

## ORIGINAL RESEARCH ARTICLE

# Antenatal HIV Screening and Treatment in South Africa: Social Norms and Policy Options

MemoonaHasnain

Department of Family Medicine, College of Medicine, University of Illinois at Chicago, Chicago, Illinois, USA

\*For Correspondence: E-mail: memoona@uic.edu and Phone: 1-312-996-8214

## Abstract

South Africa has one of the highest prevalence of HIV and AIDS in the world, with mother-to-child transmission being an important route for spread of the infection. For years, AIDS scientists and activists locally and internationally have been working desperately for the people of South Africa to have access to treatment for HIV and AIDS. Policymakers in South Africa have consistently maintained that HIV infection is not responsible for AIDS, thus creating the biggest obstacle to implementation of appropriate prevention and therapeutic programmes, including antiretroviral therapy for HIV positive persons. Only recently, people within the government and ruling party, defying previous policy, have agreed that antiretroviral drugs should be given to pregnant women with HIV. The social fabric of South African society is markedly different from that of Western countries. In this paper, the author analyses the likely implications of antenatal testing and treatment of pregnant women in South Africa, in light of the socio-economic and cultural status of women in that society. (*Afr J Reprod Health* 2004; 8[2]: 77-85)

**Keywords:** HIV screening, South Africa, pregnant women

## References

1. UNAIDS. 2003. Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO) 2003. *AIDS Epidemic Update 2003*. Geneva: UNAIDS. <http://www.unaids.org>.
2. Connor EM, Sperling RS, Gelber R, et al. for the Pediatric AIDS Clinical Trials Group Protocol 076 Study Group. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *N Engl J Med*. 1994; 331: 1173-1180.
3. Simonds RJ, Steketee R, Nesheim S, Matheson P, Palumbo P, Alger L, Abrams EJ, Orloff S, Lindsay M, Bardeguez AD, Vink P, Byers R and Rogers M. Impact of zidovudine use on risk and risk factors for perinatal transmission of HIV. Perinatal AIDS Collaborative Transmission Studies. *AIDS* 1998; 12(3): 301-308.
4. Fowler MG, Simonds RJ and Roongpisuthipong A. Update on perinatal HIV transmission. *PediatrClin North Am* 2000; 47(1): 21-38.
5. Dorrington R, Bourne D, Bradshaw D, Laubscher R and Timaeus IM. *The Impact of HIV/AIDS on Adult Mortality in South Africa*. Cape Town: Cape Town Medical Research Council, 2001.
6. Bradshaw D, Groenewald P, Laubscher R, Nannan N, Nojilana B, Norman R, Pieterse D, Schneider M, Bourne DE, Timaeus IM, Dorrington R and Johnson L. Initial burden of disease estimates for South Africa, 2000. *S Afr Med J* 2003; 93(9): 682-688.
7. Department of Health. National HIV and syphilis antenatal sero-prevalence survey in South Africa, 2002. <http://www.doh.gov.za/facts/index.html>.
8. Schneider H and Fassin D. Denial and defiance: a socio-political analysis of AIDS in South Africa. *AIDS* 2002; 16(Suppl 4): S45-51.
9. Fassin D. The embodiment of inequality. AIDS as a social condition and the historical experience in South Africa. *EMBO Rep* 2003; 4(Spec No): S4-9.
10. Johnson L and Budlender D. HIV risk factors: a review of the demographic, socio-economic, biomedical and behavioural determinants of HIV prevalence in South Africa. Cape Town: Centre for Actuarial Research, University of Cape Town, 2002.
11. Jewkes R, Penn-Kekana L, Levin J, Ratsaka M and Schriber M. Prevalence of emotional, physical and sexual abuse of women in three South African provinces. *S Afr Med J* 2001; 91(5): 421-428.
12. Campbell C. Selling sex in the time of AIDS: the psychosocial context of condom use by Southern African sex workers. *SocSci Med* 2000; 50: 479-494.
13. Gupta G and Weiss E. Women's lives and sex: Implications for AIDS prevention. *Cult Med Psychiatry* 1993; 17: 399-412.
14. Sidley P. Clouding the AIDS issue. *BMJ* 2000; 320(7240): 1016.
15. Magkoba M. HIV/AIDS: the perils of pseudoscience. *Science* 2000; 288: 1171.
16. Mofenson LM. Mother-child HIV-1 transmission: Timing and determinants. *ObstetGynecolClin North Am* 1997; 24(4): 759-784.

