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## Surviving HIV/AIDS and Poverty In Sudan

Stephen is seventeen years old. He quietly watches as his two youngest siblings, Joseph and Rebecca, play a game of catch around the family tukul, a round thatch-roofed hut. At least they can forget their troubles for a little while, he thinks to himself. Stephen, however, has to carry the burden of finding the family's next meal. His father and his step-mother have gone to the city to seek treatment; both parents are HIV-positive. His father, in particular, has been getting sicker and sicker. Stephen has taken charge of cultivating their small land since their return from the Central African Republic (CAR) three years ago. They fled to the CAR to escape Sudan's long civil war when Stephen was only four years old. It was while the family was in CAR that Stephen's mother died. His father later remarried, but both he and his current wife are now afflicted with the AIDS virus. Stephen has been left to take care of his three younger siblings: Anice, Joseph, and Rebecca. Stephen looks like any other young high school student, but he is now the breadwinner and head of household. Stephen is only seventeen years old.

The ongoing epidemic of HIV and AIDS compounds the worldwide problems of poverty and starvation. It is estimated that about 15 million children around the world have lost at least one parent to HIV/AIDS. As of 2004, 510,000 children globally under the age of 15 had died of AIDS-related illness. Nowhere is this predicament more acute than in Africa. So many people die from this disease, or they die because the disease causes them to lose their jobs or be unable to produce enough food or money for survival. Across Africa, an entire generation of parents is dying, leaving behind a generation of orphans. These children become orphans after their parents contract the HIV virus and then eventually die of AIDS. If nothing is done and this situation continues, by 2010 fifteen percent of Africa's entire population will be AIDS orphans. This health epidemic is expected to leave twenty million African children without at least one or even both parents. One country with an emerging HIV/AIDS epidemic is the country of Sudan, which is the largest country in Africa. This situation is controllable because there are ways to help prevent the infection and spread of AIDS. If people have been infected with the virus, it can be hindered from becoming full-blown AIDS.

The people of Sudan are in a desperate situation. The lethal combination of HIV/AIDS and a war torn environment has made life exceedingly difficult for the Sudanese people, particularly for the segment of the population in poverty and suffering from chronic malnutrition. Other factors contributing to the crisis are a very high degree of risk of major infectious diseases, an inadequate health system, and weak educational system with low school enrollment.

Sudan is the largest country in Africa and has an abundance of diversity. This variety ranges from environment to culture to livelihood. Its area includes plains, swamps, and desert. The Red Sea is its border in the northeast. Sudan's most important geographical feature is the Nile River. It annually floods the flatland in the south to form a vast marsh called the Sudd. Northern Sudan is chiefly desert with rainfall rarely amounting to more than 4 inches a year. The average summer high temperatures can reach 110 degrees F, but can climb to more than 125 degrees F. People live along the banks of the Nile River but only a few nomadic groups travel across the barren lands of Northern Sudan with herds of camels. In contrast, Central Sudan is largely a grass-covered plain with rainfall varying from 4 to 32 inches per year. Most of this area even has water to farm the land. The most fertile area is called El Gezira, which

lies between the Blue and White Nile rivers. Southern Sudan is distinguished by a flood plain formed by the branches of the Nile River. Dense, junglelike vegetation covers most of the region and mountain ranges rise along the southern borders. Many wild animals roam across the south, including gazelles, giraffes, lions, leopards, and elephants. Hippopotamuses and crocodiles inhabit the branches of the Nile.

The people of Sudan are also greatly diversified. About 50 percent consider themselves to be Arabs and they make up the country's largest ethnic group. Some are descended from Arab immigrants whereas others belong to Sudanese groups that gradually adopted the Arab way of life, including the Arab language and culture. Most Arabs live in the northern two-thirds of the country. Other ethnic groups living in this region include the Nubians, Beja, Fur, and descendants of West African immigrants. Assorted black African groups live in the southern third of Sudan. They incorporate the Dinka, which is the largest black African group, the Nuer, the Shilluk, and the Azande. The Sudanese people use more than 100 different languages and a large number of dialects. More than half the people speak Arabic, Sudan's official language and the dominant language of the north. In the south, most people speak Dinka or another one of the many African languages. English serves as the language of trade and government in Southern Sudan and is also the other official language of Sudan. Nearly three-fourths of the people are Sunni Muslims and most live in north or central Sudan, whereas people in the south practice traditional African religions and about 5 percent are Christians. The six northern provinces are culturally linked to Egypt and the wider Arab world, while the three southern provinces are associated to sub-Saharan Africa and the people of the Democratic Republic of the Congo, Uganda, and Kenya.

