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Gender Dimensions of HIV/AIDS: A Key Challenge to Rural Development

Roundtable on "Economics and Rights: Interconnections in the Context of HIV/AIDS and Feminized Poverty"

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Let me first say that I am honoured to join such a distinguished panel. UNIFEM has done and is doing excellent work on the subject of this roundtable. You recognise clearly that poverty and HIV/AIDS interact to threaten women's lives and health, and hold back the development of rural society.

Governments and the international community have often failed to recognise the importance of women's role. Perhaps this is because in many rural societies women do not take a visible part in public life. I hope this panel will help to underline that rural women are full partners in the rural economy, even though they may still be less visible on the social scene. I hope that we will contribute to the continuing discussion of the Millennium Development Goals by showing how women's full involvement, including their social and political involvement, will be essential to ending extreme poverty in rural areas. I hope we will show that women's wider involvement in development depends on their empowerment; and that women's empowerment depends crucially on health, including reproductive health and their ability to protect themselves against HIV/AIDS.

And while we are discussing development I hope we will not forget that recognising women is important for its own sake, as a simple matter of ensuring the human rights of half the world.

I would like to make a few points about the obstacles to empowering and involving women in rural development, how they relate to HIV/AIDS\, and how we can help to remove them.

Obstacles – Tradition and Assumptions

The first obstacle is the basic assumption that poverty and inequality are inevitable facts of life for women.

Policy and practice often still assume that rural women's role is pregnancy, childbirth, housekeeping and bringing up the children. But this goes along with the assumption that women need no special help in this role, so that they receive little support for their work, or their health. Despite long experience, childbirth is assumed to be part of a woman's daily life, calling for no special care. One consequence is that half a million women die of pregnancy-related causes every year, and many times that number suffer infection or injury.

Women and girls in poverty already run heightened risks from unwanted pregnancy and the risks of childbirth. Their weaker health status means that they are also more vulnerable to malaria and TB, which in turn make them more vulnerable to HIV/AIDS.

In the age of HIV/AIDS, this neglect of women's needs takes on a new and doubly threatening dimension. In many parts of the world, social norms dictate that rural women have

very little power to make their own decisions on sexual contact, or to avoid its consequences. Custom denies women, even wives, the power to negotiate their own protection. The majority of married women who have the infection have had no other partner than their husbands. Men seek out younger women, virgins who will not infect them, or who they believe, will actually cure them. Of course it is the men who infect the girls. In some urban areas in Africa, young women are five to six times more likely to be infected than young men their own age. Infected girls pass HIV/AIDS on to men, who go home and infect their wives.

The neglect of rural women extends into all areas of their lives. Despite laws and constitutions mandating equality between the sexes, we still find that women's' security of tenure on the land they work can be very tenuous. Custom often dictates that inheritance passes to the husband's family on his death, and in rural areas, custom still trumps the law. As HIV/AIDS devastates rural areas, an increasing number of widows find themselves destitute.

There is an additional irony, in that the male inheritor might normally expect by custom to marry his brother or cousin's widow, in effect acquiring her as well as her land. In the age of HIV/AIDS, he may agree to marry, and pass the infection on to a healthy woman. Or, if her husband is thought to have died of HIV/AIDS, she is blamed for infecting him.

Women lucky enough to maintain their hold on their land may find themselves shouldering a double or triple burden. They are heads of household, the main provider of food, water and other necessities, and finally the care-givers for family members sicker than themselves.

In the worst-affected countries, because of migration and adult deaths from HIV/AIDS, there are now too few able-bodied women to sustain rural services and maintain food production. Rural communities are reduced to old people, young children and the sick. They can barely grow or find food to support themselves. Women who may be sick themselves must bear the additional burden of taking care of family members who return home when AIDS symptoms reveal themselves. The significance of women's contribution to rural society is becoming all too clear, now that the women are missing. But still we find that HIV/AIDS alleviation efforts are concentrated in the urban areas.

Obstacles – Opportunity and Risk

The second set of obstacles to the empowerment and involvement of women are concerned with the process of change. The impact of globalisation is sweeping through all countries and transforming rural society. Changing attitudes and circumstances offer many opportunities for women. But change means risk as well as opportunity. Young women who leave rural areas to escape poverty may be lured into prostitution or sexual slavery. All these carry a heightened risk of violence, but they also expose young women to the risk of HIV/AIDS infection. The secrecy and shame surrounding HIV/AIDS, together with myths about sexual education and condoms, mean that migrant women, young women especially, often do not have the

information and the services to protect themselves from infection.

Staying in their villages does not protect rural women from risk. Men migrate in search of work and often bring the infection back with them. In some rural areas—Mozambique is a good example—incidence of HIV infection is as high as in the cities.

Male migration has created other problems for rural women. The number of female-headed rural households is rising in all regions. Their position is insecure—if men fail to find work or stop sending remittances, rural families can easily slide into poverty, or from poverty into destitution. It is often extreme poverty that impels women to take risks with their lives and health through commercial sex.

A Brave New World?

Empowering women is one of the essential defences against HIV infection. In this regard, despite the pandemic, there are many signs of hope in rural societies. Women's social and political participation is increasing. They have a wider range of economic options than prtevious generations. Women are becoming more assertive, and more leaders in government and civil society are supporting their efforts. Initiatives such as the micro-credit movement are encouraging women to use their intelligence and initiative. Women's literacy has been rising and unwanted fertility is falling.

Over 60 per cent of women in developing countries now have access to reproductive health care. Women are rejecting the culture of gender-based violence, forcing not merely legal change but changes in practice. Traditional customs such as female genital mutilation are now outlawed in many countries. There are signs in many countries that men are responding positively, understanding that women's empowerment benefits everyone.

Increasing visibility for women's issues, acceptance of their rights and understanding of their needs have been encouraged by the international discussions on gender issues. The Millennium Development Goals put individual women and the choices they make firmly at the centre of development. Women's empowerment underpins the MDG's. An essential element is the right to reproductive health, including protection against HIV/AIDS infection. Commentators on the Millennium Development Goals, including the Secretary-General and his economic adviser Jeffrey Sachs, have placed gender equality reproductive health and the struggle against HIV/AIDS firmly in the context of national and international development efforts.

The HIV/AIDS pandemic threatens all these positive changes. But we know that with positive, decisive action, countries can roll back new infections. In Uganda, for example, President Museveni has made it a priority to open the discussion about the pandemic and how to stop it, and to provide the information and services people need, through the national reproductive health system. The result is a sharp fall in new infections. I'm sure Mrs Byanyima

will confirm that Uganda emphasises the responsible use of condoms. It is not an abstinence-only campaign.

Other countries such as Thailand and Cambodia have also taken decisive action. Cambodia's epidemic appears to be stabilizing, thanks to sustained prevention programmes that link government and civil society and that span various sectors of society, with close attention to women.

Rural women still suffer in poverty and powerlessness. The HIV/AIDS pandemic sets up another obstacle to their strength and courage. But the possibility of beneficial change is real, and millions of rural women are taking advantage of it. The international community, national governments and civil society must integrate women's struggle with the struggle towards the Millennium Development Goals. Women can defeat their poverty, and help to defeat the pandemic, if we help them.