

Are Rural Areas Affected by HIV/AIDS?

HIV/AIDS has long been viewed as an urban problem, while rural areas are often believed to be free of the pandemic. This assumption is false, as HIV/AIDS is no longer restricted to urban centers. Although most attention has been paid to urban areas, the number of people living with HIV/AIDS may, in absolute numbers, be greater in rural areas. This is in part due to the fact that many of the countries that are most affected by HIV/AIDS are primarily rural. In addition to other consequences of HIV/AIDS, the pandemic places strain on sustainable agriculture, which many rural households, especially those in developing countries, rely upon for food consumption. HIV/AIDS has an additional impact on rural areas because many HIV+ urban dwellers choose to return to their village of origin when they become ill, placing a greater burden on rural areas to care for the increasing numbers of people living with HIV/AIDS.

Distribution of population between rural and urban areas

Percentage of population distribution		
	Rural	Urban
World	55	45
Southern Africa	58	42
Northern Africa	54	46
South-East Asia	64	36
North America	25	75
South America	22	78
Europe	27	73

Source: PRB. 2000 World Population Data Sheet. Washington, DC: Population Reference Bureau, 2000.

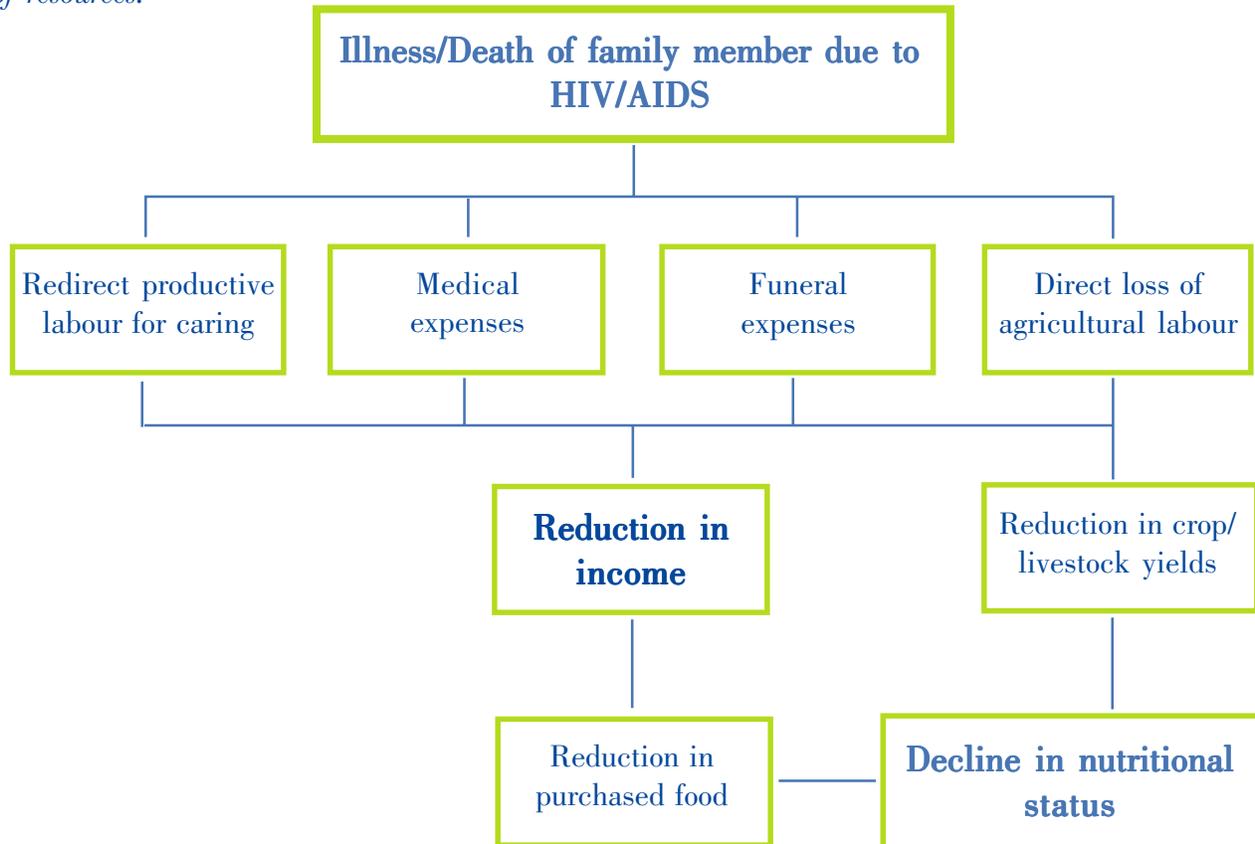
Rural versus urban HIV/AIDS health care services

In comparison to urban areas, rural areas, especially in developing regions, tend to have . . .

- fewer or no HIV testing facilities.
- inadequate HIV surveillance mechanisms, leading to under-reporting of HIV rates.
- poorer overall health infrastructure.
- more restricted access to health care facilities.

The impact of HIV/AIDS on the rural household

Rural households, especially in developing countries, rely heavily on agriculture for both income and food consumption. When family members become ill, resources can be diverted to provide medical treatment and care for the infected person. This diversion of resources can greatly affect the economic and health status of the whole family. The following diagram represents a possible scenario of this diversion of resources.



The burden of rural HIV/AIDS disproportionately affects women and girls

Women heads of households: In many rural areas, women account for 70% of the agricultural labour force and 80% of food production. As family members become ill, women are often forced to increase their level of production or take on additional responsibilities, such as care giving, while sustaining the same level of agricultural productivity.

AIDS widows: In some countries, women do not have legal rights to land and property. When women's husbands die, they may be left with nothing, forcing them to seek out other forms of income.

Grandmothers: Grandmothers and other elders are often called upon to care for AIDS orphans as children's parents become ill and die.

Girl children: Children, especially girls, are often taken out of school due to a family's lack of resources and need for additional labour.