

Melanie Hupp

Mr. Phillips

AP Language and Composition

14 December 2018

HIV/AIDS: Infecting Now, Impacting Eternally

36.7 million people around the world are infected with HIV/AIDS, yet in Sub-Saharan Africa alone, greater than 50% of the population has fallen victim to HIV, according to the CNN Library article titled, “HIV/AIDS Fast Facts.” Many times those affected don’t even realize they are carriers until it is too late for them and their partners, and with insufficient healthcare access, poverty, and unjust social standards, these African countries are the ideal breeding grounds for infection. The prevalence of the HIV/AIDS crisis in Sub-Saharan Africa is aggravated by patriarchal cultural expectations and the political struggles associated with third-world countries, however to combat this issue, economic stimulus and global cooperation is necessary.

In today’s day and age, especially in Africa, it has become relatively easy to spread HIV/AIDS, accidentally or purposefully. This immunodeficiency disorder has been linked to being “spread through sexual contact with an infected person, sharing needles with an infected person, through transfusions of infected blood, or through an infected mother,” and with so many methods of infection, it seems fitting that this disease is so ubiquitous (“HIV/AIDS Fast Facts”). Furthering this omnipresent notion about infection rates are statistics collected from an Avert webpage, which is a website dedicated to educating users about HIV and its spread, along with preventative measures that can be and have been taken to combat this deadly disease. Evidence from the Avert article “HIV and AIDS in East and Southern Africa Regional Overview” suggests

that those with an increased likelihood of infection for this region are drugees, sex workers, prisoners, homosexual men, and young females.

Not only does a plethora of ways to contract HIV/AIDS exist, but demographically, the disease is rampant among women. Infected “women account for 56% of adults living with HIV in the region,” and although men still have HIV/AIDS in the Eastern and Southern African regions, twice as many young women contract it (Avert). The tendency of more affected females than males raises the idea that men often play a large role, intentional or unintentional, in spreading HIV. Avert asserts in a separate article titled “Women And Girls, HIV and AIDS,” that in some African cultures, women use sex as a means to gain financial support, implying often times they don’t care or think to ask about their male partner’s infection status if they are simply doing what they must to survive. Consequently, the infections contracted, later result in serious social outcasting and emotional trauma.

Among these infected women are those similar to Adeola Ajetunmobi who suffer the social and physical consequences long after diagnosis. According to an article titled “Every day, 170 young people are infected with HIV in West and Central Africa, and many can't afford treatment” written by Siobhan O'Grady from *The Los Angeles Times*, Ajetunmobi’s family couldn’t pay for her immediate medical expenses when she became ill, leaving her to deal with sores and eventual communal ostracization after blood work revealed months later that she was HIV positive. Not only did she suffer medically, but her boyfriend left her soon after the discovery, and shortly after the death of her father, she sought shelter with relatives that would not allow her into their homes, leaving her to live on the streets (O’Grady). Although Ajetunmobi can feel the negative impacts on her life, the male she contracted it from can

continue to live his life in radio silence, jumping from one girl to the next, quietly passing the disease as he pleases. Adeola is one of the many women affected by this vicious immunodeficiency virus, yet only she, along with all other impacted females, continues to feel its consequences.

So why exactly is this constant discrepancy between the numbers of suffering and infected males and females present? A common practice for this region includes younger women having sexual affairs with older men (Avert). As 67% of young females report to having older male partners, many of these men would consider these relations casual or non-spousal. This labeling variation can also cause infection rates to skyrocket, as mentioned in another one of Avert's articles, "Young women, their male partners and HIV – how relationships vary across settings". Not only can consensual relations lead to infection, but young, susceptible women continually get infected because elder men can also have non consensual sex with them, following an article by Rachel Riedl from *The Washington Post* titled "This is why Global AIDS Interventions Fail." Supporting this notion is Avert's article titled "Young Women and HIV in East and Southern Africa" that provides that aggression in sexual situations leads to a 50% greater chance of infection for young women. The miscommunications present between sexual partners combined with cultural norms contribute to the high infection rates for women, who often times, don't stand a chance at remaining clean.

