means that it is given from one person to another easily. HIV can break down CD4 T lymphocytes, these are also known as CD4 cells. These cells are found in the immune system and can leave the person to be more at risk for other infections and cancers when they are not present. Acquired Immunodeficiency Syndrome (more commonly known as AIDS) is the most advanced stage of HIV and in order to be diagnosed with AIDS, the CD4 count must be fewer than 200 cells/mm³ (“Acquired”). Seeing as HIV can easily spread through contact with infected bodily fluids, this could be a reason why the HIV positivity rates are high.

Considering that HIV is extremely transmittable, it has led to countries, such as Lesotho, having HIV and AIDS epidemics. These epidemics have caused many setbacks in healthcare and have caused changes to daily life. One of those changes is life expectancy. In Lesotho, the life expectancy is 54 years (The World). This means that people are not able to work for as long in their lives. Thus, fewer people are farming and manufacturing food, which makes food harder for families to come by. When looking at steps towards solutions, both prevention and education need to be considered.

HIV and AIDS epidemics have impacted how people are able to get their food because when someone has HIV or AIDS, they are at an increased risk of other diseases. These diseases can cause people to not be able to work to get money and food. This means that many families in Lesotho do not have enough food. There are two main steps to finding a solution for Lesotho: knowledge and prevention of HIV and AIDS.

According to an excerpt from “Perceptions of Sex Education for Young People in Lesotho”, sexual education is not being taught to the younger generations by families or in school. This is because many teachers were not ever trained on how to teach sexual education (Mturi and Hennink). If Lesotho wants to lessen the number of people that are affected by sexually transmitted diseases, they need to educate the younger generations.

There are organizations, such as National Coalition for Abstinence Education, that are working to get sexual education for younger people. The National Correlation Against Censorship or NCAC is a “coalition of over 50 national nonprofits” (NCAC). They are working to educate the younger generations. This could help Lesotho because if people were to send these groups to educate the teachers, the teacher would be able to educate their students. From there the education would spread awareness of HIV. The awareness would help to reduce the risk that people would be at and would educate the adolescents of their rights to sexual safety, empowerment, and negotiating with sexual partners.

The second step to helping Lesotho get food, by stopping the spread of HIV and AIDS, is prevention. Some people are more likely to be at risk for HIV. Some of these people include sex workers, men that have sex with men, and women (Gale and Mundy). These people are at risk because of inequalities.

Gender inequality is a large influence on who is at risk. Lesotho is a highly embedded patriarchal society. This means that gender inequality, more gender-based and sexual violence is normalized (Gale and Mundy). This creates a heightened risk of HIV in women. Women are told from a young age that they are unable to tell their partners no. Men are taught that they have the right that if their wives tell them no to sex that they can threaten them (Gale and Mundy). This can limit the power that women have in a relationship and leave them more at risk for HIV.

One other cause for the limited power is that preventative measures are not always taken. According to a report done by UNAIDS, “In 2020, the number of voluntary medical male circumcisions dropped by more than 30% in 15 priority countries in eastern and southern Africa” (Barton-Knott). Lesotho is one of the priority countries. This means that men are not taking preventative measures to help lower the risk of HIV and how quickly it spreads.

One further preventive measure that is sometimes not taken is the use of condoms. According to Lesotho Demographic and Health Survey, “54% of women (compared to 65% of men) who had more than two sexual partners in the last 12 months reported using a condom... This may be due to a number of reasons including lack of access to condoms, and an inability to negotiate condom use with a male partner.” The lack of condom use has caused more people to be at risk for HIV.

Groups like the Centers for Disease Control and Prevention (also more commonly referred to as the CDC) have been working to make testing more readily available to people. Presuming that groups can make HIV testing more available to more rural areas, then the same thing could be done to get condoms to the same rural areas. The use of condoms would lessen the spread of HIV.

In short, Lesotho's population needs help to stop the spread of HIV, in order to solve food insecurities. The spread of HIV can be lessened through education and prevention. When these measures can be taken, not only will the number of people at risk for HIV decrease but food production will increase. HIV leaves people at a higher probability of getting other diseases that will cause more ailments and leave people unable to work. Without people working they cannot grow food or make the money needed to buy any. With these two steps, the six million people without preventive measures or education can be lowered. Ending HIV will end hunger in Lesotho.

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