

HIV/AIDS in the urban context

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Developing Cities: Issues and Strategies (Course CIV5064Z)
Masters Programme in Urban Infrastructure: Design and Management
University of Cape Town

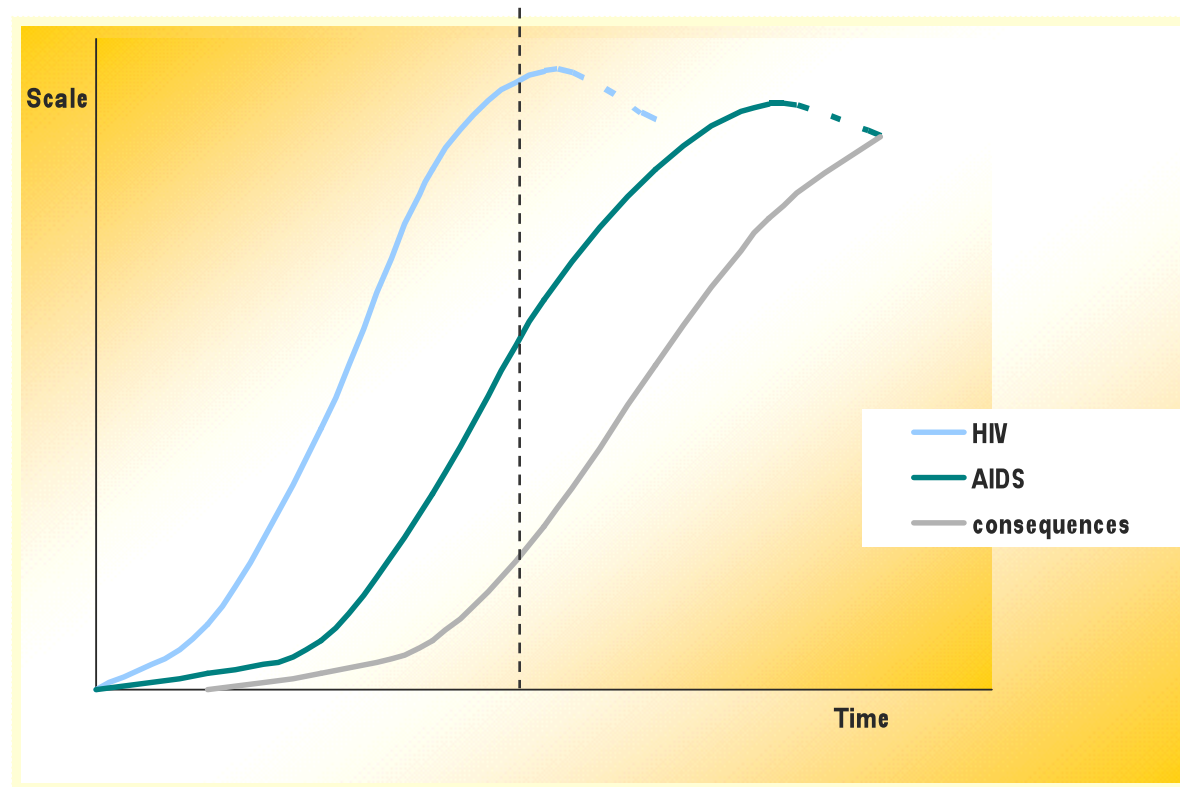


True or false?