The article "HIV and AIDS in East and Southern Africa Regional Overview," from Avert states that 25-29% of Kenyan men reported having more than 2 sexual partners, but encouraging men to get tested for HIV/AIDS could possibly reduce infection rates- for both adolescent females and their older partners. Due to the dominant position of men in this culture, males don't

always believe they need to divulge their medical or relationship status, but keeping HIV and partnerships a secret only leads to more infection. This constant power struggle between men and women explains why infection rates are so high. Often times men feel they can assert dominance over women and use their gender to their advantage. Cultural stigmas can leave the women feeling defeated and powerless, ultimately succumbing to the desires of their counterparts or accepting the harsh reality that they may not be their only sexual partner.

Not only are individuals affected by HIV/AIDS, but this disease also holds the potential to tear families apart. In fear of their children being excluded because of their condition, many concerned parents provide treatment drugs to their children without notifying them of their status (O'Grady). Parents dread telling their kids about their HIV status because they don't want them to innocently tell a neighbor or schoolmate and risk becoming a social outcast. As mentioned previously, HIV victim Adeola Ajetunmobi was left to live on the streets after her family refused to let her stay in their homes. One evening, Ajetunmobi asked a neighbor for a place to rest to avoid the stormy weather, but later that night the homeowner raped her. Siobhan O'Grady declares "Ajetunmobi soon realized she was pregnant, adding another layer of worry and distress to her already difficult situation." Despite having a healthy child, some relatives continually will not accept her, or the baby, in their households. This neglect leaves the small family of two to share a cramped room with many other members. As revealed, after the damage has been done, people in these areas of high infection choose not to speak out or admit contamination, otherwise they face discrimination from friends and even family (O'Grady).

Not only can genetics and sexual assertions increase the spread, but the 5 year long civil war in Sudan leaves many citizens unable to access possible treatments for this disease. While

many attempt to escape turmoil in their countries, they are raped by armed men who use erotic aggression as a weapon of choice, as explained by Sam Mednick in “South Sudan’s Quiet Victims of War.” Many regional relief groups believe that rape by army-men and a spike in positive test results from transactional affairs has led to an increased prevalence of the disease, which is ironic because troops should be the ones protecting citizens, not harming them (Mednick). Evelyn Letio, a speaker inside the article “South Sudan’s Quiet Victims of War” from *The Star Tribune*, comments “The army are the ones raping. They’re the ones with guns.” Even though the U.S. has made great strides in implementing treatment programs for soldiers, HIV within the African Army is greater than the national average (Mednick). Continually, in this time of unrest, women find themselves in positions of inferiority, act submissive to remain alive, and in the end, they contract diseases such as HIV/AIDS from these sexually active, weaponized men.

Regardless of the idea that this is a health issue that clearly needs solving, many other third-world country problems remain a priority. Rachel Riedl explains that daily issues such as lack of potable water, insufficient education levels, and overall poor standards of living outrank the immunodeficiency disorder in terms of importance. This is one of the many reasons the problem doesn’t have a resolution, the usual struggles of an impoverished life, triumph the disease that has almost become a regional-norm.

However, throughout the past two decades new attempts have been made, successful or not, to combat HIV/AIDS. Pills such as PrEP (pre-exposure prophylaxis), which reduces infection likeliness, and ARVs (antiretrovirals), can slow down infection rates (Riedl). Also, as mentioned in an article from *The New York Times*, by Tina Rosenberg, titled “H.I.V. Drugs Cost

\$75 in Africa, \$39,000 in the U.S. Does It Matter,” as a new gold-standard triple therapy for HIV arrives in Africa, there are solutions that provide drugs/antiviral treatment costs for as little as \$75 dollars in Africa, in comparison to \$39,000 a year in the United States. This price gap should hopefully make it more accessible for the “19.6 million people living with HIV” in Eastern and Southern Africa to receive the treatment needed (Avert). To ensure desired success rates, people such as the medical supply coordinators and doctors in the area must ensure the word about reduced treatment costs can be spread quickly so those in agony know about the cheaper options available.

