

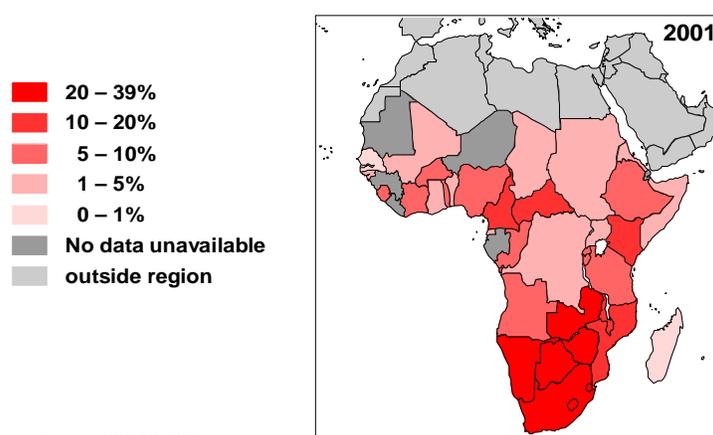
What will be the impact of HIV-AIDS on women and children? Should we expect a more prominent role to be taken by women in African politics and economics? What will spark this?

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Background

At the beginning many people thought AIDS was a disease striking mainly men. A decade ago, women were less affected. But a terrifying pattern has since emerged. All over the world women face higher risks of being infected by AIDS as well as increasingly bearing the brunt of its impact. This is especially true in sub-Saharan Africa, the region hardest hit by HIV and AIDS. In this region, more than half of all adults living with HIV and AIDS are women the map below shows the worst hit countries. Infection rates are much higher than those of men. UNAIDS estimates that 50% of new HIV/AIDS infections in 2003 were in young people 15-24 years of age and that young women in this age group were disproportionately affected.

HIV prevalence in adults in sub-Saharan Africa, end 2001



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The paper will expound the factors driving the HIV/AIDS epidemic in Sub-Sahara Africa; focusing on vulnerabilities of young girls, women and children and will attempt to discuss the steps that could be taken to stem the rapid progress of HIV/AIDS infection in girls and women as the scenarios for year 2020 are formulated.

Infection rate of young girls

HIV and AIDS is hitting the world's young people hardest. Girls are at very high risk of infection. More than half of the 14,000 people newly infected each day are under 25 years old; most of them are girls. In this region, more than two out of three newly-infected 15-24-year olds are female. For adolescents between the ages of 15 and 19, five or six girls are infected for every boy in the worst-affected areas. Even marriage, particularly for very young women, guarantees no protection from HIV/AIDS infection.

Infection rates among married vs single women

Most sexually transmitted HIV/AIDS infection in females occurs either inside marriage or in relationships women believe to be monogamous. Young married women are at higher risk

of infection than unmarried women of the same age. Many women are unable to refuse sex. Across the world between one fifth and half of the girls and women report that their first sex encounter was forced. In Uganda and many other sub Saharan countries men marry and women are married. Social and cultural systems in many African countries dictate that women have no control over their sex lives or their husband's sex lives outside marriage. Bridal payments, or dowry as popularly known, perpetuate the idea that the woman is her husband's property. Culturally, wives are not allowed to refuse sex from their husbands or to use a condom even when a man may be infected with AIDS. Evidence also suggests that a large share of new HIV infections are due to gender-based violence in homes, schools, the workplace and other social arenas. Forced or coerced sex renders a woman even more vulnerable to infection, and the younger she is, the more likely it is that she will contract HIV.

Women and girls are physiologically more vulnerable to infection, and gender-based inequities compound their risks. They are more likely to be poor and powerless, have less education, less access to land, credit or cash, and to social services.

Influence of culture and armed conflict on women and AIDS spread

It is widely recognized that the influence of negative aspects of culture and tradition has exacerbated AIDS infection in women. Cultural and social economic factors have played and still play a massive part in the spread of HIV/AIDS. These factors include impoverishments and the decline of social services and rapid urbanization and modernization; to this gloomy picture add wars and civil conflict in many African states. Conflicts – and the attendant violence and poverty – exacerbate HIV/AIDS infection in women. Rape is a well-known instrument of war. And women and children are often exposed to sexual violence in crowded, unsafe camps for refugees or the displaced.

The situation of women is compounded by the dominance of strong patriarchal authority where culturally sons rather than daughters are given preference to inherit land and property. Economic dependence on men and lower levels of education inhibit women from leading lives independent of marriage. In summary the powerlessness resulting from some of these cultural prescriptions has made women highly vulnerable to HIV/AIDS transmission.