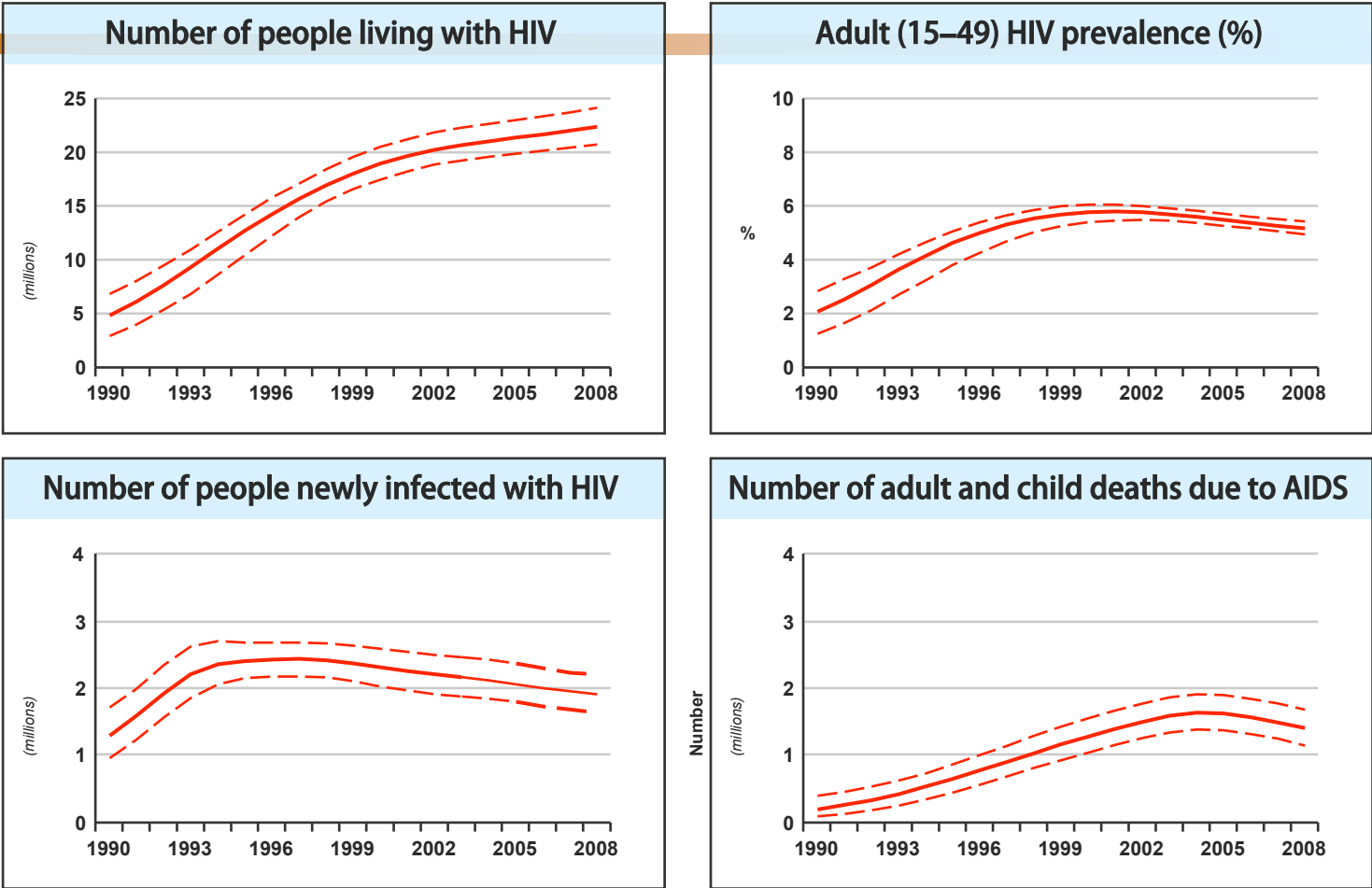
- ◆ People contract HIV because they engage in risky, irresponsible sex
- ◆ The best response to the epidemic is to prevent the spread of infection through awareness raising and condom distribution
- ◆ Sex is a private matter and has nothing to do with urban development
- ◆ HIV/AIDS is a health issue and has nothing to do with human settlements and the built environment
- ◆ If we intervene now, we can avert a crisis