17. Bertolli J, St Louis ME, Simonds RJ, Nieburg P, Kamenga M, Brown C, Tarande M, Quinn T and Ou CY. Estimating the timing of mother-to-child transmission of human immunodeficiency virus in a breast-feeding population in Kinshasa, Zaire. *J Infect Dis* 1996; 174(4): 722-726.
18. De Cock KM, Fowler MG, Mercier E, de Vincenzi I, Saba J, Hoff E, Alnwick DJ, Rogers M and Shaffer N. Prevention of mother-to-child HIV transmission in resource-poor countries: translating research into policy and practice. *JAMA* 2000; 283(9): 1175-1182.
19. Shaffer N, Chuachoowong R, Mock PA, Bhadrakom C, Siriwasin W, Young NL, Chotpitayapunondh T, Chearskul S, Roongpisuthipong A, Chinayon P, Karon J, Mastro TD and Simonds RJ. Short-course zidovudine for perinatal HIV-1 transmission in Bangkok, Thailand: a randomised controlled trial. Bangkok Collaborative Perinatal HIV Transmission Study Group. *Lancet* 1999; 353(9155): 773-780.
20. Lallemand M, Jourdain G, Le Coeur S, Kim S, Koetsawang S, Comeau AM, Phoolcharoen W, Essex M, McIntosh K and Vithayasai V. A trial of shortened zidovudine regimens to prevent mother-to-child transmission of human immunodeficiency virus type 1. Perinatal HIV Prevention Trial (Thailand) Investigators. *N Engl J Med* 2000; 343(14): 982-991.
21. Guay LA, Musoke P, Fleming T, Bagenda D, Allen M, Nakabiito C, Sherman J, Bakaki P, Ducar C, Deseyve M, Emel L, Mirochnick M, Fowler MG, Mofenson L, Miotti P, Dransfield K, Bray D, Mmiro F and Jackson JB. Intrapartum and neonatal single-dose nevirapine compared with zidovudine for prevention of mother-to-child transmission of HIV-1 in Kampala, Uganda: HIVNET 012 randomised trial. *Lancet* 1999; 354(9181): 795-802.
22. Owor M, Deseyve M, Duefield C, et al. The one-year safety and efficacy of HIV-1NET 012 trial. In: XIII International AIDS Conference, Durban, South Africa, 2000.
23. Branegan J, Dowell W and Park A. The hand of death. *Time* 2001; 157(6): 26-54.
24. Johnson D. Traditional healing and HIV/AIDS: A Central African experience. *AIDS Link* 1996; 19: 39-40.
25. Susser I and Stein Z. Culture, sexuality, and women's agency in the prevention of HIV/AIDS in Southern Africa. *Am J Public Health* 2000; 90: 1042-1048.
26. McIntyre J and Gray G. What can we do to reduce mother to child transmission of HIV? *BMJ* 2002; 24: 218-221.
27. Miotti PG, Taha TE, Kumwenda NI, Broadhead R, Mtimavalye LA, van der Hoeven L, Chiphangwi JD, Liomba G and Biggar RJ. *JAMA* 1999; 282: 744-749.
28. Nduai R, John G, mbori-Ngach D, Richardson B, Overbaugh J, Mwatha A, Ndinya-Achola J, Bwayo J, Onyango FE, Hughes J and Kreiss J. Effect of breastfeeding and formula feeding on transmission of HIV-1: a randomised clinical trial. *JAMA* 2000; 283: 1167-1174.
29. Latham MC, Preble EA. Appropriate feeding methods for infants of HIV infected mothers in sub-Saharan Africa. *BMJ* 2000; 320: 1656-1660.
30. Ecker J. The cost effectiveness of human immunodeficiency virus screening in pregnancy. *Am J ObstetGynecol* 1996; 174: 716-721.
31. Immergluck LC, Cull WL, Schwartz A, Elstein AS. Cost effectiveness of universal compared with voluntary screening for human immunodeficiency virus among pregnant women in Chicago. *Pediatrics* 2000; 105: E54.
32. Zaric GS, Bayoumi AM, Brandeau ML and Owens DK. The cost effectiveness of voluntary prenatal and routine newborn HIV screening in the United States. *J Acquir Immune Defic Syndr Hum Retroviral* 2000; 25: 403-416.
33. Söderlund N, Zwi K, Kinghorn A and Gray G. Prevention of vertical transmission of HIV: analysis of cost effectiveness of options available in South Africa. *BMJ* 1999; 318: 1650-1656.
34. Abt Associates. *The Impending Catastrophe: A Resource Book on the Emerging HIV/AIDS Epidemic in South Africa*. Abt Associates South Africa, Inc., 2000. <http://www.mrc.ac.za/urbanbulletin/june2000/impending.htm>
35. Stein Z. HIV prevention: the need for methods women can use. *Am J Public Health* 1990; 80: 460-462.
36. Schoepf B. Women at risk: case studies from Zaire. In: Herdt G and Lindenbaum S (Eds.). *The Time of AIDS: Social Analysis, Theory and Method*. CA: Sage Publications, 1992, 259-286.
37. Farmer P, Lindenbaum S and Good M. Women, poverty and AIDS: An introduction. *Cult Med Psychiatry* 1993; 17: 387-397.
38. Reid E. Placing women at the center of the analysis. In: Bond G, Kreniske J, Susser I and Vincent J (Eds.). *AIDS in Africa and the Caribbean*. CO: Westview Press, 1997, 159-165.
39. Parker R, Barbosa R and Aggleton P (Eds.). *Framing the Sexual Subject*. CA: University of California Press, 2000, 110-115.
40. Staugaard F. Role of traditional health workers in prevention and control of AIDS in Africa. *Trop Doct* 1991; 21: 22-24.
41. Swift PJ and Strang JI. Traditional healers and AIDS prevention. *S Afr Med J* 1993; 83: 690-691.
42. O'Rourke N. Working together: Traditional and modern health care practitioners and HIV/AIDS. *AIDS Link* 1996; 4: 22-23.
43. Giarelli E and Jacobs LA. Traditional healing and HIV/AIDS in KwaZulu-Natal, South Africa. *Am J Nurs* 2003; 103(10): 36-46.
44. Mofenson LM and McIntyre JA. Advances and research directions in the prevention of mother-to child HIV-1 transmission. *Lancet* 2000; 355(9222): 2237-2244.
45. Campbell C and Mzaidume Y. How can HIV be prevented in South Africa? A social perspective. *BMJ* 2002; 324(7331): 229-232.
46. Fassin D and Schneider H. The politics of AIDS in South Africa: beyond the controversies. *BMJ* 2003; 326: 495-497.
47. Voelker Rebecca. Poor nations ravaged by AIDS need the right resources now. *JAMA* 1999; 282: 1992-1994.
48. Zwi K, Söderlund N and Schneider H. Cheaper antiretrovirals to treat AIDS in South Africa: They are at their most cost effective in preventing mother to child transmission. *BMJ* 2000; 320: 1551-1552.