

Aids in africa essay



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Johannesburg, the largest metropolitan area in the continent of Africa. The population of the main metropolitan area is 1, 907, 229(WorldBook encycl. 130). Johannesburg is also one of the world richest gold fields. Despite these positive aspects, Johannesburg is a city with a dismal future, because it is suffering from one of the world's worst AIDS epidemics. Every Saturday, nearby cemeteries are busy with the arrival of people who have died from AIDS. Funeral directors state that about 30 or 40 people are buried every week, as a result of AIDS. It is said that in South Africa, one of every ten people has AIDS. Some 17 million people in Africa have died representing almost 80% of AIDS deaths world wide. This is the equivalent of the combined populations of New York City and Los Angeles (www. Time/2001/aidsafrica). There is a conspiracy of silence fueling the spread of HIV in South Africa. Johannesburg is the largest city in South Africa, and has one of the fastest growing infection rates AIDS

is now South Africa's leading cause of death. Last year it accounted for 40% of all deaths between the ages of 15 and 49 (US. news2. yimg. com). By the year 2010, HIV prevalence in adults is projected to reach 25% of the total population. South Africa is projected to have the highest AIDS death rate until 2015. At that point, the population will have decreased to the point that the death rate will no longer be as high as in other areas.

South Africa has a population close to 40 million people - an estimated 4. 2 million (10. 5%) are infected with HIV. Of these, half are women ages 15-49. Over 40% of pregnant women are HIV-positive. The impact of AIDS in South Africa is overwhelming.

The disease has orphaned 370, 952 children

95, 000 children have been infected with AIDS.

The adult prevalence rate of HIV is 20%.

While there are limits in extrapolating the general population, it is estimated that 4. 2 million people were HIV positive in 1999, compared to approximately 3. 6 million in 1998. (www. securethefuture. com).

Statement of Need: Understanding who is Affected by AIDS

Demographics show that those most affected by AIDS are women and children. African women and children have been particularly hard hit by AIDS. There are now 16 million African children who have lost at least one parent to AIDS. Johannesburg medical agencies state in their reports that in the next 10 years, that number will reach 28 million. This is a heartbreaking statistic, but an even more compelling message comes from one of those most affected by the crisis: “ I’m actually an orphan and I’m infected,” says 11-year old Nkosi Johnson. “ I am a very lucky little boy, and I am living with a

in the world and ironically AIDS is a word not spoken at ground zero of humanity’s deadliest disease. foster family, but I am strong and healthy. That’s just what I want for all orphans to have”(www. cnn. com/health/aids). When the children’s parents die the relatives don’t want them because it is already hard to make a living for their own families. As a result, the children end up in an orphan camp. Many children get infected through breast-feeding as infants. Due to food supply shortages, most mothers breast-feed
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their children to keep them from starving to death. Most women get aids from sexual intercourse with their husbands or through rape. Wives, girlfriends and even prostitutes in this part of the country say it is not easy to say no to sex in a male dominated culture. Women do not have choices due to their cultural traditions. It is said that if a woman asks a man to use a condom, she is considered a whore and an outcast. When it comes to sex in South Africa, the man is always in charge. Girls and women are often forced to have sex and are punished if they resist. There is a belief in some areas that having sex with a virgin can cure an infected man. As a result, 12-year-old girls become infected. Men rarely know they have AIDS, because males widely refuse testing until they fall ill. Many men who think they may have AIDS just embrace it as if nothing is wrong until they get sick. They take the attitude that “ I’m already infected, I can sleep around because I can’t get it again.” Meanwhile, they may be passing on the infection to unsuspecting African women. The women then unknowingly pass it on to their children.

Men tested in Johannesburg clinics were found to have an HIV rate close to 19%

HIV infected women outnumber HIV infected men by a ratio of more than 6-to-5

By the turn of the century, the epidemic will have left behind 11. 2 million orphans

(www.usaid.gov/pop_health/aids/country).

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South Africa is the eye of the storm in terms of the AIDS epidemic. 60 percent of men, 80 percent of women, and 90 percent of the children infected worldwide live in the South African region.

Statement of Need: Understanding Nature of the Epidemic Many people are not even aware of what the AIDS virus is. AIDS stands for Acquired Immune Deficiency Syndrome, and is known as HIV in its earlier stage. Although technically it is not a disease, it is often referred to as one. AIDS is an all encompassing term for the many medical conditions that arise from a weakened immune system that can no longer fight infection (World Book encycl. 163). What people fail to understand is that people do not die from AIDS. Most people with AIDS die from infections or sometimes from a common cold. This epidemic is the single most important health and development issue the world faces today. Many books have been written on the subject, but people still remain unaware about what HIV is and how it is spread. AIDS is first and foremost a biomedical condition. HIV is one of a family of retroviruses that enter the bloodstream and attack the body's immune system, compromising its ability to fight infection. Scientists are not certain how, when, or where this virus came from or when it first infected mankind. There are many different studies of how it came forth, but this is not a primary concern right now. AIDS infects certain white blood cells, including T- helper cells and macrophages, which play key roles in the immune system (WorldBook encycl...163). The virus attaches itself to CD4 receptor molecules on the surface of these cells. AIDS enters CD4 cells and inserts its own genes into the cell's reproductive system. The cell then produces more HIV, which spreads to other CD4 cells. Eventually, infected

