

The Cultural and Socioeconomic Factors Influencing HIV in South Africa

Megan Tanquilut

Lake Forest College
Lake Forest, Illinois 60045

South Africa has been one of the major sites for HIV, with approximately 6.4 million citizens living with it (CDC, 2022). While international health programs such as the WHO and CDC have been helping citizens fight the epidemic, various cultural and socioeconomic factors have only caused it to further spread. HIV, also known as human immunodeficiency virus, is an autoimmune disease that damages the individual's autoimmune system, specifically by attacking its CD4 cells (CDC, 2022). Therefore, it is essential that those living with HIV and/or in areas prevalent with HIV are educated upon the risk factors of passing on the disease. In South Africa, however, various African beliefs, values, and traditions have resisted the prevention of spreading HIV (Uwah, 2019). In addition, many young women born with HIV (passed down from their mother) have begun giving birth, passing it to their own children (Anderson et al., 2021). Aside from the cultural and social factors that may promote spread of the virus in South Africa, Africans living with HIV often must face economic and social challenges, specifically when needing to get their medication (Keene et al., 2020). In addition, many Africans have various misconceptions towards HIV and the medication they receive, ultimately increasing HIV's antibiotic resistance (Watkins et al., 2019). Lastly, Covid-19 has significantly reduced the number of resources for HIV, preventing many Africans from receiving their medication (Hasan et al., 2021). While South Africa has improved treating HIV, there are still many social, cultural, economic, and medical forces that promote the spread of the disease that must be counteracted.

HIV is an autoimmune virus that decimates the immune system, eventually leading to AIDS (acquired immunodeficiency syndrome) if left untreated (CDC, 2022). While most individuals experience flu-like symptoms within the first few weeks of getting infected, many do not experience any symptoms, resulting in possible further spread of the virus (CDC, 2022). Evidently, it is imperative to get tested for HIV to protect the individual and those at risk. Today, South Africa is one of the major epicenters for HIV, with the region having the highest number of individuals living with it (CDC, 2022). While South Africa does receive continuous support from international health programs such as the WHO and CDC, various cultural and socioeconomic factors continue to spread HIV, leaving individuals at high risk for infection.

While South Africa has been working with international health programs to treat and help prevent HIV, various cultural beliefs, values, and traditions continue to spread HIV in the region. In South Africa, it is believed that sex is tightly correlated with immortality, specifically by procreation. In order for a person to achieve immortality, their name must be remembered and passed on orally after death; thus, the person must have offspring to pass their name down (Uwah, 2019). As a result, it is critical for Africans to have children, causing many of them to have unprotected sex. Because of this belief, South Africans often perceive sex as a cultural and social value, with men associating sex with their masculinity (Uwah, 2019). For men to gain their masculinity they will often have multiple girlfriends before marriage as well as have sex with multiple women when the wife is either menstruating or in late pregnancy (Uwah, 2019). To this point, men have a higher chance of obtaining HIV and spreading it to other women, including their wife. For women, virginity is highly valued before marriage; therefore, they will often resort to anal sex to preserve their purity, resulting in higher chances of obtaining HIV (Uwah, 2019). Overall, these beliefs and values has influenced the spread of HIV in South African communities, as many of them encourage multiple partners or resorting to practices that increases the risk of getting HIV.

In addition to the Indigenous beliefs and values, South Africans hold various traditions that promote the spread of HIV. South African culture often connects one's spirituality to their physical health. For example, if one were to get infected with HIV, they would go to both a medical professional

and traditional healers in the community to get treated, as many often will turn to witchcraft when sick. (Uwah, 2019). For example, if a married man dies of HIV, the wife must cleanse her body of the dead husband's spirit by passing it on to another person via intercourse, potentially passing HIV to another person (Uwah, 2019). Consequently, the rituals assigned to citizens may only promote further spread of HIV rather than cure it, even if they do receive the medication from a medical professional. In conclusion, various Indigenous beliefs, values, and traditions in South Africa continue to inadvertently spread HIV regardless of the medical help they receive.

Aside from cultural factors increasing the spread of HIV, young women with perinatal acquired HIV (PHIV) have started to become pregnant. PHIV occurs when the mother passes down HIV to her child either through birth or breastfeeding (Anderson et al., 2021). Because pediatric antiviral treatment (ART) has increased the survivability rate of children born with HIV, many infected girls have begun entering adulthood and become pregnant (Anderson et al., 2021). Consequently, this has resulted in an increase in HIV cases, specifically in newborn children. In addition, Anderson et. al (2021) shows an increase in pregnant women with PHIV under the age of 16 from 2007 to 2018, with 67.4% of women being under the age of 16 from 2016-2018 (Figure 1). While it is common for young adults in South Africa to begin pregnancy at a young age, the majority of women are given pediatric care until they are considered adults. As adolescents without access to family planning and services, they are unable to receive the necessary resources to prevent pregnancy and/or proper care (Anderson et al., 2021). As a result, these young adults are more at risk of passing HIV to their child. Ultimately, limited access to family planning and services has caused the spread of HIV, as many adolescents today with PHIV are becoming pregnant, passing down HIV to their child.

