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Title: HIV/AIDS Impact-Prevention in Lesotho

Lesotho is home to approximately 2.125 million people according to the World Bank. Currently in Lesotho they have a HIV/AIDS epidemic happening. As of 2019 340,000 people live with HIV in Lesotho (“HIV AND AIDS IN LESOTHO”). There are multiple ways to be infected by HIV ranging from sexual transmission, blood contamination, needles (such as drug abuse), as well as mother to infant transmission. (Avert, 2018) What is HIV/AIDS? HIV means Human Immunodeficiency Virus and AIDS means Acquired Immunodeficiency Syndrome which is a virus that is transmitted between humans through blood as well as sexually transmitted. HIV is the early stage of the infection and AIDS is the advanced stage which can have more life changing effects such as death. Compared to the United States Lesotho has 296,000 more HIV cases (Hiv.gov). If lack of effective information and resources in Lesotho contributes to their HIV/AIDS epidemic what can we do to help stop it?

In Lesotho they eat steamed bread, potatoes, rice, porridge, and a dish called “papa”, which is similar to mashed potatoes but made of corn meal. Lesotho diets are mainly based on cereals - predominantly maize, and, to a much lesser extent, wheat and sorghum. (Help Lesotho, 2017). The typical family size in Lesotho can vary from 3-5 children and the family size being 5-7 people (ProQuest CultureGrams n.d). Almost every school and family in Lesotho has a vegetable garden where they can feed themselves and harvest food. Planting and harvesting does become difficult, putting Lesotho in a major food security crisis due to the EL-nino drought. Which has caused crop failures, low incomes and high food prices. Which has resulted in 41% of rural families spending over half their income on food. (World Food Programme, n.d.) Over 30% of Lesotho's population in all 10 districts has faced high levels of acute food insecurity since March 2020. More than 70% of Lesotho's Rural population has engaged in subsistence farming but productivity has been deteriorating since the early 1990s because of unpredictable weather conditions including inconsistent rainfall and recurring droughts. (World Food Programme, n.d.)

Families of Lesotho are provided access to education. There are seven levels and standards of school which are influenced by the British colonial system. Primary school is free for all students but attendance can still be hard to manage for boys who tend to livestock. Parents who don't send their children to school can be arrested. After the seven stages of Primary school there is secondary school where an exam is issued and if the student passes and their family can afford tuition and board they begin secondary education. Water in Lesotho is non-contaminated and accessible to everyone. A lot of places in Lesotho are accessible by roads. Transportation is accessible and walking is possible as well.

The HIV/AIDS epidemic has a large impact on the citizens of Lesotho. HIV/AIDS has a significant impact when it comes to gender. Gender inequality drives the forces of the spread. In many places HIV infection rates are three to five times higher among young women than young men (Food and Agriculture Organization of the United Nations). According to a study done by Lianne Brown on Sexual Violence in Lesotho in 2003, she states that Lesotho, like many southern African countries has a highly embedded patriarchal society, which normalizes gender inequality and increases the prevalence of gender-based and sexual violence. This heightens women's risk of contracting HIV which causes a rural woman's work load to increase. The typical salary for men in Lesotho is 12,500 LSL also known as Lesotho Loti which is the official currency in the Kingdom of Lesotho. The typical salary for women in Lesotho is 11,200 LSL. Which indicates men are paid 11% more than the women on average across all career fields (Minimum-Wage, 2021). The approximate yearly minimum wage in Lesotho is 977.89 LSL which in US

dollars is 664.00 dollars. (Minimum-Wage, 2021). Women in rural areas tend to be the caregivers when a household member is sick or ill. Access to resources such as land, credit, training and technology are strongly influenced and determined by gender because men are favored more in society and are given better access to resources that women are not given. (Food and Agriculture Organization of the United Nations).

The HIV epidemic and its effects on men who have sex with men (MSM) make them 27 times more likely to acquire HIV than “general population” (UNAIDS, 2018) Meaning homosexual men or men who engage in homosexual acts are more likely acquire HIV than someone who don't engage in these acts. For MSM the prevalence of HIV and AIDS cases is estimated at 32.9% (Avert, 2020). In 2010, it was estimated that men who have sex with men accounted for roughly 3-4% of new annual HIV infections (Avert, 2020). There is limited research and information on MSM in Lesotho.

