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The consequences of HIV/AIDS on the family in Africa Colloquium

Health consequences of HIV/AIDS

HIV Situation in Malawi

- © Over 1 million orphans, half due to HIV
- © Life expectancy reduced to 41 years
- © 10% of HIV transmission mother-to-child
- © 12% HIV&AIDS prevalence rate.
- © 12% HIV prevalence in pregnant women aged 15-24.
- © 47% of new infections in single stable heterosexual partner.
- © Statistics provided by National Statistical Office, National AIDS Commission, UNDP.
- © Other health issues: Co-infection with TB—spread in families! “Between 1994 and 2004 TB in Malawi increased by 300%. This was in part because of the emergence of HIV which destroys a person’s immunity creating a condition for inactive TB organisms to flourish. Today, an estimated 70% of Malawians suffering from TB are also HIV positive, which complicates the fight against TB.” (Charles Mpaka, “New weapons to fight TB,” The Daily Times, 17 December 2009, p. 10)
- © Malnutrition: “... around 50% of the admitted severely malnourished [children] are HIV-infected and their fate is worse [than those who are not HIV-positive]. These children don’t grow and have an in-hospital case fatality rate of 30%.” (Emmanuel Muwamba, “Aids slowing down malnutrition fight,” Nation on Sunday, 13 December 2009, p. 4).
- © Thus, health issues in the family compound the parallel disintegration of the body and the family.
- © Hunger, food security, access to ART: “Magalasi, a 34-year-old mother of two ... has to raise her [two] children—the youngest [sic] ... only 1 ½ years old—find balanced nutrition amid hunger and spend money to access life prolonging Anti-Retroviral Therapy. ... Accessing ARVs is not easy for Magalasi. She requires at least K300 to catch a bus to Manjawira ... where, depending on the money she has, she might spend an additional K100 to get a bicycle ride to cover a 3.5 km journey to [the] clinic ... ‘I have to work to raise money for food and transport ... to get ARVs. The walk is at least 6 km. It is a painful experience. Only the thought of my children keeps me going.’” (Kondwani Munthali, “Balaka’s double tragedy as hunger, Aids take toll,” The Nation, 10 December 2009, p. 19)

Socio-cultural consequences of HIV/AIDS

- © Cultural practices
- © Orphans

- © Perceptions of masculinity, etc.
- © Divorce / Abandonment
- © Pressure to have children
- © Cultural practices: e.g. Wife inheritance, sexual cleansing of widows, initiation ceremonies, circumcision, require modification. See Steve Chimombo, *Hyena wears darkness*. Also, change from circumcision at puberty to circumcision at birth. (cf. “Circumcising babies could help Africa Aids fight.” *The Nation*, 21 January 2010, p. 7.
- © Orphans: “[T]he estimated number of maternal, paternal, and double orphans due to AIDS in Malawi, South Africa and the United Republic of Tanzania rose from 1.2 million in 2001 to 2.9 million in 2007. However, ... all but a small minority of orphaned children are being absorbed into kinship, community, and other support networks.” (UNAIDS 2008:47, emphasis added).
- © Perceptions of masculinity: “... the social construction of gender, particularly masculinity, contributes to a warped image of what [it means] to be a man. This ... may eventually lead to a deficient understanding of issues pertaining to alcohol and HIV& Aids.” (Davie Malikhwa Jr, “Masculinity, alcohol and HIV,” *The Nation* 19 January 2010, p. 15). Perceptions include right to “own women” as property, and to have sex with young girls. Girls raised to be submissive, if not subservient.
- © Separation / divorce / abandonment: Far more women go for HTC than men. Often, women are more courageous about reporting to their partners, and the male partners may seek to separate, divorce, or even abandon their women, blaming them for getting infected, refusing to acknowledge that they themselves, the men, may have “brought AIDS home.” Also issue of childlessness: both men and women, regardless of HIV status, want children, as “proof of woman-/manhood,” but unless Nevirapine is administered at birth, the child is more likely to be HIV-positive.
- © Thus, the culture/society will disintegrate as a result of AIDS, unless it adapts to the new socio-cultural environment, just as the body disintegrates with the attack of HIV, unless the family member takes ARVs.

Photo album—Grandmother

Nyakhondowe is taking care of all her grandchildren, the children of her four children who died of AIDS



Psychological and emotional consequences

- © Burden on eldest in child-headed household to be mother and father to siblings
- © Infants sometimes grow up without ever knowing mother's and/or father's love
- © Shame, stigma and discrimination still frequent against any member of a family infected or affected by HIV/AIDS

Photo album—Parentless girl

Kitty was born on 7 August 2009, and her mother died of AIDS two months later. Then her grandmother died. Now she is being cared for by her aunt, who has three of her own children to raise.



Educational consequences

- © Without financial support, very difficult for children infected and/or affected by HIV/AIDS to stay in school
 - © Financial support needed for both school fees and supplies, AND to support food and health needs of orphans and caregivers
- Without good nutrition and psychosocial support from guardians, even with financial support, children will not do so well in school, and therefore will not be able to escape the cycle of ever deepening poverty.
- Girls lured to leave school early, into early marriage, thinking it would be the way out of poverty.

Photo album—Child-headed household

This 16-year-old orphan, Flossie Lemani, is taking care of her three younger siblings. She is in Grade 10 at a local Community Day Secondary School Without good nutrition and psychosocial support from guardians, even with financial support, children will not do so well in school, and therefore will not be able to escape the cycle of ever deepening poverty.

Agricultural consequences

- © Inability to cultivate, due to sickness
- © Food insecurity
- © Increased malnutrition

Magalasi, "I have had no stable source of food since May this year. I eat once a day sometimes.

My children and I sleep on empty stomachs. I still have to take my ARVs as that is the only hope I have to live longer and support my children. ... I have relied on ganyu (piece work) and ate maize bran when I raised enough money. But most of the times I can only afford a cup of tea. When I am sick, my two children have not food.”

Economic consequences

- © On-the-job discrimination
- © Loss of earnings because of extended illness
- © Extra expenditure on medical bills, leading to ever increasing poverty for the family, and subsequently the orphaned children.
- © Increased burden on elderly, after the death of their children, with no financial resources to sustain them.

Grace Phiri dismissed from job after diagnosed HIV-positive, even though still healthy and fully able to work: discrimination illegal, but still practiced. (McDonald Chapalapata, “Job security vital for HIV+ workers,” Times Work Place, Supplement to The Daily Times, 19 January 2010, p. 1).

Frank Phiri is taking care of his four grandchildren, the two youngest pictured here.

- © Guilt
- © Repentance
- © Forgiveness
- © Reconciliation
- © Irene’s story: looking after husband, bringing her husband to acknowledge his guilt, repent, ask for forgiveness, and reconcile both with her and their seven children.

Mrs Irene Chaluluka, SAFE’s National WHY WAIT? Coordinator, is living with HIV, and caring for her granddaughter, Patience, whose mother died of AIDS.



Irene's story: looking after husband, bringing her husband to acknowledge his guilt, repent, ask for forgiveness, and reconcile both with her and their seven children, before he died in 1998.

Promises!

to significance

to success ...

to stability ...

From survival ...

Thank you for your attention.

May God bless you.