

CHAPTER EIGHT

Gender, poverty and HIV/AIDS

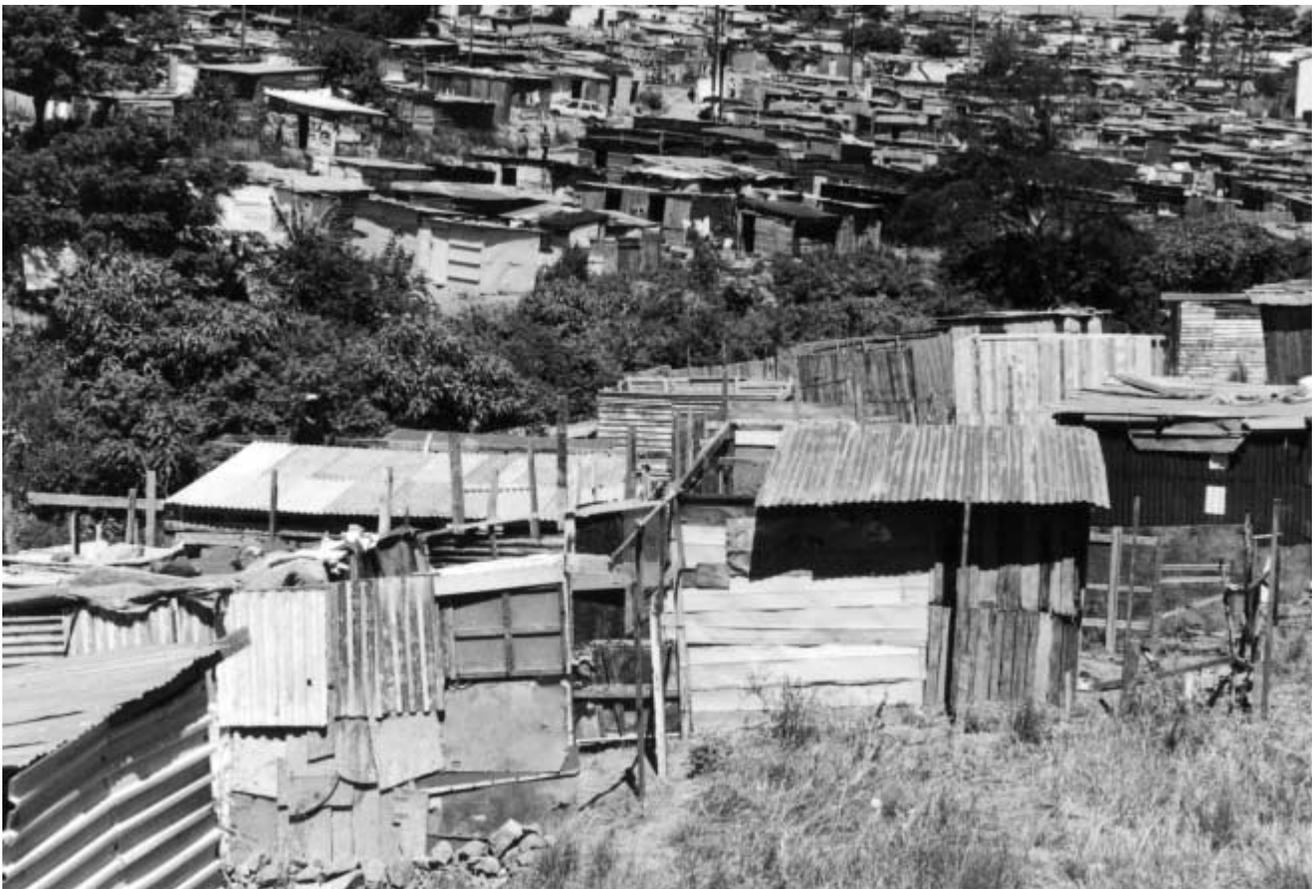
By Judy Seidman



Objectives

The objectives of this chapter are to:

- Illustrate the cyclical link between gender, poverty and the HIV/AIDS pandemic.
- Highlight the increased vulnerability of women and girls to HIV due to economic inequality.



