

### **South Africa: Human Diseases**

South Africa is a country of plentiful and diverse culture; it is also of great importance in the world. Rich history shaped the way the country functions today. It includes colonialism, racism, famine, and unstable government; however, it can be argued these adverse circumstances aided in creating a great country. Many of South Africa's problems are rooted by colonialism and racial tensions, which culminated into apartheid. Apartheid, the policy that separated races, while largely favouring white people, is the indirect origin of most of South Africa's modern problems. Unequal treatment created problems, such as poverty amongst those targeted and held the country back from progressing. Although the policy is not in place today, getting past it has been a struggle, especially in the 1990s and early 2000s when the reshaping of the government began. Food security, poverty, diseases and other issues plague South Africa's citizens and halt the country's progress.

The typical family in South Africa can be quite diverse. Unlike most countries in the eastern hemisphere, the traditional two parent family is not always to be expected. Many children live with relatives and/or only one parent. With "... at least half of children lived with adults besides their parents (70 percent) , ...43 percent of children lived in single-parent families... and from four percent to 20 percent of children lived in homes without either of their parents," a clear deviance from the so called normal family (Family Structure). Surprisingly divorce or separation of the parents is not the largest cause for this, however. It is really due to many factors: including disease, death in the family, and poverty.

Food security is an issue in South Africa and many families struggle with poverty and hunger. This is illustrated with a statistic gathered by the CIA "Children under the age of 5 years underweight: 8.7% (2008) country comparison to the world "(World Factbook). Along with "28.3% of South Africans face hunger, and another 26% face the risk of experiencing hunger," it is shown that food security is an issue the people of South Africa face in their normal day-to-day lives. (Typical Diet South Africa). Part of the issue of food security is the lack of diversity in the foods that citizens consume. A country is given a dietary diversity (DDS) score based on the diversity of types of foods consumed; "...A DDS score under 4.0 is considered deficient, and South Africa averages 4.2 – not a good sign. Low income groups typically cannot afford – and have limited access to – diverse types of food, resulting in a low average intake of fruits and vegetables" ( Typical Diet South Africa). Some staple foods are: for breakfast a maize porridge, lunch is bread with a green leafy vegetable, and for dinner a cheap meat. Rice is considered a luxury. There is not much deviation from the staple foods for most citizens. As well as lack of diversity human diseases, being an extremely large issue in South Africa contributes to this issue

monumentally. Families are many times left without a provider of food, employers left without employees, and the country left with a sizeable and hard to solve food security issue.

The conditions the typical South African family lives in are not assured to be desirable. Despite a majority having proper sanitation access, a large number of people live without it; leading to a more disease. South Africa's "Sanitation facility access: improved:urban: [is]69.6% of population rural, 60.5% of population total:[as well as there being] 66.4% of population unimproved urban: 30.4% of population rural: 39.5% of population"(World Factbook). The lack of access to sanitation in communities makes the spread of disease more prominent. "According to the results of the General Household Survey released by Statistics South Africa in June 2016, some 89.4% of South African households had access to piped water in 2015. During the same year, an estimated 45.8% of households had access to piped water in their dwellings. Nationally, 62% of households rated the quality of water-related services they received as 'good'. A further 27% accessed water onsite while 13.9% relied on communal taps and 2.7% relied on neighbours' taps"(Water and Sanitation). For many citizens, this issue holds them back from not only getting a resource they need to survive, but progressing as a community. With "... 4.4% of households [that] still had to fetch water from rivers, streams, stagnant water pools and dams, wells and springs in 2015 (Water and Sanitation). People cannot protect themselves with this kind of issue as a burden.

The typical family in South Africa might be facing one the country's multiple large problems: disease. Amongst malnutrition, lack of water sources and sanitation facilities, as well as poverty and prejudice, disease is one of the biggest problems facing South African citizens. Tuberculosis and yellow fever are some of the most prevalent issues people are facing, although HIV/Aids in particular, is a very large and complex problem, that causes a very high number deaths in the country. HIV/Aids has become one the most lethal diseases in South Africa, shown in the figures provided by the CIA. "The 2013 Mortality and Causes of Death release shows that HIV disease has moved from being ranked sixth in 2012 to being ranked third in 2013. Of the 458,933 deaths registered at the Department of Home Affairs in 2013 and processed by Statistics South Africa (Stats SA), 5.1% were due to HIV disease, an increase from the 3.9% in 2012"(Africa Statistics). So many people are dying from a disease that can be prevented and treated. Even the cases that are being treated could have been prevented; "6,984,600 people living with HIV/AIDS," could have been prevented (World Factbook). This illustrates the scope of the issue and shows how it is one of the issues that impacts the most people. Along with HIV, tuberculosis is another disease that is a large issue for the South African people. "South Africa has the world's sixth largest tuberculosis (TB) epidemic. The HIV epidemic in South Africa fuels the TB epidemic because people living with HIV are at a far higher risk of developing TB due to their weakened immune system. It is estimated that 60% of people living with HIV in South Africa are also co-infected with TB. The TB cure rate has improved in recent years. Between 2010 and 2011, the number of

