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## HIV/AIDS In Africa: Factors And Treatment

Human Immunodeficiency Virus, or otherwise known as HIV, is an autoimmune disease, causing harm to those infected by attacking the immune system (NHS, 2020). This attack on the immune system leads to symptoms including tiredness and reduced ability to fight off other illnesses (NHS, 2020). Once an individual has suffered from HIV for around 8 to 10 years, whilst receiving no treatment, the virus turns into Acquired Immune Deficiency Syndrome, which is also referred to as AIDS (Mayo Clinic, 2020). Deemed as an epidemic, it is estimated between 23.6 million and 43.8 million have died from HIV/AIDS since it first broke out in 1981 (UNAIDS, 2020). HIV/AIDS is most commonly spread through unprotected sex or sexual activities, which is going to be discussed in this essay. When considering gender relations, it is extremely important to emphasize its relevance upon the spread of HIV/AIDS and analyse how both genders play different roles in spreading the virus which will be discussed throughout. Furthermore, it is crucial within this discussion to analyse the relevance of poverty concerning the efforts to provide treatment. The treatment introduced to help combat the spread of HIV/AIDS does not consider the implications of the medication upon those in extreme poverty. This essay is going to address both the extreme relevance of gender and poverty in terms of the spread and treatment of HIV and AIDS, by developing the points touched on above with reference to ethnographies such as Simpson (2009), Bentely et al., (2004) and Kalofonos (2010).

Whilst considering how gender relations are particularly important in terms of the spread of HIV/AIDS in Africa, we can first turn to how particular groups of young males in Zambia participate in the narrative of having extramarital sexual partners. As a consequence of the males having sexual relations with both their wife and extramarital partner, there is an increase in the likelihood of spreading HIV/AIDS between all three people (Mantell et al., 2006). This can be supported by UNAIDS (2004), who identified that women most commonly become infected with HIV and AIDS as a result of unprotected sex with a male who tested positive for the virus. Similarly, this behaviour has been identified in Simpson's (2009) ethnography investigating 'Boys to Men in the Shadow of AIDS', which analysed the relevance of masculinities in relation to the spread of HIV/AIDS in Zambia. In the ethnography, the narrative that having multiple sexual partners outside marriage was recognised as a feature of African sexuality (Simpson, 2009). One of the several men interviewed included Promise, who would engage in unprotected sex with his girlfriend, Doreen, after drinking and becoming "loose", then would return home and have unprotected sex with his wife (Simpson, 2009). Promise justified his unprotected sex with multiple people based on the common narrative that if he were to ask his wife, Susan, to use condoms then the wives would then have evidence of their girlfriends. Promise explained this, claiming: "[t]here is a problem in marriage if you decide to use a condom. The wife will not trust you. She will suspect. Why? Why are you using a condom?" (Simpson, 2009, p.104). Therefore, men fear asking their wives to use condoms, which exacerbates the spread of HIV/AIDS, as not only are these particular group of men believing that it is acceptable to have a wife and girlfriends, but they will have multiple different girlfriends throughout their lifetime. This Zambian case demonstrates how gender relations play a significant role in the spread of HIV/AIDS throughout Africa. Through the belief and social acceptance of having multiple partners, Zambian males play a considerable role in spreading the virus. Within this small group of men interviewed in Simpson's work, the prioritisation of not damaging the little trust within

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their marriage means that they instead choose to put their health and others health at risk, by risking the contraction and spread of HIV/AIDS.

Whilst considering gender relations and the imbalance between them, concerning the spread of HIV/AIDS as discussed above in particular groups of males, there has been a focus on trying to encourage female-initiated prevention methods, such as the female condom. Through focusing upon female protection methods, such as female condoms, it removes issues surrounding males' fears about using condoms as discussed above (Mantell et al., 2006). Therefore, if the women were to take control of contraception, if they had suspicions surrounding their partner's behaviour, they could break the imbalance of power between the male and female, and choose to use the female condom without their partner's permission. However, the issue of trust within relationships becomes a further issue, rather resulting in the male to suspect the female of being unfaithful. Bentley et al., (2004) conducted an ethnography exploring the international perception surrounding female-initiated prevention methods in regards to the spread of HIV/AIDS. Focus groups in Zimbabwe and Malawi reveal the possible distrust caused, with one male participant claiming "If I want to be promiscuous, I can take this product and give it to my partner. It shouldn't be sold to women, because they will just use it to have sex with other men" (Bentley et al, 2004, p.1161). Here, this participant reveals how gender relations make it difficult to limit the spread of HIV/AIDS in particular groups within Africa in multiple ways. Not only do these groups of men resist using condoms themselves, but also resist women trying to protect themselves. This supports the view that gender is important when considering the spread of HIV/AIDS, as clearly some groups of men are spreading the disease more than women due to their reluctance to use condoms.