Sudan is one of the more sparsely populated countries of the world, but the density of people to land also varies greatly. In the northern desert area, there are about three people to every square mile of land but the ratio is about 166 people to one square mile in the urbanized Khartoum province. About 90 percent of the Sudanese people live in the rural village countryside, 25 percent live in the productive area between the Blue Nile and the White Nile, which accounts for only 6.5 percent of the total land mass, and over 1.3 million people live in the urban complex consisting of three cities: Khartoum, Khartoum North, and Omdurman.

With all these differences, it is easy to see why Sudan is and has been such a war torn country. Since its independence in 1956, Sudan has seen two civil wars and two separate conflicts. The first civil war actually started before Sudan got its independence from Britain. The southerners who knew independence was coming were afraid that the new country would be controlled by the north. This division was already emphasized during British rule when they decided to rule the north and south administrations separately. There was even a rule that if you lived above the 10<sup>th</sup> parallel you could not move south and if you lived below the 8<sup>th</sup> parallel you could not move north. The first civil war ended in 1972 with the Addis Ababa Agreement, which granted the South considerable autonomy. The second civil war erupted 11 years later in 1983 with President Gaafar Nimeiry's decision to circumvent the Addis Ababa Agreement. In response, the Sudan People's Liberation Army was formed in May, 1983. Fighting broke out shortly after and continued for over 20 years, resulting in the deaths of 2.2 million Christians and Animists. It was estimated that 4.5 million people were displaced by the warfare into neighboring countries. These surrounding countries have a higher rate of HIV/AIDS prevalence than Sudan's, so when the refugees return, the HIV rate in Sudan is predicted to rise. Sudan's economy was also damaged, leading to food shortages that caused starvation and malnutrition. Due to the lack of venture in this war, especially in the south, an entire generation lost access to basic health services, education, and jobs. After over 20 years of fighting, a peace agreement was finally established in 2005, which gave the south six years of autonomy. During the war, many

soldiers were exposed to HIV but, because they were kept away from their families, the virus did not spread. However, as the war ended and the soldiers went home, the HIV/AIDS rate rose. Just as this decades-long civil war was ending, a new rebellion in the western Darfur region exploded in 2003. The rebels accuse the central government of neglecting Darfur, but there is speculation regarding the objectives of the rebels and whether they really want Darfur to have a significant position in Sudan or seek outright secession. Both sides of this conflict have been charged with committing atrocities but most blame falls on the Arab militias, called the Janjaweed, who have sided with the government. They have been accused of engaging in ethnic cleansing, the systematic removal of one group by another usually using force by any means from discrimination to extermination while violating that group's international humanitarian rights. Hundreds of thousands of people have moved from Darfur to eastern Chad, which ultimately caused Chad to declare a state of war with Sudan. Chad believes that the Sudanese government is trying to destabilize their country and move the war from Darfur to Chad. All attempts of peace through the U.N. have been futile as Sudan will not accept any U.N. force plan. The only troops in Sudan right now are 7,000 soldiers from the financially impoverished African Union. The fighting has continued and worsened even though there was a peace agreement between the Sudanese government and the 3 largest rebel groups-the Sudan Liberation Army. If the worsening situation is not worked out, there will be nothing left over which to compromise a peace agreement.

