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From the Editor

While a cogent plan of action for the roll-out of anti-retroviral (ARV) therapy in the public sector remains absent, many companies are forging ahead with holistic HIV management programmes that include anti-retroviral treatment. In this edition of *AAAO*, Leighton McDonald examines some of the issues that continue to be important to companies considering the provision of ARV's for their staff.



The risks of HIV transmission in the transport industry is a well-documented area of research. Whilst many programmes have been implemented to address the risks amongst truck drivers in South Africa, it seems that HIV prevalence continues to be on the rise amongst this group in Swaziland. A decisive programme that tackles prevention as well as treatment is needed immediately if lives are to be saved and the many costs associated with AIDS are to be mitigated. The truckers in Swaziland provide us with a lesson that can be applied in other industries and sectors.

Don't forget to visit the ***AIDS Analysis Africa Online*** website at www.redribbon.co.za for archived articles, statistics and reports on HIV/AIDS in sub-Saharan Africa.

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HIV/AIDS treatment for employees – do we wait for Governments' programme?

By Dr Leighton McDonald

Introduction

The issue of providing treatment to HIV infected employees is increasingly being discussed in boardrooms around South Africa. There has been a tangible change in attitude on this issue – previously energy and resources were focused on increasing awareness and preventing new infections. There are number of factors which have caused this situation, including:



Maturing epidemic

The HIV epidemic is now over 20 years old and we are seeing the emergence of an AIDS epidemic with an increasing number of HIV infected employees getting ill and having to leave work or dying of complications related to the virus. As a result, employers are starting to experience the financial effects of the epidemic by way of rising absenteeism, disability and staff turnover rates. In a study conducted by the Bureau for Economic Research on behalf of the South African Business Coalition on HIV/AIDS (SABCOHA) in 2003, nearly forty percent of companies surveyed indicated that they had experienced lower labour productivity and increased absenteeism as a result of HIV/AIDS.

Falling costs of treatment

The costs of medically managing the HIV-infected individual have fallen significantly in recent years. In 1998 an annual cost of R48 000 was necessary for this purpose. This has fallen to below R10 000 in most cases in 2004. This decrease has been the result of reductions in costs of antiretroviral medication, as well as lower costs of investigations for monitoring the condition.

Activist pressure

Increasingly companies are being placed under pressure by activist groups to provide for treatment of HIV-infected employees. This has been especially true for multi-national organisations operating in South Africa. This pressure is set to increase as more companies start providing this benefit.

Government treatment programme

The announcement by the Department of Health, during 2003 and the implementation in April 2004 has prompted action from some organisations who feel that they should lead government in this field.

As a result of the abovementioned factors a number of employer treatment initiatives have been implemented in recent years and the number of patients having access to treatment has increased significantly. This has raised a range of issues, which need to be addressed in order to ensure sustainability of effective HIV/AIDS Risk Management Programmes.

Low treatment enrolment rates

In almost all instances where HIV treatment benefits have been offered, the number of patients registering for treatment has been surprisingly low. This has caused some critics to question HIV/AIDS prevalence statistics. These low enrolment rates should be viewed rather as a reflection of the following:

- Low personal awareness of HIV Status
- Personal denial of HIV infection
- Lack of awareness of available benefit
- Concerns about confidentiality

These factors reinforce the message that treatment should only be offered within a well structured HIV/AIDS Risk Management Programme within an environment that empowers individuals with the relevant knowledge and skills to manage their own personal risks. Essential components of such a programme include awareness and prevention, an organisational HIV/AIDS Policy (and strategy), voluntary counseling and testing (VCT) as well as treatment. The ultimate objective of HIV/AIDS interventions is to prevent new infections from occurring. Figure 1 demonstrates how VCT provides the empowering link between HIV prevention and treatment.

