

Perspectives on KwaZulu-Natal

Volume One - Number Eight - October 2001

HIV/Aids: Impact on women in South Africa

The HIV/Aids virus will entrench even further the harsh conditions and circumstances that are the reality for many women in South Africa today, according to **Donna Stevenson**. The only route available to us as a nation is to break the barriers of silence through a co-operative approach involving the state, business, communities and everyday citizens to educate and promote safe sex practices. This approach should go hand in hand with one that recognises the role that women play in South African society to ensure that women are finally empowered to break the chains of poverty, abuse and silence which cost them their health, dignity and finally their lives.

In stark contrast to the traditional family structure of a male, female and children, women in South Africa today head up more than 40 percent of households. They are becoming more and more responsible for the economic sustainability of the family unit. HIV/Aids is already having a huge impact on the family structure and the economy of South Africa. It is affecting business, health care providers and it will dramatically affect future generations not yet born.

Women are more at risk of becoming infected by the virus that causes Aids simply because the rate of infection from male to female is four times higher than that from female to male. Women are more monogamous in relationships than men, but they carry a higher risk of infection as a result of their partner's behaviour. Women also face far more pressure than men to succumb to sexual activity and are exposed to risks by engaging in sexual contact without the protection of a condom often at the insistence of men.

As a human resources consultant and trainer, I spend a lot of time doing Aids training with different companies. In these sessions my audiences are predominantly Zulu factory workers. Almost without exception, women delegates say things such as: "If I tell my boyfriend or husband to wear a condom he gets very upset and accuses me of not trusting him. Sometimes he even accuses me of being unfaithful." They often go on to say that as a result they usually do not use a condom.

We will check the spread of the HIV/Aids only if women are empowered to stand up for themselves against traditional practices and customs and to take responsibility for their sexual habits so that they can educate the youth.

In South Africa women comprise more than 51 percent of the population. Only in Gauteng do males outnumber females. In KwaZulu-Natal - the province with the largest population in South Africa - there are 3.95 million males and 4.47 million females. Of course, the reality five years down the line may very well show a different picture that will perhaps be revealed following the release of information from the census still to be conducted this year.

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According to the book *Women of the World 1988* an estimated 30.6 million people worldwide were living with HIV as of January 1, 1998. More than 90 percent were living in the less developed world and most did not know that they were infected. By 1997 almost 6 000 women were being infected with the virus every day and in sub-Saharan Africa where HIV is spreading predominantly through heterosexual activity, women count for nearly one half of the 20 million infected adults.

Another publication reveals that the infection rates in teenage African women were over five times higher than in teenage boys. Amongst young people in their twenties, the rate of infection of women was three times higher than in men. In Zimbabwe the likelihood of a 15-year-old girl dying before the end of her reproductive years quadrupled from around 11 percent in the early 1980s to over 40 percent by 1997. When one realises that there is very little difference between Zimbabwe and rural South Africa, the real danger is seen in perspective.

In 1997 South Africa had an estimated 4.2 million infected people with the largest number of people living with HIV/Aids in the world and one of the world's fastest growing epidemics. One in every four South African women aged between 20 years and 29 years was infected with the virus. A report issued by UNAIDS stated that in 1999 there were 5.4 million new infections of which 2.3 million were women. Women comprised 15.7 million of the total number of individuals living with HIV with the estimated total being 34.3 million. As of June 2000, more than 18.8 million individuals had died from HIV/Aids.

The UNAids statistics estimate that at the end of 1999 there were 4.2 million adults and children living with HIV/Aids in South Africa. Of these 2.3 million were women. There were an estimated 250 000 Aids deaths in 1999 and a cumulative 420 000 South African children were orphaned as a result of Aids. According to 1998 statistics showing the HIV prevalence rate, an average of 19.2 percent of women in antenatal clinics in urban areas were HIV positive. Outside of major urban areas 21.3 percent were HIV positive. Of the male patients with sexually transmitted infections who presented themselves at health facilities in major urban areas an average of 21.8 percent were HIV positive. Data collected from female sex workers in major urban areas found an average of 61.1 percent were HIV positive.