people living with HIV who received TB treatment nearly tripled, from 146,000 in 2010 to 373,000 in 2011. This dipped to 337,000 in 2014, failing to meet the national target of 450,000.”(HIV Aids South Africa). Former South African president and civil rights activist Nelson Mandela even brought light to the issue by saying, “We can't fight AIDS unless we do much more to fight TB as well”( qtd. In Mandela, Champion, Dies). The scope of HIV/Aids is undeniable. With an “adult prevalence rate:19.2%,” it is almost impossible not to be affected by this and live in South Africa. The historical figure Nelson Mandela went on later to say, “History will surely judge us harshly if we do not respond with all the energy and resources that we can bring to bear in the fight against HIV/AIDS” ( Mandela).

With drugs, treatment, knowledge, and intent to end the HIV epidemic it is puzzling why this remains to be such a huge issue. Many factors helped cause the HIV/Aids and other diseases epidemic in South Africa. The government since the abolishment of apartheid has progressed, but due to a period of political disruption shortly after this, contributed to the creation one of the biggest issues. South Africa has the largest number of people living with HIV/Aids. This is due to many reasons: lack of education or awareness of the issue, stigma, and ignorance are just some. The country’s leaders showed all three of these things. Dr. Manto Tshabalala-Msimang, former minister of health in South Africa, advocated for food to treat AIDS and, “who as South Africa’s health minister drew international censure for questioning the causal connection between HIV and AIDS and for promoting dietary measures rather than drugs to treat AIDS, a policy that was held responsible for hundreds of thousands of premature deaths” (Weber, Bruce). President Thabo Mbeki claimed that HIV did not cause AIDS and refused the urgent care needed for the issue (McNeil, Jodi). With lack of education, many people believed this to be true. The leaders helped create or reinforce the stigma, and by refusing to care they showed ignorance to the issue. Things like this perpetuate a bizarre twisted view of things that do not always make sense, and create one of the biggest reasons the Aids epidemic hasn’t ended. The country’s health expenditures show the amount of money the government puts into the issue. “Health expenditures:8.8% of GDP (2014) country comparison to the world: 42” (World Factbook). Money is being put forth to solve the issue, but with the scale of this issue, a higher expenditure would be needed to make resources available to everyone.

Education is one of the most important assets in a way a society functions. The education system in South Africa is mainly functional but like every system is not perfect. The “School life expectancy (primary to tertiary education):total: 13 years male: 12 years female: 14 years (2013),”(World Factbook). Although proper sex education courses are now in place “Community members and parents often have conflicting views on sexual interactions and relationships and can act as a barrier – preventing educators and schools from providing accurate and quality information to students” (Thaver, Lerissa). However, there still is the widespread basic knowledge that a condom helps prevent diseases and unplanned pregnancies. In most cases,

however, the “basic” knowledge is not enough. People do not understand the disease or sex properly enough to protect themselves. Many do not use a condom despite availability. “Condom distribution targets for 2016 are set at 1 billion male condoms and 25 million female condoms, with 2015 distribution levels at 723 million male condoms and 20.7 million female condoms”(HIV Aids South Africa). With this, it could be assumed that these efforts are helping, “However, in recent years condom usage has fallen. In 2008, 85% of 15-24 year old males reported using a condom during their last sexual encounter – by 2012, this had fallen to 68%. Condom use among men aged 25-49 also decreased, from 44% to 36%. The same survey reported that 53% of participants had never used condoms” (HIV Aids South Africa). Condoms are being widely distributed but many still don’t use them and don’t truly know the consequences of these actions. Another area where lack of education towards the subject is shown is in treatment centers and hospitals. People living with HIV/AIDS do not always get the education they need to live. Many get the drugs and take them and start to feel better and get back to normal, which is how a person can live if they continue their treatment. The treatment available must be taken continuously and if stopped, the disease will most likely come back to kill. Not knowing the way the disease works and the way the treatment works has led to innumerable deaths. South African HIV counselors or health agents are also a way to help people, teach people and try to help reduce the stigma. They are people that live in a community, and can reach their own people and help treat them. These programs work with people in ways and aspects of life that have been unreachable before. (HIV/Aids South Africa) Educating children is one of the most definitive ways to create change societally. “HIV education now comes under the Integrated School Health Programme (ISHP), which aims to make youth-friendly, sexual and reproductive health (SRH) services accessible in school, enrich HIV prevention efforts and support young people who are HIV negative to remain so. However, the percentage of schools implementing the ISHP has dropped significantly from 160% in 2013 to 20% in 2014. Factors include a shortage of teacher training on SRH issues and resistance from some schools due to the subject matter. High dropout rates in schools also compromise effective HIV and sex education. It has been suggested that prevention programs should focus on younger children while more of them are in school and before they become sexually active” (HIV Aids South Africa). Continuing these programs is imperative to the success of the objective, which is to end HIV for the next generation. Knowledge is needed for AIDS to end.

