

AIDS Taking toll

Yanyi K. Djamba

Montgomery Advertiser

November 5, 2007

Acquired Immune Deficiency Syndrome, or AIDS, the disease caused by the Human Immunodeficiency Virus known as HIV, was first identified in the mid-1980s and remains an incurable illness even though there are a few successful stories here and there.

For many states, counties and cities HIV/AIDS is still on the rise. Although the state of Alabama has lower rates of HIV/AIDS than several other states in the South, the incidence of HIV/AIDS, or number of new cases, continues to increase. Recent data from the Center for Health Statistics at the Alabama Department of Public Health show an increase in the incidence of HIV/AIDS from 18.67 per 100,000 population in 2005 to 20.51 per 100,000 in 2006.

Perhaps more importantly, there are substantial differences in HIV/AIDS rates across the state. Montgomery County has the highest incidence of HIV/AIDS of any county in the state. There were 57.76 new cases of HIV/AIDS per 100,000 people in Montgomery County during the year 2006. The second and third highest ranked counties in HIV/AIDS incidence were Barbour (45.75) and Perry (43.97). Pike followed, with an incidence rate of 40.49 per 100,000 population. In contrast Bibb, Cherokee, and Cleburne counties reported that no new incidents of HIV/AIDS were diagnosed in 2006.

What drives these variations across the state? There are several potential factors. First, we must break down the pandemic by source of infection.

The majority of new HIV/AIDS cases are contracted through sexual contacts. Among all new cases reported in the state of Alabama in 2006, 39 percent were among men who had sex with men, 35 percent were among heterosexuals, and 7 percent were among injection drug users. The remaining new cases reported include people whose exposure risks were unknown, individuals who received blood transfusions, or those with a combination of risk factors. Overall, these statistics show that sexual permissiveness and unsafe sexual practices are still the key factors in the spread of HIV/AIDS.

Perhaps the worst part is that this pandemic claims the lives of the most productive segments of the population. Nearly six of 10 people with HIV/AIDS are in the 25-44 age group, the age when people are more sexually active, more likely to get married, and more likely to have children. This explains, in part, why the risk of infection is greater among those aged 25-44.

Sadly, people in that age group are infecting not only their sexual partners and spouses, but also their children, as evidenced by the infected women whose babies contract the virus prior to birth, or after birth through breastfeeding.

In terms of gender differences, men infected with HIV/AIDS outnumber women. According to current statistics, seven of 10 HIV/AIDS cases in Alabama are males.

However, HIV/AIDS incidents are on the rise among females, primarily through heterosexual contacts. We should remember that, while men having sex with men represent the vast majority of HIV/AIDS cases, many of these men also have sexual relations with women.

Significant racial/ethnic differences are another factor to consider in the spread of HIV/AIDS. Even though they represented only about 26 percent of the Alabama population, blacks accounted for nearly 70 percent of new HIV/AIDS cases reported in the state in 2006. This figure is similar to national estimates which indicate disproportionately higher rates of HIV/AIDS among the black population.

Despite the wealth of available information, the HIV/AIDS pandemic is not well publicized, nor is it a focus of concern for the general public. This is one of the contributing factors to the high risk of infection, especially among adolescents and young adults.

Due to the virus' longer incubation period, which can be several years, many people are unaware of their infection and continue to spread the virus through sharing of needles among drug users, sexual relations, and occasionally in health care settings.

The actual rates of HIV/AIDS are most likely higher than the statistics present. Therefore, it is time to break the silence and speak out about this killer which is claiming the lives of our children, family members, friends, and citizens.

If we are to curb the spread of this pandemic we must implement more aggressive HIV/AIDS protection awareness campaigns in highly infected areas. Until an effective vaccine is found, behavioral changes are the best weapon for survival.

Yanyi K. Djamba is director of the Center for Demographic Research and associate professor of sociology at Auburn University at Montgomery. The center's Web site is www.demographics.aum.edu.