One community survey has found that in a high risk community living near a Gauteng mine HIV prevalence peaked at 30 percent for the average population at the age of 35 and among women at 50 percent at age 25. The difference in the rate of infection points to the vulnerability of women in South Africa.

The widespread abuse of alcohol also impacts dramatically on safe sexual practices and impairs the judgement of individuals engaging in sexual activity. Another factor in the spread of the virus amongst women in South Africa is crime, particularly crime and violence perpetuated against women. A recent survey indicated that at least 13 percent of women in South Africa are beaten regularly by their partners. Coupled with the number of rapes in South Africa daily, this creates a platform for the spread of the virus amongst women. Unemployment rates are also highest for women, while women-headed households tend to be significantly poorer than households headed up by men. Many women are living below the poverty line and a large number are dependent on men for their economic survival.

There are a number of studies that project the impact of HIV/Aids on life expectancy, the population and women, in particular. One of the problems of demography is that projections vary depending on the tool used. Some projections contradict one another. The UNAids 2000 update states that life expectancy in South Africa would have dropped to 36 years by 2010, against a projected life expectancy rate of 68 years without HIV/Aids.

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Although these statistics differ from others, what is common in all data is the fact that the virus will continue to grow in South Africa and will have a devastating impact on the economy, business, family life and the political arena.

The total number of HIV infected people in South Africa is projected to increase well into the next decade. The Metropolitan Life Doyle Model seems to be the most widely used model in South Africa for projecting the HIV/Aids epidemic. It projects that given an estimated four million cases of HIV in South Africa as of June 2000, there could be between 5.3 million and 6.1 million infected individuals by 2005 and between six million and 7.5 million by 2010. These estimates are lower than other projects that assume that the current number of infected South Africans is in excess of 4.5 million or even five million individuals.

There is also a belief amongst academics that despite the rapid increases in the rate of infection in high-risk groups (teenagers, drug-users, sex workers) the impact on the general population could stabilise in the near future. The rationale for this is that the number of Aids related deaths could affect the number of new infections.

In contrast to the Doyle model, the Actuarial Society of South Africa has put forward projections that are even more bleak. Their model takes as its base assumption an actual rate of infection in South Africa in 2000 as 5.3 million. The model states that the national HIV prevalence rate in 2000 was actually 25 percent and projects that it will rise to 31 percent by 2005 before leveling out. In KwaZulu-Natal, the worst hit province, the rate of infection is projected to reach almost 40 percent in two to three years time before decreasing as a result of increasing Aids mortality rates. The life expectancy in KwaZulu-Natal, which is already below 50 years, is projected to fall below 35 years by 2010.

Given that the rate of infection amongst women is higher than men, that women become infected at an earlier age than men, and that violence against women is extremely high and rising, it is logical to assume that more women than men will be infected. As a result women will die at an earlier age than men. This will have an irreversible affect on life in South Africa. As more young South African women become infected, the disease will end their child-bearing abilities and impact dramatically on the birth rate in South Africa. It will also bring changes in the role that they play in nurturing and caring for their children.

Without factoring in the virus, the South African population would have been expected to grow to 51.3 million by 2005. With the virus, the best-case scenario is that the population will peak in 2008 at about 46.7 million before entering a slightly negative growth thereafter for the foreseeable future.

The impact on women in the economy is two-fold: Women suffering from Aids will have limited earning potential and will become more dependent on the state as well as on the economically active members of their own families. Women will also continue to dominate in single parent households as they lose their partners to the disease. It is for this reason that the education of women needs to be prioritised. If we do not look after the mothers of the nation, there will be a marked decline in the values and morals of the general population leading to higher crime levels and particularly increased violence against women - a never ending circle which only radical intervention will bring to an end.

Donna Stevenson is a human resources and labour specialist currently studying a Masters Philosophy degree in Future Studies.

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