

Poverty

The Social Basis of AIDS in South Africa

Clive Evian

Aids has become the predominant health problem of the nineties. It is likely to influence health and social agendas into the early part of the next century. As the epidemic spreads and its epidemiology becomes clearer, one of its most striking features is its relationship to poverty. It is people most afflicted by poverty, who are most affected by HIV and AIDS. It is, therefore, not surprising that the fastest growth in the AIDS epidemic is in Africa, South America and parts of Asia.

It is necessary to understand the link between poverty and AIDS, as the nature of the disease and its transmission are inclined to promote discrimination and rejection, usually based on moral prejudices. A better understanding of this link will help minimise prejudice and promote acceptance, compassion and support for people affected by HIV/AIDS. Understanding will also open the way to more appropriate prevention strategies.

What are some of the more important links between poverty and a high level of multi-partner sexual activity - a level sufficiently high to fuel an epidemic from an organism of relatively low infectivity?

Migrancy, Money and AIDS

In modern times cash and income have become essential as a means for survival, even for communities which previously depended on a subsistence based economy. There are few communities able to survive outside of a cash economy.

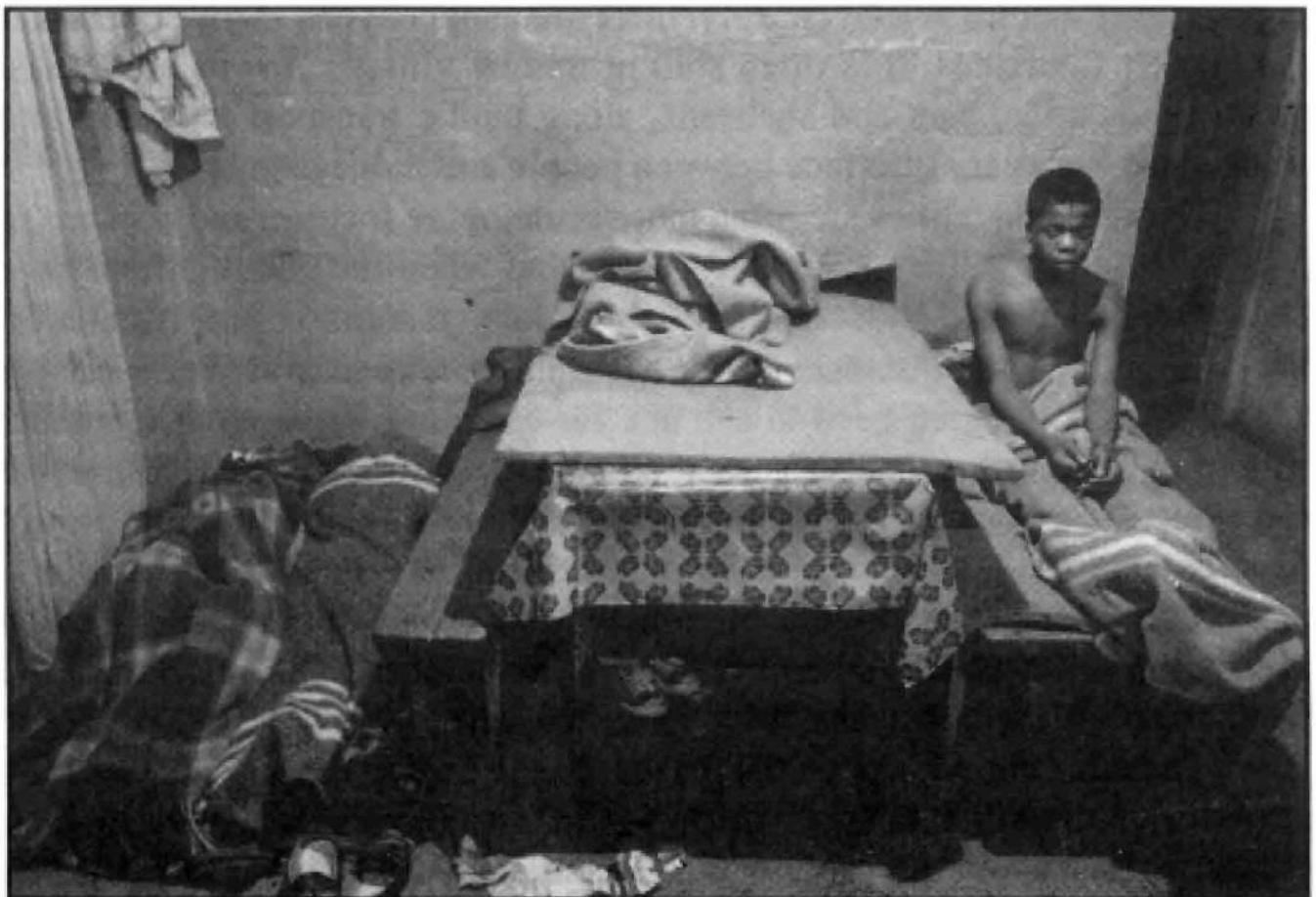
Men and women living in poor circumstances, often need to leave home to seek work elsewhere. Such work is often only available in distant towns and cities, so in poor communities migration has become common practice. However, one does not only leave a physical home. One leaves a family, loved ones, familiarities, friends, comforts, traditions, cultures - essentially all the aspects of life that make people feel needed, wanted, alive, human and part of a community. These are the social and emotional forces that cement communities. The community also develops values and norms which keep sexual activity in check. Values and norms which help individuals and their commu-

nities maintain a basic sexual 'integrity', a sexual 'culture' which serves many purposes, such as preventing epidemics of sexually transmitted disease. When people leave home, their base of sexual and emotional stability starts to break down.

