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Gender and HIV/AIDS impact mitigation in sub-Saharan Africa — recognising the constraints

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ABSTRACT

In discussions of gender and HIV/AIDS, attention has focused on prevention. This is a vital area. However, we argue that there is also a need to focus more attention on the resulting impact of the epidemic, because inequalities that promote the spread of infection are also hampering containment and impact mitigation. We propose a framework highlighting the gendered constraints exacerbated by the epidemic. These constraints are reviewed under the following headings: *Gender-specific constraints*: stemming from the specific nature of gender relations themselves, such as the availability of labour in agriculture, business and for household tasks, as well as access to services and markets, and the incidence of gendered violence. *Gender-intensified disadvantages*: stemming from the uneven and often inequitable distribution of resources between men and women, including cultural/religious conventions, and the social rules and norms that regulate property rights, inheritance practices and resource endowments. *Gender-imposed constraints*: resulting from biases and partialities of those individuals who have the authority and power to allocate resources. These include provision of credit, information, agricultural extension and health care. The differential involvement of men and women in development programmes affects access to resources, as does political participation, including involvement in the formulation of policies aimed at poverty reduction. These constraints take us beyond gender relations and sexual behaviour. But women's lives will not change in the short term. The challenges they face in mitigating the impact of HIV/AIDS will not be addressed by focusing only on their specific vulnerability to HIV/AIDS infection. Unequal gender relations and the nature of 'development' need to be changed too.

Keywords: gender, HIV/AIDS, impact mitigation, sub-Saharan Africa.

RÉSUMÉ

Pendant les discussions de sexes et du VIH/SIDA, la prévention fut le centre d'intérêt. Ce dernier est un domaine primordial. Cependant, nous débattons qu'il est aussi nécessaire de se focaliser sur l'impact de l'épidémie car les inégalités qui favorisent la dissémination de l'infection ont tendance à entraver l'enraiment de l'épidémie et l'atténuation de l'impact. Nous proposons un cadre qui met en relief les contraintes de sexes aggravées par l'épidémie. Ces contraintes sont re-examinées sous les titres suivants: *Des contraintes particulières aux genres*: découlant de la nature particulière des relations de genres, comme la disponibilité du travail en agriculture, dans les affaires et à domicile ainsi que l'accès aux services et aux marchés et la fréquence de la violence de sexes. *Les inconvénients intensifiés par le genre*: découlant de la distribution irrégulière et souvent inéquitable des ressources entre les hommes et les femmes. Ceci inclue des conventions culturelles/religieuses

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ainsi que les règlements sociaux et des normes qui réglementent les droits aux propriétés, les pratiques de l'héritage et les dotations de ressources. *Les contraintes imposées par le genre*: résultant des préjugés et des partialités de ceux qui ont le droit et le pouvoir d'assigner les ressources. Ceci inclue l'approvisionnement du crédit, l'information, l'extension dans l'agriculture et les soins sanitaires. L'écart de participation des hommes et des femmes dans le développement des programmes a une incidence à l'accès aux ressources, comme c'est le cas dans la participation politique ainsi que la participation dans la mise en place d'une politique visant la réduction de la pauvreté. Ces contraintes nous amènent au delà des relations de genres et le comportement sexuel. Cependant, la vie des femmes ne changera pas du jour au lendemain. Les défis auxquels elles font face en atténuant l'effet du VIH/SIDA ne seront pas prise en charge uniquement en se focalisant sur leurs vulnérabilité particulière vis-à-vis l'infection par le VIH/SIDA. Les relations inégales de genre et la nature du développement doivent être changés également.

Mots clés : le genre, le VIH/SIDA, atténuer l'impact, le Sous-Sahara.

Introduction

'All too often, HIV prevention is failing women and girls' said Peter Piot, Director of UNAIDS, at the launch of the Global Coalition on Women and AIDS, in London on 2 February 2004. But it is not only prevention which is failing women; access to treatment and initiatives to mitigate the impact of the epidemic are also failing because the HIV/AIDS epidemic is fuelled by existing inequalities. This inequality is not just between women and men. There are also inequalities of wealth, ethnicity, caste, age and geographical location. How can governments hope to reach their populations with antiretroviral therapy when the roads are poor and the public health system is overstretched, poorly resourced and understaffed? Add to this the reality of corruption which means that resources may not go where they are supposed to, and it is apparent that even if all governments have access to 'adequate' supplies of antiretroviral therapy tomorrow, that alone cannot mitigate the impact of HIV/AIDS.

There is a need to highlight the importance of taking gender inequality seriously at all levels and addressing the resulting inequities. This is an important part of mitigating the HIV/AIDS epidemic. There is a link between unequal gender relations highlighted in the literature on sexual behaviour and HIV/AIDS, and the conduct of women and men's livelihoods.