HIV and AIDS epidemics



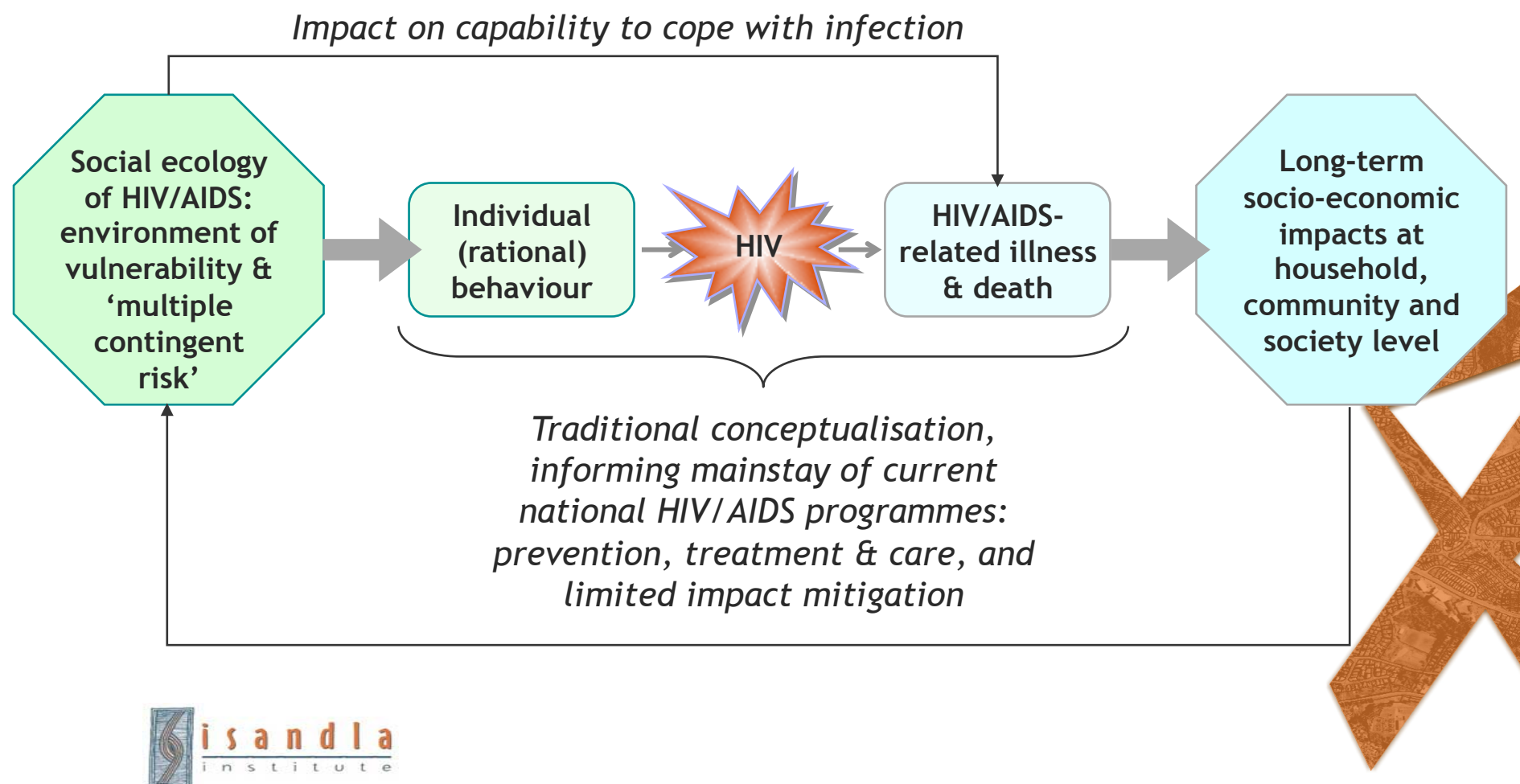
Sub-Saharan Africa estimates 1990–2008



— Estimate - - - High and low estimates



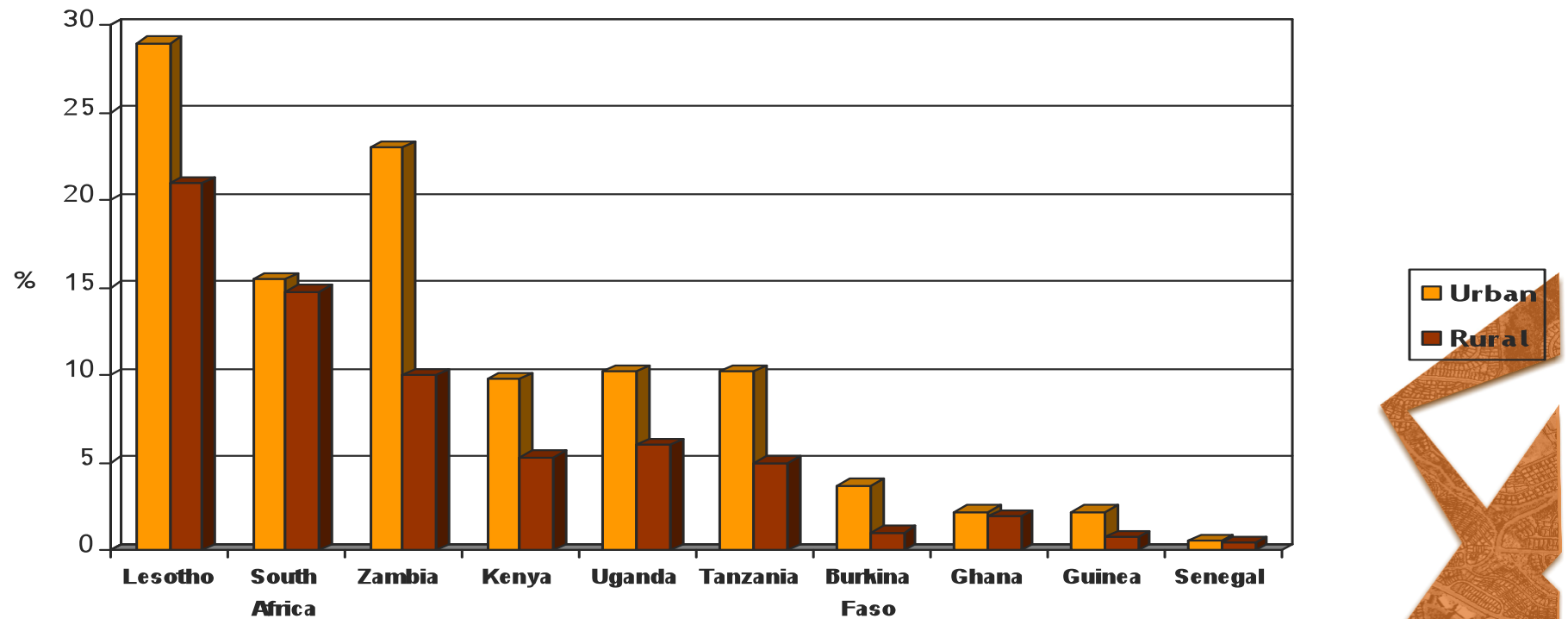
Towards a developmental interpretation of HIV/AIDS



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- ◆ In Africa, HIV/AIDS is disproportionately, yet not exclusively, an urban phenomenon → concentration of HIV/AIDS in urban areas (despite urban residents showing greater awareness of HIV and ways of preventing infection)



Adult HIV prevalence by urban/rural residence, 2001–2005



Source: UNAIDS (2006) *Report on the Global AIDS Epidemic 2006*, Figure 2.7, p19



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- ◆ Reasons for the disproportionate share of HIV/AIDS in urban areas vary per country and city, yet some general factors can be identified



Possible reasons for the concentration of HIV/AIDS in urban areas

City make-up / demographic profile & trends:

- Migrants tend to be single (young) adults
- HIV infected migrants come to urban areas for health care or to escape stigma?

Social mores & interaction:

- Loss of social control/elder authority - 'loose' morality?
- Urban population tends to marry at later age, possibly influencing sexual relations

Health status:

- Higher levels of STDs
- Lack of access to prevention methodologies + RH services
 - HIV susceptibility ∞ low health status + nutrition
- Recent decline ∞ lower + unstable urban incomes

Status of women:

- Feminisation of urban poverty ∞ increase in female-headed households
- Access to/ownership of assets (housing, land)
- Violence against women + girls - rape + sexual abuse

Urban economy:

- Lack of secure income + employment
- Urbanisation of poverty + inequality
 - Concentration of commercial sex workers
- Transportation networks with other cities + regions