Introduction

Poverty fuels the HIV/AIDS pandemic. The poorer regions of the world bear the brunt of the pandemic. Despite the facts and figures that clearly establish a link between poverty and HIV/AIDS, much of the information disseminated on the pandemic does not explore the social and economic factors which fuel the spread of the virus.

Eleven percent of the world's population lives in Sub-Saharan Africa, where the per-capita Gross National Product (GNP) is only ten percent of the world's average. This region has 70 percent of the world's HIV/AIDS infection.

According to global data projections, countries with an AIDS prevalence of 20 percent or more, (several countries in Southern Africa fall into this grouping) can expect Gross Domestic Product (GDP) to fall up to two percent a year, and even a 22 percent reduction in the work force.

Behind the statistics are people – those who bear the brunt of HIV/AIDS in their daily lives. When the data is disaggregated by sex, the face of HIV/AIDS is female, young and poor. Seventy percent of the more than 1.2 billion people living in poverty worldwide are female. Gender inequality and poverty go hand in hand, and the two feed HIV/AIDS.

HIV/AIDS deepens the poverty of households and nations. With few financial assets, the poor are often politically and socially marginalised and often have limited access to health care information and services.

Women living in poverty may adopt behaviour that expose them to HIV infection, including the exchange of sex for food, shelter or money to support themselves and their families.

“Breaking this cycle will require not only greatly increased investments in more effective HIV prevention and care, but also more effective measures to combat poverty,” said Robert Hecht, the UNAIDS Associate Director for Policy, Strategy and Research at the International AIDS Conference held in Durban, South Africa in July 2000. (*“Conveying Concerns: Media Coverage of Women and HIV/AIDS”*, Population Reference Bureau, 2000.)

Definitions

- **Gross Domestic Product (GDP)** is the measure of all goods and services produced in a country.
- **Gross National Product (GNP)** differs from GDP by including the income of nationals from foreign activity and subtracts the income of foreigners.
- **The unwaged work of women:** Traditionally neither the GDP nor the GNP include women's unwaged labour such as housework, nor the contributions of the informal sector, which is where many women in the developing countries work.
- **The informal sector** comprises of a wide range of unregulated economic and “extra-legal” activities in an economy, generally involving work for pay that does not come in the form of wages and employment conditions regulated by local, state or national governments.

How poverty fuels the epidemic

Exercise one

Discuss the following questions with the group:

- Which group comprises the majority of the poor in your community?
- What makes these people poor?
- How does poverty affect the group?
- What factors help people escape from poverty?

(Adapted from *“Local Action, Global Change”*.)



Tips for trainers: This exercise should show participants that in general women are found within the poorest groups. Some additional information is provided in **Handout twenty-eight**.

handout twenty-eight

The links between poverty and HIV/AIDS

The poor often do not have access to information:

Most AIDS activists agree that preventing the spread of HIV/AIDS requires education and information for behavioural change. Yet many of the health and HIV/AIDS education and information campaigns appear in mediums and forms that are not accessible to the poor and the communities in which they live.

The poorest of the poor often live in remote areas and have no access to even the mass media, including radio. There also tends to be a correlation between high illiteracy and poverty, creating more of a challenge for the crafting of messages and information on basic health and HIV/AIDS for the poor.

When poor women are further burdened by the demands of care-giving, they have no time to access information they need about prevention, treatment and care. Even where prevention messages physically reach people, they may not be accepted or acted upon – especially where these messages are not related to people's experiences. In the late 1980s, Botswana commonly referred to AIDS as 'the radio disease'. This was because of 60-second long radio adverts which touted the "danger" of HIV/AIDS. But most people at that time did not relate to the ads because the "danger of AIDS" appeared distant from their own experience, and the advert did not tell people where to get the condom advertised as the means of protection.