In 2003 we reviewed the vast amount of literature generated on 'gender and development', and more specifically in recent years on 'women or gender and HIV/AIDS' (Seeley, Sutherland, Dey & Grellier, 2003). We then carried out a rapid survey of on-going initiatives to mitigate the impact of the HIV/AIDS

epidemic in four countries in Africa: Uganda, Tanzania, Malawi and Zambia. These countries were chosen on the basis of known high impact levels of HIV/AIDS and accessibility. Ten days were spent in each country, visiting a total of 34 organisations involved in reducing the impact of HIV/AIDS on rural livelihoods, to gain an overview from people working in these organisations about the work they are doing (Seeley *et al.*, 2003, pp. 41-86').

From discussions with people working with these issues in Africa and South Asia it is apparent that 'gender' analysis and subsequent interventions have changed little over the years. Discussion of women's lack of access to information, skills, assets, credit, technology and health care continues. But these constraints remain the most critical facing women in many countries, particularly in the face of the HIV/AIDS epidemic.

We describe below a range of gendered constraints influencing mitigation of the impact of the epidemic and provide an overview of the areas where gender inequalities need to be challenged.

Framework for the analysis of gender constraints in rural livelihoods as they impact on HIV/AIDS mitigation

HIV/AIDS exacerbates the constraints that men and women face in making a living in rural communities.² Kabeer and Tran Thi Van Anh (2002) have developed a typology for assessing the nature of gendered constraints, which is useful for identifying areas that might be amenable to policy intervention:

- *Gender-specific constraints* stemming from the specific nature of gender relations themselves

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- *Gender-intensified disadvantages* stemming from the uneven and often inequitable distribution of resources between men and women, as well as boys and girls
- *Gender-imposed constraints* resulting from the biases and partialities of those individuals who have the authority and power to allocate resources.

Gender-specific constraints

Labour

Loss of labour is often highlighted as one of the main economic impacts of HIV/AIDS (for example Barnett & Blaikie, 1992; FAO 2002; Gillespie, 2001; Lisk 2002). In Kenya, FAO (2002, p.2) reports that ‘the latest figures from the Ministry of Agriculture and Rural Development predict that if present trends continue the total number of lost workdays in the agricultural sector due to HIV/AIDS will reach 329 000 person years in 2020’. A recent study by Fox, Rosen and McCleod (2004) details the costs of these losses in the commercial sector in Kenya. Labour is not only lost from agriculture and business, it is also lost because of care or shifting time and energy to other tasks (like child care) because of the loss of the person who performed such reproductive roles.

Barnett and Blaikie (1992) were among the first to focus attention on the vulnerability of farming systems to labour loss. At the household level the labour input of somebody with HIV/AIDS disease gradually diminishes as s/he succumbs to sickness, and the labour of other household and extended family members is diverted to care for the person who is sick. The death of a productive member of the household constitutes permanent loss of one source of labour. Harvey (2003, p.14) summarises the findings of four studies on the impact of AIDS on agricultural production and household labour (Table I.)

Whitehead and Kabeer (2001) have argued in relation to sub-Saharan Africa that women’s access to labour and/or to the capital to mobilise labour is often more central to well-being than access to land. Gender roles, which define the allocation of productive and reproductive roles in the household, contribute to this shortage of labour.

But when considering the impact of HIV/AIDS on labour, it is important not to focus exclusively on so-called productive roles. When people are sick or die the socially reproductive as well as productive labour has to be done by someone else. This socially reproductive labour is the foundation and precursor to economic production. Without social reproduction — or people, positions and beliefs — economic production is not possible. In the (considerable) literature on ‘AIDS orphans’ the role of grandmothers (and sometimes grandfathers) as carers who take on the reproductive role for their lost children, particularly daughters and daughters-in-law, has been highlighted (Appleton, 2000; Hunter, 2000; Smith, 2002; USAID/UNICEF/UNAIDS, 2002). Child or adolescent managed households are also described in this literature (Daniel, 2003).

The HIV/AIDS epidemic has meant that labour constraints have certainly increased. But issues around access to and control of labour for certain people and types of household predate HIV/AIDS. Indeed, access to labour, particularly women’s labour and how it is used as a ‘bargaining tool’, is a key illustration in Kandiyoti’s explanation of the patriarchal bargain. She describes how women may observe a rigid adherence to gender norms and the sexual division of labour in return for security and protection: ‘protection in exchange for submissiveness and propriety’ (Kandiyoti, 1988, p. 283).

