

# Hiv in swaziland: causes and interventions



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HIV in women is a significant problem which would cause a huge impact on women's health. The Human Immunodeficiency Virus (HIV) is a virus that would cause impact on the immune system within the human body and transmitted by body fluid, such as blood, or sexual contacts (Comins et al, 2019). Women suffering from HIV is a major health issue in Africa. Among the countries in Africa, Swaziland has the highest HIV morbidity rate (WHO, 2017). Within this essay, HIV in women in Swaziland will be discussed by using the current population statistics. Also the causes and intervention of HIV in women in Swaziland will be investigated in the essay.

Swaziland has a total population of 1. 4 million with over 50% of the population being female (Swaziland Population. (2019). In 2017, approximately 220, 000 (16. 9%) of the population were suffering from HIV (WHO, 2017), over 120, 000 women were diagnosed with it (Avert, 2018) and it had resulted in around 3900 deaths (WHO, 2017). In 2015, an estimated life expectancy for women living in Swaziland was 61 years. (Avert, 2018). Within the Swazi society, over 12% of women aged 15-24 are engaged in a polygamy (Avert, 2018). According to the data in 2010, over 14% of Swazi women experienced unprotected sex and 2. 7% of them had multiple sexual partners (Avert, 2018).

HIV arose the major health concern in Swaziland. Among the Sub-Saharan African countries, people suffered from HIV occupied 68% of the world HIV population in 2011, while Swaziland ranks the highest HIV morbidity rate globally with 26% of adult lived with HIV (Masuku & Lan, 2014). Because of HIV, Swaziland has the lowest life expectancy in the world. Around 94% of HIV infections are transmitted by heterosexual sex, due to the substantial

mobile population in the country, the epidemic is generalized and effects a wide range of groups such as sex workers, adolescent girls and young women (Avert, 2018). Therefore, women in Swaziland are vulnerable infected by HIV, nearly a third (35. 1%) of them lived with HIV compare to a fifth (19. 3%) of men in 2017 and the risk of women aged from 15 to 24 suffered from HIV is five times than that of men (Avert, 2018). Female sex workers in Swaziland have the greatest HIV morbidity, over 60. 5% of them are living with HIV (Avert, 2018). The prevalence rate of HIV among pregnant women increased from 3. 9% to 37% during 1992 and 2012. Women with HIV during pregnancy contain higher risk of death, which might result postpartum haemorrhage, puerperal sepsis, and complications of caesarean section (Warren, Abuya & Askew, 2013). Thus, HIV and AIDS has a significant and long-term destructive impacts on Swazi women.

There are many underlying causes that have contributed to the massive HIV epidemic in Swaziland that is continuously affecting women. Many of these causes are particularly due to social determinants of health, some in which include social gradient and early life factors. Although more than 60% of women have had up to secondary education (Kangmennaang, Mkandawire & Luginaah, 2019), many of them lack the basic knowledge required to prevent or protect against the transmission of HIV during sexual intercourse. For instance, many women are unaware that the use of condoms can help promote safe sex practices to prevent the transmission of HIV whilst having sex (Kangmennaang, Mkandawire & Luginaah, 2019). Gender inequalities faced by women is also a large contributing factor that has placed women at a greater risk of developing HIV. In particular, those women in lower

socioeconomic groups are more likely to be indigent and unemployed when compared to males. This therefore, increases their likelihood of being exposed to domestic violence and rape, which could lead to a higher probability of them being infected by HIV (Sia et al., 2016). Lastly, many individuals living in Swaziland are exposed to HIV before they are even born, as pregnant women that have HIV can transmit it to their child during pregnancy, birth or through breastfeeding. This is particularly an issue as more than 40% of pregnant women in Swaziland have HIV (Sagna, Schopflocher, 2014). These causes overall highlight that there are many preventable issues in Swaziland that are contributing to the transmission/exposure of HIV in women.

Swaziland are taking great strides to increase awareness of HIV and ways in which it can be prevented. Swaziland have partnered with the United Nations aids team to provide HIV screening services to allow more citizens to find out their diagnosis, seek treatment options and minimise the spread of HIV through adoption of safe sex practices. Furthermore, Swaziland have introduced “ Life Skills Classes” within high schools, the aim of these classes is to increase the awareness of safe sexual practices within the youth to help prevent the transmission of the disease at an earlier age. The education program was able to reach “ 37, 000 youth” and even increased the use and demand of condoms among young people (UNAIDS 2016)

The adoption of medication-based HIV prevention and treatment has been a key public health Intervention in Swaziland. Upon recommendation from the world health organisation the provision of Antiretroviral therapy has been given out free to citizens irrespective of their disease stage. Antiretroviral

therapy are medications that work to keep HIV positive individuals viral load at an undetectable level. To have an undetectable level of HIV means that there is not enough of the virus in the blood to be able to transmit HIV to those who don't suffer with the disease. The provision of this medication free of charge can empower Swazi women who may be living in extreme poverty, suffer abuse, are sexworkers or have multiple partners to engage in intimate relationships and start families without fear of partner or maternal transmission. (Khumalo and Chou 2016)

However, whilst medication is offered many individuals, deny their diagnosis and continue to spread the disease to their partner. Furthermore, many women are also afraid of the stigma associated with taking the medication, and hold the fear of their partner finding out, their family finding out or even lacking the knowledge about HIV and treatment which unfortunately delays the initiation of antiretroviral treatment. (Mamba and Hlongwana 2018)

HIV in women is a major health concern in Swaziland as Swaziland has the highest morbidity rate in Africa. Because of the impact of HIV, Swaziland has the lowest life expectancy. HIV would affect sex workers, adolescent girls and young women. The reason that increase the HIV cases in Swaziland are people lack of knowledge of preventing or transmission and violence to women. It is essential to provide them education on safe sexual practices and provide them treatment or vaccination to prevent HIV. there is still a chance for the delay of treatment because women are afraid of having a discussion on HIV with their families.

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