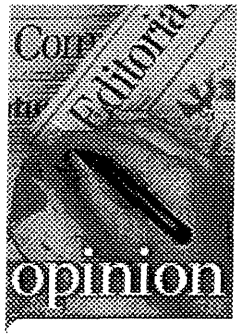

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AIDS epidemic tears at a nation's fabric

Denise Johnson, Star Tribune

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SOWETO, SOUTH AFRICA -- The seriousness of the toddler at the kid-sized table caught my attention right away. While the other children at the boarding school were animated, talkative and curiously checking out a group of visitors, this little one looked up nonchalantly, then turned back to methodically scooping SpaghettiOs out of a cup.

Ayanda, her eyes older than her years, was unaffected by the activity around her. She just slowly spooned those noodles with much more deliberate concentration than the average 1-year-old.

That's because she isn't 1 year old. Her tiny, frail body says 13 to 14 months, but she is actually 5 years old.

Ayanda has been ill much of her short life, several times close to death. And like all of the children at the Red Cross Bethesda Shelter in Soweto, she is an AIDS orphan who inherited HIV from her now-dead mother. Too sick to qualify for drug treatment when she came to the center, she too will likely die of the disease.

Ayanda is but one of an estimated 4.7 million HIV/AIDS stories in South Africa, about 83,000 of them children. Still a fragile, emerging democracy eight years after apartheid, the country has more than enough challenges on every front, from housing to education to jobs and economic development. But if it fails to give this urgent health crisis top priority, everything else will be in vain.

Two million more youngsters are expected to be orphaned in 10 years because about 20 percent of the nation's 44 million people are infected. The numbers are staggering, heartbreaking, but they are not new. More

index
cartoons
commentary
editorials
endorsements
letters
netlets
lou gelfand
arguments through the ages
projects
china: a brighter moon
compete or retreat
imagining africa
tending the cities
learning to die
news projects
contact
how to submit a letter or commentary
corrections
feedback

Utilities
Email this story
Print this story
Make us your homepage

Search
News
Find it!
More search options

than a decade ago, the CIA Global AIDS disaster report projected, well, disaster -- and its dire predictions are coming true. More sub-Saharan Africans have died of this preventable disease than from the continent's numerous civil wars combined.

So what is Africa's most developed nation doing to help its own? And what must South Africa and the global community do to reverse a deadly trend that has been on the international radar screen for years?

Changing behavior

Particularly in South Africa's big cities and townships, it is next to impossible *not* to know about HIV/AIDS. Newspapers, radio and TV broadcasts, even billboards all offer safe-sex messages. Many public restrooms stock bowls full of free condoms and hundreds of churches and youth groups are involved in anti-AIDS campaigns.

Despite those efforts, the death toll is mounting. Along with multiple stories about prevention, the Sowetan newspaper, the largest independent black-oriented daily in the nation, carries obituaries daily as a free public service. On most days there are 50 to 75 notices, about half of those pictured under age 40. And they represent only the ones in a single township whose loved ones send in information. An estimated 1,000 South Africans die every day of the disease.

Yet the leap from awareness to behavior change is still a major hurdle, in part because of continuing denial and stigma. Baba Matyeba, 36, engaged in risky behavior and ran out of luck. When she tested positive two years ago, she was in shock.

"I didn't use condoms, thinking this couldn't happen to me," she said. "At first I didn't tell anyone. How could I?"

A mother of one daughter who lives in Guguletu township outside of Cape Town, Matyeba attended a church service during which others spoke openly about the disease. Their candid speeches gave her the courage to share her own story, then join a support and outreach group at the church.

"I finally decided not to hide myself," she said. "While I am still alive, I

want to do something to help others. I don't want my daughter or nieces to get sick."

Matthew Damane, 26, is an HIV-positive AIDS prevention counselor in Khayelitsha township, also outside Cape Town. As a teenager, he admits to having had "lots of girlfriends" and never practicing safe sex. He was diagnosed in 1997 and later joined a Doctors Without Borders pilot project to receive the "triple cocktail" anti-retroviral treatment.

Now he is healthy and willing to talk to anyone who will listen -- especially other young men -- about prevention and treatment.

It is especially critical that men get that message, because they are more likely to spread the virus to more partners. Part of a trend of more violent crime, an estimated 53,000 rapes occurred in the country last year. In addition, throughout much of Africa, culture and tradition still allow men to call the sexual shots. Particularly in poor, rural areas, gender inequality is killing women and girls. With no control over their sexual lives, many are forced into early marriages with older men who have had many partners. Asking a husband to use a condom might result in a beating, or in accusations that the wife is unfaithful or already infected.