TABLE I. THE IMPACT OF HIV/AIDS ON AGRICULTURAL PRODUCTION AND HOUSEHOLD LABOUR

Study	Impact on agricultural production and household labour
Yamano et al., 2002 Kenya	Death of a household head decreased net output by 68% and a spouse’s death reduced total net output by 46%
Kwaramba, 1997 Zimbabwe	A study of the smallholder sector which found reductions in production in households with an AIDS death ranging from 61% for maize to 29% for cattle
Shah et al., 2002 Malawi	Decreased agricultural productivity was experienced by 72% of households affected by chronic sickness
Tibajjuka, 1997 Tanzania	When a household contained an AIDS patient, 29% of household labour was spent on AIDS-related matters including care of the patient and funeral duties

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Mobility

The influence of gender roles and relations on mobility is most apparent in societies where women observe some form of culturally prescribed seclusion. But even where women do not observe 'purdah', the division of productive and reproductive roles between women and men (as neatly illustrated in Moser's [1993] 'Triple Role'), will influence the ease with which either women or men can move into the other's sphere of work and responsibility. Although women's mobility is often curtailed by childcare responsibilities they may also have to cope with an unfamiliar 'public' sphere of government officials and private enterprise, while for men it may mean interacting in a more private sphere of child care. Of course, it is impossible to generalise. There are regional cultural differences, for example in many parts of Africa market women operate very successfully in the public sphere. But gendered roles often prescribe where you can go and what you can do and cultural stereotypes may stigmatise the independent movement of women, with restrictions on the movement of women at night or in unfamiliar areas often being reinforced by the fear or threat of violence. Not only may movement be prescribed but also the means of movement. Thus in south-west Uganda women affected by HIV and AIDS were discouraged from riding bicycles. This had serious implications for widows wishing to take over their deceased husbands' petty trade.³

Mobility constraints aggravate gender inequalities in access to medical treatments and health services, which limit women's access to HIV/AIDS treatment, care and support (including antiretroviral therapy) (Gilks *et al.*, 1998; Koestle, 2002). Access to agricultural extension services, the judiciary and financial services may also be affected. Such access may be restricted by distance of travel but it is also influenced by gender-imposed constraints, such as norms over who is perceived to be the correct person in a household to access such services. This particularly affects young or widowed women.

Greater mobility may not, of course, always be perceived as such an advantage. It was clear from interviews in Uganda, Tanzania, Malawi and Zambia (Seeley *et al.*, 2003) that, as a result of the impact of HIV/AIDS, women's mobility is no longer largely confined to key life stages — a known feature of many societies. A new and significant implication is

that women's levels of mobility are occurring at different ages largely as a result of their lack of secure access to resources, education and employment opportunities.

Violence

Domestic violence is often the product of strained gender relations. As such it is a part of the gender-specific constraints experienced by women and also, not infrequently, by men — particularly if one considers 'violence' in the broadest sense including, for example, verbal abuse. Such violence includes any act of force or coercion that gravely jeopardises a person's life, body, psychological integrity or freedom. But as Heise (1993) observes, gender violence against women often occurs in the service of perpetuating male power and control. Gender violence may include rape, battery, homicide, incest, psychological abuse, forced prostitution, trafficking in women, and sexual harassment (Gordon & Crehan, 1998; Heise, 1993).

Koenig *et al.* (2003) have recently reported that in Uganda about one in three women living in rural Rakai district experienced verbal or physical threats from their partners, and 50% of them received injuries. This finding is significant. It is based on a sample of 5 109 women and 3 881 men. Female to male violence did occur, but was less common.

On the basis of the research reported here, we underline the strength of links between domestic violence and the consumption of alcohol, as well as a partner's perceived risk of HIV infection.

Where violence is mentioned, it is usually in the context of the spread of the epidemic.⁴ However, we should not lose sight of the fact that the consequences of the HIV/AIDS epidemic, which require mitigation, are themselves causal factors for further transmission (Zierler, 1997). A Human Rights Watch report (2002) on HIV transmission to girls in Zambia notes that because of poverty, girls, particularly orphans, often take up domestic service where they are vulnerable to sexual abuse. Interviews in Tanzania and local press reports (Seeley *et al.*, 2003) indicate that young orphaned boys migrating to urban and peri-urban areas are also increasingly vulnerable to sexual abuse through child prostitution.

Hence the circle is closed between efforts to mitigate the poverty that results from the loss of the child's

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family and their own later infection. Desperation, which comes from poverty and the need to survive in the wake of the loss of family members, may also lead women and girls into exploitative, although non-sexual, relationships: long working hours, poor conditions and low wages about which they are in no position to complain.