Most of the hungry and poverty stricken people of Sudan live in the rural village areas. Stephen and his family are from a small village in rural Sudan and farm a small plot of land along the Nile River. They struggle to survive on a small income. Stephen's step-mother is now the only parent left to care for four children ages 5 to 17. Her husband lost his own battle with AIDS a little over six months ago. She has to work in the fields to grow crops like groundnuts, simsim (sesame), and sorghum to feed her family. The main dish in the typical Sudanese diet is ful, which consists of broad beans cooked in oil. Like the majority of the Sudanese people, Stephen and his family do not eat much meat. Their mother, however, is also living with HIV and has been desperately trying to get some treatment. Her state of chronic hunger has worsened her condition, making her weaker and more susceptible to the progression of the disease. Stephen, who is the eldest of the children, has had to interrupt his studies in high school to take over the roles of breadwinner and head of household. He works and does most of the field cultivation. He feels he is a little more fortunate than other AIDS orphans in that he at least had his father for a few years to teach him some agricultural know-how; other AIDS orphans are not as fortunate. However, the responsibility of taking care of his younger siblings and ill mother rests on his young and frail shoulders. The next oldest child is 12-year old Anice, who has had only a few years of education. She also helps Stephen in the fields and helps her sick mother with the household chores. 8-year-old Joseph and 5-year old Rebecca, who has HIV herself, have never gone to school and have no primary education. This is common, since only about half of Sudan's children attend school. The literacy rate in the country is only 59%.

The estimated total population of Sudan in July, 2006, is 41,236,378. About forty percent of the population is below the poverty line. In 2003 there were an estimated 23,000 deaths caused by AIDS in Sudan alone, leaving about 60,000 AIDS orphans throughout the country. According to UNAIDS, the HIV/AIDS prevalence rate in Sudan among the population aged 15 and above is 2.6 percent. There are an estimated 600,000 people living with HIV/AIDS. As reported by health workers, there are 50,000 people living with AIDS in the capital city of Khartoum alone.

No problem is isolated; these crises are intricately linked and related. AIDS has affected access to food: labor contributed by adult workers is reduced and agricultural production is

decreased. Not only does the disease strike down the productive members of the labor force, but it also interrupts the transfer of knowledge from adult to young. These orphans end up growing up without the traditional lessons usually passed down from parent to child, lessons which include farming techniques that could help the young ones survive. Without their parents, who do these unfortunate children turn to? Other relatives may conceivably take these orphans in, but usually they are turned away because there is not enough food to feed the relatives' own immediate family. Thus, instead of having an adult watch over them, these children are on their own, taking care not only of themselves but many times also of younger children. There is also deeply-held prejudice in Sudan about AIDS despite awareness of this disease. Many of the people of Sudan are aware of HIV/AIDS, yet they have misconceptions of this infirmity. So many of the orphans who go to live at hostels in the cities do not stay there long because of being ridiculed by their peers who find out why they are orphans. According to Severino Leonardi, HIV/AIDS officer for UNICEF, the disease is spread all over the population in Sudan, and the problem needs to be addressed immediately. Leonardi adds, "Children are not only infected, they are affected. They are missing parents, missing teachers and missing treatment and care."

The increased mobility brought about by the relative return of some peace with the end of the long-running civil war could raise the threat of HIV infection among rural communities, areas that had remained relatively isolated during the war and had retained relatively low infection rates. Factors contributing to the rapid spread of HIV/AIDS include: up to four million displaced people returning home, the high level of poverty, dismally low school enrollment, a woefully inadequate health system, and the sense of powerlessness of women and girls, combined with established cultural practices like female genital mutilation, polygamy, and widow inheritance, where a widow marries the brother of her deceased husband. Also, a great worry is that female orphans will increase their risk of contracting HIV by turning to commercial sex work. It has been noted that sex work among low-income women is increasing, fuelled in part by the increase in trade with other neighboring countries as a result of the more peaceful situation, which has brought increasing numbers of traders and truck drivers to the area.

The overall goal in the fight against the HIV/AIDS problem in Sudan is to educate the people in such a way as to involve entire communities so that they are empowered and encouraged to be proactive and fight the disease themselves. A network of organizations working hand in hand with the government needs to be established so that all sectors of society respond and efforts are coordinated. Various political and religious leaders should be harnessed to speak publicly about the dangers of HIV/AIDS and methods of keeping safe. By employing the various parts of society, a cooperative approach to the problem can be achieved. Furthermore, the limited financial resources available can be utilized in the most efficient manner without diverse groups duplicating services. These various organizations, local and international, governmental and non-governmental, can be linked to those of the Sudan National AIDS Programme (SNAP) and the Government of Sudan's Country Co-ordination Mechanism. The government's General and Higher Education Ministries have set up a curriculum in the primary and secondary schools to teach students early on about the risks of unprotected sex while the Ministry of Religion has encouraged both Muslim and Christian communities to discuss preventive measures with their respective members.