Poverty leads to behaviours that expose people to the risk of HIV infection:

Many HIV/AIDS information and communications campaigns emphasize "safer sex" as a means of protection. When women and young girls or boys are engaged in sex work to earn money for basic needs, "safer sex" becomes an option that is hard for them to negotiate due to their impoverished status.

Marriage for poor women in patriarchal societies, also is seen as the most reliable way for women to survive. According to some studies, about half of the women in Africa are married by the age of 18, and of these, one out of three is in a polygamous marriage.

Women within these marriages are economically dependent on their husbands, and because of this dependency, they often silently risk unfaithfulness and do not dare to discuss the issue of safer sex for fear of violence and of being thrown out of the "economic security" provided by the marriage. The fact that women cannot practice safer sex within marriage has become a central – but often hidden – feature of the spread of HIV/AIDS.

If a woman is forced to leave the home, because she has married young, often without basic education and skills, she may resort to sex work to survive, thus continuing the vicious cycle of inequality, social disempowerment and poverty.

The same cycle is prevalent among young boys and girls who throng the streets of cities worldwide, and who enter into sex work. These youth, who drop out of school to support their families, or who have no place to go because they have joined the growing number of children orphaned by HIV/AIDS, place a higher priority on hunger and safety from violence, than on long-term safety from HIV/AIDS.

Labour migration, which becomes the route through which women and youth seek to escape poverty, puts young women particularly at risk of sexual exploitation. It also creates unequal ratios of men and women, increasing the possibility of HIV transmission through shared partners or sex work.

Often prevention messages that advocate the use of condoms and safer sex, do not consider the situation of the poor. Also condoms, if not distributed for free by public health and other structures, may be unaffordable for the poor, and, distribution may not reach remote areas.

Living conditions of the poor weaken their resistance to illness:

Poor people often live in unhealthy situations. In South Africa, one in seven people does not have access to clean water in their home, and one in four does not have electricity. Very poor people are not able to get enough food, or enough good food. Many people live in informal settlements, hostels and inner city slums, where sanitation and refuse removal are poor.

Diseases like TB, pneumonia and diarrhea – to mention a few – spread rapidly when people live under these kinds of conditions. Poor people living with HIV/AIDS are more likely to become ill sooner from opportunistic infections.

Because the poor often go without food, and when food is available it tends not be nutritious, they are constantly in a state of malnutrition which weakens resistance. Coupled with the lack of clean and safe drinking water, and the lack of decent housing, all of these factors compromise the health of the poor.

Once infected with HIV/AIDS, the body of the poor in such a weakened state is unable to fight the opportunistic diseases that take their toll faster.

Treatment and medical care are often beyond the economic reach of the poor:

In Africa, 290 million people live on less than 30 U.S. dollars a month (or one U.S. dollar per day). Yet the cost of medications for HIV/AIDS would require them to have access to 400 U.S. dollars per month.

A Food and Agriculture Organisation (FAO) study in one African country showed that caring for a family member with HIV/AIDS and meeting funeral expenses, costs more than the average farm income for a year. As a result, already poor rural households sell their tools, their livestock, and their land, to care for the sick or pay the funeral expenses. ("Poverty Briefing", No 2.)

The cost, as well as access to treatment and care, determines who survives with HIV/AIDS. People's access to treatment and care is dictated by poverty. People who can afford the anti-retroviral drugs are able to prolong their lives, while the poor – the majority of whom are women – die in large numbers.

In the urban areas, treatment and medical care programmes are provided through large companies and often apply to men as the recognised heads of households. The mining companies for example, argue that they cannot afford HIV-wellness maintenance or treatment (especially anti-retrovirals) for "dependents". Medical care is not available or affordable for the poor.

Gender, poverty and HIV/AIDS

One of the most dramatic impacts of HIV/AIDS on many women has been the effective loss of existing possessions and property when the male head-of-household dies. The man's relatives claim "his" possessions – the household and all within it, leaving a widow and her children in total destitution.

