

HIV/AIDS PANDEMIC AND SUSTAINABLE DEVELOPMENT

Ugwuanyi, R.O.

*Assistant Research Fellow/Lecturer, Institute for Development Studies,
University of Nigeria, Enugu Campus; Tel.: +234-806-329-1026*

Abstract

HIV/AIDS is especially widespread in the developing countries. In some sub-Saharan countries, AIDS has more than doubled the death rate. As a result of AIDS, life expectancy also is falling substantially. The hallmark of HIV infection is the progressive loss of a specific type of immune cell called T-helper or CD 4 cells. As the virus grows, it damages or kills other cells, weakening the immune system and exposing the person to various opportunistic infections. The paper used existing literature to investigate the effects of HIV/AIDS pandemic on sustainable development. The paper discovered that HIV/AIDS have done a ravaging harm to the productive age in both the developed and developing countries. Finally the paper came up with some recommendations to guide policy makers on the matter.

Introduction

HIV stands for human immuno deficiency virus. It is the virus that causes AIDS. AIDS, on the other hand, stands for acquired immune deficiency syndrome. It is a disease in which the body's immune system breaks down and is unable to fight infections, known as "opportunistic infections" and other illnesses that take advantage of a weakened system (Eneh, 2005).

The health of a country's population determines, to a large extent, the wealth of that country. It is monitored using two statistical indicators – life expectancy at birth and under-five mortality rate. These indicators are often cited among broader measures of a population's quality of life, because they indirectly reflect many aspects of peoples' welfare, including their levels of income and

nutrition, the quality of their environment, and their access to health care, safe water and sanitation (Soubbotina, 2004).

HIV/AIDS has put a new dimension to the whole scenario by attacking mostly the future generation of a nation (15-50 years). For example, at the end of 1998, at least 33 million people had HIV/AIDS. Another 14 million, one adult in every 100 between the ages of 15 and 50, were infected with HIV.

HIV/AIDS is especially widespread in the developing world. In Namibia, AIDS already has become the single greatest cause of death. Also, in Botswana, Ethiopia, Malawi, Swaziland, Zambia and Zimbabwe, AIDS has significantly affected the peoples' life expectancy (Eneh, 2005).

The effect of this pandemic on sustainable development is the focus of this paper. The World Commission on Environment and Development defined sustainable development as "meeting the needs of the present generation without compromising the needs of the future generation." Thus, meeting the needs of the people in the present generation is essential in order to sustain the needs of future generation.

But, with HIV/AIDS syndrome ravaging the productive segment of a country, the needs of the present generation cannot be met to guarantee that of the future in the developing countries. And, the health conditions are already deteriorating in these countries.

This paper focuses on the effects of HIV/AIDS pandemic on sustainable development, using existing literature for investigations.

Statement of the Problem

Aziegbe (2007) observed that a country with a great number of its people between the ages of 15 and 65 years would have a large labour force, than one with a great number of its people belonging to the 15 years and below or 65 years and above age group. More importantly, anything that affects the productive age group (15-65 years) has affected greatly the country's labour force vis-à-vis the economic growth of that country.

HIV and AIDS Pandemic and Sustainable Development

Research has shown that HIV/AIDS claim mostly the youths within this age bracket. It is then the aim of this paper to investigate the extent of havoc this HIV/AIDS pandemic has done to economic development of developing countries.

Theoretical Framework

The consequences of population growth on economic development have attracted the attention of economists even since Adam Smith wrote his “Wealth of Nations.” He submitted that “the annual labour of every nation is the fund which originally supplies it with all the necessaries and conveniences of life.” The growth of population has been an important factor in the economic growth of a nation. Substantial rates of population growth in Europe have led to high rates of increase in total product and per capita product, and per capital product has been accompanied by the growth of national product. The growth of national product, in turn, has been due to the enormous addition to population, which has led to large increase in working labour force.

The labour force in an economy is the ratio of working population to total population. Assuming 50 years as the average life-expectancy in an underdeveloped country, the labour force is in effect the number of people in the age-group of 15-50 years. By increasing the deathrate among this age-group, HIV/AIDS reduces the working labour force.

During the demographic transitional phase, the birthrate is high and the deathrate is on the decline. The result is that a larger percentage of the total population is in the lower age-group of (1-15 years). It means that the addition to the lower age-group is larger than in the working age group. A large percentage of children in the labour force is a heavy burden on the economy. It also implies that the labour force tends to increase with the increase in population and vice-versa.