The Human Rights Watch report cited above describes a breakdown in social values that has contributed to a rise in sexual violence and coercion because of the strains of the economic situation and the loss of social safety nets for children. This has been reported in great detail in relation to HIV/AIDS in Tanzania by Philip Setel (1999). Purna Sen (1998) in research on domestic violence in Calcutta describes interventions to stop domestic violence. She found that there were three important contributors to the resolution of physical and sexual abuse in intimate relationships. The first is networks: contacts with family, neighbours, with women's organisations and with legal advice centres. The second, women's education beyond primary level, was very strongly associated with cessation of violence. The third is employment, which allowed women to 'set up independent lives' away from a violent partner.

HIV/AIDS erodes social safety nets that are important not only for the care of the sick and orphans but offer support and protection in addition. HIV/AIDS also disturbs the education of children who may have to help in fields, the home or earn a living rather than attend school (Bennell 2003; Mutangadura, Mukurazita & Jackson, 1999).

Gender relations, men and masculinities

Discussion on men and masculinities in the literature on HIV/AIDS tends to focus on sexual relations between women and men, and women's 'lack of power to determine where, when and whether sex takes place' (Mane & Aggleton, 2001, p. 26). The linkage between gender-based violence and HIV/AIDS has turned attention to how perceptions of 'what it is to be a man' in many cultures might be reconsidered so that to be 'masculine' may not just mean 'macho', powerful and strong. The idea of being strong, a true figure-head or patriarch, is linked to other facets of masculinity such as the value put upon being the sole 'bread winner' upon whom the family depends (Connell, 1995).

But concern about transforming concepts of masculinity is not only about addressing gender-based violence, just as gender relations are not only about sex. Recent growth of research about and discussion of 'masculinities' has evolved from recognition that to address inequalities in gender development one must not just address one gender, women; one also needs to look at men in development — and involve them.

While there is a serious and frightening reality behind the stereotypes of what male behaviour is, too often these stereotypes become the only way in which all men are characterised. What needs to be questioned is how representative these images are, which men are they representative of and why, and which men do they misrepresent and why? Do these negative stereotypes breed negative behaviour? For example, during discussions in Uganda we learned that according to the past experience of the AIDS/HIV Integrated Model District Programme (AIM), the tendency for gender to be translated into 'women only' projects (understandably) created resentment among men. This resentment may have taken on various negative forms — drinking, domestic violence, preventing women from accessing household income — serving only to reinforce both the negative behaviour and negative views of 'what men are like'. This concern finds substance in the work of Silberschmidt (2001) who observed a growing disempowerment of men hidden behind the stereotypes in East Africa: 'With sexual identity being a major element in men's social identity, sexual exploits by disempowered — not to say emasculated — men in Kisii and Dar-es-Salaam seem to be a key element in terms of male identification and central to men's self-esteem, social value and masculinity. With men's control over women being an important social index for their masculine reputation many seem to have "chosen the lifestyle" [...] of (aggressive) sexual behaviour with multiple partners' (2001, pp. 667–8).

Chant (2000) highlights some arguments for male inclusion in 'gender and development' which are relevant to the argument that men should be included in discussions of 'gender and HIV/AIDS' not only as sexual partners of vulnerable women, but also as partners in the making and sustaining of livelihoods. Chant says that changing global structures of production and reproduction have weakened 'traditional icons' associated with male dominance, such as the roles of breadwinner and head of family.

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She highlights the fact that in a number of countries boys have falling rates of educational attainment (falling behind girls in many subjects, even science where they had been traditionally stronger). Whether it is positive or negative, what is happening to men and boys affects women and girls too. She argues that '[W]omen rarely operate as autonomous individuals in their communities and daily lives so programmes which take into account, and incorporate male members of their households and neighbourhoods may well make interventions more relevant and workable' (Chant, 2000, p. 12).

Gender-intensified disadvantages

Land

The gender-based constraints for women in accessing and controlling land and property have been extensively discussed. Whitehead and Tsikata (2003) provide an authoritative overview of these debates for sub-Saharan Africa, but interestingly do not mention the impact of HIV/AIDS. They set their review against the backdrop of 'local populations all over Africa [are] being affected by pressure on land resources' (2002, p. 2). Studies which are specifically on HIV/AIDS and land tenure or use (Drimie, 2002; Mbaya, 2002; Rehmtulla, 1999; Rugalema, Weigang & Mbwika, 1999) focus on the scarcity of labour to work the land and sales/leasing of land to cope with the impact of HIV/AIDS, although an impressive study from Kenya (Aliber *et al.*, 2003) takes into account the impact of land scarcity on inheritance in the areas studied. The question of women's inheritance of land is often raised in both the general literature on land rights and the emerging work on land and HIV/AIDS, because the control over land can strengthen an individual's fallback position, not only through direct access to the resource but also by converting the land to other forms of capital (Agarwal, 1997).