Also, women who are found to have HIV/AIDS (sometimes with their children) have been expelled from their own homes, even before the man dies, by the husband himself or another male relative of her spouse. Unable to return to her own family and often shunned by the community in which she has lived with her husband, these women too find themselves in a poorer situation with no access to any means of survival.

As noted earlier, where cash is in short supply, women are less likely to have access to medicine and treatment than are men in the same household. This situation is even more acute for women who are past their full reproductive years.

Missing in the studies and stories on the impact of the HIV/AIDS epidemic on women is the effect on women over the age of 40. These women are not covered in the antenatal clinic surveys, and their illness is often perceived only as an added burden to the household.

Women in this age-group are likely to make up a large number of women who are poor because there are virtually no avenues left open to them to earn an income. Often they are left to take care of their orphaned grandchildren without any means or support structures at their disposal.

Girl children are often the first and are among the majority of children taken out of schools to help with household tasks, when the mother needs extra help, while she cares for her husband, or when the mother herself is no longer well enough to care for the remaining family or herself.

With their education cut short, these girls, once the mother dies, are left to a fate of early marriage or fall into sex work to survive, repeating the cycle of gender inequality and poverty, which makes them vulnerable to HIV/AIDS.

Because women have been the main food producers in the rural areas, the HIV/AIDS pandemic is having a grave impact on food security for the rural poor. AIDS widows in the southern African nation of Zimbabwe, for example, are growing less food because they lack money to hire a tractor, a plough or casual labour.

Exercise two

Ask participants to read the article, "Waking up to find everything gone" in **Handout twenty-nine**, and identify the following:

- What are the gender issues raised by the story?
- What are the rights issues?



Tips to trainers: Use this story to draw out the link between the denial of women's rights and poverty. Some additional information is provided in Box seven and in **Handout thirty** on unpacking the household.

Box six: Gender and poverty

- Women make up almost two-thirds of the world's illiterate.
- Women are denied property rights and access to credit.
- Women earn 30-40 percent less than men for the same work, and most of those who are working, are employed outside the formal sector in jobs characterised by income insecurity and poor working conditions.
- Poverty and gender are inextricably intertwined. Seventy percent of the world's poor are women. The number of women living in poverty throughout the world has been growing disproportionately compared with the number of impoverished men.
- Gender inequalities, built into economic structures, lead to women having less control and access to economic resources than men. This is called the "feminisation of poverty".
- Women carry the burdens of unpaid domestic and subsistence work.
- Women have unequal – and less – access to education and skills training.
- All of these factors leave women impoverished and unable to challenge their poverty, and in turn, this worsens the impact of the AIDS epidemic on women.
- Poverty violates the human rights of women and girls, denying them participation in political and public life; education; food and freedom from hunger; health; freedom from violence; housing; life itself.

handout twenty-nine

Waking up to find everything gone

By Moeti Thelejane, Sharon Motena Makoae, Maphats'oane Molefi, and A. Afex Sekhamane

Mamokete T (not her real name) is an angry woman. Her anger stems from the impotence, frustration, and humiliation she endured after seven in-laws sauntered into her home unannounced and "took all that mattered".

Mamokete, a bank teller at one of the commercial banks plying their trade in the capital, jointly built the eight-roomed house with Arthur (not his real name), a taxi owner who was gunned down in March.

The 24 year-old mother of two young boys had barely overcome her grief when she had, with the help of her mother and older brother, to deal with a police force that seemed to shrink under the influence of a high-profile lawyer who happens to be an uncle of her late husband.

The humiliation began on Sunday April 14, the day after the customary shedding of the mourning clothes she wore for a month after her husband was buried on March 9. Ironically, she suffered at the hands of a group that consisted mostly of women.

"His mother, his two sisters, one sister-in-law, his two brothers and (male) cousin walked in and said they had come to collect some of the deceased's belongings," the youthful Mamokete said.