Table 7.I: *Estimated number of adults and children newly infected with HIV by region*

Region	No. of adults (15-50) and children infected with HIV	Life expectancy
North America	45,000	
Latin America	150,000	
Caribbean	60,000	
Eastern Europe and Central Asia	130,000	
Western Europe	30,000	
North Africa & Middle East	80,000	
Sub-Saharan Africa	3,800,000	
South & South East Asia	780,000	
East Asia and Pacific	130,000	
Australia & New Zealand	500	
Total	5,300,000	

Source: UNAIDS, 2000

From Table 7.1, we can see that nowhere else is HIV spreading on a large scale as in the sub-Saharan Africa. The estimated number of adults and children newly infected with HIV during 2000 is about 3.8 million people. This means that HIV/AIDS has claimed about 100% of the total labour force of that region, which, on the other hand, affects the per capita product.

Among regions of the world, sub-Saharan Africa and the developing countries of Asia face the worst prospects for HIV/AIDS. More than 90% of all people infected with HIV live in these two regions. The Society for Family Health noted that two-thirds of all adults living with AIDS are in sub-Saharan Africa. The age brackets are mostly 15 to 50 years. This means a lot to sustainable development in sub-Saharan Africa because anything that affects

HIV and AIDS Pandemic and Sustainable Development

labour force has affected human resource development and utilization. Darma (2007) noted that human resource is an important factor of production. Labour provides skilled, semi-skilled and unskilled workers as well as entrepreneurs. The quality and quantity of these classes of workers determine the level of economic activity in that country. This, in turn depends on the nature of the population from which they are drawn. An HIV/AIDS infected country shows that the health conditions of that country have been tampered with.

Okafor (2001) opined that understanding the health conditions of a country's population will, to a large extent, ensure a better forecast of the future requirements of social service needs of the population and hence, ensure sustainable development. Also, Udensi (2006) agreed that rapid human population growth or decline could enhance or mar sustainable development. For instance, a rapidly growing population creates a steadily expanding demand for goods and services that provides further opportunities for investment. On the other hand, a slow rate of population growth limits the opportunities for investment and causes economic stagnation and underdevelopment (Darmar 2007).

High death rates occasioned by HIV/AIDS pandemic reduce the population growth rate. Population growth rate shows changing trend of the population and determines how much the population is going to double itself within a specified period of time. If HIV/AIDS reduces the population growth rate, the country's labour force will be affected and there is generally going to be low output, investment and income which leads to vicious circle of underdevelopment.

Since the labour force is inadequate, there is a problem of under utilization of resources. As the existing labour force is not sufficient to boost output of goods and services, standard of living may be low. That is the situation of most countries ravaged by HIV/AIDS pandemic.(Nigeria, Zimbabwe, Ethiopia, etc.).

Furthermore, in the hardest hit low income countries, AIDS has already lowered the average life expectancy by a decade or more. Since the disease first surfaced in the late 1970's to early 1980's, about

22 million people have died from it (including 3 million in the year 2000 alone) and 13 million children have lost one or both parents. About 3/4 of these deaths occurred in Africa, where AIDS is now the primary cause of death.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there are now 40 million people living with HIV or AIDS worldwide. Most of them do not know they carry HIV and may be spreading the virus to others. In the United States of America (US), approximately one million people have HIV or AIDS, and 40,000 Americans become newly infected with HIV each year. According to the Centre for Disease Control (CDC), it is estimated that a quarter of all people with HIV in the US do not know they are carrying the virus. Since the beginning of the epidemic, AIDS has killed more than 25 million people worldwide, including more than 500,000 Americans. AIDS has replaced malaria and tuberculosis as the world's deadliest infectious disease among adults and is the fourth leading cause of death worldwide. Fifteen million children have been orphaned by the epidemic. What will be the fate of those orphans?

The Southern countries of Africa have the highest HIV infection rates in the world. In Botswana, Namibia, Swaziland, Zambia and Zimbabwe, between 180% and 260% of adults aged 15 to 49 are infected. About 10% of African adults infected with HIV live in Nigeria, the region's most populous country. Nigeria's adult infectious rate is now about 40% and is continuing to rise (Population Report, 2009).

About 3 of every 4 women and nearly 9 of every 10 children infected with HIV live in Africa. Because the HIV/AIDS epidemic in sub-Saharan Africa has from its start spread primarily through heterosexual relations, women and children have been more affected than in countries where HIV initially spread largely through male-to-male sex or sharing of intravenous drug injecting equipment. In Asia, there are many cases of HIV/AIDS because of the regions large population, but fewer than 12% adults are infected with HIV, and in most regions infections rates are higher in certain countries,

HIV and AIDS Pandemic and Sustainable Development

particularly Thailand, Cambodia, and Myanmar, where about 2% of adults are infected.

