

Social Aspects of HIV/AIDS and Health

The HIV/AIDS epidemic has been in evidence for barely two decades, but already some 18 million people worldwide have died from its complications. Approximately 34 million people were living with HIV in 2000, while it is estimated that more than 10% of South Africa's population is HIV-infected. This is, according to United Nations sources, by far the highest country rate in the world. By the end of 2000, for example, some 250 000 South Africans had already succumbed to the disease.

In South Africa, as in many other countries, HIV transmission is exacerbated by socio-cultural factors, gender inequity, economic disparities, marital and familial instability, poverty, the widespread prevalence of labour migration, and the non-use of condoms – and each of these factors has a number of underlying causes.

HIV/AIDS will have a profound effect on the size, structure and composition of the South African population. Many HIV-infected women die before the end of their reproductive years, resulting in a decline in the number of new babies born. And of babies born to HIV-infected mothers, nearly a third will eventually die due to the transmitted infection.

The biggest change in the population pyramid will occur ten to 15 years after the age at which people become sexually active, when those who were infected die early. The orphan problem will intensify following parental deaths due to AIDS-related complications.

The disease will also significantly reduce the number of breadwinners in many families, contributing to poverty and changing dependency burdens.

The economy will face diminished productivity because of illnesses and the loss of skilled workers.

When developing prevention and care strategies, planners have to take various social factors and realities into consideration. Many human behaviours that fuel transmission of HIV/AIDS take place within a specific socio-cultural context. Efforts to modify behaviour and implement successful **prevention and care programmes** have therefore to be underpinned by social research that augments medical research.

The HSRC recognised the importance of this type of research at an early stage. In 1993 it conducted a comprehensive knowledge, attitude, practice and behaviour study on behalf of the Department of Health. The study found that overall **awareness** of AIDS was at that stage at a high level. There was, however, a lack of appropriate knowledge about the nature, transmission, seriousness and prevention



PAUL ALBERTS



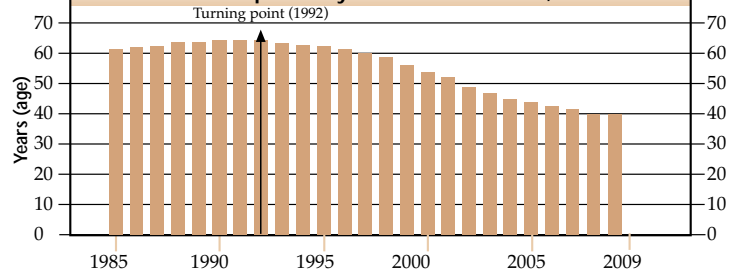
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Effects of the HIV/AIDS pandemic in South Africa*

Indicator	End 1990	Beginning 2000
Life expectancy	63 years	56,6 years
AIDS deaths	1 000	140 000 to 150 000
Child mortality	67 per 1 000	91 per 1 000
Probability of a 15 year-old dying before 60	27 per 1 000	40 per 1 000
Population HIV-infected	< 0,5%	11,5%

* Source: The state of South Africa's population report 2000

Predicted life expectancy for South Africans, 1985-2009*



In this interdependent and globalised world, we have indeed again become the keepers of our brother and sister. That cannot be more graphically the case than in the common fight against HIV/AIDS.

– Nelson Mandela, former President of South Africa

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of the disease. Though the report made specific recommendations for intervention, little action was taken at the time on the basis of these important research findings.

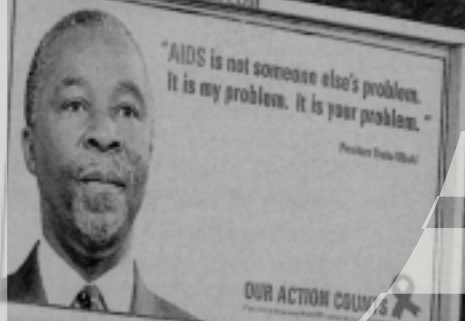
A core group of HSRC researchers continued their work on sexual and other behaviour patterns, which culminated in 1999 in a publication entitled *Sense and sensibilities: The psychosocial and contextual determinants of STD-related behaviour*.

Whereas the HSRC had been conducting research on HIV/AIDS on an ad hoc basis before, the realisation of an impending national disaster gave rise to a fresh approach. With the appointment of the new CEO at the HSRC in August 2000, a series of consultations and a scan of the environment led to a drastic turnabout in the research priorities of the organisation. The HSRC decided to engage in extensive and collaborative research on social aspects of HIV/AIDS as a matter of priority.

The initial work of the NPA focused on the tenders of the government and other organisations in the field of HIV/AIDS. This provided the opportunity to initiate research deemed relevant by stakeholders. In a period of six months the HSRC responded with ten proposals to a variety of such tenders, ranging from suggested approaches to investigate the impact of HIV/AIDS at the household level, to a population-based prevalence study.

During October 2000 the HSRC was awarded the tender to conduct a situational analysis of the **impact** of HIV infection and AIDS mortality on the **population structure** and trends in South Africa. This contract project for the Department of Social Development will develop indicators for monitoring and assessing the socio-economic impact of the epidemic, its implications for the size and structure of the population, and the government's reaction to these implications. The study is being undertaken in collaboration with researchers of the Development Bank of Southern Africa and the CSIR.

Towards the end of the financial year 2000/01, the Department of Health accepted a research proposal jointly submitted by the National School of Public Health at MEDUNSA and the HSRC. The project will investigate the **impact** of HIV/AIDS on the **national health sector** by looking at the burden placed by infected patients on hospitals and clinics, as well as the impact of the epidemic on health workers' workload and morale.



Current research efforts in the field of HIV/AIDS in various sectors and regions, and especially the linkages to health and welfare, are diffused. The HSRC accordingly aims to assist in providing a coherent framework for the research efforts. One of its **future** plans is the establishment of a **Social Aspects of AIDS Research Alliance (SAARA)**. The idea is to facilitate integration in the conduct, support and use of social sciences research to prevent the further spread of HIV/AIDS and to mitigate the impact of its devastation on South Africa and the SADC region.

The functions of SAARA will be to

- create and regularly update an accessible researcher and research database;
- interact with key users, identify gaps and develop a systematised and coherent research agenda for HIV/AIDS social research in Southern Africa;
- prioritise the HIV/AIDS social research agenda;
- facilitate network and information sharing within the wider research community in South Africa and the SADC region by increasing the dissemination of research findings to policy makers, programme planners and other researchers;
- identify case studies and publicise them to form the basis of "best practice" research and intervention;
- arrange an annual conference on social aspects of HIV/AIDS research for the SADC region, probably preceded by regional or multi-country workshops.

The SAARA initiative will create a more integrated, cost-effective, social science research programme on HIV/AIDS which is crucially needed for evidence-based policy, intervention and monitoring purposes.

The NPA leader will be stationed in Cape Town from where the national research programme will be co-ordinated.

ENQUIRIES

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