What complicates the discussion on gender and land is the diversity of ownership and inheritance patterns. In many African countries a dual legal system consisting of Western-based statutory law and customary law exists with overlapping and sometimes conflicting jurisdictions. Customary tenure usually allows people to transact in land and supports a range of 'derived and secondary rights, within the household but also across wider communities' (Quan, 2002, p. 10). In

many communities in East and Southern Africa, for example, where customary systems are patrilineal and patriarchal, a household's access to land is frequently dependent on the presence of an able-bodied male adult. So, in cases where the household headship passes from a male to a female, because of the death of the male, the ability of that household to access and retain the land cannot be guaranteed. Mbaya (2002) reports that among women living in the matrilineal belt of Malawi, Zambia and Tanzania, where customary user-rights are held by and through women, a woman's tenure is at the discretion of her maternal uncle. 'Of particular significance to women in this situation is the fact that the apparent primary rights to land that she enjoys neither translate into the power to control the use of the land nor its products' (Mbaya, 2002, p. 8).⁵ This uncertainty of tenure and use has prompted many calls for land reform, arguing that women's rights require strengthening under both customary and statutory systems of tenure. The Presidential Commission in Malawi has noted public preference for a rule that would permit direct inheritance to all categories of property by surviving spouses and children in both matrilineal and patrilineal systems (Mbaya, 2002, p. 7).

Concerns over land and property grabbing from widows and orphans is widely referred to in the general literature on the impact of HIV/AIDS: 'Where property grabbing is rife, the poverty of the surviving remnants of households is deepened making recovery all the more difficult' (Baylies, 2002, p. 619). The few studies that specifically discuss the impact of HIV/AIDS on land tenure present a mixed picture of 'land grabbing', largely because of the complexity in land tenure practices noted above. Rehmtulla (1999, p. 3) observes that 'the status of widows in Tanzanian society is very low [...] incidences of relatives of husbands grabbing property that widows have accumulated have been witnessed'. In Kenya, Aliber *et al.* (2003, p. xiv) comment that: '[W]hile the tenure and security of widows and orphans is the most visibly affected by HIV/AIDS, different types of widows have different degrees and types of vulnerabilities and other sub-groups also have distinct experiences that must not be ignored, for example separated and divorced women, especially those with children and young men from land poor households whose prospects of acquiring sufficient land to support their own families are poor.'

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Interviews in Uganda, Tanzania, Malawi and Zambia revealed a mixed picture on the importance of 'land grabbing'. Some, like members of the organisation 'Women for Change' in Zambia, told us that land grabbing from women is on the increase because of HIV/AIDS, while Oxfam Zambia said that land is not an issue because it is plentiful in rural areas and women can appeal to statutory law.⁶ We interviewed NGOs in Malawi and Uganda who are helping women legally retain ownership of assets, including land, but their services are limited and not accessible to women living in rural areas.

Given variations in tenure systems and the availability of land it is hardly surprising that such a mixed picture emerges. Who says what about the land situation will also depend on who they are and how they may or may not be disadvantaged by the existing system. It is also important to remember that for landless households in many parts of the world the opportunity to inherit land is a distant dream and not something necessarily conceivable in women's own assessment of their rights and entitlements (Grace, 2002). Land may provide an important part of that security but other rights are also important. A secure place to live with the family and a livelihood with which to support them are important for mitigating the impact of HIV/AIDS.

A review of the legal framework on land tenure underlines the gendered disadvantage of women and, as emphasised in the work of Whitehead and Tsikata (2003) and Walker (2002), policy and legislative change is required. Ensuring that women (and men) and children are aware of their existing rights to land and property, particularly where customary and statutory practice conflict and where the legal framework is modified, is a difficult but vital task.

Financial assets/property

Illness and death from HIV/AIDS invariably cause depletion in household resources. In the study by Steinberg *et al.* (2002) of 771 AIDS households in South Africa, two-thirds of the households reported a fall in household income as a result of having to cope with HIV/AIDS. Similar results have been found in other studies (Desmond, Karen & Gow, 1999; Seeley, 1993; UNAIDS, 2000). Assets, when people have them, are sold or pawned to cover a shortfall in income. This quite obviously leaves less money for investment in education and capital accumulation, let

alone to use for health care and day to day consumption, to mitigate the impact of the epidemic. In her study of rural livelihoods in three villages in Uganda, Dolan (2002) notes that capital constraints contribute to gender differences in the capacity of male and female headed household to invest time and resources in 'non-farm' income generation. Female heads, specifically, expressed a desire to cultivate new crop varieties. However, the majority lacked resources to purchase inputs (seeds, fertilisers, pesticides) and/or hire the labour to assist them (Dolan, 2002). Decreased income, increased costs, and the ability of the household to survive as a viable unit have been linked to a number of different household characteristics. A study in Cote d'Ivoire (Bechu, 1998) found that the fall in expenditure on basic needs was greater if the infected adult was female.

