

Factors in HIV/AIDS transmission in sub-Saharan Africa

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At the end of 2000, over 70% of the 36 million people living with HIV/AIDS were in sub-Saharan Africa and 16% in South-East Asia, while the rest of the world accounted for less than 14% (*AIDS epidemic update: December 2000*, UNAIDS/WHO, 2000). Close to 80% of resources targeted for HIV/AIDS-related expenditure are utilized in regions accounting for less than 5% of the pandemic. A look at some of the factors that facilitate the spread of HIV/AIDS in Africa may be useful, as they help to explain the uneven distribution of the pandemic.

The sub-Saharan African region is plagued with incessant armed conflicts: Angola, Democratic Republic of the Congo, Lesotho, Rwanda, Sierra Leone — the list is not exhaustive but it captures the essence of what has become the typical African story. In situations of conflict, the risk of sexual violence increases dramatically. There are large numbers of mobile, vulnerable and unaccompanied women who become easy prey for rapists (*Gender and the HIV epidemic. Men and the HIV epidemic*, UNDP, 1999). Children who survive wars often end up as orphans with no skills to face the challenges in life. Prostitution becomes the most likely way out, particularly for girls, and the vicious cycle of HIV/AIDS spread is thus perpetuated.

Many young girls are forced into prostitution because of poverty. In addition to lacking basic resources, extreme poverty dehumanizes the individual to a point where issues of self-esteem and morality become secondary. In a sociocultural study on factors fuelling the spread of HIV/AIDS in Lesotho conducted in 1998, prostitutes interviewed stated that whereas a clerk earns SAR 500 (US\$ 70) per month, they can earn that much in a weekend (Otti PN, Rasekoai M. *Factors influencing the spread of HIV/AIDS in Lesotho*, 1998).

Most developing countries are still busy with awareness campaigns to convince people that HIV/AIDS is a reality. A large number of people claim never to have seen an AIDS patient even as they bury friends and relatives who have died from AIDS-related diseases. What is termed denial may be simply misunderstanding imposed by lack of education.

Basic, primary school education is a necessity that must be accorded the priority of a fundamental human right. To an illiterate person, immunosuppression is an incomprehensible concept. The myriad diseases which eventually cause death among AIDS patients do not make the situation any clearer. The perception is that if one person dies of chronic diarrhoea, another of cough, and yet another of meningitis they could not possibly have suffered from the same condition.

Behavioural change is essential too. Fidelity is not a virtue among African men, and it is estimated that between 60% and 80% of women currently infected with HIV in sub-Saharan Africa have had only one sexual partner (*Gender and the HIV epidemic. Dying of sadness: gender sexual violence and the HIV epidemic*, UNDP, 1999). In East Africa, Masai men who were circumcised at the same time share everything, including their wives. All that is required is for the visiting comrade to put his spear outside the targeted hut to announce his presence and he is entitled to the same conjugal rights as the husband.

A number of determinants fuelling the spread of HIV/AIDS in sub-Saharan Africa have been highlighted, and focused research could unearth a lot more. The next step would involve putting in place interventions that target the determinants. Such interventions would necessarily be long-term and costly, but nevertheless a reasonable option since short-term solutions do not seem to work in the face of this chronic epidemic.

With the establishment of an international fund spearheaded by the UN Secretary General, this strategy is feasible. The expectation is that the fund will be administered on the principle of "from each according to ability and to each according to need". After all, it is our common heritage that is being decimated. ■

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