

# Sexual violence and coercion health and social care essay



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Question Approximately two thirds of the HIV cases worldwide occur in sub – Saharan Africa. Discuss the reasons that underlies the prolific spread of this virus in this area and compare and contrast this with other areas where HIV has not spread quite extensively. Table of Contents:

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## Introduction

HIV/AIDS is one of the most compelling epidemic to have ravaged humankind. The epidemic have resulted in depletion of both human and capital resources drawing the attention of the world. In Sub – Saharan Africa which is the epicenter of this disease, there appears to be a number of factors fuelling the spread of the epidemic. In this region, majority of the

population lives in poor condition caused by poverty and unemployment. This coupled with the slow response of the government and inability to respond to the challenges posed by the epidemic, have resulted in the continuous growth of the epidemic in this region... Sub-Saharan Africa is home to two thirds of the worlds' Human Immunodeficiency Virus (HIV) cases. It is no wonder that people are being infected daily as a result of this scenario and deaths due to AIDS are a common occurrence. It is a known fact that this region houses the poorest people in the world. It has one of the lowest gross domestic product in the world. As a result, the spread of HIV/AIDS in Sub-Saharan African remains a global health challenge with an estimated 30 million Africa living with the disease. Poverty includes deep rooted structural poverty which occurs as a result of gender inequality, ethnicity and developmental poverty interrelated to the wellbeing of the people that impact upon the acceptable condition of living and the quality of life. Poverty is not necessary confined to financial capital, even though it is important, non-financial resources such as skills and assets also contributes and sustains poverty. The struggle to get basic needs everyday drives people to engage in risky behaviours. In the light of this, information, education counselling activities as regard HIV are often irrelevant and inoperable to the poor giving the realities of their life. The assignment seek to discuss the reasons that underlie the prolific spread of the virus and attempt to compare and contrast this with other areas where HIV has not spread quite extensively.

## **Sex and Culture**

Cultural practices, also associated with sex are some of the reasons underlining the prolific spread of the virus in certain areas. In most part of Sub Saharan Africa, polygamy is practiced to ensure continue survival of widows and orphans in an established family structure. In urban settings, it is the norm for men to have more than one sexual partners and sometimes engage in sexual activities with commercial sex workers. In addition to this, there is myth surrounding HIV positive women sleeping with virgin and toddlers to get cure of HIV/AIDS. This misconception leads to many young girls being raped and infected with HIV. Another reason causing the prolific spread of the virus is dry sex. It is believed that tightening of vaginal during sexual intercourse enhances the male sexual experience. However, this cultural practice is harmful to the female health as eradication of the normal vagina flora predispose the women to other infections, such as HIV. Often, lack of lubrication cause the wall of the vaginal to tear creating an entry site for HIV. The most common methods of drying the vaginal before sex is drying the vaginal secretion with cloth, and placing local concoctions in the vagina. The presence of sexually transmitted infections in either one or both partners is also a factor contributing to the spread of the virus. The presence of STIs does not stop people from having sex in Sub - Saharan Africa. In certain cases, it has been found out that men with bleeding genital ulcers were reported having sexual intercourse with women, including sexual worker. Similar findings were reported among the female sex workers in Kenya. Female genital mutilation, is yet another factor fuelling the spread of HIV in the Sub -Saharan Africa, predisposing the women to infection. The process involves surgical alteration of women's external genitalia - <https://assignbuster.com/sexual-violence-and-coercion-health-and-social-care-essay/>

sometimes with instruments that are not sterilized could also be a factor underlining the prolific spread of HIV. Lack of male circumcision is also one of the reasons put forward for the rapid spread of the virus. This is because the fore skins is fragile and easily breaks predisposing the men to HIV infection. Recent studies suggested that male circumcision reduced the risk of being infected by 60%.

## **Migration and Poverty**

Migration is often seen as simply flight from poverty. If there are no opportunities locally, people migrate to other areas in order to survive. Examples of such flight is devastating famine in Zimbabwe, people running away from war such as those in Sudan, and Congo. Poverty is associated with migration which in turn lead to exploitation and disruption contributing to the spread of HIV/AIDS. Large scale economic migration has been a factor in the rapid spread of the virus. Historically, men have migrated from Lesotho, Botswana Swaziland, and Zambia to seek work in South Africa. The migrant labour system is based on hostels where male workers live in barracks for a long period of time separated from their families. The men passed the time drinking and engaging in sexual activities over a short or long period of time with women who are not their wives. It is worth saying, that Sub - Saharan Africa is in the throes of widespread poverty and illiteracy coupled with urbanizations and migration of the populace to those areas. It is in the face of this that HIV continues its relentless assault on the people of Sub - Saharan Africa.

## **Sexual Violence and Coercion**

Africa is a patriarchal society where male dominance is a factor. The continued violence by the intimate male partner and high levels of male dominance in relationship continue to be a factor that underlies the prolific spread of the virus. It is essential to point out that women who are in abusive or controlling relationships are more at risk of contracting HIV infection. The above constitute a challenge in areas where the epidemic is rampant. Comparing this to areas where HIV has not spread extensively, sexual violence against women is low. It is estimated that in South Africa, women get raped every four minutes. It is safe to argue that violence against women is one of the contributing factor to the spread of the disease.