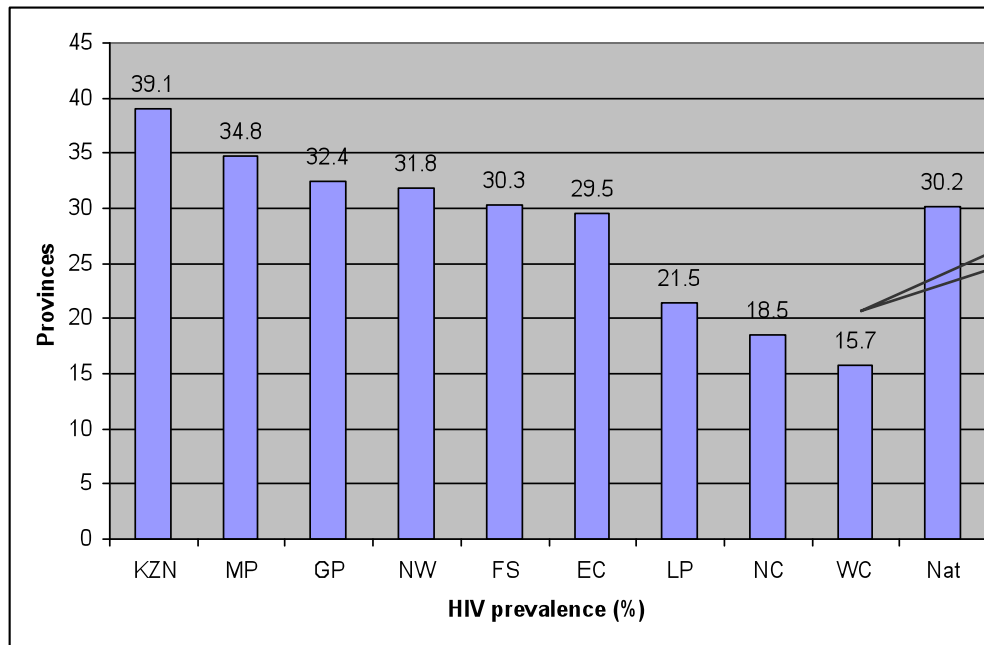
Living conditions:

- High levels of informality
- 7:10 urban residents in SSA live in slums \rightarrow slum residents tend to have sex earlier + more sexual partners over time
- Inadequate shelter + services

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- ◆ Not all urban residents are equally vulnerable to HIV infection, or to its consequences
 - Social fault lines, socio-economic status, employment status, location + living conditions



HIV/AIDS statistics

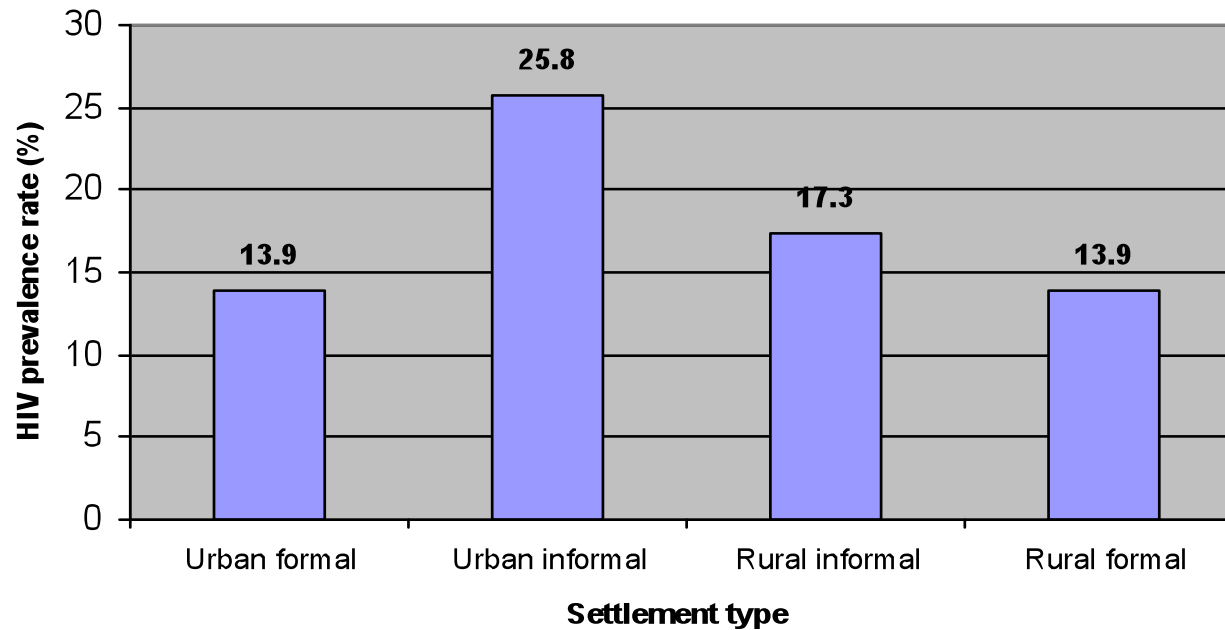


Khayelitsha - 33%
Gugulethu/Nyanga - 29%

Source: Department of Health, National HIV & Syphilis Prevalence Survey South Africa 2005



