



## Understanding Epidemics Section 2: HIV/AIDS

### PART E: Impacts

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### Impacts on the individual

The impacts of HIV/AIDS can be devastating for the individual who is diagnosed as having the disease.

#### *Testing*

The impacts of knowing you have tested positive can be psychologically traumatic.

Because at the moment there is no cure, finding out you are HIV+ may make you feel as if you have been given a death sentence. Even if during the early stages of the disease there are no physical symptoms, the knowledge that you are HIV+ can have a great impact on your life. It is not surprising then that people often either don't feel that they are at risk, or don't want to take a HIV test, even where it is free.

Because of this, in many countries you have to go through a course of counselling before you can be tested for HIV. Counselling is certainly very helpful if the result of the test shows that you are HIV+. Unfortunately, in many countries in the developing world, such as in Africa, formal counselling isn't available.

There are drugs, called anti-retrovirals (ARVs) that can be given to people who are HIV+. These don't cure HIV but will increase the amount of time people can live with the disease. The fact that these drugs exist gives people a reason to take an HIV test.

However, in areas of the world (such as Africa and other developing countries) where the drugs aren't readily available, people are even less likely to take the test.

#### *Public health*

Even if there are no drugs available, it is important to identify carriers of the disease for public health reasons.

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People who have HIV can then be taught about the ways in which they can avoid spreading the disease (such as not having unprotected sex, not breastfeeding and not sharing needles).

### ***Physical symptoms***

The first physical symptoms of HIV are often weakness and being ill more often because the body is less able to fight off infection.

Some common physical signs are rapid weight loss and/or skin lesions because the body is more susceptible to certain types of skin cancer.

Because there is no treatment for HIV, everyone who is infected eventually dies. They often die of an infection they have caught because of their weakened immune system.

### ***Psychological affects***

From the time a person finds out they are infected, they, and their close family may suffer from psychological trauma from knowing that the infected person will not recover from the disease. In addition to this, people with HIV/AIDS often have to deal with prejudice and discrimination and the widespread assumption that it is their own fault that they got the disease.

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## **Impacts on society and economy**

As well as the impacts on the individual, HIV/AIDS also impacts on society and the economy. These public impacts are worst in areas with high HIV rates. In areas with lower HIV rates these impacts may be less, but the impacts on the individual will still be the same.

The table below shows the impacts of HIV on the economy, public services and social relations for local communities and whole countries (national).

	<b>Impacts on economy</b>	<b>Impacts on public services</b>	<b>Impacts on social relations</b>
<b>Local scale</b>	Impacts on farm production, on domestic activities and on individual businesses.	Fewer people attend school. More pressure on health care services (e.g. doctors and hospitals).	Household and community relationships change.
<b>National scale</b>	National income falls because individual productivity falls.	Shortage of teachers and medical staff because of illness and death. Fewer resources for public services.	Social and cultural trauma. Problems with stigma and 'blame'. New attitudes to relationships.

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Below is more detail on each of these sections, with specific reference to Eastern and Southern Africa as a case study.

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### **Local Economic Impacts**

In areas where the economy is based on subsistence or peasant farming, most of the work is done by young men and women. This is also the age group which is most affected by HIV/AIDS.

When people are ill, they become unable to work and so, unless other people can be found to do the work, the amount which the farm produces will fall. Land may have to be left unused because there are not enough people to do the necessary jobs such as weeding or applying fertilisers and pesticides. In addition to this, some crops may be left in the fields to waste because there aren't enough people to help with the harvesting.

This means that the amount of food available will fall. In areas such as Southern Africa where drought means that there are often shortages of food, HIV/AIDS makes the problems of food production and availability even worse.

One way of dealing with the impact of HIV/AIDS is to pay people to do the work which ill family members would usually do. This is usually not an option though because people cannot afford to pay workers.

One other alternative is to call on additional family labour. Children can take on the work which ill members of the family cannot do. This means that children may have to drop out of school and so education levels are lower in areas with high rates of HIV/AIDS.

Equally, many older people may be recalled to be part of the farm labour. In Africa older people do not 'retire' in a formal sense. Instead they gradually pass their tasks on the farm and in the household to the younger generation.

However, where the younger generation are unable to work because of illness, the older generation may need to continue to work for longer than they would normally have done. This often reduces the productivity of the farm as older people may be less efficient especially at heavier tasks.