Although there have been numerous educational treatment programs implemented and substantial amounts of money have been used to contain the spread, Riedl describes that it’s very difficult to coordinate solutions when the developers are high up/distanced in global affairs. Furthermore, these efforts continually fail because the organizations that orchestrate these solutions are not localized to the affected areas, so “interventions as they have been carried out to date are doomed- because it’s so hard to coordinate delivery when relying on so many actors” (Riedl). This distance disparity creates numerous challenges to achieving desired medicinal results.

A large population of inhabitants from Sub-Saharan Africa constantly experience exposure to this virus due to male-asserted dominance over women in sexual situations and war/political turmoils. Furthermore, a citizen’s inability to speak out and confront their disease, allows HIV to travel silently from person to person. Although attempts have been made to contain the spread, the expensive treatments and poor coordination efforts have limited the success rates, however that is not to say this issue isn’t still worth battling. Despite the many

demographic challenges that hinder the improvement of this problem, devoted, passionate members of society must be called upon to continue to take steps to test the citizens of high risk areas for HIV/AIDS, and work on creating medicinal solutions such as PrEP's and ARVs that are geographically, and economically accessible to all who seek treatment.

Works Cited

Avert. *Avert*. 10 Dec. 2018,

www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview. Accessed 26 Sept. 2018.

CNN Library. "HIV/AIDS Fast Facts." *CNN*, 31 May 2018,

www.cnn.com/2013/07/29/health/aids-hiv-fast-facts/index.html. Accessed 11 Sept. 2018.

Mednick, Sam. "South Sudan's quiet victims of war: With HIV, without help." *The Star Tribune*, 24 May 2018,

www.startribune.com/south-sudan-s-quiet-victims-of-war-with-hiv-without-help/48355. Accessed 4 Dec. 2018.

O'Grady, Siobhan. "Every day, 170 young people are infected with HIV in West and Central Africa, and many can't afford treatment." *The Los Angeles Times*, 2 Apr. 2018,

www.latimes.com/world/la-fg-africa-aids-20180402-story.html. Accessed 5 Dec. 2018.

Rachel, Riedl Beatty. "This is why global AIDS interventions fail." *The Washington Post*, 14 July 2018,

www.washingtonpost.com/news/monkey-cage/wp/2018/07/14/this-is-why-global-aids-interventions-fail/?utm_term=.df948e3a6fe9. Accessed 3 Dec. 2018.

Rosenberg, Tina. "H.I.V. Drugs Cost \$75 in Africa, \$39,000 in the U.S. Does It Matter?" *The New York Times*, 18 Sept. 2018,

sks.sirs.com/webapp/article?artno=0000411734&type=ART. Accessed 3 Dec. 2018.

Possible Research Questions:

- To what extent does the oppressive regime present in South Korea contribute to the silence from women that have been sexually abused?
- To what extent does the authoritarian government present in Venezuela negatively affect internal and international relationships?
- **To what extent does the AIDS crisis in sub-saharan Africa impact the economic and social affairs of its citizens?**

Thesis:

The prevalence of the AIDS/HIV crisis in Sub-saharan Africa is aggravated by patriarchal cultural expectations and the political struggles associated with a third-world country. (peripheral)

Outline:

1. Introduction:
 - Background info. On AIDS/HIV, its spread, its location, numerical stats (logos)...
 - Omnipresent danger
 - CNN Library facts (1, 2, 3)
2. Body paragraph 1:
 - The spread between genders and why others are more susceptible due to a power imbalance between men and women (cultural stigmas/practices)
 - Avert cards infected women > men & card type 1 and 2 (5, 11, 12, 13, 21)
 - The Washington Post (20)
3. Body Paragraph 2:
 - How wartime also aggravates the spread/infection
 - Mednick cards? (7, 8, 15, 24, 25)
4. Body paragraph 3:
 - Individual story and its consequences resulting from hiding the disease
 - O'Grady cards (9, 10, 16, 17, 18, 26)
 - Possible solutions and why they aren't feasible
 - Riedl card paraphrase and summaries (6, 14, 22, 23, 29)
 - Rosenberg (27)
 - Avert summary (28)
4. Closing:
 - Summary of complexity of the issue and why it's difficult to combat
 - Finish possibly with more Avert cards (4)