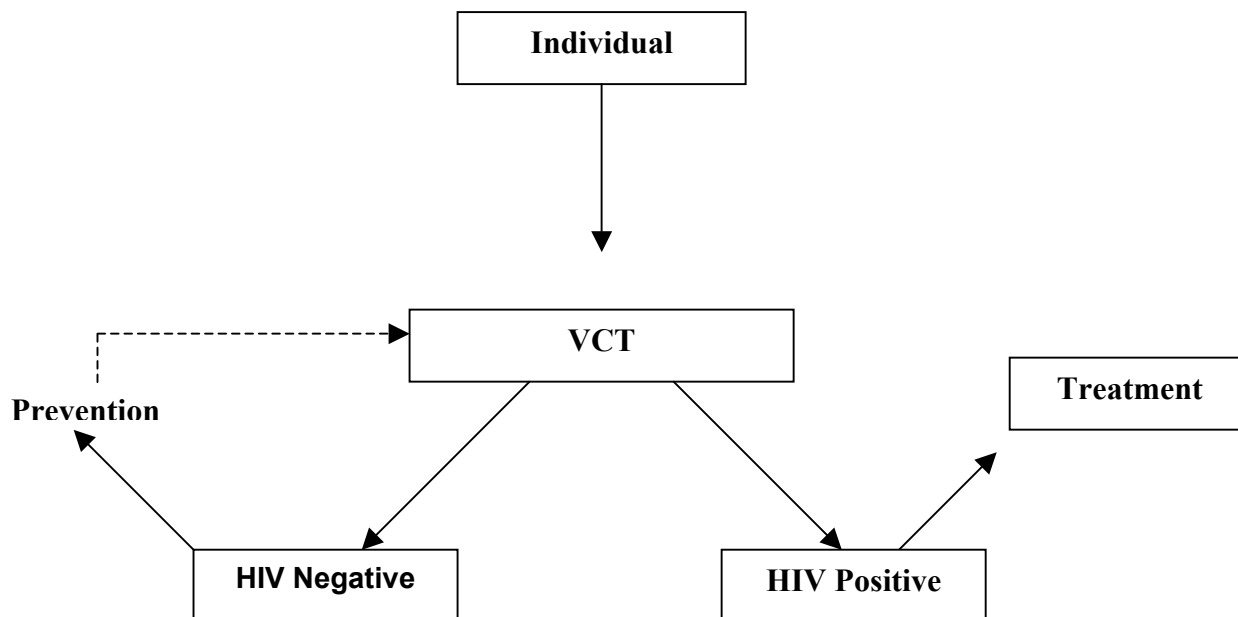


Figure 1: Voluntary Counselling & Testing

Unless all aspects of the programme are in place, diagnosis and enrolment rates will not reflect the actual quantum of HIV infection in the workplace.

Prevention of new HIV infections

Whilst care and support of HIV infected employees is imperative, prevention of new infections should always be a major focus of all HIV/AIDS programmes. This is especially true in light of trends experienced in other parts of the world where antiretroviral therapy is widely available. Research conducted in a number of these places (including the United Kingdom, the United States of America and the Netherlands) has shown the emergence of "Treatment Optimism". It appears that if treatment is easily accessible, individuals change their perceptions of the condition – no longer seeing it as a terminal illness. The result of this is an unfavorable (regressive) change to risk taking behaviour and an increase in the rate of new infections. The United States of America has seen the re-emergence of strains of sexually transmitted infections that were thought to have been almost completely eradicated.

This trend needs to be taken seriously in South Africa where we have an environment of increasing access to antiretroviral therapy. Treatment and prevention programmes should be integrated in a structured manner to provide the appropriate prevention message whilst encouraging testing and treatment.

Government provision of anti-retroviral therapy

Antiretroviral therapy has been made available in some parts of the public sector since April 2004. An understanding of the complexities involved in this process as well as the comprehensive infrastructure that is required have cast some doubt over the completeness of this "ARV roll-out" and its potential effectiveness. Many employers are however, assessing whether they should be making provision for treatment of employees with HIV/AIDS or whether it would be prudent to wait for treatment to be made widely available by the Department of Health.