HIV prevalence among adults aged 15-49 by locality type



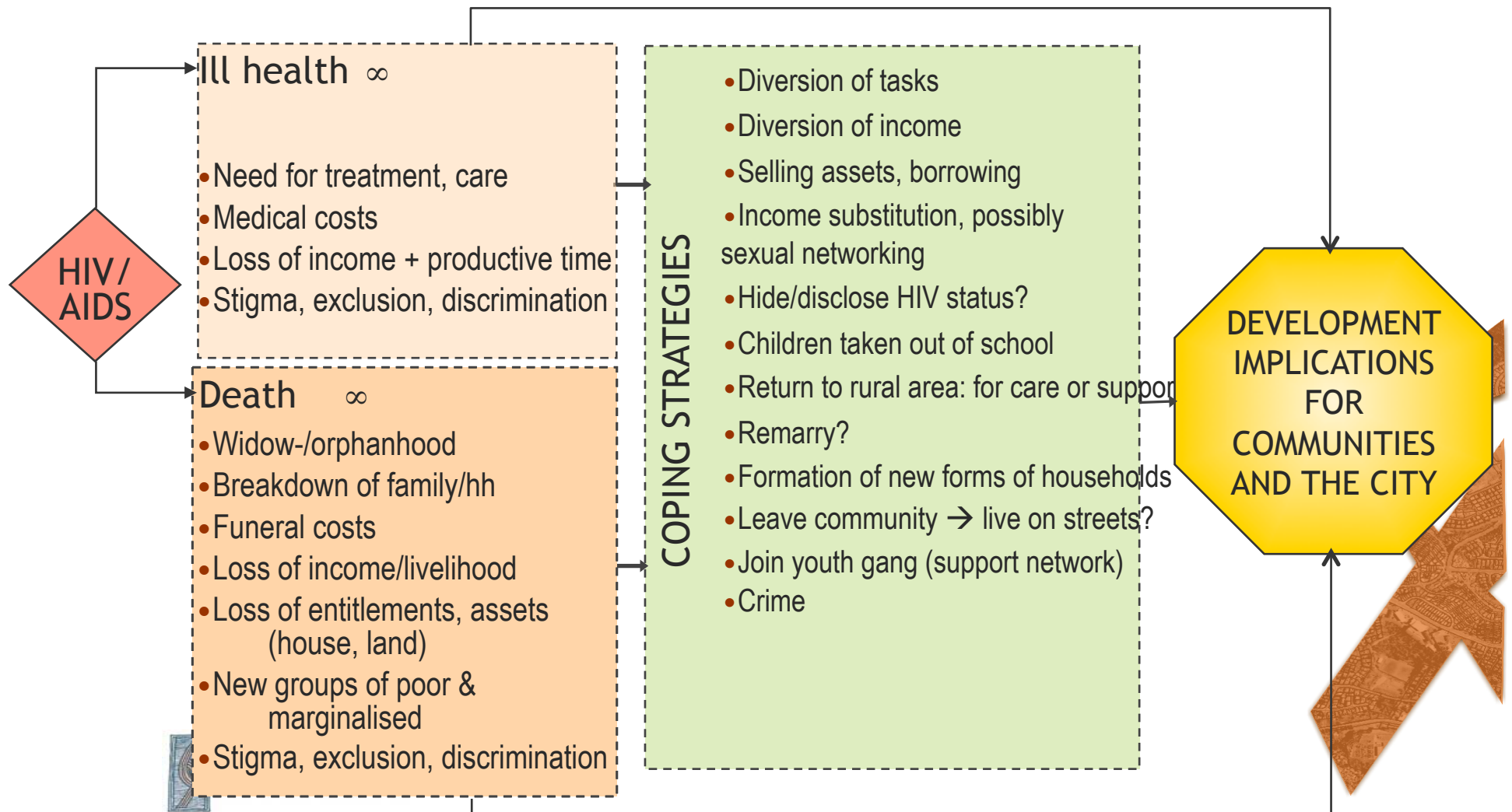
Source: HSRC/Nelson Mandela Foundation South African National HIV Survey, 2005