Because of these problems of labour supply, it seems that in Africa rural productivity has been falling as a result of HIV/AIDS. Additional family labour cannot make up for the loss of experienced workers.

This is a serious problem in Africa where for many years, before HIV/AIDS became a problem, there has been a problem in producing enough food. HIV/AIDS is not the main cause of the food problem, but it makes it worse and makes it much more difficult to deal with.

## **Local Impacts on Public Services**

The two main public services which high rates of HIV will have an impact on are health services and schools.

### ***Health Services***

As more people become ill, the pressure on health services will increase. More medical staff will be needed to care for the people who are seriously ill. In many African countries over half the hospital beds are occupied by HIV/AIDS patients.

In addition to the staffing problem, more drugs will be needed to treat people. Even where HIV/AIDS drugs (ARVs) aren't available, other drugs such as anti-biotics will be needed to treat the infections that people are more likely to have because they have weakened immune systems.

Both the need for more medical staff and the need for more drugs means that more money will be needed to pay for health services.

However, at the local level, individual clinics and medical centres are already poorly staffed and equipped, and so public finance does not seem to offer an immediate answer.

Many ill people and their families in these circumstances resort to traditional healers for treatment and support. These, however, are even less likely to offer solutions to ill-health due to HIV.

### ***Education Services***

Unlike health services, the pressure on the education system may actually get less in areas with high rates of HIV-AIDS.

This is because of two main reasons:

1. Children who are born HIV+, and don't have access to ARVs, are unlikely to survive to an age at which they would go to school.
2. It is likely that more children will be needed to do work in the home and agricultural work to make up for the adults who are too ill to work. They will therefore attend school less regularly, and eventually drop out altogether.

However, even though there may be some immediate financial savings to governments because fewer people may go to school, at the local scale the fact that children aren't getting an education is seen as a major problem.

Most communities want to make sure that their children have a good schooling as this will benefit both the children and the community in the future.

## **Local Impacts on Social Relations**

HIV will impact on social relations in the household and in the community.

### ***Household***

We have already seen in the previous pages that HIV/AIDS affects household relations as children and older people may be required to take over household work from adults who are too ill to carry on working.

HIV/AIDS also has a big impact on the household when parents die. In areas where HIV/AIDS is prevalent, there are often large numbers of orphans whose parents have died as a result of the disease.

Orphans who are too young to look after themselves may be looked after by grandparents or other relatives. Where children are cared for by other relatives or friends, some households become much larger and more complex.

However, in Africa, the number of orphans has risen so much that the traditional ways of coping with this problem by other relatives looking after them is not always possible. One result of this problem of large numbers of orphans, is the increasing number of homeless street children in many African towns.

### ***Community***

Because HIV/AIDS results in early death, communities in areas with high rates of the disease will have to deal with constant sorrow and feelings of loss as funerals become a common occurrence.

As health and economic conditions get worse, the problems caused by HIV/AIDS can also lead to the feeling within the community that it is in serious trouble. This can then lead to growing tensions within the community.

We have seen that some households may be seriously affected by HIV/AIDS as they become unable to work the land and provide food. In contrast though, households where no family members contract the disease may benefit as they may take over the land which has been left abandoned by other people.

This means that HIV/AIDS creates a big and usually growing gap in terms of income and food availability between those households in which key members have the disease and those which don't.

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## **National Economic Impacts**

It has been estimated that HIV/AIDS is reducing the growth in gross national product (the value of what a country produces in a year) in countries in Southern Africa by between 0.5% and 1.5% per year.

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In other words, national income is growing more slowly than it would have been with no HIV/AIDS.

In a continent where rates of economic growth are generally low, and start at a low level, this is really seriously bad news.

HIV/AIDS is a major problem preventing many countries from developing economically. It also has a great affect on international programmes which aim to overcome poverty in Africa.

The major cause of the national effects is due to the loss of labour (workers), especially to the loss of skilled workers. HIV/AIDS in its early years disproportionately affected the educated and urban elite, those who contribute most to the national economy.

Although HIV rates now tend to be lower for educated and skilled workers than unskilled workers, rates of HIV in skilled workers are high enough in Southern Africa to be a major problem for employers. Skilled workers are in short supply and need a lot of training. Because of this, those who cannot work because they are too ill, or those who die, cannot easily be replaced.