Lacking the cash to hire labour for agricultural production compounds the labour shortages noted above. Baylies (2002, p. 622) comments 'when asked about relatives helping out [with agricultural production] when HIV/AIDS afflicts a household, another laughed with derision, asking "who is going to help you in Zambia if you have no money?"' Lack of financial capital and saleable assets is a major part of poverty, often compounded by a lack of social support, skills and education. The relationship between poverty, gender and HIV/AIDS is broader than financial poverty, and draws together the different levels of 'gendered constraint', so we return to this below.

Gender-imposed constraints

In this section we look briefly at constraints imposed because of the power of those who have the authority to allocate resources.

Access to credit and enterprise development support

Gender-based institutional barriers that exclude women from formal credit have been widely documented (for example, Buvinic, Sebstad & Zeidenstein, 1979; and FAO, 1984). Gender imbalances are perpetuated by various social norms and practices, sustained by male control of property and, in most places, patrilineal inheritance, which deprive women of collateral. An IFAD study (2000) on women's access to formal financial services in Ghana found that poor farmers have difficulty accessing formal credit services because of the costs of the trip to the bank — both in terms of time and

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money. Securing a loan may take many trips. Women are further multiply disadvantaged because: they have to find someone to take care of children and household chores while they travel to the bank; while at the bank they find male staff intimidating (90% of staff are men); their lack of control of assets limits their eligibility for a loan; low literacy skills make it difficult for many women to cope with the paper work; and 'Since the banks' ability to lend has been constrained by inflation-induced de-capitalisation, often there are insufficient funds available to finance loan requests. In such cases, it is the women who receive lowest priority.' (www.ifad.org/gender/learning/sector/finance/42.htm; p. 2) In a review paper on 'gender biases in finance', van Staveren (2001, p. 10) adds that 'financial markets tend to ignore the role of women in the supply and demand of finance, and government financial policies often suffer from inherent gender biases'. Lack of access to cash, savings facilities and loans undermine female (and household) economic security and enterprise.

Even small-scale financial services can help to counter vulnerability to seasonal, domestic and other crises and women's lack of access to resources and socio-economic opportunities generally. Many credit schemes have been designed and implemented to facilitate access to financial resources for the rural poor, particularly women. Indeed, women's 'savings and credit' groups are the cornerstone of many Women in Development focused projects. One of the strategic objectives in the Beijing Platform of Action is to provide women with access to savings mechanisms and institutions and to credit. Achievements of these credit programmes have been limited because lack of working capital remains a major constraint for the poor. HIV/AIDS makes the situation considerably worse.

A number of initiatives to provide micro-finance to AIDS-affected communities have emerged in recent years in Africa and elsewhere. While welcoming these initiatives, experience to date of the ability of such approaches to consistently reach the poorest women (which means not only enabling them to join groups but ensuring that they can sustain membership), should make us cautious about viewing micro-credit as a panacea for HIV/AIDS mitigation for poor women and men.

Access to health care and treatment

Health and fitness are important assets for everyone. Days lost to sickness can undermine the livelihoods of both women and men. Access to health care can be strongly gender-differentiated because of mobility, as noted above. But there are also differences in the type of health service accessed. Cornwall (1999) reports evidence suggesting that men have better access to curative care, while women are more likely to benefit from preventive care during their reproductive years. Older women's health needs are often neglected — of some additional significance when charged with the care of orphans. But gender issues arise not only in respect of access, or the mix of services available, they are also directly related to the consequences of gender inequality. Men may play a determining role in decisions over when and where to seek curative care in several cultural contexts (Koblinsky, Timyan & Gay, 1993) particularly when cost is involved. Health services in many places continue to be dominated by men in senior positions (doctors/consultants) with women as nurses and the ones caring for the sick at home. 'Women form a high proportion of informal and community-based health providers [...] as well as lower-level professional or ancillary staff in formal health services' (Oxaal & Cook, 1998, p.16)

Differential access to health care has an impact on the care of people with HIV/AIDS-related infections. It also has an impact on access to antiretroviral therapies. Supplies of and access to antiretroviral therapy are hotly debated subjects at the moment internationally and nationally, a debate which is beyond the remit of this paper. However, the fact that access to treatment is already influenced by gender, socio-economic status and geographical location is playing a part in access to antiretroviral therapy. Morales, Pedraza and Souteyrand (2003, p. 454) observe that 'success of scaling up access to antiretroviral therapy will depend not only on financial issues but also on issues regarding the organisation of the health system itself, especially the drug distribution process'. Barnett and Grellier (2003, p. 84) comment that the 'logistic and cost challenges of any strategy that includes ARVs [antiretroviral therapy] are considerable', and those challenges are made considerably worse by existing inequalities. The gender-imposed constraints, which exist in many health services, can be expected to compound the problems of access.