She said she asked them to explain what they really meant. "His cousin replied by demanding the keys to his two taxis," she explained, her eyes watering slightly. She said his Toyota bakkie was already in one of his brothers' possession. But she had not given it a thought as the bakkie was used during the preparations for the funeral.

During the mourning period she was in no position, emotionally and customarily, to stake an immediate claim on the car. "Besides, I did not harbor any suspicions that what eventually transpired was coming," she said.

After they had taken the two taxis, they loaded her lounge suite, cupboard, electric stove, television set and music system. "All the while, as they took all that mattered, my two boys solemnly watched, listening to their grandmother saying she had always disapproved of her sons marrying "these Maseru whores", she said.

Upon reporting the matter at Ha Thamae charge office, the desk sergeant said they would investigate. For a whole month she was told that investigation were underway. She said it even got to a point where they lost patience with her, saying the case is not supposed to be treated as a criminal offence, but a private family matter.

"It was only after my brother, who works in Johannesburg, helped me secure the services of a lawyer and contacted a police officer friend of his who works at headquarters that I heard that his brothers have been questioned. My husband's two taxis, which were carrying fares while investigations were supposed to be underway, were returned to me and my young sons," Mamokete said.

However, she has yet to recover her lounge suite, cupboard and electric stove, which are reportedly in her mother-in-law's possession in Mohale's Hoek.

The Ha Thamae police confirmed that the taxis and Toyota bakkie have been recovered. "But as for the rest of the property, we have already sent word to Mohale's Hoek police to investigate," he said. No one has yet been charged.

Mampuru Litabe is a 28 year-old Mosotho woman, whose husband Seboto (50) collapsed and died on his way to work, along the main North 1 Highway near Ha Matobe. At the time of his death, his wife was in Berkersdaal trying to earn a living.

Litabe's in-laws phoned to notify her about her husband's death. She arrived a week later.

Seboto's family had sold their flat and had grabbed all the property in the house.

Her neighbour called her to notify her of what her in-laws had done. This is the time when she showed up. When I asked her why she did not come, she said she and no money for transport.

When she finally arrived, Litabe went to the magistrate court to ask for a court order which she was granted. Seboto's family had already made arrangements for the funeral when Litabe arrived. A cow and sheep had already been slaughtered. Since Litabe had the court order, the deceased was not buried.

There was a nasty exchange of words between Litabe and Seboto's family. The family maintain that they thought Litabe would never come back to Lesotho.

Litabe fought with her in-laws for over a month over the rights to bury Seboto. Litabe's lawyer pointed out that she had full rights to bury her husband. Litabe is now trying to get her property back through the court of law.

Ntaoleng (not her real name) is an unemployed woman and tormented woman in the outskirts of Maseru. Ntaoleng, whose original home is in Mohale's Hoek some 120 km away from the capital town Maseru, came to live with her elder sister in Maseru. She fell in love and moved in with a lecturer at the National University of Lesotho.

Despite his heavy drinking habits, Ntaoleng did everything a woman could do to please her man. This includes making their flat the most homely place, filling the house with the most beautiful and expensive furniture. Soon after, her husband became ill and died. Ntaoleng was denied all rights to property at one of the most painful moments in her life.

One organisation that offers help is "Selibeng", 'M'e Mathuso, a volunteer at the centre, says economic violence affects women emotionally, psychologically and physically because it compounds the loss she feels on bereavement. Women and Law in Southern Africa offers practical legal advice and is also urging women to stand up for their rights.

(Source: Gender violence supplement, Public Eye, Friday 20 September 2002)

handout thirty

Unpacking the “household”

Words and concepts often disguise the structures of inequality, especially those inherent in the “feminisation of poverty”.

“Household” in the rural areas, where peasant and subsistence farming are the main activities, is considered as the basic unit. Cash income, property and labour power are aligned to the male head of household.