cells die (WorldBook encycl. 163). The immune system tries to reproduce more CD4 cells, but the HIV destroys them as fast as they are produced. People who get infected have certain symptoms including enlarged lymph glands, fatigue, fever, loss of appetite and weight, diarrhea, yeast infections of the mouth and vagina, and night sweats (WorldBook encycl. 163). There are four stages of HIV infection. The first of which is Acute Retroviral Syndrome, f

ollowed by Seroconversion, the Asymptomatic period, and finally full-blown AIDS. HIV can be transmitted during all stages of infection, even when no symptoms occur. The first stage is known as the Acute Retroviral Syndrome. The body's initial immune response develops a small measure of control over the virus. This stage lasts up to three weeks during which up to 90% of people will develop non-specific symptoms common to many viral infections. These can include such symptoms as night sweats, fever, malaise, headaches, and enlarged lymph glands. At this point the infected person's blood will test positive for the HIV antibodies even though the main symptoms will not show until 2 to 15 years later and sometimes even longer. During this stage the person usually keeps a normal amount of CD4 cells. During this stage the victim's body still has considerable control over its immune system. The second stage of this virus is called Seroconversion. This is the period where the body develops antibodies to ward off HIV. Even though HIV will ultimately win the battle, the immune system is able to keep the virus in check for a number of years. This stage lasts for a period of 6 to 12 weeks during which the antibodies are not detectable. A blood test during this time will return negative results. This period is often referred to as the "

window period,” and is the most dangerous time because a person can easily infect another person even though they have tested negative for HIV (WorldBook encycl. 164). Once the antibodies are detected, the blood test result will be positive and Serconversion will have taken place. While the antibodies reduce the concentrations of HIV, they do not destroy it entirely, and the person will still have this deadly virus in their system and can infect others with the virus. This stage also has some major symptoms that includes fatigue, enlarged lymph glands, yeast infections, skin rashes and dental disease. During this stage the CD4 blood cells decline, ranging from 500 to 200 CD4 cells per microliter of blood (WorldBook encycl. 164). The next stage is known as the Asymptomatic stage. This stage is also known as the silent but deadly stage. During this stage an HIV positive person will generally remain clinically healthy. While in this stage, the virus slowly but surely spreads throughout the body. The way one can tell that the disease is spreading is by counting the CD4 cells in the blood. A person who does not have the HIV virus normally has 700 to 1300 CD4 cells per milliliter of blood. As the virus spreads, it destroys CD4 cells. At the later end of this stage, the body reaches a point where it only has 300 to 200 CD4 cells, marking the final stage of the Asymptomatic stage. Due to the low count of CD4 cells, the body has a hard time fighting off infections. A common cold can last for months with an HIV positive person. Some common symptoms of this stage are thrush, shingles, tuberculosis coupled with weight loss, diarrhea, fever, and fatigue (WorldBook encycl. 164-165). In most third world countries, people can go through this stage without actually knowing they are sick with the virus.

The final stage is full-blown AIDS. This is the stage where the CD4 cells drop below 200, and a person becomes open to infections such as drug resistance pneumonia, tuberculosis, meningitis, and other bacteria infections

(WorldBook encycl. 164). This is the stage where the person moves from having HIV to full blown AIDS. During this stage medical costs increase and jobs are lost, placing enormous strain on the finances of the victim. Most deaths occur when the CD4 cell levels fall below 50. At this point the body can no longer fight off infection. The breakdown of the immune system eventually leads to death (WorldBook encycl. 164).

This disease has many ways of being transferred from one individual to another. Researchers say they have identified three ways in which HIV is transmitted:

Sexual intercourse

Direct contact with infected blood

Transmissions from an infected woman to her fetus or baby

(WorldBook Encycl. 164).

In South Africa, AIDS is primarily contracted through sexual intercourse. People who share needles during drug use provide another way to transfer this disease. Another mode of transmission that is common in Johannesburg is mother-to-child transmission.

