

What role does the AIDS pandemic play in accounting for poverty in sub-Saharan Africa?

Written by Caroline Rushingwa

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Sub-Saharan Africa (SSA) remains the world's most heavily affected region by HIV/AIDS (UNAIDS, 2009). This paper will highlight the significance of the AIDS pandemic in SSA and assess the linkages between HIV/AIDS and poverty, both at a macro and micro level. It will argue that the dynamics of the epidemic are a cause as well as a symptom of poverty and underdevelopment in SSA.

The prevalence of HIV/AIDS varies across Africa: in 2003 infection rates in Southern Africa was 16%, in East Africa 6%, in West and Central Africa 4.5%, and in North Africa less than 0.1% (UNAIDS, 2005). As of 2008, SSA accounted for 72% of the world's AIDS related deaths, 68% of new infections among adults and 91% of new infections among children (UNAIDS, 2009).

Extreme poverty creates vulnerable people. A study, conducted in Botswana, Swaziland, Nigeria and Uganda investigating the relationship between food insecurity and transactional sex showed that food insecurity was associated with inconsistent condom use with a "non-primary" partner (UNAIDS, 2010) whereby many young females joined the sex industry and practiced unprotected sex in desperation for survival (Oyefara, 2007). Unfortunately, several studies conducted in seven SSA countries found that more than 30% of sex workers were HIV positive (UNAIDS, 2009; UNAIDS, 2010).

In SSA, the primary mode of HIV transmission remains heterosexual unprotected sex (Niëns and Lowery, 2009; Schoepf, 2003), prostitution being the most significant example of this. These factors, support Karl Marx's arguments of "existence determining essence": the struggle for food security influences the majority of sex workers to practise unsafe sex especially if the clients are willing to pay more or is a regular customer (Oyefara, 2007). Therefore, it is clear there are many links between poverty and HIV such as food security, social security and social capital.

On the broader macro scale, political instability of war torn countries have led to the spread of HIV/AIDS in SSA. Dalzell (2007) argues that instability and violence encourage conditions favourable to the spread of the epidemic and the exacerbation of poverty. This disclaims the argument that HIV/AIDS is solely accountable to poverty; In turn, AIDS/HIV infected people in SSA may have even fewer options available to them suffering from poor health, social stigma and inability to attend education, work or support their family. Therefore HIV/AIDS can increase poverty and have adverse effects that persist over generations.

Due to unequal power relations and patron-client interest networks, this social and economic exclusion associated with HIV/AIDS exclude the HIV/AIDS infected people from participating equally in the social, economic and political dimensions of society (Jones, 2004). Thus, creating needs and forcing the sufferer and their family into even poorer life choices such as prostitution and drug abuse.

Unfortunately, the negative psychological consequences of these poor decisions, including negative self perception and abusive behaviours, are poorly researched. Further research to better understand the self reinforcing nature of these poor life choices may help to identify more sophisticated and effective ways to intervene before vulnerable people transition to this vicious circle.

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Beyond the social implications; Davies (2010) points out that life expectancies in some African nations is already decreasing rapidly, while mortality rates are increasing lowering fertility, and leaving millions of orphans in its wake. Consequently, there is a reduction in social capital as investment in human capital is lost (Greener, 2004) and this has worsened the role states have in SSA in addressing the AIDS pandemic, food insecurity and economical growth (Davies, 2010).

All the above factors illustrate how the mutually self-reinforcing effects of poverty and HIV/AIDS result in societal consequences that have economic, political and cultural implication in SSA. Additionally, these factors affect the development of states within Africa since these severely impact on economical development, gender development, the health sector (Avert, 2011). Hence, the burden of the HIV/AIDS can be perceived as a cause as well as a "symptom/disease of poverty" and underdevelopment in SSA (Poku and Whiteside, 2006)

Despite the unprecedented research and understanding of the disease epidemiology and the causes of its spread, there has been insufficient action and investment in recent years (Shah, 2009; Jones, 2004; Kmietowicz, 2002). That said, there are encouraging policies and approaches which deserve support such as the *Millennium Development Goals* (MDG) which seek to champion poverty, gender development and HIV/AIDS (Whiteside, 2006). This MDG approach pulls together global, national and local institution in an effective partnership that addresses poverty, breaks the vicious circle by giving local people more control and opportunity within the community for access to education, training and employment.

Overall, this essay highlights the linkages between HIV/AIDS and poverty, both at a macro and micro level which help us to understand the developmental implication and social fragility they cause. I argued that the spread of HIV/AIDS and poverty are mutually reinforcing creating a "demand –pull and distress-push" effect which results in negative societal consequences. Thus, the AIDS pandemic can be perceived as a disease/symptom and a cause of poverty and underdevelopment in SSA. In order to have a durable solution, African elites must own up to the AIDS pandemic problem since it is an issue of good governance and transparency whereby preference is favour over meritocracy.

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