One of the biggest reasons a child becomes an orphan in Lesotho is due to the HIV and AIDS epidemic (Avert 2020). According to hiv.gov, There are an estimated 73,000 orphans due to HIV and AIDS in Lesotho. HIV and AIDS has a physiological impact on children as well (Phekani 12-13). Research shows that HIV and AIDS can have the following effects on children:

Children are often something of an epiphenomenon; a tragedy by product, relegated to mitigation efforts that fall somewhere between child survival and development. Young children find themselves living with withdrawn, preoccupied and ill caregivers that eventually die. Such loss and instability is maximally injurious to their health and wellbeing. (Chi et al. n.d)

Therefore children need better resources to support their mental and physical health. Providing persistent treatment relating to the HIV and AIDS epidemic is crucial to the physiological impact on their lives. Without that sustainability a child can face issues such as depression, anxiety, substance abuse, delinquency, poor school performance and adaptive functioning (Chi et al. 10). Many children will become caregivers and look after older generations and family members like grandparents. If any deaths are caused in the household due to HIV and AIDS. This can cause attendance problems as well as increase poverty levels. Currently 57% of Lesotho's population lives below the poverty line. This has led to the decrease in the country's life expectancy age to 52 years old in men and 55 for women. Which results in a slower response to the HIV epidemic (Avert, 2020). People living with HIV are at higher risk for mental disorders. There is a stress associated with living with a serious illness or condition such as HIV, which can affect a person's mental health. People with HIV have a higher chance of developing mood, anxiety, and cognitive disorders. (NIMH n.d) Good mental health is important for teens living with and without HIV.

When relating the HIV and AIDS epidemic to food insecurity, the impact is gargantuan and ranges from agricultural skill to institutional capacity. Rural farming systems depend on local agricultural and biodiversity knowledge which is essential to maintain production. The loss of produce production in farms causes the loss of knowledge being passed on to younger generations making them less equipped to maintain farms and the impacts of the HIV and AIDS epidemic. The agricultural skills are often gender-specific so an illness or death of a female or male within a household member can result in a weak farming system. For example, if the man who tends to the cattle of the household were to become ill, a woman of the household would have to tend to that man who would lose a day's work of production. This can as well cause a decrease in nutrition. Individually, any citizen of Lesotho with HIV and a poor diet/ food intake can suffer from malnutrition. Poor citizens are more likely to face more serious conditions since they are more likely to be malnourished even before being infected by HIV. Malnutrition pushes the rate of AIDS as well as death. This can increase the risk of vertical HIV transmission from mother to

child. All this places strain on farm laboring, household food production and the nutrition status among household members and citizens.

The epidemic not only affects agricultural production and nutrition, but also reduces rural institution output and service. An example is the following;

The first impact experienced by formal organizations is a decline in human resources, as more staff are absent due to repeated periods of AIDS-related sickness. The quality of the service is affected as other staff members have to cover for their colleagues' absence, thus increasing their own workload and decreasing the geographical area which mobile staff, such as extension workers, are able to cover. (Food and Agriculture Organization of the United Nations, 2003).

This results in the organization suffering from "less tangible results of increasing staff attrition." (Food and Agriculture Organization of the United Nations, 2003). Certain technical skills can be replaced but the institutional knowledge and experience can't. So what can we do to help?

Lesotho's Society knows the current epidemic is ongoing in their country and has been putting in the work to prevent the spread of HIV/AIDS infections and reduce the rate of cases in its country. Lesotho has contributed by providing many resources to its citizens that are prevention methods to HIV. The following are current solutions being used, the first is Antiretroviral Treatment (ART) which is taking a combination of medicines for HIV everyday. ART is for people who live with HIV. This solution doesn't cure HIV but the medicines help people with HIV live longer and healthier lives. It can also reduce transmission risks. ART coverage in Lesotho has been increasing in recent years, and in 2016 53% of adults living with HIV were given access to treatment. This equates to 168,000 people living with HIV ("HIV AND AIDS IN LESOTHO"2020).

The next solution being used is voluntary medical male circumcisions which protects against HIV infection by safely removing the foreskin, which is susceptible to infection, from the penis. Male circumcision significantly reduces the risk of sexually transmitting HIV from a woman living with HIV to a man and is recommended by the World Health Organization.