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Development projects and women and men

Over the last few decades, the gender-imposed constraints of development have become more apparent as gender issues have gained increased prominence in development debates. Development specialists have found a voice to insist that women should be integrated into the development process, which has resulted in an increasingly high profile for women's issues and gender issues within development policies, programmes and projects. Meanwhile, women from southern countries are increasingly involved in pushing the gender agenda in government departments, NGOs and in donor organisations working in their countries.

These issues have been highlighted at the International Women's Conferences, most recently in Beijing, and through UN conventions such as the 'Convention on the Elimination of All Forms of Discrimination against Women' adopted by the UN General Assembly in 1979, which came into force as a treaty on 3 December 1981, 30 days after the 20th member nation ratified it.

Because of the inherent inequalities that persist in society, gender bias continues in many development initiatives, particularly where control of resources determines who participates in particular development activities. But this bias does cut both ways. A focus on women's programmes, because they are seen as more efficient savers and investors than men, runs the risk of alienating men and over-burdening women (Cornwall, 2002, p. 226).

Ann Whitehead (1999) has been among the more vocal critics of the 'lazy man in Africa' approach of some gender and development commentators. In a discussion of the literature of gender spending patterns in the household in Africa, Whitehead and Kabeer (2001, pp. 19-20) observe: 'It is the case that men's income generation either through agriculture or off-farm far exceeds that of women's. While these incomes are not pooled, neither are they spent entirely selfishly. Empirical evidence from various studies suggests that they may be spent on investment [...] and also on basic needs for household and family members, including food [...]. It is also worth noting that while the 'booze-and-fags' effect may partly reflect more individualised spending patterns by men, it may also signify the use of alcohol and tobacco as a

form of investment in social networks and a medium of exchange in mobilising work parties.'

Ensuring that men are not left out of 'gender mainstreaming in HIV/AIDS' is not only important to address transmission of infection but also to ensure that men and boys are supported and engaged in the mitigation of the impact of the epidemic. People who are left out of development initiatives can become resentful opponents and, if they are in positions of authority, it can make matters worse for groups receiving support. Stories abound of women being left worse off after a short- or medium-term initiative that men perceived to have disturbed cultural or family norms. Working with both men and women also has the benefit of relieving women's burden.

Political participation

The Beijing Platform of Action and the Millennium Development Goals call for greater political participation of women in politics. Women continue to be in the minority in national parliaments, with an average of 13% worldwide in 1999, despite the fact that women comprise the majority of the electorate in almost all countries. A number of international instruments have affirmed the principle of equal participation of women and men in power and decision-making, including the Charter of the United Nations, the Universal Declaration of Human Rights and the UN Convention on the Elimination of All Forms of Discrimination against Women.

The requirement that many countries produce Poverty Reduction Strategy Papers (PRSPs) has provided an additional forum for political participation by civil society. One of the most significant innovations of PRSPs is the requirement that governments draw them up with the participation of a wide range of national stakeholders, including civil society.⁷ The quality of the participation has been one of the most widely scrutinised aspects of the whole PRSP process. Ann Whitehead (2002, p. 12) observes 'Although flawed, the efforts at broader participation have had one highly significant spin off, despite being heavily criticised by civil society [...]. New spaces for influencing policy have been created'. However, in her analysis of the PRSP formulation in Tanzania, Bolivia, Malawi and Yemen, she concludes (as other authors have done, World Bank, 2002, for example) that the opportunities for participation in the process by

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'women citizens and gender advocates' were often quite limited. Adeyi, Hecht, Njobvu and Soucat (2001) note that HIV/AIDS is only one of many problems that countries need to address in PRSPs and inevitably the mainstreaming of HIV/AIDS in the papers has been patchy. They note that '[I]n order to be convincing, advocates of the use of debt relief savings for HIV/AIDS need to demonstrate that an effective national HIV/AIDS programme will contribute to the fight against poverty' (2001, p. 11). This poses a challenge to those seeking to ensure that the gendered dimensions of the HIV/AIDS epidemic are high on the political agenda. Much depends on the support national leaders give to these issues and who is sitting in positions of influence in government, civil society and donor agencies.

More women in politics and a mobilised feminist presence in civil society is probably a good indicator of the extent to which democratic freedoms are shared in a society. But these do not translate automatically into greater well-being for women and more gender-sensitive development policies. States do not remove socially entrenched gender relations merely by including more women in government. However the presence of more women in policy-making fora is definitely a critical step in changing culture, concerns and the capacities of government.