Given the uncertainties related to the government programme it would most likely be prudent for organisations to continue with their plans for the implementation of treatment programmes.

Management of HIV/AIDS is complex for both the doctor and the patient so it is imperative that this process is tightly managed and closely monitored. This is best achieved by enrolling patients on an HIV/AIDS Disease Management Programme. These ensure that patients are receiving the most appropriate medication, that they have access to support and counseling and that they understand the absolute necessity of adhering to prescribed treatment. Failure to do this results in an increased rate of treatment failure and promotes resistance to antiretroviral medication.

Organisations providing treatment in a structured manner are able to reap the benefits of a healthy, more productive workforce in a return for their investment. They are then well positioned to make an objective assessment of the effectiveness of the Government's Programme and, should it be possible, transfer their participating employees to the public sector programme at an appropriate time. It is also possible that a hybrid of the public and privately funded initiatives may offer the best results eg, accessing services offered on the public sector whilst maintaining the supportive measures offered by the Disease Management Programme. In summary, provision of treatment should not be delayed whilst clarity is being sought on this issue, but arrangements should be structured to allow for flexibility should circumstances change.

Conclusion

There are distinct benefits to treating employees with HIV/AIDS. The decision to provide this benefit should however not be taken without consideration of the implications and only as part of a comprehensive HIV/AIDS risk management programme.

Anti-retroviral therapy will be made available in the public sector, but until such time as the extent and effectiveness of this initiative can be accurately assessed it would not be prudent to delay employer sponsored treatment programmes.

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Rising HIV/AIDS among truckers will impact on costs

IRIN Plus News, Swaziland

MBABANE, 30 July (PLUSNEWS) - The impact of HIV/AIDS on Swaziland's trucking sector is set to increase the price of food and all other goods transported by road, officials warned this week.



"The [transport] industry must note that by 2005 there will be too few drivers to meet the demand, especially those with the sort of experience that you need to handle expensive rigs," said a report by the Learning Clinic, a South African-based organisation that distributes HIV/AIDS information to the trucking community.

The clinic estimated that one out of seven truckers in South Africa had a sexually transmitted disease or was HIV positive.

"The cost of everything that is carried by trucks, which is virtually everything we use or buy, is bound to escalate when transportation firms pass on higher costs to clients, who will pass costs on to consumers. Inflation rates will rise - the poor will be hard hit by rising food prices," a researcher with the Central Bank of Swaziland told PlusNews.

Concerns have been raised that the landlocked country could experience shortages of food and consumer goods if AIDS continued to claim the lives of experienced long-distance drivers.

Eighty percent of Swaziland's imports and all its petroleum products come from South Africa. In recent years the tiny mountain kingdom has suffered food shortages - about one-third of Swazis currently depend on food aid brought in by road by the UN World Food Programme and other international donor agencies.

Truckers were particularly susceptible to HIV because of their itinerant lifestyles.

"Infection levels tend to be higher along trade routes and at border towns, where large numbers of men await clearance, sometimes for days, en route to their destinations, and where casual and commercial sex flourish," noted a report by the Southern African AIDS Information and Dissemination Service (SAfAIDS), which ranked truck drivers, police, military personnel and migrant mine workers as occupations most at risk of acquiring HIV.

The organisation suggested that education programmes aimed at truckers be set up at national border crossings, where drivers congregate as they await customs or immigration clearances for the freight or passengers they are hauling.

"It is probably not wise to inform a driver he is HIV positive just before he (or she) drives a heavy vehicle hundreds of miles, with no support to cope with a positive result."

Virgin rape myth: the current debates in South Africa

In recent months, in South Africa, there has been widespread media coverage of sexual abuse of children. The media has picked up on popular anger and horror of brutal child and infant rapes. On many tongues and minds is the obvious question - why such sadistic acts? Some researchers, journalists and activists have linked these acts to the 'virgin rape myth'. The myth is that:



- A man will be cured of HIV/AIDS if he has sex with a virgin
- By choosing a young girl as a partner, the man feels that he cannot get HIV because the girl is a virgin.

