



PERSONAL VIEW

Impact of the HIV/AIDS pandemic on non-communicable disease prevention

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HIV/AIDS continues to ravage sub-Saharan Africa, and in South Africa accounts for 30% of all mortality, making it the leading cause of death.¹ The epidemic has had other negative effects, which have not been fully realised. Among these is the fact that, paradoxically, the awareness programmes implemented to prevent major spread of HIV/AIDS have complicated the prevention of non-communicable diseases (NCDs).

Among South African women HIV/AIDS is characterised by severe wasting; therefore many women prefer to maintain a higher body weight in an effort to overcome this stigma. Research has shown that being overweight is a risk factor contributing to disease in developed countries. Policies have been developed aiming to promote healthier lifestyles, but how effective can these policies be if there is such a stigma attached to health behaviour modification in the eyes of black South African women? The reason awareness programmes are created is to inform communities of lifestyles aimed at preventing major diseases. Evidently there is a need to revamp these programmes taking specific cultural values into consideration and to encourage overall healthy behaviour. Until cultural norms are better understood, certain steps need to be taken with regard to educating countries on healthy behaviours.

Cultural barriers to adoption of healthy behaviours

NCDs include *inter alia* hypertensive heart disease, stroke, and diabetes. These NCDs and their risk factors are among the top 20 specific causes of premature mortality. In each of these

diseases mortality is higher among females than males.¹ In South Africa, cardiovascular disease alone accounts for 17% of deaths,¹ making it the second-ranked cause of mortality after HIV/AIDS. However, HIV/AIDS has a different clinical picture to most NCDs because it is characterised by severe wasting. Can weight loss or even becoming thin be a sign of infection and impending death? Women may subscribe to this view, and therefore prefer to maintain a higher body weight. This can be lethal because large body size is a powerful risk factor for many NCDs.

Overweight is listed by the World Health Organization (WHO) as one of 10 leading risk factors contributing to the burden of disease in developed countries, as measured by disability-adjusted life years (DALYs).² A recent national survey reported that more than one-quarter (27%) of black South African women were overweight and nearly one-third (32%) were obese.³ Clearly, weight must be brought under control if the NCD epidemic in South Africa is to be contained.

The WHO has developed a global policy for the integration of diet and physical activity in the prevention and control of NCDs.² The strategy aims to promote healthy lifestyles (food choices and increased physical activity) in a healthy environment, and maintenance of recommended body weight. But how realistic is this policy, given the existing challenges confronting most impoverished individuals, and the cultural norms that guide them? Recent research has indicated that black South African women at risk for NCDs are not adhering to healthy lifestyle behaviour modification, such as maintenance of an ideal weight, because of the weight-loss stigma associated with the HIV/AIDS wasting syndrome.⁴ The following quote typifies this: 'If you are thin, people think that you are sick — you may have TB or HIV/AIDS.' Studies have shown that for black women, being overweight is associated with high socio-economic status, attractiveness, happiness and good health.⁵

As an example of how successful HIV/AIDS prevention education has been with youth, consider the answers children gave when asked in a focus group discussion 'What should one do to keep healthy?'. The most common responses were to use condoms, have one faithful partner, or abstain from sex.⁶ Meanwhile there have been very limited strategies to prevent NCDs. Fortunately, younger women are becoming more conscious of their body size because of media influence and acculturation.⁷

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Promotion of culturally relevant educational messages needed

Comprehensive educational messages are warranted so that communities can adopt lifestyles that prevent the major disease burdens, without having to focus on a specific condition. The educational messages recommended for most NCDs are the same: follow the correct diet, be physically active, decrease stress levels, visit a doctor regularly, and screen for the prevention and early detection of disease. However, we have to modify these efforts taking cultural attitudes into account. Weight loss should not be stressed specifically (especially in sub-Saharan Africa); instead overall healthy behaviours should be encouraged. Many NCDs are socially and culturally rooted; until cultural norms related to overnutrition are better understood, emphasis should be placed on eating more nutritious food such as fresh fruits and vegetables, decreasing salt and sugar intake, and increasing physical activity for energy expenditure. In addition, existing beliefs about body

image need to be revised, using effective strategies. This will only be possible with a heightened awareness and public health mandate for curbing the growing epidemic of NCDs and the risk factor of obesity that fuels it.

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