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Swaziland, Factor 12: Human Diseases

Human Diseases in Swaziland

Swaziland, Africa, a small country located on the southern tip of one of the world's most poverty ridden regions. Like any other country, it contains this world's driving force, people, and to get into more detail, families. Most families in Swaziland are nuclear, containing a mother, father, and children, as well as the occasional extended family such as grandparents or in-laws. Imagine you are watching a family go about their daily business. You see the mother harvesting maize from the family homestead, the father is just completing his long commute from his job in the city, and the eldest son is returning from the fields. A young boy who was out running errands for his mother arrives home with sisal grass and straw, materials his mother will use later while weaving baskets (everyculture.com). A young girl, most likely the youngest of the group, is inside preparing for a dinner of goat and beans, two staples in the Swazi diet (everyculture.com). Of all the efficiency that is shown in this well operated homestead, one thing stands out. Of the people just described, at least one of them is infected with HIV/AIDS. Swaziland has a staggering 26.5% HIV prevalence rate, the highest in the world (AVERT.org). With this country's traditional family structure, lack of education, and inaccessibility to free and local health care, AIDS has taken over. With that, it has not only stopped the country's economy in its tracks, but it has also eliminated all hope of living a healthy and economically sound life.

Typical Swazi Farm

The main source of income in Swaziland, like many other countries, is agriculture (Encyclopedia.com). Looking back at traditional homesteads throughout history, the men and the sons often take care of their farm while the mothers and daughters stay inside and tend to the home. Although this is still a popular structure, many men do travel into the towns for their work since the demand for industrial jobs has risen in recent year throughout the world (everyculture.com). The main export for large scale farms is sugar cane, based on irrigated cane. When it comes to the more common family farm, crops include maize, rice, vegetables, cotton, tobacco citrus fruits, and pineapples (everyculture.com). These farms are small and manageable, considering they are independently run by single family units and provide the majority of food that makes up these citizen's diets (everyculture.com). Although this line of work does not bring in large amounts of income, they do support the family with food to eat and enough money to make it onto the next day. Unfortunately, this lifestyle does not provide baseline prevention for a terminal illness like HIV/AIDS.

Major Barriers Farm Families Face

The people of Swaziland struggle with finding a reliable occupation. For men especially, the only career options are working for low pay and low benefits in the city, or supporting their families with a farm where an extra dry summer can ruin everything they have worked for. Much of Swaziland is rural as well, presenting yet another problem for many of the families struggling there. In these rural areas, if someone was infected with HIV/AIDS, they are situated far from hospitals and clinics and would have a very difficult time finding the proper life saving treatment they may need. Situations like this can result in the death of a family member, an event that can shatter an entire household. Encyclopedia.com states that the majority of medical practitioners in Swaziland are "Primarily biomedical or traditional practitioners," not the top quality medical experts necessary for needed treatment (Encyclopedia.com). Looking back on these families' economic situations, they can rarely afford even this type of low-caliber treatment, and in the rare occurrences that they can the financial blow can have drastic effects on their economic security. A situation like this has a snowball effect. First, a family may have to pull their children out of much needed educational settings to help rectify financial debt and hardship. In addition,

it can become necessary for families to have to sell more of their crops for income while simultaneously watching their family members go hungry due to the lack of self-sustainability. HIV/AIDS can take a functioning household and turn it into a downward spiral, as they grow poorer and poorer and plunge deeper into poverty. This is why HIV/AIDS has demanded the kind of attention it has received around the world in the last 35 years.

Swazi Living

HIV is the virus that leads to the disease known as AIDS. AIDS, standing for Auto Immune Deficiency Syndrome, is a disease that attacks the immune system. It will turn what most of us call a “cold” into something that could very possibly take someone’s life. AIDS destroys your ability to fend off infections, bacteria, viruses, or diseases. For example, say you get a cold. This cold might not even be severe enough to keep you home from work or school, and if it is, it won’t last for more than approximately forty-eight hours. In Swaziland, if someone with HIV/AIDS develops a “cold”, they will most likely end up in the hospital. This “cold” may develop into pneumonia or bronchitis, illnesses that can leave you stuck on bed rest for days, even weeks. These people cannot work, they cannot support themselves or their family, who may possibly be infected with the same horrible virus. In a country that suffered from poverty before HIV/AIDS struck, women were already the most vulnerable. Many spend their days as mothers and their nights as sex workers, just trying to scrape up enough money to feed themselves and their children for another day. People living in this situation are much more common than one would like to think.