Away from Home

Finding suitable and fulfilling work is often difficult. Accommodation is lacking and often of poor quality. There are many others seeking work and shelter. One faces strong competition for scarce opportunities and resources. The environment is hostile, alienating and depressing.

The migrant comes from a place as a 'somebody', well located within structures and practices and becomes a 'nobody' in a 'nowhere place', anonymous, alien, foreign and devoid of the essential traditional, cultural mores and constraints. In South Africa, single sex hostels often provide this form of accommodation. Although the hostel may meet urgent accommodation needs, they fall short of providing a satisfactory environment for normal human living.



This is not a humanising environment. Photo: Afrapix

Sex is a basic human need. Sex provides satisfaction, pleasure, intimacy and even security. Adults often want sex and need sex and will always seek sex. Sex (together with alcohol) can also provide a rapid, short lived escape from an otherwise mundane and hostile environment.

And so we find when men and women leave their familiar surroundings, a common casualty of this process is a loosening of personal and community sexual constraints and the development of indiscriminate multi-partner sexual practices. The displacement of people and the cycle of poverty creates a 'cultureless' and a more loose and amorphous society. Poverty and urbanisation have erased values which previously regulated sexual behaviour. In these circumstances, sexually transmitted diseases have become rampant.

Sex for Sale

For many women living in poverty, sex becomes a commodity which they can sell. It becomes a convenient means of obtaining desperately required money, a means of satisfying hunger, even starvation, feeding, clothing and educating children and getting hold of some scarce cash for other essentials. Sex is exchanged for jobs, food, transport, school fees, tuition and other favours. Sex in poverty situations is sold cheaply, there are many buyers, many sellers and the market flourishes. It is often sold in trading villages, towns and cities, around industries, bars and shebeens, along public transport networks and truck stops - at every interface between people and money.

Gender inequalities are often more acute, more focused and obvious in patriarchal communities. This is especially so when the communities have been further stressed by *community and family disruption and instability*. Women in these circumstances are even less able to take control over their own sexual lives. If women need to sell sex for economic reasons, their gender subordination further exacerbates their already powerless and vulnerable situation. Even in stable communities women have little meaningful control over their sex lives, and much less in disrupted communities which are open to exploitation and abuse. In these circumstances sexual exploitation of women is common and especially so in poverty stricken societies. Scarce resources and wealth are available to a small elite in the society.

There is enormous potential for the elite to exploit the poor masses, and sexual exploitation flourishes in these circumstances. Therefore, in poor communities it is not only the poor who succumb to AIDS, but the rich and elite as well.



When people leave home they leave behind loved ones and other social familiarities. Photo: Afrapix

Access to Services

In poor conditions people have less access to health care. In the context of HIV transmission, less access to the detection and treatment of sexually transmitted disease and availability of condoms. STDs are known to be a major co-factor aiding the transmission of HIV and poor genital health promotes the transmission of HIV and other STDs.

Even when the people in low socio-economic circumstances do get health care or access to mass media, their poor educational background and illiteracy make it difficult for them to gain a clear understanding and appreciation of the seriousness of the silent nature of HIV infection, the many complexities about AIDS, its transmission and the relevance of this information to their own lives.

The situation becomes more involved, with few opportunities for leisure and entertainment sex, frequently combined with alcohol, used as a substitute, as a means to 'transcend' the mundane and the daily struggle and to gain, however fleeting, a sense of pleasure, comfort, intimacy and even belonging.

Social Crisis and AIDS

The high levels of urban violence, crime, unrest and uncertainty, promotes fatalism and despondency within communities which is extremely detrimental to any AIDS prevention effort. Expecting an individual to take initiatives to prevent an infection today which will remain silent and only cause ill health in seven to ten years time is possibly expecting too much. The day to day struggle together with the prevalence of violence and crime mitigates against initiative to prevent HIV/AIDS.

AIDS Causes Poverty

AIDS in turn also promotes poverty. Job and income loss, rejection, discrimination and stigmatisation, and finally ill health and death all contribute to individual and family misfortune, and to the overall cycle of poverty.

The many links between poverty and AIDS, combined with biological features of the epidemic such as the lengthy, latent and yet infectious nature of HIV infection, the paralysis of the body's immune system, vertical perinatal transmission and the association of HIV infection with other STDs, highlights the complex and forbidding nature of the epidemic.

It is of little surprise, therefore, that preventive efforts are not making a significant impact on the pandemic. Inevitably, we face an epidemic with devastating and tragic consequences.

South Africa has been one of the last countries in Africa to be affected by HIV/AIDS, but the legacy of apartheid's devastating impact on the culture and tradition of black family life, the cycle of poverty and migrant labour ensure that South Africa will be no exception and will face an enormous AIDS epidemic.

Clive Evian is the head of the Community AIDS, Information and Support Centre (CAISC), Johannesburg