However, there are positive aspects of culture that needs to be upheld in the era of HIV/AIDS. It is very common for families to raise children who are not members of the immediate family. For example, it is traditional in many east and southern African communities for the deceased father's nearest male relative, such as a brother or a nephew, to inherit the deceased man's wife and children. Similarly, if a mother dies, the husband would then marry a close female relative of the deceased, who would then be obliged to regard any of his children as her own. Another traditional way in which children have moved between households is through fostering. It is common for parents in many sub-Saharan African countries to send their children to be raised away from home by relatives. It is this extended family that is at the front line in the orphan crisis.

Worsening poverty

As HIV/AIDS strikes the lifeline of society that women represent, a vicious cycle develops. Most of the world's women are poor and most of the world's poor are women. Women make up almost two thirds of the world's illiterate people and are often denied property rights or access to credit. Women's economic vulnerability and dependence on men increases

their vulnerability to HIV by constraining their ability to negotiate safe sex. More catastrophically than elsewhere, the HIV/AIDS epidemic has deepened poverty and exacerbated myriad deprivations in sub-Saharan Africa. As a result of AIDS, poorer women are becoming economically disempowered and less secure. They are often deprived of inheritances or even adequate health services. In rural areas AIDS has caused the collapse of the coping system that has been touted as the redeeming mechanism for mitigating the impact of AIDS on households, families and communities. The responsibility of caring for orphaned children is a major factor in pushing many extended families beyond their ability to cope. With the number of children that require protection and support soaring – and ever-larger numbers of adults falling sick with HIV/AIDS – many extended family networks have simply been overwhelmed. Grinding poverty, along with a lack of education and productive resources, multiplies the chances that girls and women will sell sex as their only economic option thus fuelling more infections. In AIDS-affected communities, survival sex has become common currency – traded for food, cash, and shelter – even for education.

HIV/AIDS affects families long before parents die

Household incomes plummet when adults fall ill from HIV/AIDS and can no longer work full-time or at all. In rural Zambia, households where the head was chronically ill reduced the area of land they cultivated by 53 per cent, compared to households without a chronically ill adult, resulting in reduced crop production and lower food availability (*USAID, 1999*). Research findings attest to the fact that on the average monthly per capita income in households where at least one person was known to be HIV-positive was less than half the income of non-affected households.

The costs of treating illnesses caused by HIV/AIDS place a huge economic burden on families. Studies in urban households show that when a family member has HIV/AIDS, the household spends four times as much on health care as unaffected households. This extra expenditure is particularly onerous because household income was cut by more than half because of working days lost to illness. Even after death, funeral expenses contribute to the toll exacted by HIV/AIDS. Evidence has shown that households with a HIV/AIDS related death in the past year spent an average of one third of their annual income on funerals.

Households with orphans are more likely to become poorer. This is primarily because of the increased dependency ratio, meaning that in these households the income of fewer earning adults is sustaining more dependents. In the worst-affected countries in sub-Saharan Africa, households with orphans have higher dependency ratios than those with children but no orphans.

Children living with AIDS: which way forward?

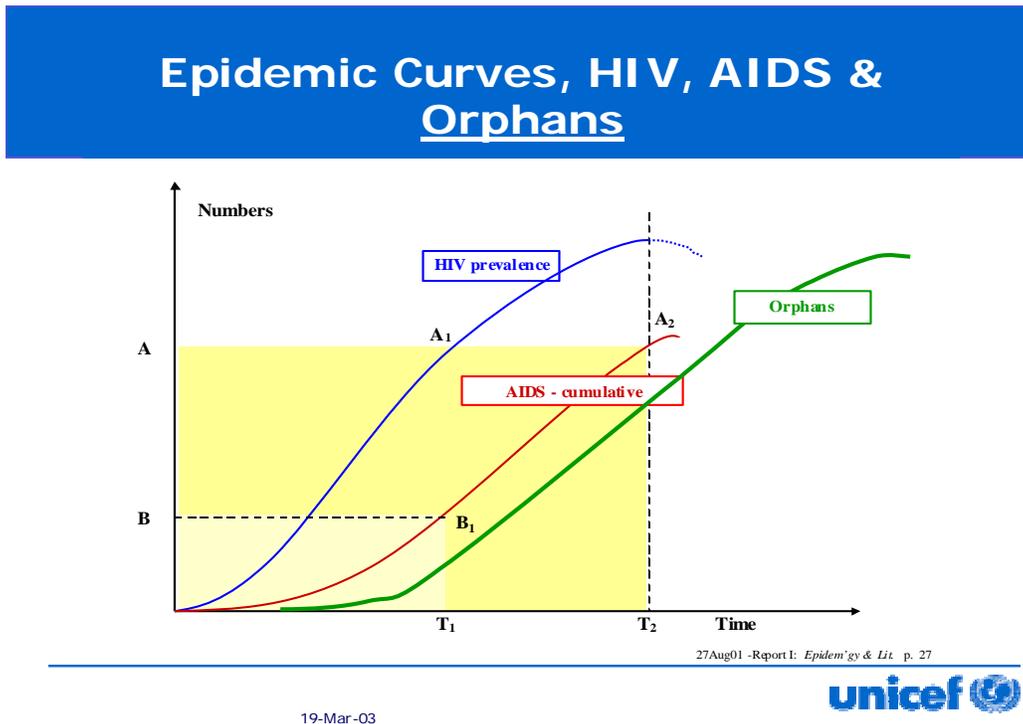
In 2003, some 800,000 infants were infected with HIV (600,000 through mother-to-child transmission), and some 580,000 children died of AIDS (*UNICEF/UNAIDS, 2003*). Every day, HIV infects some 6,000 young people, yet only a fraction of them know they are infected. Today, some 3 million children are living with HIV/AIDS and the population of children orphaned by AIDS stands at over 13 million and will top 25 million by the year 2010 (*Children on the Brink 2002*). The vast majority of these children and young people live in sub-Saharan Africa, what does the future bring for these children?