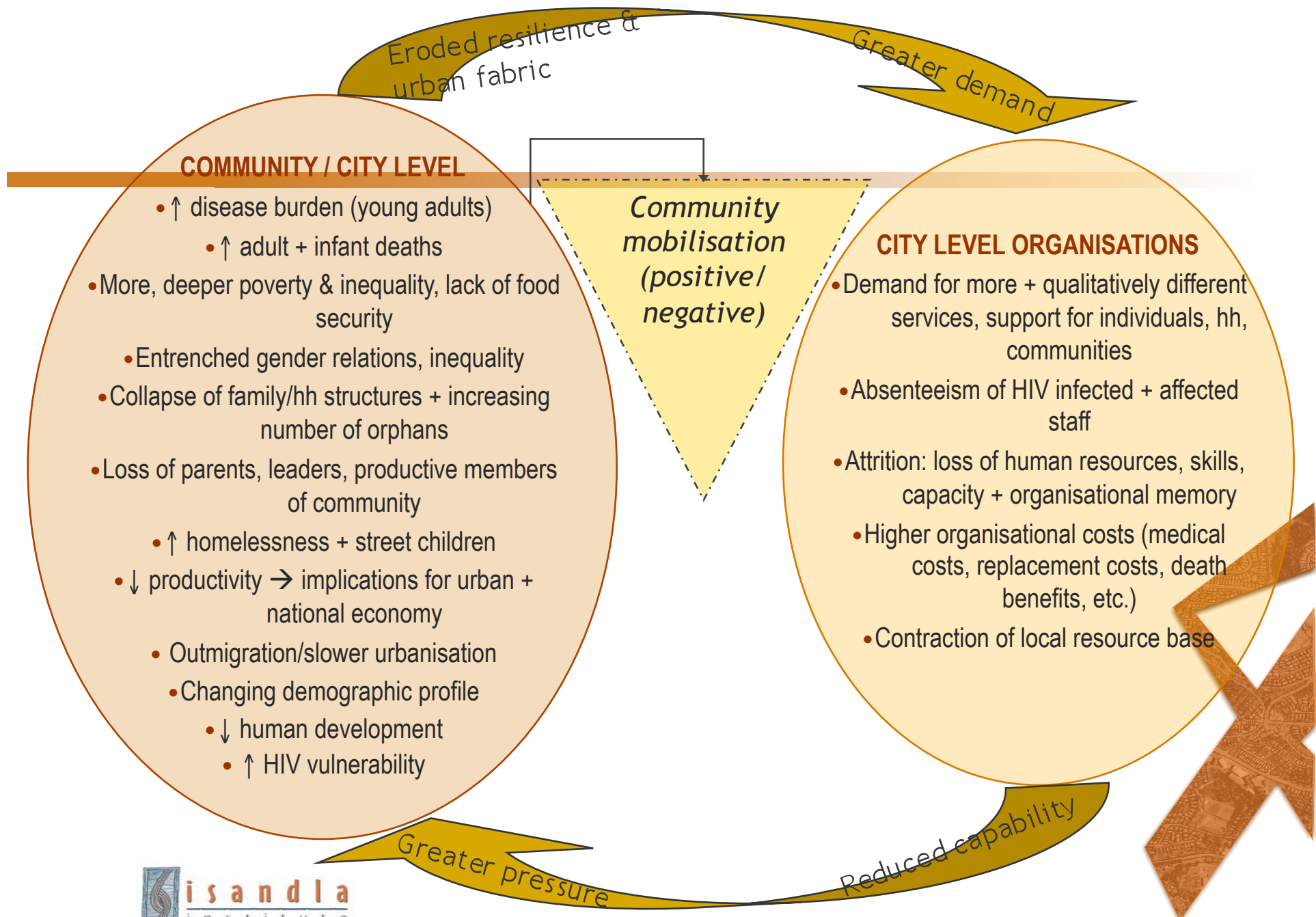


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- ◆ HIV/AIDS is likely to undermine the prospects of equitable urban development