Prevention of mother to child transmission (PMTCT) is a prevention method for pregnant women. PMTCT helps decrease and prevent the chances of mothers transmitting HIV to the child or children they are birthing. Mother to Child transmission is when a pathogen such as HIV is transferred to the child of the mother. HIV or any disease of its similarity can be transmitted to the fetus, the newborn during the pregnancy, during labor or delivery as well through breastfeeding. Mother-to-child transmission (MTCT) is also known as vertical transmission, which accounts for the vast majority of infections in children (0-14 years)."Without treatment, if a pregnant woman is living with HIV the likelihood of the virus passing from mother-to-child is 15% to 45%" (Avert 2020). Around 1.4 million HIV infections among children were prevented between 2010 and 2018 due to the implementation of PMTCT services (UNAIDS, 2018) 'MILES TO GO #6).

Prevention methods consist of early diagnosis of HIV this makes it easier to provide effective HIV medicine and prevent the transmission of HIV to the baby. As well as encouraging your partner to get tested for HIV if participating in behaviors that put you at risk of getting HIV. It is also encouraged to have safe and protected intercourse to reduce the possibility of transmission.

There is a lack of education within youth in Lesotho which contributes to the rise in HIV and AIDs cases. Lesotho has implemented campaigns aimed towards 15-24 year olds across the country to spread knowledge on the risk of HIV and AIDS. They have also spread awareness through television and social media. My solution to help Lesotho's HIV and AIDS epidemic is by implementing mandatory sex education programs for the citizens of Lesotho in schools as well as outside schools. This would be a bi-monthly program that ages 15 and above would attend. If a sex education session was missed by a student they would have to make it up with an outside school session. There is a lack of contraceptives when it comes to ages and gender. Due to the traditions and western culture that is influenced by christianity, pre marital sex is prevented (Opong 62). There is a lack of sex education within younger youth due to gender inequalities in Lesotho. Younger women are more susceptible to getting HIV from older men and transmitting it to men in their peer group, this is a recurring cycle. Harmful norms and gender inequalities contribute to this cycle. "Lower access to education, lower levels of economic independence and intimate partner violence erode the ability of women to negotiate safer sex and retain control of their bodies"(Avert, 2020). This contributes to the lack of knowledge on sex education in younger people and youth. Forms of pregnancy prevention like contraceptives are difficult to access. Abortion is also illegal which is why reliable and effective resources and information are needed within all citizens of Lesotho. "Education about HIV and contraception is crucial. Research suggests comprehensive sexuality education programmes with an explicit focus on gender rights and gender power dynamics are five times more effective than those that do not in reducing HIV and other sexually transmitted infections (STIs)" (UNAIDS, 2017). There are organizations in Lesotho currently working on sexual health in local and rural communities of Lesotho. For Lesotho to gain more information I recommend connecting with international organizations that focus on sexual health and sexually transmitted diseases (STD). It is important that parents allow their children to learn about sexual health at younger ages due to them being more vulnerable to HIV and STDs. Parents who are concerned will know all the contents of the sex education courses ahead of time will be able to tell educators about any concern relating to the courses and what students are taught. Courses will become more mature based on ages of students and children. "More mature" courses will pertain to the amount of detail and in depth information taught in the courses. The workshops and courses that will be taught are all based on teaching anatomy, safe sex and prevention. We would partner with a wider network of organizations that teach sexual health and teach/spread awareness about HIV/AIDS. Possible organizations outside of Lesotho that can provide great information if partnered with are the following US organizations; Planned Parenthood, Advocates of Youth, International Society of Sexual Medicine, and International Society for the Study of Women's Sexual Health. If we start to educate younger generations we can start a healthy cycle of sex education. I believe this could help contribute to reducing the HIV and AIDS infection rates.

Lesotho is home to millions of people and the current HIV and AIDs epidemic has the largest impact on them and their way of living. If Sexual Health knowledge in school as well as in the country helps contribute to solving other countries' problems we must get started. With better knowledge and reliable sources on proper sex education, their life expectancy rate can increase, food insecurity rates drop, homelessness and poverty in orphan and non-orphan rates drop as well. The quality of life in Lesotho becomes stronger and will no longer be stunted by the fear of HIV and AIDS. The time is to act now. Lets help Lesotho grow!

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