HIV/Aids as a developmental problem*

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1 SOCIAL SCIENCES

2 Grade 6

3 TRADE AND DEVELOPMENT

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HIV/Aids as a Developmental Problem

HIV/Aids is a terrifying reality. The following newspaper report (translated from *Die Burger* of 1 December 2004) makes this very clear.

Aids still on the increase in SA

Figures "disguise" the true extent of HIV/Aids in the country

Antoinette Pienaar

PRETORIA. – The most destructive phase of the Southern African Aids pandemic has probably already reached us, but it is being "disguised" by statistics.

The latest Aids report issued by the United Nations warns that the alleged stabilisation of the incidence of HIV/Aids in some of the countries in this region does not necessarily mean that the pandemic has lost its impetus.

This includes South Africa where earlier this year the Department of Health described the slightly smaller rise in HIV/Aids cases among pregnant women (from 25% in 2001 to 26,5% in 2002 and 27,9% in 2003) as the first signs that the situation was stabilising.

According to the report, the worst phase of the pandemic could be hidden when Aids claims just as many lives as the number of people who contract the virus.

South Africa currently has the greatest number of people with HIV/Aids in the world – between 4,5 million and 6,2 million. These numbers are probably still climbing. In one of the rural areas of KwaZulu-Natal Aids-related deaths rose so steeply in the 1990s that they accounted for 48% of all deaths among adults by the year 2000.

"The deaths in this region are most certainly going to increase in the next few years because the incidence of HIV/Aids rose sharply there in the latter part of the 1990s. Aids deaths reflect the number of new cases of HIV/Aids of ten years before." According to the report between 35,9 million and 44,3 million people world-wide are suffering from HIV/Aids.

Approximately 4,9 million people are expected to become HIV positive this year and 3,1 million are expected to die of Aids-related illnesses. Southern Africa is undoubtedly the hardest-hit region in the world, with approximately 25,4 million HIV positive people this year compared to 24,4 million in 2002. Almost two-thirds of all people with HIV/Aids live in this region. Although the world spent more than $6,1 billion (approximately R36,5 billion) this year in fighting the pandemic as opposed to $2,1 billion in 2001, less than 1% of all people between 15 and 49 years of age have access to HIV testing and counselling in the 73 countries that suffer most.

Between 5 million and 6 million people need immediate treatment with anti-retroviral medication. Less than 10% who should be getting such treatment have access to it.

Die Burger, 1 December 2004

5 Activity 1:

6 To make deductions from sources

7 [LO 1.1, 1.2, 3.1, 3.2. 3.3]

- Use the newspaper report on page 25 as a source and complete the following table. You may also make use of other sources.

THE CONSEQUENCES OF HIV/Aids	
South Africa's position on the Aids ranking list	
Number of people with Aids in South Africa	
SA province with the highest Aids figures	
Percentage of growth in Aids cases in SA from 2002 to 2004	
Percentage of growth in world funds for Aids from 2002 to 2004	
Percentage of Aids cases that do not have access to essential antiretroviral medication	

Table 1

Help for Aids
Aids sufferer's radio is "vital"
Maali-Malixolegwatyu
That is what a visitor will come across somewhere in among the hundreds of squatters' shacks in New Rest, Guguletu.

It's not so easy to gain access to this shack. The secret is to go to a bedroom window around the back of the shack and to explain the reason for your visit.

Ms Noberia Koko (37), who lives here, is alone, blind – and bed-ridden.

After chatting for a while Koko hears that the purpose of the visit is to have an interview. She asks her guests to fetch her younger sister before they are allowed into the house.

After about thirty minutes Ms Ruth Koko arrives and goes to the open window as usual. The keys are handed to her.

Once the visitors are in the house, the Xhosa radio station, Umhlobo Wenene ("Your true friend"), is immediately turned down somewhat.

On being asked why the radio was playing so loudly, Koko replies that it is "vital" to her.

"I am on antiretroviral medication and I have to know what time it is."

"When you are on these tablets you have to take them regularly – at exactly the prescribed time."

In the tiny room with its three beds, she talks sadly about her only daughter, Nomonde (22), who used to look after her. "She left recently to work in George," she says quietly.

"She left home with a priest on 10 November, saying that she had found work.

"I don't believe that it's true. I suspect she is involved with him."

She explains that she has to "feel" the size and texture of her tablets to determine which to take at certain times daily.

Koko relates how she became ill in 1999 when her battle against tuberculosis started.

"A year later, after a blood test, the doctor told me that I was HIV positive."

According to Koko this was the start of a "long, uphill battle" involving sangomas, relatives and medical practitioners.

"People said my condition had been caused by some 'evil' that had been inflicted upon me, while the doctors told me that it had something to do with my HIV status," says Koko.

After what the antiretroviral medication has "done to her" she feels that it is the best option. She firmly believes that people should not hesitate to use these drugs.

Die Burger, 1 December 2004

In this report from *Die Burger* of 1 December 2004 we read about medication that is available to HIV patients. We also read in the report on page 26 that less than 10% of all people who are dependent on such drugs, have access to them.

8 Activity 2:

9 To do research about the successful effects of antiretroviral drugs

10 [LO 1.4, 1.5, 3.1, 3.2]

Criticise or defend the following statements:

1. Antiretroviral drugs only support the health of people who are infected with HIV and they do not cure such people.

2. All people in South Africa have equal access to antiretroviral drugs.

(If you disagree with the latter statement, discuss possible steps that could lead to a more equitable distribution of these drugs.)

Where are antiretroviral drugs available, and at what price?

Which special products do you know of that are specifically aimed at alleviating the suffering of people who have been infected with HIV?

11 Assessment

Learning Outcomes(LOs)
LO 1
GEOGRAPHICAL ENQUIRY The learner will be able to use enquiry skills to investigate geographical and environmental concepts and processes.
Assessment standards(ASe)
We know this when the learner:
continued on next page

• identifies sources of information, including simple statistics, to help answer the question about a social or environmental issue or problem;   • selects and records relevant information from sources for specific purposes (including recording and observing in the field);   1.4 uses information to propose solutions to problems;1.5 reports on enquiries, through discussion, debate, structured writing, graphs, tables, maps and diagrams.
LO 2
GEOGRAPHICAL KNOWLEDGE AND UNDERSTANDING The learner will be able to demonstrate an environmental knowledge and understanding.
We know this when the learner:
2.2 identifies how access to different kinds of resources influences development in different places;
LO 3
EXPLORING ISSUESThe learner will be able to make informed decisions about social and environmental issues and problems.
We know this when the learner:
• identifies inequalities within and between societies;   • analyses some of the factors that lead toward social and environmental inequality at different geographical scales and in different places;   • evaluates actions that lead to the sharing of resources and reducing poverty in a particular context.

Table 2