## **Lack of political Will**

In Sub - Saharan Africa, lack of political will to confront the scourge is also a contributing factor. AIDS denials policies have impeded the efforts of non-governmental agencies in combatting the spread of the virus. This has lead to continue increase in the spread of the virus as seen in South Africa coupled with lack of sex education and lack of behavioural change has continue to make the people of Sub - Saharan Africa vulnerable to the virus. In contrast to this, areas where the epidemic is low has seen government moving swiftly to combat the virus.

## **Comparing and Contrasting HIV spread**

Statistics reveal that there is a significantly greater incidence of HIV/AIDS in Sub - Saharan Africa compared to other regions. World health organization shows that in Sub - Saharan Africa 4. 9% - 5% of adults, which is nearly 1 in

20 have HIV, and that 69% of all the worlds HIV positive population live in Sub - Saharan Africa (UN, 2012). However, not all areas of Sub - Saharan Africa are equally impacted. Some areas like Burkina Faso have lower proportions of HIV in their population which is 1. 2%, Gambia and Angola, it is 2% compared to places like Lesotho and South Africa which stands at 23. 6% and 17. 8% respectively. (Avert, 2011). Other countries like Kenya at 6. 3%, Gabon at 5. 2%, Malawi at 11%, Namibia at 13. 1% and Botswana has the highest rate at 24. 8% (Avert, 2011). Comparing the region to the rest of the world, the disparity becomes very clear where Sub - Saharan Africa is significantly greater than most regions of the world. The closest to Sub - Saharan Africa which is 5% in terms of prevalence in adults is the Caribbean, Easton Europe and central Asia which stands at 0. 9 % ( avert, 2011). There have been studies which have sought to explain the disparity.

Mbirimtengerenji, (2007) has looked at the relationship between infection and poverty, noting that although anecdotal beliefs have linked the condition with poor economic status, it has not been proven and some of the countries with the lowest incidence in Sub - Saharan Africa are also some of the poorest. The research indicated positive relationship with poverty, however, the relationship was complex, as it related to the choices which were made as a result of quality of life and standard of living which were impacted by poverty; a lack of assets and skills were linked to increased levels of infection (mbirimtengerenji, 2007). It was argued that areas where there was highest infection were those areas where the population engaged more frequently in risky behavior, such as unprotected sex. The presence of prostitution often driven by economic needs, was a basic survival tactic, which increased the spread of the virus (mbirimtengerenji, 2007). Areas

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where there was lack of education and counselling were also found to have higher incidence rates, and safe behavior, such as the use of condoms during sex may seem irrelevant or be beyond the resources that are available to those affected. (Mbirimtengerenji, 2007). The results are not surprising and they create an interesting parallel with other areas, even in the US where the incidence rate is 0.7%, the rate of infection is much greater in the poorer populations (Avert, 2011). In spite of the problem in acquiring reliable information as regards sexual behavior, the result of several studies pointed to heterosexual transmission in the Sub-Saharan Africa. In contrast, the source of HIV transmission is through homosexuals and intravenous drug use in the west. This is why Men may be five times more infected than women. However, women are more likely to be predisposed to be infected by HIV as the epidemic spread to a larger population. However, there is not only disparity in the incidence rate, there is also disparity in the treatment. In the developed world, the rate of HIV infection has remain fairly stable as whole when compared to Sub-Saharan Africa. More encouragingly, in areas where the rate of infection is low, deaths due to HIV/AIDS is significantly low due to easy accessibility of antiretroviral treatment. In Latin America 70% of those who are eligible receive treatment, in the Caribbean this is 67%, and in Sub-Saharan Africa it is only 56% (UN, 2012). In addition to this, the drivers of the epidemic in the Sub-Saharan areas is lacking in areas where the epidemic is low. These areas benefit from stable economies, infrastructures, and have well developed health care system. It is worth saying that in parts of Africa such as the north where the prevalence of the epidemic is low, it is argued that Islam has a salient role to play. The Islamic faith has exerted a strong

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influence to the cultural values and government policies. It estimated that the prevalence of HIV infection as at 2009, in Egypt is 0. 1% whereas in country such as Lesotho, the prevalence stands at 23. 6%. By contrast, Sub - Saharan Africa has more liberal attitude to traditional cultures and religion. Such attitude allows people to have multiple sexual partners, unprotected sex, and high risk cultural patterns such as using the same instrument for the same client by the traditional healers.

## **Conclusion**

The character of the epidemic has changed significantly since it was first discovered. It is worth noting that significant progress has been made with regards to antiretroviral and prevention. Overall, the situation in Sub - Saharan Africa is improving, but there is still a long way to go. Incidence rates are still high and treatments requires improvement, with 46% of those eligible still not receiving ARV's. The problem associated with HIV/AIDS could be attributed to human developmental process, thus efforts should be geared towards encouraging behavioural change among people. It is imperative that HIV/AIDS should be looked at from the prism of the culture with a view of finding solutions to the epidemic.