HIV/ AIDS: introduction

This resource discusses the impact of HIV/ AIDS on poverty and development. It covers parts of the KS3 and KS4 programmes of study for citizenship and could be used in PSHE lessons.

Basic facts on HIV/ AIDS

Human Immunodeficiency Virus (HIV) is the virus that can lead to AIDS (Acquired Immune Deficiency Syndrome). HIV slowly destroys the white blood cells needed to fight infection. When the number of these cells drops too low, a person will start to get symptoms like diarrhoea, cough and weight loss. They are more likely to get diseases like tuberculosis (TB) and skin cancer. When a person with HIV starts to develop these infection they are said to have developed AIDS. It might take 5 to 10 years or more for a person with HIV to develop AIDS.

HIV can be passed between people in four ways:
1. unprotected sex (80% of worldwide infections have resulted from heterosexual sex);
2. infected blood supplies (no longer a problem in richer countries but still a problem in some developing countries);
3. sharing needles or syringes;
4. from mother to child in the womb, during birth or in breast milk.

There is no cure for AIDS and no vaccine to prevent infection. People with HIV may be able to avoid developing AIDS for many years if they eat well and live a healthy lifestyle or take anti-retroviral drugs. People also live longer with AIDS if they are able to get medicine to treat infections like TB.

Statistics

HIV is considered to be a global pandemic. It was first identified in the 1980s and has since been reported in every country in the world. Over 53 million people have contracted HIV since then and 18.8 million have died of AIDS. Over 40 million people are now living with HIV/ AIDS, 71% of them in sub-Saharan Africa. Recent evidence shows that the pandemic has not yet started to slow down and the number of infections is still increasing.

HIV/ AIDS and poverty are closely linked
Poor people are more likely to catch HIV and they develop AIDS more quickly once infected. Poor countries cannot provide the healthcare that people need, including education and resources to protect them from infection, HIV testing and counselling, nutritious food, hospital care and medicines. Poverty means that people have to focus on day to day survival rather than thinking about long-term health. Poverty forces men to work away from their families where they might have sex with other women. Poor women may be forced to sell sex in order to survive.

HIV/ AIDS makes poverty worse. Most of the people who are dying from AIDS are young men and women who would normally have provided for their families. People may have to stop working to look after someone who gets ill, or sell off assets to meet the costs of care. Life expectancy in badly affected countries is falling, from an average of 60 years to 43 years in the nine worst affected countries. Many poor countries are finding that their health services and economy can't cope with HIV/ AIDS and they are getting poorer.

HIV and young people

Women aged 15 to 24 are the most vulnerable age group for HIV infection. More than a third of the 40 million people living with HIV/ AIDS, and 58% of those infected in 2001, are under 25. Every 15 seconds a young adult (aged 15-24) is infected with HIV.

There are over 13 million children worldwide who have been orphaned because of AIDS, 90% of them in sub-Saharan Africa. Many children, especially girls, have to leave school to look after ill parents or younger brothers and sisters. These children don't get the education and skills they need to protect their own health and earn a living. Education services are also threatened by teacher illness and deaths.

Women and HIV

Almost all of the women living with HIV/ AIDS are in developing countries and about 80% of these women were infected by their husbands. In many countries unequal relationships between men and women make
it hard for women to ask for safe sex. The rate of infection is six times higher for girls than for boys in some countries. Women also bear most of the responsibility for caring for family members when they become ill.

What is being done? Or not being done?

Poverty and HIV/AIDS lock together to create a downward spiral, but evidence shows that the pandemic can be reversed if the political will is there. Money doesn’t solve all the problems, but an increase in aid is needed to tackle the HIV/AIDS crisis. Rich countries all committed themselves 30 years ago to giving 0.7% of their GNP in aid, but only five have done so. And it’s not just about giving more money, it’s also about making better use of that which is given. Many poor countries are still under a debt burden that diverts resources away from health and education.

Drugs are now available to slow the progression of HIV and deal with opportunistic infections, yet many people in the developing world are still dying early because they can’t afford the drugs. At the same time, pharmaceutical companies are making huge profits. Steps need to be taken so that poor people have access to basic medicines. However, healthcare is more than drugs, and steps need to be taken to ensure access to nutrition, counselling, testing and prevention services for all.

People need power and knowledge to protect themselves from HIV/AIDS. Prejudices need to be broken down so that infected people get the support they need and so that everyone has the power to protect themselves from infection. Gender inequalities need to be a focus of any effort to tackle HIV/AIDS.

ActionAid has 15 years of experience in international HIV/AIDS work and believes that communities facing HIV/AIDS can find their own solutions if the world offers the right support. ActionAid therefore works to encourage and support local innovation and action, and assists local groups in 13 countries. ActionAid UK helps the fight against HIV/AIDS in developing countries by making sure that the UK government, the public, and institutions all play their part. Our vision is a world without AIDS in which every person can exercise and realise their right to a life of dignity.
HIV/ AIDS: a global issue

HIV/ AIDS is one of the most devastating epidemics in history. The world’s poorest people are most at risk of contracting it, with mainly young to middle-aged adults becoming infected.

Before we start - basic facts

Human Immunodeficiency Virus (HIV) is the virus that can lead to AIDS (Acquired Immune Deficiency Syndrome). HIV destroys the white blood cells needed to fight infection. A person is said to have AIDS when the number of these cells drops too low and they start getting infections. It might take 5 to 10 years or more for a person with HIV to develop AIDS. There is no cure for AIDS and no vaccine to prevent infection.