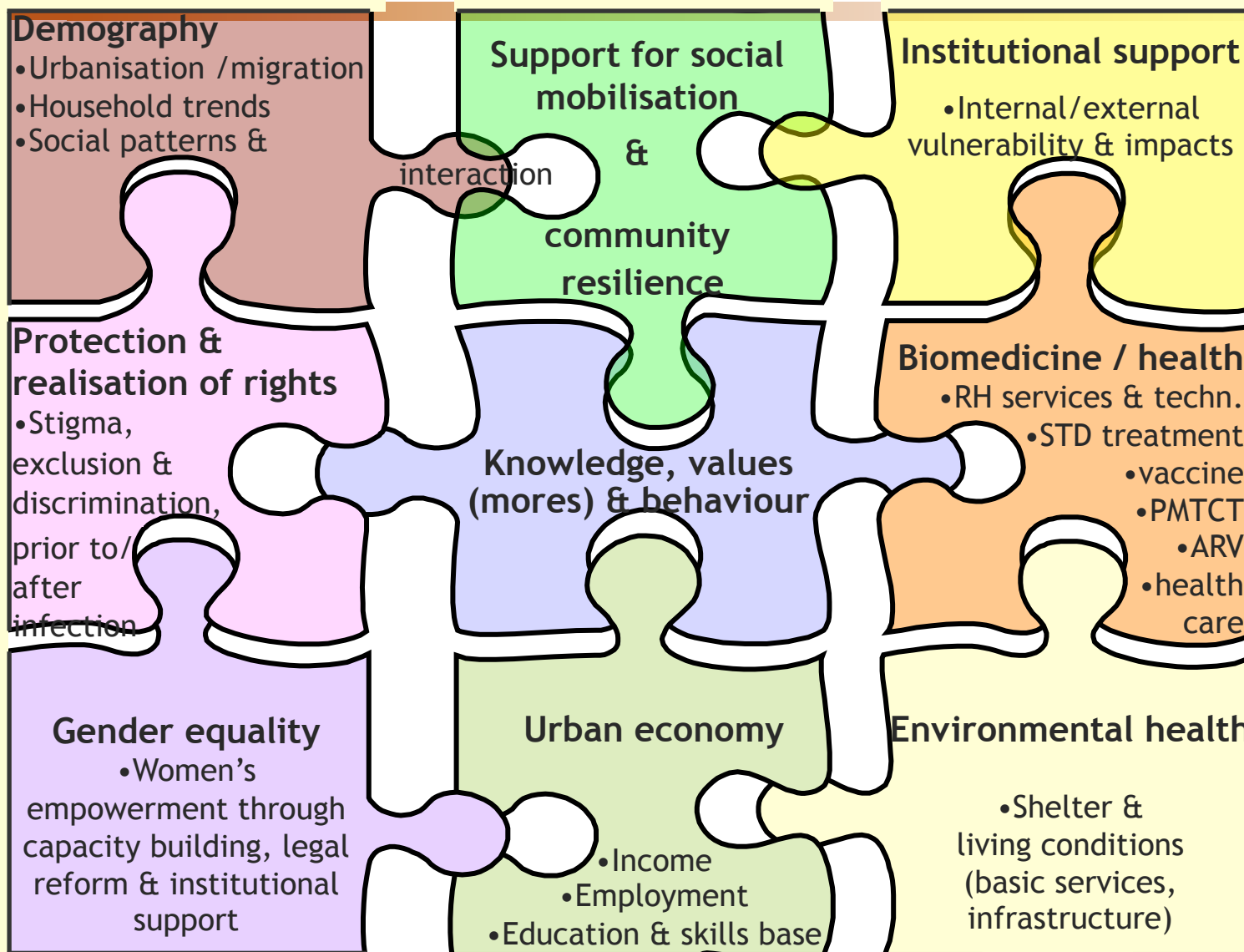


Consequences of HIV infection for urban residents/households and the city





Mutually enforcing elements of a response to HIV vulnerability + HIV/AIDS in urban areas



Concluding points

- ◆ HIV/AIDS epidemic is dynamic, growing and changing in character as the virus exploits new opportunities for transmission
- ◆ Each national dynamic is made up of a series of epidemics with their own characteristics and dynamics
- ◆ Each local (city) dynamic is potentially made up of a series of epidemics
- ◆ Social ecology (including built environment) is key in understanding vulnerability and resilience in the context of HIV/AIDS (but not the only issue to consider)
- ◆ Although our understanding of HIV/AIDS has grown significantly over the past 20 years, much still remains unknown and is speculative at best – ‘It is time to come to terms with complexity’ (Peter Piot 2008)
- ◆ Good development work, which includes support for community mobilisation, is integral to an effective response to HIV/AIDS