At risk population

A staggering two out of three sex workers are HIV positive, a statistic found nowhere else in the world (AVERT.org). Even women who do not sell their bodies to survive are affected. Sexual violence is common in Swaziland, like in many other third world countries (AVERT.org). Having a history of polygamy, men in Swaziland often view themselves as far more superior than their mate. AVERT, an organization dedicated to fighting the spread of AIDS, reported that one out of three adults believe that violence against women is justified in certain instances, and one in three women experience sexual violence before the age of eighteen (AVERT.org). Violent and dangerous sexual practices only increase the spread of a virus that is known most for being sexually transmitted. Due to this, and many other factors, the HIV prevalence in women is almost three times as much as that in men (15.3% compared to 6.3%), and in 2011, women accounted for two out of three new cases of HIV in Swaziland (AVERT.org). In all reality, these statistics in Swaziland are not declining, and if anything, they continue to increase at a rate that Swaziland’s government has not shown the ability to handle.

Over the last twenty-five years, Swaziland has become a breeding ground for the HIV virus, turning a previously uninfected country into the world’s biggest HIV/AIDS epidemic. Population Media Center states that the life expectancy is currently “48 years, and that 60% of the population reportedly live on less than the equivalent of US\$1.25 per day” (PopulationMedia.org). This is a trend that has drastically improved over the last ten years. In 2009, the age to which someone from Swaziland was expected to live was a lowly 31.88 years, one of the lowest numbers this world has ever seen (PopulationMedia.org). Since, the country has seen a steady improvement in how long they live, even though that life has a 25% chance of being controlled by HIV/AIDS. This heightened life expectancy is most likely the result of much improved treatment and testing options for those suffering from HIV/AIDS. In previous years, if you were born of a HIV infected mother, there was a 15% chance that you would have the virus as well (AVERT.org). This statistic led many to work to improve the lives of pregnant women and their children in Swaziland. Between 2004 and 2010, the number of sites offering PMTCT, or prevention of mother-to-child transmission, increased from forty-four to one hundred fifty-four sites (AVERT.org). By 2012, almost 81% of pregnant women got tested for HIV, and from those with positive test results, 83% received antiretrovirals to prevent virus transmission to their unborn child (AVERT.org). Making testing and then treatment more available to people, in both rural and urban areas, has made living with this

disease more like actually living, and less like simply surviving. The only thing hindering such improvement is that they will always have women to treat, for these women are still living in a culture where HIV has become a part of everyday life.

Effect on Society

If the number of HIV/AIDS cases in Swaziland were to decline, many positive effects would follow. The life expectancy would be longer and the quality of living would be improved. People would be better able to work to support themselves and their families, while inherently supporting the economy around them. Families would be less pressured to have more children since the chance of their kids living past the age of one would be increased in the absence of this incurable disease. Providing treatment and information on prevention to citizens before they become parents would stop 15% of new HIV cases, as stated earlier, and lead the way for an efficient Swaziland in the future.

Cultural Barriers

Large factors that prohibit significant improvement of these important statistics are the steadily increasing population, traditional familial views, and poor living conditions. Index Mundi, a source for complete country profiles, stated that “The Population Growth Rate is only 1.14%” (IndexMundi.com). In a country where HIV is being controlled and 26.5% of the adult population is not at serious risk for fatal illnesses, this number would be considered stable. That is not the case in Swaziland. Children account for over 50% of the total population, and children cannot work full time to support their families and the economy, or get full time schooling to support their own futures. The conditions just do not allow it. Many families believe that the solution to giving a good future to their children is to have more children to give a future to. That is wrong, for when these children grow old enough to enter the workforce, there will not be enough jobs to fit their needs; especially if they are paying for treatment of a disease that they have a one in four statistical chance of contracting.

Strategies for improvement

Research supports three main focus points on the suppression of HIV/AIDS in Swaziland: provide information and strategies to those who are lucky enough to be HIV negative, provide information and treatment to those who are infected, and inform the general population of the fact that if they continue their traditional practices that have led them to this point, there will never be hope for a healthy Swaziland. If a fourth of this country’s population is to remain, in many cases, terminally ill, there will be no successful agriculture or industry, whether it be this generation or those that follow. The biggest way to improve this factor is to simply educate the people. Swaziland is already on the right track regarding treatment and care facilities, but the main goal is not to treat those with HIV, it is to not have any patients to treat. Outreach programs issued by the government or even independent agencies regarding things like contraception, rehabilitation programs, and safe sanitation and living habits will put the solutions in the hands of the people. In all reality, this issue comes down to culture. Trying to reform the ideas and practices a particular country has implemented for decades is an incredibly difficult task. AVERT has become one of, if not the leader in battling HIV/AIDS on a global scale (AVERT.org). This has to do largely with the raw nature of their practices. AVERT focuses on outreach. They have government affiliation, but only from the outside the organization (AVERT.org). This means that decisions made by AVERT are made only by them, and it is their choice on whether or not to collaborate with these political programs. AVERT has large amounts information that are accessible with the click of a mouse and continue to be successful in its collaborations with organizations from across the globe to address HIV/AIDS not only in the United States and Swaziland, but rather to eradicate it worldwide. Outreach can work hand in hand with education to reach the same goals. In a country where education is already limited and often regarded as not needed, the best way to spread western ideas and techniques to the Swazi citizens is not by forcing them to attend seminars or sit in a classroom, but instead to work together with them in their daily lives. Programs need to turn every citizen they meet into their own personal spokespeople for healthy living in such a terrible situation. This could be done by even starting