Dependent refers to women, children, and sometimes the elderly, all of whom are not recognised as contributing property or income, even though they may engage in income-generating and household maintenance activities which have a cash value if purchased on the market.

While men may control more resources and earn higher incomes, this does not translate into improved family or household welfare.

Women’s incomes and spending patterns are better indicators of the welfare of household members, since women spend more of their increased earnings on food, medicine and education for their children and other dependents. Improving women’s incomes leads to better welfare for the entire family.

The HIV/AIDS pandemic has had a significant impact on the understanding of “household”. Often the concept disappears when the man dies – widows, orphans and the elderly may join other households.

And, where the household does not disappear altogether, it may change its nature dramatically (for instance, becoming a child-headed, single-parent, or grand-parent-headed unit). A study of 771 HIV/AIDS-affected households in South Africa found that most of the households were female-headed, and one in five was headed by a pensioner.

(‘Women in Africa’s Development, Overcoming Obstacles, Pushing for Progress’, Takyiwaa Manuh, and ‘AIDS in the 21st Century: Disease and Globalisation, Tony Barnett and Alan Whiteside 2002.)



Alexandra township, Johannesburg

What journalists and communicators can do?

- When reporting on poverty, the media has often fallen into many of the same traps of creating stereotypes and stigma as when it reports on gender and HIV/AIDS.
- The poor are often portrayed as victims, rather than as survivors, and the tone of the stories is one of hopelessness and disempowerment. Stories about the poor are written as “doom and gloom” pieces, and often the context of what causes poverty and how it should be tackled at all levels is missing.
- Poverty also is written about as an unending, unchanging status, without an analysis of the inequalities, structural deficiencies, poor policies and other factors that make people poor. Instead, stories often reflect the poor as being “responsible” for their own status.
- Portrayals of the poor, especially of poor women, tend never to capture their personal survival and coping skills and their determination to move forward. The language used often elicits pity.
- Journalists and communicators must equip themselves with a firm understanding of poverty and its impact on all aspects of a nation’s development. Current approaches to poverty reduction emphasize that the empowerment of women is key. Therefore, no article on poverty would be complete without explaining the links between gender inequality and poverty.

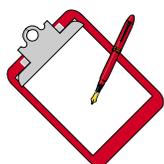
Exercise three

Ask participants to put together an information campaign for a rural community on HIV/AIDS. Sketch out the basics of this campaign and address the following aspects in the campaign:

- Target audience(s);
- What are the central messages of the campaign?
- How do you plan to disseminate the information?
- What form of communications will be used to get the information to the community?
- What are some of the key issues you would raise through the information chosen to build your campaign?
- Would you involve others in designing the campaign? If so, who?



Tips for trainers: Participants should feel free to provide other information in addition to the questions asked above to give the facilitator a good overview of their campaign. At the end of the time allocated to this exercise, randomly choose members from the group to share their campaign structures – this can be done orally or the participant can write up his or her campaign sketch on flipchart or the board. Discuss and analyse as a group.



Story ideas from this chapter

- The feminization of HIV/AIDS and its impact on a country’s development;
- Poverty eradication – a story that analyses whether the national poverty eradication policies in your country are informed by HIV/AIDS and gender; and
- Develop stories that examine the impact of HIV/AIDS on food security, labour, education, agriculture and highlight the gender dimension.



Key learning points

- Poverty affects the impact of the AIDS epidemic, and people’s responses to the epidemic.
- Gender inequalities lead to higher levels of poverty among women compared to men, within households, communities and within society.
- The impact of the AIDS epidemic worsens gender inequalities, especially under conditions of poverty.
- The AIDS epidemic accelerates impoverishment, leading to a destructive downward spiral for individuals and communities.
- The media has consistently down-played, ignored and distorted the importance of poverty and gender inequality and how these factors affect individuals, communities and society.
- Addressing this vicious cycle of poverty/gender/HIV/AIDS has major implications for developing effective responses to the epidemic.