Sexual intercourse is the main method of transmission for this virus. In third world countries, sexual transmission accounts for the highest percentage of

infection. The greatest concentration of the virus is found in the blood, secretions, and semen of infected persons. HIV is transmitted through all forms of sexual intercourse including genital, anal, and oral sex. Many men in this part of Africa consider the use of sexual prophelactics to be a taboo. Therefore, unprotective sex is one of the main methods of transmission for this virus. Another mode of transmission is blood-to-blood. Blood-to-blood transmission occurs when HIV-contaminated blood comes into contact with uninfected blood. The main transmission comes through sharing drug injection equipment. Drug injections are a major reason for the high number of AIDS victims in Johannesburg. The problem with sharing needles is that it gives people direct contact with the virus as the needle penetrates directly into the blood stream. Disimilar from industrialized nations, blood transfusions in third world countries are dangerous. Industrialized countries have sophisticated screening mechanisms that have been introduced to ensure that blood products are HIV negative. Third world countries do not have the same kind of sophistcated devices to ensure that their tranfusions are safe. One of the most serious modes in South Africa is the mother to child transmission. This can occur in two ways. The first way is when the infant comes into contact with the blood of an infected mother in the utterus. The second is when an infected mother breast feeds her infant. It is estimated that about 50 to 65% of child infections occur at birth (www.cia/publication/factbook). Another dismal aspect involves the fact that even if they escape infection at birth, the risk is still there because most South African women breast feed their infants. A woman infected with HIV can pass the virus on to her baby during pregnancy, while giving birth, or when breast

feeding. Another problem is how to prevent babies from getting HIV. A woman who is infected with HIV has 1 chance in 4 of having an infected infant. Medical treatment with a drug called AZT during pregnancy can reduce the risk of a baby getting infected to 1 in 12 ([www. cdcnpin. org](http://www.cdcnpin.org)). Pregnant mothers who are infected must be told to avoid breast feeding, and the baby must also receive AZT treatments for the first several weeks of its life. This might slow down the number of infected children being infected but it will not eliminate it. There is a need for encouragement to mothers who think they maybe infected with the virus to get tested. There are also many counseling programs that have been set up as AIDS clinics all over South Africa to educate people about the epidemic that is sweeping through their country. There are also some new intervention strategies that are planned but not quite in action yet. Many nations around the world are searching to find an effective vaccine for this virus. Others are providing condoms, drug therapy, safe blood supplies, needle exchange programs, and other beneficial AIDS prevention services. Many people have come up with programs to slow the transmission of the virus. Some programs have developed HIV/AIDS strategies that improve the approach, system, and tools available to prevent the spread of the pandemic by treating those infected while providing care and support for children and families affected by AIDS. has been on changing behavior, supporting children affected by AIDS, and encouraging the use of condoms. One main way to prevent AIDS is to educate people about effective prevention. Educating people about AIDS has become a primary approach to preventing infection. One way to prevent the spread of HIV is to educate people about

safe sex. Abstaining from sex is the only way to fully prevent the sexual transmission of HIV. One must also be realistic and understand that people are going to continue having sex, despite whatever risk may be apparent. For those who are sexually active, the consistent and correct use of latex condoms is encouraged. Condoms must be made of latex because they are most effective in preventing sexually transmitted diseases. Another encouraged technique involves checking on a partner's sexual history before becoming sexually involved. People are also encouraged to avoid any transaction of body fluids with infected persons. Efforts have been made to create an understanding that people should not share razors, toothbrushes, or any devices that may contain blood, semen, or vaginal fluids. Also, people are told that if they feel that they have participated in acts through which the virus could have been contracted, they should refrain from donating blood, plasma, body organs, or tissues ([www. cdcnpin. org](http://www.cdcnpin.org)). Despite all of the afore mentioned prevention and treatment strategies, AIDS remains more potent than ever in South Africa. The biggest problem with traditional AIDS prevention strategies is that they are dependent on an audience that is open to listening to information about AIDS, and acknowledging the need to take action. In South Africa and many other developing nations, AIDS is not a matter that is appropriate for discussion. Those who are discovered to have AIDS are ostracized from their culture. It is clear that efforts need to be made to destroy cultural taboos on the subject of AIDS. This project infiltrates the popular culture of South Africa with underlying themes directly involving AIDS. Gradually, it will become easier for South Africans to discuss and acknowledge the AIDS epidemic. At that point, other prevention and treatment methods will

be much more successful. The first step must be to establish a forum that establishes the presence of AIDS in the popular culture of South Africa. This project is one very effective method of establishing dialogue and awareness regarding AIDS in an otherwise close minded and ignorant society. The future does not look too bright for South Africa if lifestyles do not change. The primary contributor to this epidemic is ignorance, followed by poverty, lack of development, and the low status of women. It's not just their behaviors that need to be changed, but many of their traditions, beliefs, and customs. The epidemic has climaxed to the point that the average life expectancy for a South African has gone from 65 to 56, and is expected to drop to 30 in the next 10 years ([www. cnn. com/health](http://www.cnn.com/health)). The U. S census Bureau projects that by 2010 South Africa will have 71 million fewer people than it would have had without AIDS ([www. cnn. com/health](http://www.cnn.com/health)). Projections for 2010 have the adult HIV prevalence rate reaching 25%. In the next 10 years, the number of AIDS related orphans is expected to reach 28 million ([www. cnn. com](http://www.cnn.com)). It is projected that everyday for the next 5 years, 1600 babies will be born with HIV. After taking all of these horrible statistics into account, it is obvious that traditional str

ategies and campaigns are not enough, and a a new approach needs to be considered.

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/ Pages : 3, 342 / 24