Yet as AIDS in Africa increasingly wears a female face (about 60 percent of those infected are women), teaching girls and women to take control of their sexual activity is an important part of prevention. Because women are the ones who pass the virus on to infants, and are most likely to seek medical treatment when they are pregnant, they are the primary targets of most HIV/AIDS programs.

Those efforts are too few and far between, says Dr. Carolyn Bolton, a pediatrician and clinical researcher who runs a mother-child clinic at Soweto's Chris Hani Baragwanath Hospital. Her program and several dozen others scattered across the country are all in the same boat -- too many cases and not enough help or drugs.

Other AIDS workers say a fatalist attitude also contributes to the proliferation of the disease. Desperately poor people with little hope see no reason to change -- even to stay alive.

Cameron R. Hume, the U.S. ambassador to South Africa, said the country is poised to become the most successful nation on the continent, with good financial systems, tourism, macroeconomic policy, infrastructure and natural resources. All of those advantages won't mean much if the AIDS epidemic proceeds unchecked.

With life expectancy predicted to drop to age 42 in several years, he asks, who will care for or teach children? Who will join the workforce to keep the economy rolling? If South Africa, with its relative wealth, can't beat this epidemic, Hume predicts, "the lights will go out all over Africa."

Care and treatment

Prevention, of course, is the best long-term solution to the AIDS crisis. However, aggressive treatment to prolong life must also be pursued. South Africa cannot afford to lose such a large swath of its population and expect to thrive in the future.

Some health workers question the effectiveness anti-retroviral therapy in underdeveloped areas where there are distribution problems and poor health care operations. They also worry that patients cannot keep up with the care, nutrition and drug regimen that anti-AIDS treatment requires. Some even argue that it is senseless to save the babies of AIDS moms, knowing that they will soon be orphans.

Bolton presses ahead anyway. Her clinic treats about 100 adults and gives the drug nevirapine to as many expectant mothers as possible. One dose given to a woman during labor and another dose to the newborn can reduce transmission by about 50 percent. The drugs are available, she says, and people can be taught to use them properly. What is lacking are the political will and resources from the South African government and the international community.

Like many native South Africans, the doctor is frustrated with President Thabo Mbeki's infamous foot-dragging about his country's urgent health crisis. Shortly after being elected in 1999, he expressed doubts that HIV causes AIDS, and he has resisted government-sponsored treatment. In his recent state of the union message, he said a lot about discouraging war in Iraq, but next to nothing about HIV/AIDS.

Signs of hope

Mbeki's initial position didn't help and probably cost the nation valuable time. Still, one gets the sense that society is moving along with anti-AIDS efforts -- and dragging government along with it.

Last year, the nonprofit Treat Action Campaign took the South African government to court, arguing that all citizens have the right to treatment under the nation's constitution. TAC won, and government-sponsored distribution of nevirapine is expected to begin this spring.

After losing too many good workers, businesses are also beginning to catch on. Several of the nation's largest companies are beginning to offer anti-retroviral AZT treatment to employees and their families.

Just four years ago, Gugu Dlamini became one of the first South Africans to publicly admit she had AIDS -- then was stoned to death for her courage. Today, growing numbers of people talk openly about the disease, including one HIV-positive constitutional court judge. Last month Gibson Kente, one of the country's most famous playwrights, said he has the disease and will use his fame to promote prevention and treatment.

A recent study by the Center for AIDS Development Research and Evaluation, known as CADRE, sounded a rare optimistic note, concluding that condom use is growing to "impressive levels" among those younger than 25.

Dr. Ayanda Ntsaluba, the No. 2 administrator of the Health Department, pointed out that the South African government has tripled its spending on HIV/AIDS from $100 million to $300 million this year. Yet he lamented that the public health system is overwhelmed by the crisis. HIV/AIDS care and treatment alone would take more than the nation's entire budget for education, health and social services combined.

That's why the rest of the world must respond. The United Nations estimates that up to $10 billion per year is needed for prevention and treatment in Africa and other parts of the world. That sounds like an astonishing sum -- but, as a whole, developed nations spend more than that every year on ice cream, soda pop and videos. How much are

millions of lives worth?

If there is any hope of keeping little girls like Ayanda and devoted moms like Baba alive, individuals and governments of wealthy Western nations like the United States must do more.

Tuesday: Years after apartheid, racial harmony remains elusive.

– Denise Johnson is a Star Tribune editorial writer. She is at ddjohnson@startribune.com.

Return to top

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