HIV/Aids wreaks havoc on farms
by Fidelis Zvomuya

The HIV/Aids pandemic continues to course through South African agriculture, outpacing the prevention campaigns that have been started by Government.

“Many people still think that being HIV positive is a death sentence, that it is the end of their lives,” says Nompumelelo Maseko, a farm worker in Mpumalanga who was sent home to die by a state hospital in 2007.

At the time, she weighed just 35kg, was unable to walk and her immune system had collapsed. Today, she counsels patients at one of the farms in the province, helping them to overcome the shock of discovering they have the virus. "Being HIV-positive is not the end of the world. The patients believe me when I say this, because they know I survived," says Nompumelelo.

Nompumelelo is one of more than six million people in South Africa currently living with HIV/Aids. However, beyond the statistics lie the personal stories of thousands of farm workers like her who are managing to get on with their lives, in spite of the disease. She says stigma used to be the biggest killer on farms, as most people were scared to get
tested and declare their status. “People are still scared to go and get tested. They fear that if they do, they will be ridiculed by others.”

According to an International Organisation for Migration (IOM) study, the HIV prevalence rate among farm workers in the country is about 40%, the highest ever recorded in Southern Africa.

The survey, conducted between March and May last year, was commissioned by IOM and used questionnaires and dry blood spot testing to chart HIV risk behaviour and beliefs, as well as HIV prevalence among 2 810 farm workers in two provinces, Limpopo and Mpumalanga.

The study focused on 23 farms in Malelane, Tzaneen and Musina. Principal investigator with the company that conducted the research, Maromi Health Research, Dr Mark Colvin, says it was the highest HIV prevalence ever reported among the working population in Southern Africa.

**Shocking infection rates**

Almost half of the workers in Malelane tested HIV positive, which was the highest prevalence. This was a much higher than the district prevalence of 40%. Musina results showed an HIV prevalence of 28%, almost twofold that of the surrounding Vhembe district's 14.7%. The lowest prevalence was recorded in Tzaneen where almost a third (26.3%) were HIV positive. This was still slightly higher than the 25.2% prevalence in the district.

“The 39.5% infection rate on these 23 farms is twice the UNAIDS (the Joint United Nations Programme on HIV/AIDS) national prevalence percentage of 18.1% in South Africa,” Dr Colvin says. He could not pin-point a single factor causing this high rate of HIV infection on these farms. He highlights a multitude of factors, such as multiple and concurrent partnerships, transactional sex, irregular condom use, presence of sexually transmitted infections and sexual violence.

The research also showed that almost half of the women working on farms around these provinces are HIV positive, compared to only a third of the male workforce. According to the study, more than 46% of women tested HIV positive.

**Nationality not a factor**

The majority of the workers surveyed were South Africans, about 40% came from Zimbabwe, Mozambique or Swaziland.

The study found no significant association between foreign nationality and positive HIV status. While foreign farm workers had at least double the HIV prevalence of their countrymen, this relationship also held true for South Africans.
Malelane shares borders with Swaziland and Mozambique and has a population that is 60% South African, 24% Mozambican and 14% Swazi. Most of the participants from the Musina site were cross border migrants, an estimated 60% Zimbabwean and 38% South African.

**Agricultural sector at increased risk**

Dr Erick Ventura, IOM's Regional Coordinator for Migration Health, says while new HIV infections among adults and young people have dropped nationally, it is very worrying that the epidemic remains shockingly high in the commercial agricultural sector.

“There is a clear need to intensify HIV prevention efforts in spaces of vulnerability such as farms,” he says. The 23 farms selected to participate in the study are part of the IOM's ongoing Ripfumelo HIV prevention project, which provides farm workers with HIV information and access to voluntary testing and counselling.

According to Erin Tansey, IOM migration health project officer, these farms’ participation in the IOM project may indicate a greater level of political will among owners to address HIV among their employees and provide better access to services. Previous research as part of the Ripfumelo project found an HIV prevalence of about 30% in Limpopo. Farm workers have historically been considered vulnerable to HIV because of poor working conditions, an inability to access HIV and health services located off-site and increased mobility.

**AgriAids fights stigma**

AgriAids, an NGO offering treatment and education to workers on South African farmlands, is doing its best to make sure that there is behavioural change. It is also fighting stigma through the provision of antiretroviral drugs (ARVs), as well as education and information.

"This project is more about hope, not defeat, and it comes against a backdrop of high infection rates in farms," says director Gretha Kostwinder. She predicts that this high incidence "will have a huge impact on the agricultural sector in the next few years."

"Farmers have not yet realised the cost of the pandemic. Training people is expensive and there is a significant impact on productivity," she observes. "Life on the farms is very cloistered. People live near each other, and lack of awareness and high levels of stigma are problems."

AgriAids has helped a number of farmers to launch testing programmes for workers, providing them with free antiretroviral drugs to treat those who test positive. AgriAids pays for the ARVs through donor support. One farmer enthusiastic about the scheme is Jill Axten, owner of leading vegetable farm, Green's Greens, south of Johannesburg. "Two of the workers who tested positive are now counsellors," she says. "People on the farm talk about the disease openly and without shame. It has made a tremendous difference in morale as well."
The Ndlovu Medical Centre in Mpumalanga offers modern methods for HIV disease management to rural and farming communities. The centre was founded by Dr Hugo Tempelman and works closely with AgriAids. World-class medical facilities include a 24-hour maternity ward, a laboratory, a farm programme and a mobile clinic.

Dr Tempelman says about 85% of those admitted to the clinic’s small ward in critical condition not only survive, but recover. The patients are not cured, but are restored to the manageable status of HIV positive.

The Ndlovu centre also takes its programme out to farms, because so few farm workers have the means to get to the clinic. “HIV was a death sentence and is now a manageable chronic disease like diabetes or high blood pressure,” says Dr Tempelman.

Survey recommendations
The IOM survey recommends that there must be increased access to healthcare for farm workers, that some of the most vulnerable areas in the region should be identified, and that gender norms that increase risky behaviour and vulnerability among farm workers and the escalating need for workplace health policies to cater for both permanent and seasonal farm workers should be addressed.

Also among the study’s recommendations were closer cross-border cooperation on HIV and tuberculosis among southern African countries, as well as an increased role for agricultural and labour ministries in promoting better wages and living conditions for farm workers.

The survey also confirms that conditions remain poor for farm workers, who often sleep in anything from converted shipping containers to abandoned stables and lack access to electricity and running water. The study found that more than half of workers surveyed reported having been food-insecure in the past year, which may explain the high rates of transactional sex.