as small as one family in one village. It is our responsibility as healthy human beings to help others, but we can only submerge ourselves into their culture so much. Prevention is the key, and we must teach the people of Swaziland to be the leaders in their own epidemic. Citizens could, with the help of outside sources, create a single support group within their village. This one area could not only become a safe place where the stigma attached to HIV/AIDS is forgotten, but also a perfect medium for distributing essential information to the population that is being affected most. There are a number of organizations worldwide that are working on treatments and cures for this illness, but until a cure is found, education and expansion of preventive techniques and modern medical facts need to be installed. These men and women need to know about their treatment and prevention options before they put themselves and others in further danger. The government of Swaziland has an obligation to provide its citizens with the best possible living conditions it can. If it doesn't, there will be little country left to govern. The people, after all, are the ones being affected. Installing more hospitals is not going to save Swaziland by 2050, but a lifestyle change might. If Swaziland took their outreach programs and extended them to the most affected groups of people and informed them of safe living and reproduction habits, the following generation could be spared the life so many generations of people have had to live.

Current government involvement

The government has already implemented two hundred and ten HIV Testing and Counseling (HTC) sites since their involvement in the epidemic began in the 1990's, but this is not enough action to improve the current situation. International and outside sources still fund almost 60% of the treatment effort (AVERT.org). Both PEPFAR, the President's Emergency Plan for AIDS Relief, and the Global Fund were agencies who funded and supported Swaziland's outreach programs until lack of funding forced them to pull out in 2011 (AVERT.org). AVERT stated that Swaziland's King has often been publicly criticized for spending too much time on the disease itself and "blatantly disregarding" the factors that are fueling the epidemic (AVERT.org). Swaziland's government has set up the Swaziland National AIDS Program, or SNAP, and strategized a response during the early years of the epidemic. During their involvement, the rate of pregnant women infected with HIV had risen from 3.9% to 26.3%, resulting in their replacement by the Crisis Management and Technical Committee (CMTTC), who created another unsuccessful action plan from 2000-2005 (AVERT.org). The United States joined this fight with the previously mentioned program known as PEPFAR. They were crucial in providing large quantities of medical equipment and focused largely on the prevention of Mother to Child Transmission (PEPFAR.org). Yes, the assistance provided has helped in the efforts to treat Swaziland, but not to heal it. Such support and resources coming from a well developed and generally open minded country like the United States should again be targeted towards prevention. There is no evidence of contraception distribution by PEPFAR, nor any targeting of this distribution to at risk individuals such as sex-workers, drug users, orphans, or homosexuals. The AIDS Healthcare Foundation's Swaziland branch launched one 3 month condom distribution campaign, but this only provided easy access to simple contraception for a short period of time (AIDSHealth.org). This is yet another example of either misled campaigns or simply a lack of follow through by the organization itself. The efforts taken by the government have focussed so much on the treatment of the disease rather than preventing the spread of it. With such a blind spot in their battle, support programs have been fighting a two front war, with only one side being adequately armed. What people seem to forget is that they will be spending substantial amounts of money treating the infected for years, no matter how much treatment may have been previously provided. If the spread of AIDS isn't stopped, doctors and aid organizations will never run out of people to treat. HIV is a virus that cannot be cured, but it can be prevented, and that is one of the things the government of Swaziland seems to have forgotten about.

If the population of Swaziland becomes healthy, specifically those people important to the agricultural industry, not only will the life expectancy increase, but the quality of life that they will experience will become something entirely different. These men, women, and children have been born into a situation they cannot cure, but they can certainly control. The people who need treatment the most are the ones

who are often ignored. Swaziland has been known to place stigmas upon modern ideas in both society and medicine, the very two areas where Swaziland needs modernization the most. The government has used its resources, in many ways, to the best of its ability at that time, but in the wrong areas. Treating HIV is important yes, but common sense has to come into play. If you prevent further infection, there will be no HIV to treat. That is the real goal. Swaziland operating with an efficient economy is something we have not seen before. If this nation heals its people by preventing the very thing that needs healing, it will have taken the first real step towards a better economy and a better life for its citizens.

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