The myth, which has been widely reported and believed in, in South Africa, has been associated with rape, particularly of children, in view of the high incidence of this crime in South Africa. The South

African police statistics for 2001¹ show that 21 438 rapes and attempted rapes of children between the ages 0-17 years were reported. The KwaZulu-Natal province where concern has already been expressed over the sharp rise in child abuse cases was top of the list with 4 842 reported cases in 2000, followed by Gauteng with 4 299².

According to a past report by South Africa's Police Service, children are the victims of 41 per cent of all rapes and attempted rapes reported in the country. About 15 per cent of all reported rapes are against children under 11, and another 26 per cent against children 12-17. It is estimated that in 2000, 58 children per day were victims of rape or attempted rape³.

However, there are a number of welfare workers and researchers who now assert that the myth is used all too readily to explain child rapes and as a factor behind the spread of HIV. Such an explanation obscures rather than confronts a deeper societal pathology of child abuse in South Africa. This article assesses the current popular debates and concerns, surrounding the virgin rape myth.

Sex with a virgin as having a curing benefit to the perpetrator has been a longstanding belief in many parts of the world and is not unique to South Africa. In Europe, during the 1900's, there was a belief in some sections of society that sex with a virgin could cure a man of syphilis, gonorrhoea and other sexually transmitted diseases (STD)⁴. The same belief is still to be found in India and Thailand². After World War II, soldiers returning to the Eastern Cape, South Africa, were reportedly the cause of a serious outbreak of sexually transmitted infections, hence a reported antidote was for men to have sex with a virgin.

The existence of the myth in South Africa in relation to HIV/AIDS cannot be denied. Love Life indicates that one in four young South Africans is not aware that this is only a myth.⁵ On the basis of existence of the belief, it is sometimes postulated as a cause for child rape without substantive evidence, for example Dipuo Peters, The Northern Cape Minister of Health, was one of the first to postulate the virgin rape myth as a motive for baby Tshepan's rape. This postulation was influential by being broadcasted in the media and by that (i.e. simply being repeated often enough) gains currency as an explanation (e.g. the Parliament Committee⁶) for apparently high incidence of child abuse/rape in South Africa.

Other people have asserted that the myth is the cause for child rape and for the spread of HIV. Many child abuse activists and counsellors indicate that the virgin myth is a real problem. For example a 5 year old boy was sodomised by his father in an attempt to cure himself of AIDS⁷, an 11 year old girl was raped and her rapist believed the myth because he was told it was true, and a study conducted by the Johannesburg Council⁸ revealed that 1 in 5 believed the myth.

A study by the sexual health educators in Gauteng in 1999 revealed that 32% of the participants believed the myth was true and the survey conducted by UNISA at the Daimler Chrysler plant in East London found that 18% of the 498 workers questioned believed in the myth as well. AIDS activist and rape survivor, Charlene Smith indicates that the myth is widespread in every community of South Africa. Barbara Kenyon, the director of Greater Nelspruit Rape Intervention Project (GRIP), says that follow-up visits done to children who had been raped indicates that many were HIV positive and the myth is accepted in the community even by educated people.⁹

¹ The latest child rape statistics are subjected to a moratorium

² www.saps.org.za/8_crimeinfo/200112/report.htm

³ LoBaido, A.C. 2001. Child-rape epidemic in South Africa: Fuelled by widespread belief that sex with a virgin cures AIDS. Retrieved from – www.worldnetdaily.com/news/article.asp?ARTICLE_ID=25806

⁴ HIV/AIDS, the stats, the virgin cure and infant rape. Retrieved from www.scienceinafrica.co.za/2002/april/virgin.htm

⁵ Some researchers and organisations such as the Human Rights Watch suggest that child rape, rape of young girls and sex with a young girl or boy (who is a virgin) is also committed as a preventive measure to avoid contracting the virus from older women.