In addition to adolescents with PHIV having limited access to family planning and services, South Africans face social and economic challenges when retrieving their HIV medication. South Africans living with HIV are either given two or six-month prescriptions; however, to receive six-month prescriptions, they must "earn it" as smaller facilities are often unable to provide everyone with six-month's worth of medication (Keene et al., 2020). Consequently, because not everyone is able to acquire six-month prescriptions, the majority are given the two-month prescriptions, leaving them to face economic and social challenges. For example, patients that must visit clinics every two months are more likely to spend more money on transportation as well as more time away from their livelihoods, such as work, friends, or family (Keene et al., 2020). As a result, patients with two-month prescriptions are more likely to struggle in maintaining or getting a job. In addition, Keene et al. (2020) notes that most patients lie when needing to pick up their medication, as HIV positive individuals are more likely to lose their job or be socially outcasted by their family, friends, or coworkers. Accordingly, individuals with two-month prescriptions are more likely to face social challenges than those with six-month prescriptions. Overall, clinics are less likely to provide patients with longer prescriptions, as most must "earn" a six-months' worth of medication. Therefore, South Africans living with HIV are more likely to face economic and social challenges that ultimately risks them losing their jobs and livelihoods.

Aside from the economic and social challenges South Africans face when living with HIV, South Africans risk facing antiviral resistance due to the lack of education towards antibiotics, resulting in misuse and overuse. In South Africa, individuals are more likely to be uneducated on how to take their antibiotics as well as have a low health literacy, resulting in the inability to discern the medication given. In the study by Watkins et al. (2019), most individuals interviewed were unable to read or look at pictorial labels. As a result, when going to a clinic or pharmacy, most patients will not ask for the specific antivirals required to treat HIV, risking being given ineffective drugs (Watkins et al., 2019). Therefore, South Africans are more likely to take the wrong medication and/or misuse them because of the lack of education, increasing antibiotic resistance. In addition, South Africans are sharing their medication with those around them by either buying them from private vendors and/or not finishing their own. Because older citizens can buy a variety of antibiotics by using their pensions, they are able to sell and share the prescriptions given to those around them (Watkins et al., 2019). In Watkins et al. (2019), interviewed individuals reported being unsure whether they bought antibiotics or not when buying

medication from the elderly, as most sold them as nutritional supplements. As a consequence, South Africans are unable to identify what drugs were given to them, as well as whether they are effective towards HIV, risking further antibiotic resistance. Lastly, the study has reported that those interviewed were more likely to not finish their medication, saving it for whoever was sick in the future (Watkins et al., 2019). Consequently, not finishing their medication and sharing it to other individuals not only allows further antibiotic resistance for those that did not finish the antibiotic prescribed but also increases antibiotic resistance for whoever else they share their medication with. Therefore, not finishing and sharing antibiotics has only increased antibiotic resistance in South Africans. Overall, the lack of education and low health literacy has resulted in the misuse and overuse of antibiotics, causing an increase in antiviral resistance in HIV.

While international health organizations have been helping decrease the overall spread of HIV in South Africa, Covid-19 has negatively impacted the access of tests and ARV (antiretroviral treatment programs) South Africans have. When Covid-19 spread to South Africa, governments and health organizations placed their time and resources towards fighting the emerging disease (Hasan et al., 2021). Consequently, this rapid redirection of resources lowered the amount of access individuals have to HIV tests and medication, with approximately 50% of people living with the disease unable to access their ARV (Hasan et al., 2021). As Covid-19 has dramatically decreased the number of resources South Africans have towards tests and ARV, more cases of HIV continue to be untreated.

While South Africa has received aid from international health programs to help fight HIV, the rise of Covid-19 as well as various cultural and socioeconomic factors continue to cause HIV cases to arise today. In order to prevent further spread of HIV, more time and resources must be spent providing medication and educating South Africans on how to better understand the medication they take as well as how to prevent HIV. If this is accomplished, future generations of South Africans will experience less cases of HIV, ultimately allowing them to live without worrying about the negative effects of HIV placed on their ancestors.

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