Deeply held prejudices about HIV/AIDS need to be addressed and the population educated. In 2002, the UN Children's Fund (UNICEF) made progress in narrowing the gender gap in basic education in some areas of Sudan by providing for evening classes for girls. As a result, the number of girls joining the evening classes quadrupled. Many of these girls had previously dropped out and become young wives and mothers.

Other UNICEF activities in Sudan have focused on awareness workshops, developing training modules, and capacity building among NGOs, or non-governmental organizations. Organizations like Ockenden International have also embarked on awareness campaigns, working with community groups, religious leaders, and local officials. They use techniques ranging from leafleting and posters to drama; their workers also visit youth clubs and social centers. They have worked with prison inmates and secondary school graduates. They have trained health workers and organized workshops for police and army commanders and security personnel. They have also broadcast live on state TV and radio, using local languages for maximum effect. In Darfur, in particular, a number of faith-based organizations have partnered to fight the HIV/AIDS problem, including Action by Churches Together, a coalition of faith-based groups, which has been working with the Sudan Council of Churches and Caritas Internationalis, a Catholic relief group.

Government institutions throughout the country are becoming increasingly aware of the issue and they have initiated HIV/AIDS prevention programs. The military has instructed their soldiers on condom use. Sudan's Ministry of Health has also announced that African Union (AU) peacekeepers entering Sudan to monitor Darfur would be screened for HIV.

In order for the responses to the HIV/AIDS crisis to be effective, health services and infrastructure need to be improved. More health personnel must be fully trained. Protective devices, testing centers, and counseling services must be provided. Clean needles and blood testing should also be made readily available. Those unfortunate members of the population afflicted with the virus must be treated with suitable drug regimens and provided with counseling and support and efforts made to ensure that they are treated as equal members of society. The most vulnerable groups, most especially the children and AIDS orphans, have to be given socioeconomic support. Community support and psychological care must be provided.

Finally, it is important to recognize that poverty and the spread of HIV are closely linked. The socioeconomic factors contributing to poverty and malnutrition in the country have to be addressed also. These include immunization programs and other steps to prevent and control infections so as to improve the nutritional well-being of not only children but also adults. Infrastructure development, including the building of roads and the establishment of clean drinking water, will help to improve the daily lives of the population. Establishing markets and diversifying the country's products will give the people options on what to cultivate. A factor contributing to the food shortage in Sudan is the lack of agricultural cultivation due to a deficiency of labor, not of land. The money sector of Sudan's economy is based almost solely on cotton production. Thus, the country is entirely dependent on the cotton crop, which is subject to seasonal variation in yield, fluctuation in the market, and competition from synthetic fibers. The Sudanese realize this but have yet to come up with another staple crop. Sudan contains much land suitable for non-irrigated cultivation but it is remote from markets and subject to unreliable rainfall. Only 3% of the total land area is planted, but there is six times that amount of land capable of producing crops. The sizes of family labor force determine the level of production, and since the overwhelming majority of farmers still use non-mechanical methods, they produce little surplus. The government has been anxious to diversify the economy by developing industry, but because of the large sums expended on the construction of irrigation schemes and dams, there is little left for investment in a state-run manufacturing program.

The country of Sudan has gone through a tremendously long period of internal strife. This problem is still not completely resolved, as the conflict in Darfur is not yet resolved. Hopefully, the Sudanese government can direct some of their financial resources away from arms and towards the many problems facing the country, not least of which is the emerging HIV/AIDS

epidemic. Other pressing concerns include improving the health and educational systems, providing gender equality, building infrastructure, and modernizing the agricultural system and opening new markets for varied products. Addressing successfully these various concerns on different fronts will help alleviate poverty and bring much needed hope to the people of Sudan.

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