⁶ Based on a report by the South African parliament's task group on sexual abuse of children indicates that a significant number of submissions suggested that the myth – sex with a virgin cleansed a man of HIV or AIDS was a major factor in the increase of child rape.

⁷ Zitha, A. 2001. Boy sodomised by father to cure Aids. Daily News, September 4 2001.

⁸ www.truthorfiction.com/rumors/aids-virgins.htm - Women and children in South Africa are being sexually violated by men who believe sex with a virgin will cure their AIDS –Truth! (01/03/2002)

⁹ www.allafrica.com/stories/200204250161.html - Focus on the virgin myth and HIV/AIDS (25/04/2002)

Mamelato Leopeng, an AIDS counsellor at the Esselen Street Health Centre in Johannesburg says,

"It is hard to find a virgin of 16 nowadays, so men are turning to babies under 10...they are looking for clean blood..."

She indicates that one third of the HIV infected men she encounters have bought into the belief that sex with a virgin will cure them and they are further convinced that the needed "dose of purity" is rendered ineffective with a condom. Leopeng argues that if men have no education and a job or money to see a proper doctor, their friends' advice to rape a girl sounds all right.¹⁰

There is a general consensus and anecdotal evidence that the myth exists which may be fuelling rape incidents and increasing the spread of HIV/AIDS. However, there are insufficient cases to support this belief, Dr Jewkes argues. In a study conducted by Kervin Keely, Warren Parker and Salome Oyosi from Save the Children stipulates that there is little quantitative evidence of this belief. However, this phenomenon has been reported in some qualitative studies.

But, some believe that this myth is taking all the lime light and other equivalent atrocious crimes are not being highlighted. It allows us to displace child abuse from our immediate neighbourhood onto the 'other' of a stereotypical poor, ignorant HIV positive black man. Leclerc Madlala, an anthropologist and HIV/AIDS researcher at the University of Natal, has noted a subliminal danger when the myth is used to 'explain away' child rape. The danger is that propagation of the myth as widespread in South Africa can stimulate racist views, by implanting that child abuse occurs only amongst the 'poor' and/or 'black' communities, and the myth is limited to African/black culture. Leclerc Madlala goes on to say that sources do not indicate whether the myth is predominant in any particular socio-economic grouping or ethnic groups and neither do reports provide a comparative basis to see to what extent the belief has been increasing or decreasing.

The ANC Women's League also gave support to this myth as an explanation for the child rape phenomenon. However, it still has not been established as to whether the rapists in Tsepang's case and others were HIV positive and whether the myth drove them to commit such an atrocious crime. Val Melis, a senior public prosecutor, stated that she sees more than one HIV positive child a week. However, she cannot definitely attribute all their HIV status to the virgin rape myth, because some may have contracted HIV through their mothers, but she does feel that the myth is causing an increase in the number of younger rape victims.

However, some researchers like Dr Jewkes, her collaborators Dr Lorna Martins and Ms Loveday Penn-Kekana indicate otherwise. They postulate that 'the virgin myth is an explanatory factor in some rapes, the predominant evidence suggest that this is very infrequently the case – a 1% seroconversion rate disproves the cleansing myth as it is too low'. They argue further that there are other factors to blame for these heinous crimes.

Luke Lamprecht, the manager of Teddy Bear Clinic in Johannesburg, the referral point for child abuse, says that he has only seen one case based on this myth¹¹.

Research findings of the study conducted by the Women's Health Project¹² presented at the Barcelona AIDS Conference in July 2002 dismissed babies being raped because of the myth. Many argue that infant rape is not on the increase but media exposure is on this issue thereby making this a new crime when it is not. The study reveals that the majority of the community members, 82%, did not believe that having sex with a virgin would cure HIV, and 60% heard of this first from the media. However, 28% of those who had heard of the myth believed that people in their community believed in this myth and 4.8% of the respondents said they would have sex with a virgin to cure themselves of HIV. Within the Galeshewe community, the idea of spreading the HI virus so that no one dies alone seems to be fuelling the spread of the virus and possibly rape. Yes! Child rape and rape of young girls in general has been going on for decades but, now the associated brutality is incomprehensible.