In areas where resources are available, HIV still persists. This discrepancy creates an unusual and complex problem with a simple, yet surprising, cause. Although resources are available, stigma still prevents people from receiving those resources. Despite the extremely high rate, the word HIV/Aids or mention of the clinics is still rarely spoken about. When spoken of it is in a manner of little sympathy and instead of a fearful detestability and shame. Many people living with HIV/Aids are kicked out of their families and forced to leave their community forever, especially women and minority groups. Women make up a startling number of those infected

with HIV. “A 2012 survey found HIV prevalence among South African women was nearly twice as high as men. Rates of new infections among women aged 15-24 were more than four times greater than that of men the same age, and this age group accounted for 25% of new infections in South Africa” (HIV Aids South Africa). Sexual relationships are much different in South Africa than they are in the United States. Women’s cultural “role” of being sexually submissive sets the standard for these relationships. Intergenerational relationships are very common and sugar daddies or blessors as they are known, (older men that give money and things for a sexual relationship, not prostitution) help create the high rate of infection amongst younger women.(HIV/Aids South Africa) One of the most common stories heard from women is that they asked to use a condom, but their male partner refused. (Dempster, Carolyn) Another group of people especially subjected to HIV/Aids are sex workers. These individuals often face abuse and discrimination that leads them to not getting the treatment and/or access to the preventative measures they need. “Nationally, HIV prevalence among sex workers is estimated at 59.6%... In 2010, sex work accounted for an estimated 19.8% of all new HIV infections in South Africa. Female sex workers are particularly affected, with studies finding HIV prevalence among this group to range from 40% to 88%, significantly higher than among women in the general population (14.4%)”(HIV Aids South Africa). The discrimination can be shown by “One study found that up to 70% of women who sold sex had experienced abuse by the authorities”(HIV Aids South Africa). Some drugs that help women protect themselves despite males’ actions. For example a trial has been done of a product inserted into the vagina that can help prevent HIV for an extended period of time. It is a “A ring that continuously releases an experimental antiretroviral drug in the vagina safely provided a modest level of protection against HIV infection in women (vaginal ring).” Also an oral medication has been produced to help prevent infection but with the downside of the need to be taken regularly to be effective. The most common of these is called Pre-exposure prophylaxis (or PrEP) and “Studies have shown that PrEP reduces the risk of getting HIV from sex by more than 90% when used consistently. (Pre-Exposure Prophylaxis)” With a need to help women while working with the society and culture these women come from and are part of, women need preventative methods to control their health whether or not they have control of their bodies.

Stigma is prominent amongst minority groups including gay men.“HIV prevalence among men who have sex with men ...in South Africa is now estimated at between 22% and 48%. A study in 2016 found 55% of South Africans would accept a gay family member; 51% said gay people should have the same human rights as others; and two thirds supported keeping the constitutional protections against discrimination on the basis of sexual orientation. However, the same study also found that 72% of people said same-sex sexual activity was morally wrong. 18% either had, or would consider, verbally abusing someone who is not gender conforming – and nearly 10% had, or would consider, physically abusing them” (HIV Aids South Africa). People need the basic human rights, acceptance and recourses needed to stay alive.

Children are also heavily impacted by the epidemic, many with parents, family members, friends and even themselves living with HIV/Aids. “In 2013, an estimated 360,000 children (aged 0 to 14) ... living with HIV in South Africa...More than 2.3 million children in South Africa have been orphaned by HIV and AIDS” (HIV Aids South Africa). The spread of HIV to children mainly is brought upon by child to mother transmissions through birth. “The country has made great progress in this area due largely to improvements in the choice of ARVs and the widespread accessibility of the PMTCT programme...In 2015, more than 95% of HIV-positive pregnant women received antiretroviral medicine to reduce the risk of MTCT... In 2009 there were 56,500 new annual HIV infections among children, by 2010 this had fallen to 15,000, rising to 16,000 in 2013” (HIV Aids South Africa). Thankfully many of the efforts to stop this aspect of the issue have succeeded in controlling the problem much more so than other fields where programs failed or were unsuccessful in creating a sustainable solution. This is in part due to the societal standard of protecting children first, but to truly protect a child one must protect them not only at birth but for their whole lives. “Giving” a child AIDS is not only immediate transmission at birth, but can also occur as they grow and become adults, the world and society they live in dictates whether or not they get aids. If the world they live in does nothing to prevent AIDS, the child will do anything to prevent getting AIDS.