HIV can be passed between people in four ways:
1. unprotected sex;
2. infected blood supplies;
3. sharing needles or syringes;
4. from mother to child.

Statistics

* 53 million people have contracted HIV since it was discovered in the 1980s
* 18.8 million people have died of AIDS
* More than 40 million people are now living with HIV/ AIDS
* 71% of the people living with HIV/ AIDS are in sub-Saharan Africa
* 58% of those infected in 2001 are under 25
* Every 15 seconds a young person (aged 15-24) is infected with HIV
* 13 million children worldwide have been orphaned because of AIDS (that’s more than all the children in Britain)
* 90% of these children live in sub-Saharan Africa
* Women aged 15 to 24 are the most vulnerable group for HIV infection

HIV/ AIDS and poverty

HIV/ AIDS and poverty are closely linked. Poor people are more likely to catch HIV and in return, HIV/ AIDS makes poverty worse. The diagram below shows this cycle and how people find it very difficult to break out of it.

What can be done?

This flow chart may look bad but we can beat HIV/ AIDS if enough effort is made.

Discuss – to tackle HIV/ AIDS we need to look at the causes and tackle them. Look at each arrow on the flow chart in turn. Try to think of an action that could be taken to break that part of the circle. Discuss your ideas in a group. List, in order, the five actions that you think would have the most effect.

What is being done? What else needs to be done?

Increasing the aid given to poor countries and cancelling their debts would give them more money to spend on health care and education. Rich countries all committed themselves 30 years ago to giving 0.7% of their country’s income (GNP) in aid, but only five have done so. Medicines can treat AIDS-related infections, and even slow down the effect of HIV on white blood cells, but very few people in poor countries can afford them.

And it’s not just about giving more money, it’s also about making better use of that which is given. Money alone is not enough. People need power and knowledge to protect themselves from HIV/ AIDS. In many communities women have less say in relationships than men, and so they may not be able to practise safe sex. Gender inequalities need to be removed so that women can protect themselves. The stigma attached to being HIV positive needs to be removed so that people go for tests and treatment.

These steps can work. In the early 1990s, Uganda was the worst affected country in the world and 15% of the adult population was infected. Today the infection rate has fallen to 5%. This is because people, community groups and the government worked together to remove denial and stigma and to make people talk about HIV/ AIDS.

ActionAid and HIV/ AIDS

ActionAid has 15 years of experience in international
HIV/AIDS work. We believe that the people who deal with HIV/AIDS every day know best how to handle it. We help local groups in 13 countries by:

* Giving practical support to people living with HIV/AIDS.
* Helping with HIV prevention programmes.
* Forming networks of local organisations who can learn from each other.
* Getting people who are living with HIV/AIDS involved.
* Influencing local, national and international governments and challenging them to take action to fight the epidemic.

Our vision is a world without AIDS in which every person can exercise and realise their right to a life of dignity.

In Kenya, ActionAid funds the Kicoshep school which helps children who are affected/orphaned by HIV/AIDS. Claris Akinyi is 14 years old and lives in the Kibera slums in Nairobi.

We moved here when my dad got sick. The Kicoshep project workers supported my mum at home and said that we children could come to the Kicoshep school. I started the school in 1999. Then my dad died and we found out that my mum was sick too. My four older brothers and sisters ran away because they were scared. I stayed with my four younger brothers and sisters.

When my mum got sick, a woman from Kicoshep would come and help us at home. Nobody would buy maize from Mum any more after she became sick. So I went to the market to sell maize, and that’s when I got interested in business. I also cooked for the family because my mum was too sick to do it. In fact, I still cook for my brothers and sisters who are left, and they help out too. My cousin Francis continues my mum’s maize business.

I’m in standard 7 at the Kicoshep school. I’m very happy coming to school. Education here is free. We also get free medical care, and the rent for my cousin’s house is paid by the school. When I went to school before, we had to pay money.

I talk with my friends about how we can protect ourselves from HIV/AIDS. I really enjoy playing football. My favourite position is goalkeeper.

Find out more – check out the following websites

www.actionaid.org
www.avert.org
www.savethechildren.org.uk/rightonline/rightangle11.html

Action – check that all your friends know the facts about HIV/AIDS and know how to protect themselves.

Log onto www.actionzone.cc and find out about the Stop Aids campaign. Email Tony Blair from the site to let him know what you think.

Log onto www.worldaidsday.org and find out what you can do for World Aids Day.
Children are kept out of school to work or care for family members.

Poor people may not have access to condoms.

Poverty

If parents are sick the family income drops.

Orphans rely on other adults for support and money or have to try and survive on their own.

Poor people are forced to focus on immediate survival rather than long-term health.

HIV testing is not easily available.

Women and girls may be forced to sell sex to survive.

Women may not have the power to negotiate safe sex.

Orphans rely on other adults for support and money or have to try and survive on their own.

Peroom people may not have access to condoms.

People living in poverty may not have access to education.

Children are kept out of school to work or care for family members.

When parents die there are more orphaned children.

Men are forced to work away from home and might have sex with other women.

Having unprotected sex may lead to HIV infection.

If hospitals are full and medicines are expensive people with HIV/AIDS may not be treated.

If people are not treated they may become sick or die.

Lack of education about HIV/AIDS makes it harder for people to protect themselves from the virus.

Women and girl may be forced to sell sex to survive.

The cycle of HIV and poverty