Conclusion

Governments, donors, civil society organisations and communities themselves are well aware that today's HIV/AIDS impact is a harbinger of what is to come in the decades ahead. But denial, particularly at national government level, remains a factor in failure to engage with this challenge. Despite their growing awareness of the long-term impacts of HIV/AIDS, donors themselves are generally funding relatively short-term interventions. The FAO's Integrated Programme on HIV/AIDS and Food Security has been running in a research capacity since 1999, with a view to producing recommendations for the implementation of specific mitigation strategies. The implementation period for these strategies however is only 6 months. How appropriate is it to spend 6 months encouraging vulnerable households to adopt new working patterns, technologies, marketing activities etc. when support may only be available for such a short period of time? How appropriate are such short-term interventions when one of the defining characteristics of an HIV/AIDS epidemic and

its effects is its long-term nature — stretching over many decades. Most donors seem unable to assimilate this simple point into their strategic and programmatic thinking.

Perhaps the onus should be on all organisations and individuals involved in development programmes to look for ways to ensure that the impact of HIV/AIDS is incorporated into existing development initiatives, instead of creating parallel, specific HIV/AIDS programmes. Donors also have a vital role to play in supporting the sharing of information and pushing for activities that are sensitive to the impact of HIV/AIDS and multi-sectoral in their approach. This is important, because there is an implicit tension around 'mainstreaming HIV/AIDS' where 'mainstreaming' is seen as a discrete activity, which is funded through separate interventions, rather than being interpreted as ensuring ways to address the HIV/AIDS epidemic are being integrated into on-going programmes (Putzel, 2003).⁸

While gender is most certainly not a new area for intervention, and while many donors, NGOs and CBOs have some kind of gender policy, the same gender issues that existed before HIV/AIDS are still present and are being exacerbated by the epidemic.

Similarly, 'gender' analyses and interventions seem to have changed little over the years. The debate over women's lack of access to information, skills, assets, credit, and technology still appears to be one of the most critical issues facing women in many countries. Equally, interventions attempting to address these issues have a familiar ring to them — micro-credit, reproductive health education and so on. It is apparent that inequality between men and women, old and young, and the inequitable distribution of resources are constraining attempts to prevent the spread of HIV/AIDS and reduce its impact.

Communities themselves are generally highly effective at ensuring their own survival, development and protection but mechanisms that were reliable in the past are now becoming severely constrained in the face of HIV/AIDS (Topouzis, 1998). In other words, the progressive degradation of capacities for social reproduction and economic production is occurring in societies where HIV/AIDS has long since become a generalised endogenous factor. Provision of anti-retroviral therapy is one emergency way of winning a

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window of opportunity for these societies to rise to the enormous challenge. But it is only a window of opportunity. Provision of antiretroviral therapy will run into the familiar problems of inequality, and gender inequality is bound to be a major factor in determining who does and does not gain access to treatment.

HIV/AIDS is a huge problem. Its gender aspects are manifold. It demands novel responses. Right now the academic community, the policy community and donor community are not thinking those novel thoughts or identifying novel responses. To do this, recognition of the long-term nature of the problem is essential. 'Gender' and 'mainstreaming' in any conventional senses will not be enough!

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Footnotes

¹ The present paper is partly based on those findings.

² Recognising that for many 'rural livelihoods' are intimately linked to urban livelihood options.

³ Observation from Barnett, during field work in Rakai, 1989.

⁴ "Sexual abuse in Zambia fuels girls' AIDS epidemic" (www.afrol.com/news2003/zam003_hiv_abuse.htm) is an example of one such feature highlighting the findings from the Human Rights Watch report 'Suffering in silence: Human rights abuses and HIV transmission to girls in Zambia'.

⁵ In a matrilineal system a man's rightful heirs are his sister's children. On the death of the holder the man's children 'lose' control of the land to their cousins. Mbaya comments that the Presidential Commission in Malawi identified the rule that a man's rightful heirs are his sister's children and not his own as a major cause of conflict over property (including leases), between cousins.

⁶ The respondent went on to comment that customary law does not recognise women's right to inherit or own property so recourse to customary law would not guarantee a woman's right to land (Seeley *et al.*, 2003, p. 27).

⁷ See the World Bank website for background on PRSPs, and the PRSP source book. www.worldbank.org/poverty/strategies/sourctoc.htm

⁸ It also seems that a 'competition' for time and funds is emerging in some ministries (and perhaps also donor organisations) between HIV as a cross cutting issue and gender as a cross cutting issue. The concept that HIV/AIDS and gender issues can be complementary needs to be nurtured.

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