Some traditions have contributed to the rapid spread of HIV/AIDS. South Africans do not circumcise as widely as more developed countries may. This affects the rates significantly because, “Voluntary medical male circumcision (VMMC) can reduce the risk of female-to-male HIV transmission by up to 60%. This led the South African government to rapidly roll out a national VMMC programme, which aimed to reach 80% of HIV-negative men (4.3 million) by 2016. By April 2011, more than 150,000 circumcisions had been conducted with an estimated one new HIV infection averted for every five VMMCs. The 2016 circumcision rate remains stable with 50-79% of eligible men reached” (HIV Aids South Africa). Continuing programs like this, as well as educating the population so they have opportunity to make an informed decision about it, are ways to help insure the health of the people of South Africa.

Many programs have helped to control this problem. Recourses are becoming widely available and people are getting access to the things they need. “The launch of the national HIV counselling and testing (HCT) campaign in April 2010 [that] resulted in a remarkable increase in the number of people accessing testing. Between 2008 and 2012, annual HIV testing increased from an estimated 19.9% to 37.5% among men, and from 28.7% to 52.6% among women. The higher testing figures seen among women have been attributed to the added effect of the PMTCT[Prevention of mother-to-child transmission] programme, which enables women to access HIV testing services during antenatal appointments. South Africa developed an HCT revitalisation strategy in 2013, which focused on the private sector, farms and those in higher

education. This strategy set a target of 10 million HIV tests to be carried out by 2015, of which 9.5 million were achieved, taking the total number of HIV tests since the 2010 campaign began to 35 million”(HIV Aids South Africa). Despite having resources available, actually getting drugs can be difficult for some. Programs where bike messengers deliver HIV drugs for those unable to travel help address this problem (Kelto, Anders).

“Solving” HIV is difficult with no approved effective vaccine or cure to HIV/Aids, but to die of aids is not necessary. Changing now is the only way to end AIDS for the children of today. Societal perceptions, norms, and culture are all a part of the problem, along with lack of substantial education systems. But what creates the biggest divide is the huge domino effect that occurs with these problems. Government instability plagues anything from changing, making these issues just spread and persist. These problems were years, decades and even centuries in the making. The “solution” does not exist for today, but can exist for tomorrow. A so-called cure is not going to create the change that needs to happen today. The way we look at the issue needs to change. It cannot be just one thing changed to bring about this future without unnecessary deaths. There are “...an estimated seven million people living with HIV in 2015. In the same year, there were 380,000 new infections while 180,000 South Africans died from AIDS-related illnesses. South Africa has the largest antiretroviral treatment (ART) programme globally and these efforts have been largely financed from its own domestic resources. The country now invests more than \$1.5 billion annually to run its HIV and AIDS programs. However, HIV prevalence remains high (19.2%)” (HIV Aids South Africa). With one of the largest HIV rates in the world and the most money being put forth to end this problem, these efforts are not working in South Africa. Along with the disease, a massive stigma comes with it. For many reasons, this has become an issue many are facing. Trials of new drugs can be made, resources can be distributed, even a cure can be created, and AIDS will not end. The answer is to get people to understand the implications of this issue. The change needs to happen to the society of South Africa for the families in South Africa’s struggle to end. Change needs to occur in almost every branch of society and government to end this epidemic. Changes in the way people talk about the issue, and the way it is perceived and dealt with. Not always in big ways, but with so many different reasons for this being a problem, people’s attitudes must change, the way the government responds to issues and many other things must change for this to be a possible future. This issue is personal, but also societal. The conversation needs to change from the avoided topics and into the forefront of the people's minds. Realizing this is in issue and being vocal and having conversations about sex in homes with no stigma attached is the only way to truly stop this. Education in general, as well as education specifically about disease prevention is an important tool in ending the HIV/AIDS crisis. This issue needs to be dealt with for the families in South Africa suffering from this, for the children who are affected and who could be affected at any time, as well as generations to come. In the words of Nelson Mandela, “Give a child love, laughter and peace, not AIDS” (qtd. Mandela death Aids campaigner).

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