In India, an estimated 4 million people are infected with HIV, the largest number of HIV infected people in any country in the world. HIV is spreading so fast in India that the number of infections could reach 1.2 million in the year 2000. In China, infection rates are low, but HIV appears to have begun spreading rapidly in South Western China through intravenous drug use and in relatively prosperous Eastern areas through sex workers (Health Survey, 2005).

In Latin America and the Caribbean, HIV is predominantly spread by men having unprotected sex with men and by intravenous drug users who share needles. In Mexico, for example, up to 30% of men who have sex with men and between 3% and 11% of intravenous drug users are infected with HIV (Health Survey, 2007).

In Eastern Europe and Central Asia, HIV infection rates are low. Currently only about 0.10% of the population is infected. Nevertheless, in Belarus, Moldova, the Russian Federation, and Ukraine, HIV infection rates have risen dramatically since 1994, largely due to unsafe drug injecting. In Kaliningrad, Russia, for example, a study found that one-third of sex workers were intravenous drug users infected with HIV (Health Survey, 2007).

Only about 0.1% of adults are infected in North Africa and the Near East. Within the region, the infection rate is highest in Sudan.

In developed countries, the AIDS epidemic may be peaking. In Western Europe, infection rates appear to be dropping. In the US, infection rates have not dropped, but the number of AIDS-related deaths is falling due to improved treatment. HIV prevalence has dropped among white men, but has changed little among Hispanic and African American men. It has increased among women (WHO, 2007).

Conclusion and Recommendations

About half of all infectious diseases and more than 5 million deaths a year can be attributed to HIV/AIDS in developing countries. The worst is that no effective vaccine has been discovered to fight the ailment,

but there are proven and cost effective ways to prevent this disease. HIV/AIDS has become a major development crisis.

HIV/AIDS has done more harm to the productive age group of both developing and developed countries than good to sustainable development. The health condition of the developing countries are deteriorating because of lack of improved medical technology, development of and better access to public health services particularly clean water, sanitation and food safety control in the developing countries.

Efforts should be on education, especially of girls and women, to make a difference, because wives and mothers who are knowledgeable about healthier lifestyles play a crucial role in reducing risks to their family health. If you are sexually active, protect yourself against HIV by practicing safer sex. Whenever you have sex, use a condom or “dental dam”. When used properly and consistently, condoms are extremely effective.

If you are injecting drugs of any type, including steroids, do not share syringes or other injection equipment with anyone else.

Several drugs can be taken to help prevent a number of opportunistic infections, including pneumocystis carinii pneumonia, toxoplasmosis, cryptococcus and cytomegalovirus infection. Once opportunistic infections occur, the same drugs can be used at higher doses to treat them.

Everyone can play a role in confronting the HIV/AIDS epidemic, in the following ways:

- Talk with young people you know about HIV/AIDS.
- Sponsor an AIDS education event or fundraiser with your local school, community group or religious organization.
- Local government officials to provide adequate funding for AIDS research, prevention education, medicare, and support services.

References

Actionaid International, Nigeria (2008), *Promoting Sexual,*

HIV and AIDS Pandemic and Sustainable Development

*Reproductive Health and HIV/AIDS Reduction Programme
Logical Framework*, Abuja: Actionaid.

Darma, J.F. (2007), *Economics of the Developing Countries*, Jos: Venn Publications.

Federal Ministry of Health, FMOH, (2006), National HIV/AIDS and Reproductive Health Survey 2005, Abuja: FMOH.

Ihigan, M.L. (2007). *The Economics of Development and Planning* 39th Edition, Delhi: Irinda Publications Ltd.

International Dialogue on Migration, IDM, (2003), *Health and Migration: Bridging the Gap-Public Health Implications of Mobile Population*, Abuja: IDM.

Okafor, A. A. (2004) *Poverty and Human Development in Nigeria, Challenges of the Millennium Development Goals*, Nsukka: Great AP Express Publishers Ltd.

Society for Family Health (2008), "Management Information System Report" Enugu Region of the South East PSRHH Team.

Soubbotina, T. P. (2004), *Beyond Economic Growth, An Introduction to Sustainable Development* (2nd edition), Washington D. C.: The World Bank.

Udousi, C. (2006), "HIV/AIDS, Gender Issues and Human Rights – Implication, in Nigeria", A paper presented at Network of Persons Living with HIV/AIDS in Nigeria (NEPWHAN)'s Training programme, Abuja.

UNAIDS and WHO (2007), "2007 AIDS Epidemic Update" (PDF). Retrieved from www.livikipedia.com on April 18, 2009.