The growing orphan crisis: an impending calamity?

Among the most devastating effects of the HIV/AIDS epidemic it is orphaning generations of children – and now seems set to create more orphan generations. Today, over 11 million children under the age of 15 have been robbed of one or both parents by HIV/AIDS; compared to 1990 when fewer than 1 million children under the age of 15 had lost one or both parents to HIV/AIDS. It is important to understand that the millions of orphans are perhaps the most vexing inheritance of the pandemic. There are several African countries now, with more than a million orphans: it is without historical precedent; no one quite knows how to handle it.

Seven years from now, the number is expected to have grown to 20 million (UNAIDS/UNICEF, 2003). At that point, anywhere from 15 per cent to over 25 per cent of the children in a dozen sub-Saharan African countries will be orphans – the vast majority of them will have been orphaned by HIV/AIDS.

Critically worrying is the fact that staggering as the numbers already are, the orphan crisis is just starting to unfold as can be seen from the three curves below. As today's young adults die in growing numbers, they will leave growing numbers of orphaned children. By 2010, HIV/AIDS will have robbed an estimated 20 million children under the age of 15 of one or both parents, nearly twice the number orphaned in this age group in 2001 (Children on the Brink, 2002).



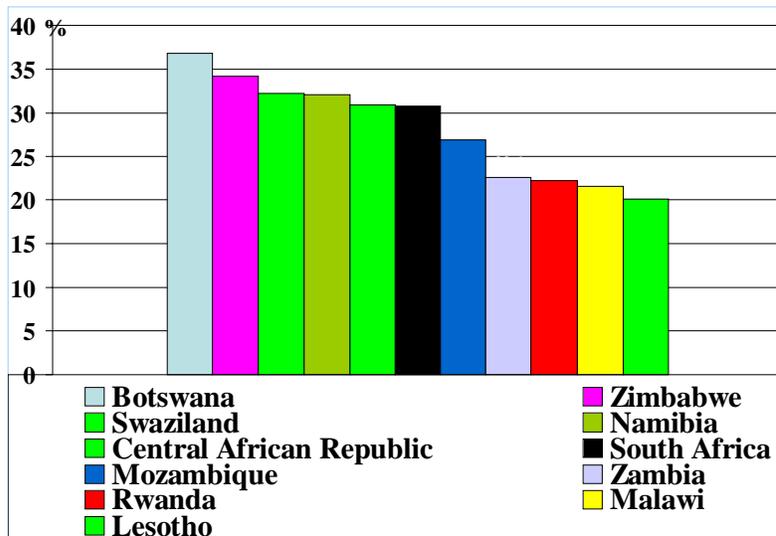
These millions of orphans wander the landscape of Africa. These lonely under socialised youngsters are bewildered, angry, sad, frantically seeking nurture and affection, often hungry, homeless, significant numbers living with grandmothers or in child-headed households,

countless numbers unable to go to school, a school being the single most valuable and supportive environment they could possibly have ... unable to go to school because they can't afford the school fees or the uniforms or the books. And when one loses parents, who then hands down the knowledge and values from generation to generation? The orphan crisis is a crisis without parallel, it is an impending calamity. As scenarios are developed, the orphan crisis is certainly a key driver that countries have to plan and strategise for.

