

Africa
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The AIDS scourge

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Silence can be deadly. That is the message that is coming clearly from the African continent where AIDS is playing havoc not only with the lives of the infected patients but also with the entire economies of countries. In some African countries like Zimbabwe, 20% of the population is estimated to be HIV positive with 700 dying of AIDS every single week. For other developing countries, the lessons from this are clear: admit the presence of HIV and AIDS and start a preventative campaign or else the consequences are deadly.

At present, it is estimated that the sub-Saharan Africa has 70% of the world's HIV positive people and AIDS is the leading killer in this area. Just to quote a few statistics, as many as 5,000 people die of AIDS each day in Africa. There are an estimated 1,500 new infections per day in South Africa and in Zimbabwe 1,500 people die from AIDS every week. In these countries life expectancy is predicated to fall to around 40 years by 2010. A girl living in Harare has only one in three chance of reaching her 35th birthday. Some of the worst affected African countries include: Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe.

This is a human tragedy of a mass scale. The fact that 20–25% of the population in some African countries has death looming ahead is a truly scary picture. While this human catastrophe is haunting enough, the impact of having such high infection rates is not restricted to the individuals alone but is threatening the entire economies of these countries.

In most of these countries, the in-

fection rate is highest among those in their twenties and thirties. This means that rather than being productive workers, a large number of the young individuals of these countries actually become dependent on the elderly at the stage when they should actually be in a position to carry the burden of the young and the old.

The major portion of the family income ends up going to providing for the health care of the sick ones rather than investing in productive activity. This leads to increased family poverty, reduced chances for young children in the family to go to school, early assumptions of adult roles for children, increased vulnerability to sexual or physical abuse, and increased burden on the elders.

Another aspect of this epidemic is the large number of children who are left orphaned. "AIDS orphans" as they are often called, belong to the growing number of children who are left to fight for themselves when their parents die of AIDS. According to one estimate, in the sub-Saharan Africa almost ten million persons under the age of 18 have become orphans due to AIDS. According to UNICEF, by the end of 2000 there will be 13 million AIDS orphans. Even if these children are adopted they are subjected to maltreatment.

Thus, the picture of the current state of affairs in some of these countries is truly horrific. It is a warning for most of the other developing or poor countries to take this issue seriously before it gets out of hand completely. In most of the high infection countries in Africa, the key reason for spread is sexual activity. The reasons for this are varied, but, the common reasons include the fact that the social norms in some African countries allow men much scope for infidelity

and having sexual relation outside marriage.

Many of the men keep many partners. One reason for this is closely embedded in poverty as men in many areas have limited work options and leave their families to go to work in other areas of the country. This sort of intra-country migration leads to promiscuous behaviour on the part of the men and when they come back home to their wives they bring the virus with them. In Zimbabwe, for example, over three-quarters of the women infected by HIV have been infected through their husbands or stable partners.

But free sex alone is not responsible for the high rate of infection. The main reason for this high rate of infection is the lack of political will in most of these countries to acknowledge the fact that AIDS is there and that it has to be acknowledged and a strategy developed to tackle it.

The best strategy to tackle AIDS is preventive health awareness and this has been neglected in many developing countries. Sex is a taboo subject and sex education in context of health awareness equally so. As studies on AIDS in most of the African countries show, the reason for this high rate of infection is the denial of the presence of this disease in the country and thus no preventive measures are taken to actively tackle the issue at the initial stage.

For example, in Zimbabwe despite having a 20% infection rate, AIDS is seen as a curse. The local word for AIDS is *shuramatongo* which means an abandoned homestead, a place that has been cursed, the scene of catastrophe.

What is happening in some of the African countries right now, could be

replicating in some other low income or developing countries soon. Pakistan is no exception. On the face level, there is more or less denial of having any major AIDS threat but the fact is that some AIDS cases have definitely been detected in the country. Also, prostitution does exist in this country and many of the men do migrate to urban areas to get jobs while their wives and children stay home.

Also, with the poor health services system, where syringes are reused, blood transfusion takes place without blood screening, and hygiene standards in hospitals are appalling, and there is complete silence on need for sex education in the health context, Pakistan runs a high risk of developing an AIDS problem in the coming years. As the experience of many of the African countries is showing, by the time the people and the governments start accepting the fact that AIDS is there, the problem might have become unmanageable. The earlier the realisation comes, the sooner an effort can be made to run a preventive awareness campaign to tackle the issue.

The Ministry of Health needs to carry out some detailed research on the current status of HIV infection in the country and should develop a preventive health awareness and education programme. Equally critical is the need for ensuring minimum service standards to be observed by all the health delivery institutions. Strict discipline should be implemented to check deadly practices prevalent in our hospitals, like un-screened blood transfusion, using old syringes, etc. But all of this requires an efficient health ministry, which has the vision to rise up to the challenges. The Ministry of Health like other government institutions currently seems incapable of doing any such thing.