¹⁰ Murphy, D.E. 1998. [Africa's silent shame](http://www.geocities.com/capitolHill/Senate/8931/africa_hiv.html?FACTNet). Retrieved from - www.geocities.com/capitolHill/Senate/8931/africa_hiv.html?FACTNet

¹¹ Jewkes, R., Lorna Martin and Loveday Penn-Kekana. 2002. The virgin cleansing myth: cases of child rape are not exotic. [Lancet](http://www.thelancet.com/journal/journal.isa), Vol. 359 No. 9307, 23 February 2002. www.thelancet.com/journal/journal.isa

¹² Treger, L. [Community perceptions, beliefs and practices around rape and HIV myths in Galeshewe, Northern Cape Province, South Africa](#). Women's Health Project. University of Witwatersrand, South Africa.

Dr. Jewkes and her collaborators argue that the root of infant rape is due to past political violence, disruption of families and communities, high levels of poverty and the very high levels of violence of all forms. Cosmas Desmond, editor of the journal "Children First" shares a similar view to that of Dr. Jewkes and her collaborators although the virgin myth is out there it might not be influencing the behaviour of offenders on the scale imagined. He says the current levels of awareness around personal HIV status might not justify the conclusion that it is contributing to the increase of reported incidences. Robert Thorton, of University of Witwatersrand, argues that very few of the perpetrators actually confirm this belief as a motive for their actions¹³.

The arguments put forward by Dr. Jewkes, as being the expected outcomes if the myth was a motivating factor seems very nonsensical according to Jocelyn Newmarch. Newmarch¹⁴ argues that the myth's popular support is due to the widespread acceptance by AIDS activists and children's rights campaigners. She says that in the minds of the public and the media, if the experts support it then it must be true. Ministers of parliament (Dr Mangosuthu Buthelezi, and ANC legislator, Lulama Xinwana to name a few) believe that the myth exists and has condemned HIV infected people for raping and having sex with virgins as a cure for AIDS¹⁵.

The SAP statistics indicate that not many cases are reported, or reach court, the perpetrators are never caught (thus they cannot question them) and many of the perpetrators that are apprehended often get off 'scott free' thus justifying the very few confirmation levels. Captain Amanda van Niekerk of the SAPS child protection unit in Bellville says that they do hear of the myth but they can never say in a particular case that it was definitely because of AIDS that the rape was committed, however the rumour sometimes comes up on arrest in about 1 in 20 cases¹⁶.

The link between the myth and child/virgin rape is difficult to prove as indicated by Julia Todd of Child Welfare (KZN) and many others, but it is out there and has been for many centuries and now many AIDS infected people believe in it. Due to the limited ability to questioning of perpetrators and apprehending of them, it makes it difficult to place an exact figure on it. The myth is used as a reason for action (rape etc.) by individuals and it may also be used to explain crimes that horrify and perturb society but little conclusive evidence exists that indicates that the myth is widely held and is a frequent reason for such acts. The media can be criticised for spreading sensationalism however, one needs to recognise that the media has given much light to it based on the beliefs of AIDS activists, AIDS counsellors, ministers and children's rights campaigners.

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¹³ Thorton, R. 2002. Flows of sexual substance and representation of the body in South Africa. University of Witwatersrand, South Africa.

¹⁴ Newmarch, J. 2002. An exploration of the virgin myth in South Africa, University of Cape Town. Presented at the "Rape: rethinking male responsibility" Conference, 2002.

¹⁵ Leeman, P. 2002. Buthelezi slams rape. Daily News, 23 September 2002.

¹⁶ Redpath, J. 2000. Children at risk. Focus 18 June 2000. Retrieved from – www.hsf.org.za/focus18/childfocus18.html?FACTNet