

Book Reviews / Revues de Livres

HIV/AIDS in South Africa

Edited by SS Abdool Karim and Q Abdool Karim. Cape Town: Cambridge University Press, 2005. ISBN-10 0-521-61629-8 & ISBN-13 978-0-521-61629-4.

HIV/AIDS in South Africa is a far-reaching, 592-page work which includes contributions by 40 authors who are without exception, accomplished researchers in their various fields. Leading this project are two internationally renowned infectious disease epidemiologists, namely Salim S Abdool Karim and Quarraisha Abdool Karim. This volume, which comprises of 36 chapters divided into 7 sections, covers a broad range of HIV/AIDS issues from basic science and medicine to sociology, psychology, economics and politics, thus living up to its claim of being a 'definitive' text on HIV/AIDS in South Africa. Many different viewpoints are presented, and data sources from which analyses and interpretations are derived are clearly specified, which allows readers to engage critically with the material and construct their own points of view.

Section 1 looks at the evolving HIV epidemic: the unique epidemiology of the disease in South Africa, as well as HIV infection rates. Section 2 describes the HI virus and how the virus interacts with the human host. Social scientists would benefit from these discussions about the biomedical features of the virus, presented in an insightful and interesting manner. Features in this section include clinical issues related to testing and diagnosis of HIV/AIDS, and control in the light of future diversifications (evolving) of the virus as well as the cellular immune response to HIV. Of note is the presentation of a rare number of individuals who appear to have a natural resistance to HIV-1 infection and therefore provide clues to protective immune responses and vaccine development.

Section 3 focuses on HIV risk factors and prevention strategies such as sexual risk behaviour reduction interventions. The author draws on Eaton, Flisher and Aaro's conceptual framework, which describes the forces shaping sexual risk behaviour in terms of personal factors, as well as proximal and distal contexts. This framework is useful for the South African context, because it provides a holistic perspective on sexual behaviour that takes into account structural, environmental and cultural forces as these interact with personal and interpersonal factors. The section includes

a discussion on the prevalence of risky sexual behaviour derived from the findings from two nationally representative surveys. In addition to discussions on the successes and challenges of conventional prevention programmes, chapters are also included on the history, current and possible future status of intravenous drug use in South Africa, as well as new prevention strategies under development. The authors warn that 'should the roll-out of antiretroviral therapy in South Africa fail to integrate treatment and prevention, the epidemic is likely to continue to rise'.

Section 4 discusses issues related to 'focal groups' or sectors of the population in which a disproportionate burden of infection is borne by 'discrete high risk groups in which there is a strong gender bias.' High-risk groups included are sex workers, adolescents, migrant workers and young women. The authors note that even though gender issues related to HIV/AIDS have been interpreted as female issues, dominant behavioural prevention strategies, i.e. condom usage and faithfulness, are those strategies that are least in the control of women. Gender-sensitive interventions such as the '*shosholoz*' and the '*inkunzi isematholeni*' projects developed by Targeted AIDS Intervention (TAI) are discussed. These interventions take a fresh perspective, and aim to engage males constructively and help them understand how they can be a part of preventing the further spread of the virus.

Section 5 looks at the impact of AIDS on the individual infected with the virus, the burden on the health care system, communities, the macroeconomic and microeconomic impact of AIDS, the impact of HIV/AIDS on democracy, ethics, as well as a AIDS-related mortality in South Africa. This section begins with a chapter that contains a strong autobiographic, reflective narrative by a person living with HIV/AIDS (PLWHA). This extremely emotional chapter places the reader in the shoes of a PLWHA, thereby giving a human voice to the national/global statistics.

In 2000 HIV/AIDS was the biggest single cause of death in South Africa. It has become an added burden on already strained health care systems and its full extent has not yet been realised, because of the latent period of the illness and death. It is likely to double health care costs by 2010 if current levels of care are maintained. The increased strain on the health care system is currently leading to a decrease in health care

Book Reviews / Revues de Livres

standards and an increase in mortality of non-HIV-infected patients, as well as premature mortality in HIV-infected patients. A quote in the section sums this up: 'People are dying prematurely because we are so stretched. Medical patients who don't have HIV/AIDS are being severely compromised because we have to discharge them prematurely – everybody is being compromised – the system just can't cope'.

Section 6 revisits the much-debated topic of HIV/AIDS treatment in South Africa. The clinical issues related to ARVs and the challenges to ART roll-out are comprehensively covered, presenting the divergent views, and leaving the reader to make up his or her own mind.

In Section 7 projections about the future scenario are made, using models which pose and test key questions about overall disease dynamics. These include projections of the impact of HIV on TB incidence, behavioural change programmes as well as management of other STIs. In this concluding section, we find that although models can currently predict South African trends up until the year 2020, taking into consideration the scenarios plotted into the models, more data and better data are needed to make better and more complex projections. Due to this finding, and given the projections that are made in the section, the author points out the gaps in the data and research, urging researchers to take up the challenge.

The editors conclude the volume by stating the enormity of the challenge that HIV/AIDS poses to South Africa: 'If the targets set out in the national AIDS treatment plan are to be met, South Africa will have to create one of the largest AIDS treatment programmes in the world – a feat that will need a concerted approach with assistance from all sectors of South African society as well as international support to achieve success.' They reiterate the importance of strong leadership at national level to lead into a future where HIV/AIDS prevention and treatment are integrated.

As a definitive text on HIV/AIDS in South Africa, the volume comes short of being comprehensive in covering some aspects, and therefore fails in its goal of being the ultimate text on HIV/AIDS in South Africa. The selective use of certain South African data sources diminishes the strength of the arguments that some

authors put forward. However, even where the arguments presented are debatable, these chapters do provide good avenues for further discussion beyond the current volume. A critical omission in this volume is the lack of discussion around mental health and HIV/AIDS. The World Health Organization's World Health Report 2001 states that 1 in 4 people in the world will be affected by mental disorders at some point in their lives (WHO, 2001). Currently in the South African general population, approximately 1 in 5 people suffer from a mental disorder severe enough to impact on their lives significantly (Science in Africa, 2002) and the impact thereof is being studied. People who contract HIV can be prone to depression, which in turn could affect the success of treatment regimens (Freeman, Patel, Collins, & Bertolote, 2005). Furthermore, people with certain mental disorders may be at higher risk for HIV infection due to being sexually dis-inhibited. These pertinent issues warrant that a chapter in this volume be set apart to discuss mental health and HIV/AIDS.

Despite the above-mentioned oversights, the volume makes a valuable contribution. A highlight of the book is that besides the material from accomplished researchers and data sources, the text also brings in a more personal side with an autobiographic, reflective narrative by a person living with HIV. This narrative, well-placed in the middle of the text, reminds readers why they are in fact reading the text and also why work in this field is so important. This chapter brings a human voice to statistics.

Overall the book promises to be a valuable source to students and interns as it provides the insight of authors from varying backgrounds and different disciplines who deal with HIV and AIDS. Local and international established social scientists, researchers, health care providers and policy makers involved in the field of HIV/AIDS and related issues will also benefit from reading this book.

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References

- Freeman, M.C., Patel, V., Collins, P.Y., & Bertolote, J.M. (2005). Integrating mental health in global initiatives for HIV/AIDS. *British Journal of Psychiatry*, 107, 1-3.
- Science in Africa (2002). The mental health information centre [Online]. <http://www.scienceinfrica.co.za/2002/march/mhic.htm>. Accessed 22 Sep 2005.
- World Health Organization (2001). *World Health Report 2001-Mental Health: New understanding and hope*. Geneva: WHO.