Children heading households

Tragically, the number of orphans in sub-Saharan Africa will continue to rise in the years ahead, due to the high proportion of adults already living with HIV/AIDS and the continuing difficulties in expanding access to life-prolonging antiretroviral treatment. By 2010, children heading households will be the norm. The toll on children has become tragically clear: illness, malnutrition and death among young children are on the rise, school participation is declining, and the numbers of street children are growing. A large and growing number of children are experiencing the trauma and distress of losing their parents and are being forced to fend for themselves. In the absence of adult protection, love and support, these children have been made even more vulnerable to illness, exploitation and abuse, and to HIV infection. In the near future, some of these children will form gangs, will be on drugs. Some will be exploited as child soldiers.

By 2010, in 11 sub-Saharan countries, over 20% of all children are projected to be orphans



Is the extended family coping?

The extended family is and will continue to be the central social welfare mechanism in most parts of sub-Saharan Africa. The vast majority of orphans continue to be taken in by the extended family. In nearly every country, extended families have assumed responsibility for more than 90 per cent of orphaned children. But this traditional support system is under severe pressure – and in many instances has already been overwhelmed, increasingly impoverished and rendered unable to provide adequate care for children. Most worryingly, it

is precisely those countries that will see the largest increase in orphans over the coming years where the extended family is already most stretched by caring for orphans. Where one parent has died, the majority of orphans stay with the surviving parent. There are, however, important differences between (and within) countries. Here, the extended family has historically formed an intricate and resilient system of social security that usually responds quickly to the death of a mother or father.

Hope in the face of an epic disaster, mitigating the impact of HIV/AIDS

By 2020, full and complete development of any given country and the welfare of the world require the maximum participation of women on equal terms with men in all fields. Positive concrete change that will give power and confidence to women and girls and transform relations between men and women at all levels of society could be the answer to stem the tide of AIDS. Change that will strengthen the legal protection of women's property and inheritance rights and ensure they have access to preventive options including microbicides. Change in the traditional role of men as well as the role of women in society and in the family is needed to achieve full equality of men and women. Men must assume responsibilities whether ensuring that girls get an education, abstaining from sexual behaviour that put others to risk, forgoing relations with girls and young women or understanding that when that it comes to violence against women, there are no grounds for tolerance, no tolerable excuses!

Women taking the lead: Mother Africa

Twenty years of the HIV/AIDS pandemic has shown that women's issues in all spheres are marginal in global response to HIV and AIDS yet they need to be at the centre of the response. Yet, it is evident that women are the resilient force that sustains the continent. Everywhere the epidemic is taking a toll; there are heroic women in groups and cooperatives engaging in prevention, care and support. It is among these women that the real heroes of this war against AIDS are to be found. In sub Sahara Africa, women as mothers, as primary care givers and economic providers will continue to depend on subsistence farming, petty trading and other forms of informal economy to support families and communities. It makes sense then that by supporting these women and encouraging others to follow must be the strategy for the future. Therein hope lies. There has to be action on those factors which make women vulnerable, action for economic empowerment of women, action on property and inheritance laws, action on prevention, and action on care. By 2020 as countries have to place focus on:

- **preventing** HIV infection among girls and young women
- **reducing** violence against women
- **protecting** the property and inheritance rights of women and girls
- **ensuring** equal access by women and girls to care and treatment
- **supporting** improved community-based care, with a special focus on women and girls
- **promoting** access to new prevention options for women, including microbicides
- **supporting** on-going efforts towards universal education for girls

Discussion paper -- does not represent the views of the US Government

By 2020, to protect women from HIV infection ways of empowering women must be found. This means implementing policies and programmes that increase women's access to education and information and to productive resources, such as land, income, and credit. It also means providing women with HIV prevention technologies that they themselves can control. Failure to do that will be threatening the future of households, communities, and entire nations.

In Conclusion, men and women must work together to counter gender discrimination and subordination of women. The time is now!! Central to this is the participation of policy makers and other people in power who need to recognize the link between women economic empowerment and social status and their vulnerability to HIV infection. Empowerment of women is at the centre of the response to build. How will this be achieved? Stephen Lewis (2004) strongly asserts:

“Empowerment [of women aimed at reducing HIV/AIDS infection]... it is time country by country ...support the struggle for gender equality...women should call press conferences, demand audiences, with the political and religious authorities, form coalitions, demonstrate, boycott, ...the cause of women will have to be advanced. Gender inequality and AIDS is a preordained equation to death”