Poverty plays a significant role in influencing the treatment of the HIV/AIDS epidemic in Africa, particularly those with very low or no income. The treatment for HIV/AIDS is an antiretroviral drug, which is commonly referred to as ARV, which aims to reduce the effects of the disease on the body (WHO, 2020). This medication is successful on the basis that it prolongs the patient's life compared to if the medication were not taken. Evidence of this success can be identified in KwaZulu-Natal, a province of South Africa, where the introduction of free ARVs has had a significantly positive impact, by extending the lives of those HIV/AIDS positive by around 11 years (Cousins, 2016). Despite the success of this treatment for particular individuals, being placed on this medication ultimately has extremely harmful effects for those who are suffering from poverty too, due to the increased hunger caused from the medication (Kalofonos, 2010). Kalofonos' (2010) ethnography consisted of in-depth research into the impacts of the ARV treatment, particularly of the poorest in the society, conducting participant observation in testing centres and HIV/AIDS clinics. In Manica, Mozambique, around 54% of the general population were suffering from extreme poverty, spending less than one dollar a day, and it would cost \$0.40 (or 9.6 meticaís) to access the correct amount of food a day (National Directorate of Planning and Budget, 2004). In Kalofonos (2010) Batista discusses his conditions as a HIV positive patient. Batista had a stable job for 8 years, and casual work after losing his job due to the company closing. A consequence of him becoming ill meant this work stopped. Batista was responsible for his 14 family members, to provide food for his family alone it would cost around 4,000 meticaís, however, at the time of the ethnography, the month prior he had only earned around 300 meticaís (Kalofonos, 2010). The World Food Program in Mozambique provided food packages for individuals which consisted of "36 kg of rice, 18 kg of Corn-Soy Blend, 6 kg of beans, and 1.5 litres of oil" (Kalofonos, 2010, p.368). This is considered a sufficient amount of an individual, however, for Batista and others alike who are responsible for a large number of people the amount does not suffice. Once the food is divided up amongst Batista's family of 14,

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those ill with HIV/AIDS do not get access to enough food in comparison to what their body is demanding. It is important to note that Batista was considered to be affluent in Manica. In comparison to others in the area, many would be deemed too unfit to work and would therefore be suffering from higher levels of starvation and deprivation. With his low income discussed above, this is how poverty hinders the treatment of HIV/AIDS. These individuals with low or no income cannot afford to sufficiently top up the food packages they receive to the necessary amount. As a result, many are dying due to the hunger caused from their ARV treatment and limited employment opportunities causing poverty.

In regards to the impact of poverty on the efforts to provide treatment, organisations were established to help limit the impact of not having access to sufficient amounts of food had on HIV/AIDS positive individuals whilst receiving treatment. These organisations intended to provide food for those in need and suffering from HIV/AIDS, however, they had limited funds and the number of those suffering from HIV/AIDS made demand outweigh supply. Further problems included the corruption in the process, for example, it was speculated the food supplied which was intended to help those most in need, was rather being sold for profit or not being distributed to the most vulnerable (Kalofonos, 2010). At World AIDS Day 2005, an association member, Serafina confessed after watching the governor of Manica speak “[t]hey are all eating the money themselves.” (Kalofonos, 2010, p.372). The consequence of these suspicions, therefore, has led to some non-government organisations withdrawing the help from these countries, which further inflates the problem of poverty and its impact upon the treatment of HIV/AIDS, leading to more suffering from starvation.

To conclude, this essay has explored how both gender and poverty have a significant influence on the spread and treatment of HIV/AIDS in Africa. Regarding gender relations, particularly men’s sexual behaviour encouraged the spread of HIV/AIDS, such as Promise, who was having unprotected sex with both his wife and consecutive girlfriends (Simpson, 2009). Gender relations impacted this, as he believed it was down to the women to provide the condoms. The resolution to fix the impacts of gender relations explored have been ultimately unsuccessful, due to the continued theme of suspicion if a female were to take control and use female prevention methods. Moreover, the impact poverty has upon the efforts to treat HIV/AIDS was analysed, revealing how even with the introduction of free ARV medication prolonging the lives of patients, these individuals are suffering due to extreme poverty prohibiting them from accessing the food they need, as identified in Kalofonos’ (2010) ethnography. The organisations set up to try and combat the implications of poverty upon efforts to provide treatment were ultimately redundant due to the corrupt organisation, prohibiting the supply of food reaching those most in need, further fuelling the impact poverty has upon those receiving treatment. Considerable work is necessary to help resolve the consequences of gender relations and poverty upon the spread of HIV/AIDS. There needs to be a paradigm shift in the understanding of how both genders are impacting the spread of the disease and education for both genders. Although there needs to be a nationwide change, it is important to approach the issue at local scales due to vast socio/economic/political variations between countries in Africa (Coast, 2006). Resolving the impact of poverty is reliant upon the honest organisation and distribution for those most in need whilst suffering from HIV/AIDS, ensuring that those with no income or extremely low income receive sufficient amounts of food for themselves and the family. In summary, both gender relations and poverty are extremely influential upon the spread of HIV/AIDS in Africa, and will continue to be influential until problems within these societies are resolved.