In urban areas, in particular, there has been a loss of such skilled workers. Many firms have been strongly active in encouraging their staff to have safe sex and to reduce high-risk behaviour through condoms distribution and education programmes in the work place. In addition firms have had the expense of mounting much expanded training programmes to compensate for labour losses.

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### **National Impacts on Public Services**

Like the impacts on public services at the local level, the main impacts of HIV/AIDS will be in health and education. As well as the number of services available falling, the quality of these services will be affected too.

#### ***Health services***

As more people become ill as a result of HIV/AIDS, more medical staff and more drugs will be needed. HIV/AIDS mainly affects young adults, and this means that many medical staff may themselves be ill.

As the economy is affected by HIV/AIDS, there may not be enough money available to pay medical staff, to pay for drugs and to train people to take over when medical staff die or become too sick to work.

The public health service will be affected most seriously, and may become unable to cope with the number of people who need help. Private health care may be available for a few people, but only those who can afford it.

The majority of sick and dying people will be cared for informally, by relatives and friends within the household. This often has a great social cost as

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children may be unable to attend school or go to work as they are needed to look after sick relatives.

### ***Education***

In the local impacts on public services section, we discussed how the number of people attending school will fall due to pressures to take over work that adults would normally do.

As with medical services, there are also impacts on education because of the number of teachers who become ill because of HIV/AIDS. Again, because HIV/AIDS tends to affect young adults, the majority of teachers are in the age range which is highly vulnerable to the infection.

This can have a devastating affect on the amount and quality of education which is available. For example, between 1997 and 2001, in two districts in Malawi, it was estimated that 1 out of every 7 primary school teachers died and 1 out of every 15 secondary school teachers died.

We cannot be certain that these teachers died because of HIV/AIDS, but because they were young, we can assume that their deaths were due to the disease.

It is not just the loss of teachers because they die which is important for learning. It is likely that the teachers would have been away from school due to illness for a long time before they died.

If there are fewer teachers and a smaller proportion of school-age children attending school, the chances of finding trained, educated people to replace the teachers and doctors who die are much lower. In addition to this, training people to be teachers or medical professionals is expensive and, as we have seen, HIV/AIDS means that there is much less money available for training and education generally.

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## **National Impacts on Social Relations**

### ***Overcoming stigma***

HIV/AIDS at one level is a matter of intense shame and stigma. Individuals and whole communities are unwilling to accept the seriousness of the problem, or its causation.

There has certainly been a culture of 'denial', and this may continue. Increasingly, however, HIV/AIDS has become a matter of major public concern and discussion.

In most countries now the public media every day contains discussions of causes and effects of HIV/AIDS.

Political leadership can be critical in setting the public mood and leading public attitudes to a more open and less 'blaming' stance (see geography

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pages for more information). New public institutions have been created to deal with aspects of the problems created by the epidemic. In many countries a National AIDS Commission has been created to be a central point within government for coordinating and implementing medical and educational interventions (see control pages for more information).

### ***The knowledge/behaviour gap***

However, despite all that propaganda and much better knowledge about HIV/AIDS among the general population, there is not much evidence that people are changing their sexual behaviour. There is a very wide knowledge/behaviour gap that needs to be closed if prevalence rates are to fall.

People are certainly increasingly aware of what HIV/AIDS is and what causes it; but are they willing to change their behaviour to take account of their knowledge?

Efforts to close the gap are intensifying everywhere, and take many forms: from in-school curriculum changes, to public information campaigns, focused on high risk groups (such as young people, prostitutes, migrant workers or truck drivers) as well as the general public. These directly address cultural and social 'norms', often with considerable public scepticism, if not downright resistance.

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## **HIV/AIDS and development**

As we've just seen, HIV/AIDS has a major impact in countries where the disease is prevalent.

The countries with high rates of HIV/AIDS also tend to be economically poor and often are faced with many other problems to do with governance, environmental management and social inequality.

HIV/AIDS seems to be yet another factor making Africa's chronic poverty worse. Because of the impacts on the economy, services and social relations, HIV/AIDS is more than just a health problem but can also seriously limit the economic development of a country.

Governments now see HIV/AIDS as part of their broader development needs and programmes rather than as a single disease to be tackled directly on its own.

Measures to deal with causes and impacts of HIV/AIDS have been 'mainstreamed' into broader development programmes and especially into poverty alleviation programmes.